

Homelessness and Health Case Studies

Introduction

NHS North, Central and South Manchester Clinical Commissioning Groups have been working with homeless people to understand barriers to accessing health and wellbeing services along with listening to their experiences of using healthcare services. The aim of this work is to improve their experiences and use this information to influence service improvement in the future.

As part of our communities of interest approach we have spoken and listened to service user experiences in a variety of settings, including the Vallance Centre, Urban Village Medical Practice, The Booth Centre and The Welcome Centre, to read the full report click [here](#).

We have established good working relationships with our partner organisations and more recently have been working with Inspiring Change Manchester. Inspiring Change has been designed and developed with service users to meet the diverse requirements of people with a variety of complex needs (including a history of problem drug and alcohol use, mental health or emotional well-being issues, accommodation problems and offending).

The project aims to break down barriers that can prevent these people from leading fulfilling lives by delivering the right range of services at the right time. The aim of speaking to and listening to these service users was to understand what services and support they had used to enable them to move forward and integrate back into society.

Inspiring Change Manchester gained consent from a number of their service users to meet face to face with the CCG Communications and Engagement Team to share their experiences of using health and wellbeing services. This work has been completed and 5 case studies have been developed to demonstrate the impact local services have had on the lives of service users.



1: Service User Case Study

Services used:

- Conran Street Medical Practice, north Manchester
- [Booth Centre](#)
- [Back on Track](#)
- [Inspiring Change, Manchester](#)

Demographic information:

- White male
- 70 years of age
- Scottish, Roman Catholic and Heterosexual

The service user was interviewed at the Inspiring Change, Manchester office. He explained that with the support from Inspiring Change he no longer homeless and lives in a flat in north Manchester. The service user explained that he had 156 previous convictions for a variety of offences and had been to prison on a number of occasions. He had also received an anti-social behavioural order which was to last for a period of five years.

The gentleman stated that when you commit an offence you are put on probation and will reside at a probation hostel, however if there is no room at these hostels then you are sent to prison. He informed me that he had not received any support whilst being in prison to secure a permanent residence on leaving prison and had subsequently re-offended and been sent back to prison to serve a further sentence. He said that whilst in prison he had received good food.

He is registered with Conran Street Medical Practice and finds it easy to obtain an appointment. He receives support from his GP for treatment for asthma but said that it would be useful if he could have access to treatments for a foot condition that he has. He also suffers from clinical depression which he has received psychiatric support for through his GP.

The gentleman stated that during the winter of 2014 it was very cold and as he was homeless, because he had been unlawfully evicted from a flat owned by Sanctuary housing, he was visiting the Booth Centre to receive support and food.

Whilst at the Booth Centre he received an offer of bed and breakfast accommodation from the city council for a few nights to take him through the cold winter period. During his stay at Wilton Grange bed and breakfast he explained that he established a good relationship with the landlord who agreed to help him secure a flat which he finally moved into in April 2015. He said that housing benefit paid his landlord directly which he found useful as he is not very good at managing his money.

He explained that previously whilst living at a property owned by Sanctuary housing there had been difficulties with housing benefit paying the rent which had resulted in arrears and him being evicted.

He still uses the Booth Centre as a support outlet and to interact with other people as living alone, he explains is quite lonely. He also attends computer classes, along with English speaking classes and master chef classes at Back on Track which he feels are very useful and he enjoys. He is in regular contact with a named support worker at Inspiring Change, Manchester which appears to be significant in him receiving support to continue to manage his own life. He also uses a number of food banks and soup kitchens to obtain food parcels.

Findings: This gentleman has benefited from the support offered by the Booth Centre, Back on Track and Inspiring Change, Manchester. He finds the support of a named case worker

invaluable and this is definitely helping him to maintain a more stable life. The support classes and opportunity to meet other people is a valuable tool in ensuring that this gentleman maintains good mental health and stability.

This gentleman would have benefited from more support during his prison sentences to re-integrate back into society on release and stated that if he had been offered a stable base with running water and electricity this may have been the difference to stop him re-offending.

2: Service User Case Study

Services used:

- Ladybarn Medical Centre, south Manchester
- [Nacro Housing Manchester](#)
- [Inspiring Change, Manchester](#)
- [Central Manchester Foundation NHS Trust](#) (Manchester Royal Infirmary)
- Alcohol Support worker
- Counselling services
- [North West Ambulance Service](#)

Demographic information:

- White female
- 30-50 years of age
- British, has no religious beliefs and Heterosexual

The service user was interviewed at the Nacro Supported Housing in Chorlton, Manchester. The service user explained that she is alcohol dependant and although she should be reducing her alcohol intake with the support of her alcohol support worker she is finding it increasing difficult at the present time.

She described how she had been homeless for three years, sleeping on landings of flats and has also been street homeless. On a number of occasions she has fallen down the stairs of the flats she has been sleeping in and had attended the accident and emergency department at Manchester Royal Infirmary (MRI). In addition to this she has also accidentally overdosed on drugs on three separate occasions, which also resulted in her attending accident and emergency at MRI.

On each occasion she stated that when using the ambulance service she has found them to be brilliant, with beautiful and caring staff. However she does not report the same experience when attending hospital. She explained that despite the fact that you are crying out for help the staff don't want to help you. She said that on one occasion at MRI she had blood clots in her lungs and legs and was put in a bed with a mask on her face and left on her own. There was no kindness shown and that the nursing staff were very cold towards her and she eventually discharged herself. The service user also states that once in Accident and Emergency department at MRI once they find out you are homeless you are made to wait hours and hours for treatment.

The patient states that when she was homeless she was registered with a GP in Longsight, however she is no longer registered at this practice as she felt that the GP did not listen to her. She also stated that she has emphysema (which was diagnosed by CMFT) and has only been prescribed an asthma spray to manage this condition.

During the interview the service user was very emotional and at times very upset, she explained she had a very strained relationship with her mother and felt she would benefit from having the

opportunity to speak to someone about these issues. I suggested that she asked to be referred to counselling support when she visited her new GP at Ladybarn Medical Practice. She informed me she had an appointment the following day where she would ask for a referral.

This service user explained that she had received support from her support worker at Inspiring Change, Manchester to move into Nacro Supported housing. She stated that the residents have their own room and that the staff that work there provide good support.

When asked what support would make her current situation better she said that it would be nice to have a GP that listened to her, although it was difficult to build up a rapport with a GP, as she hadn't known him long. She would also like help to manage her breathing, help to stop drinking and access to counselling services.

In addition to the above she also stated that she currently feels lost with no direction. She explained that years ago she had worked with animals and felt that she would really like to volunteer in this arena again.

Findings: From speaking to several homeless people throughout Manchester there appears to be a recurring theme in that service users who are homeless and using secondary care do not feel they receive the support that they require. However with the introduction of the Manchester pathway '[mpath](#)' hospital in reach service an improvement in these findings should be expected.

On several occasions patients have reported being treated with a lack of empathy and kindness when receiving treatment in secondary care.

The patient has experienced difficulties in obtaining satisfactory primary care outcomes as she feels her GP doesn't listen to her, she also feels as though she has not received the right treatment for her emphysema and counselling requirements.

The patient describes feeling that she has no direction and it would be useful for one of the support services to be able to offer volunteering opportunities to this group of citizens to help them to feel valued.

3. Service User Case Study

Services used:

- Ashcroft Medical Practice, central Manchester
- [Inspiring Change, Manchester](#)
- Community Alcohol Team
- [Turning Point](#)
- [Crisis Point](#)
- [The Roby](#)
- [Back on Track](#)
- [The Mustard Tree](#)

Demographic information:

- White male
- 51-65 years of age
- British, separated, of spiritual religious beliefs and Heterosexual

The service user was interviewed in August 2015 at the Inspiring Change, Manchester offices. He explained that he was in the support programme with Inspiring Change, Manchester and had been since November 2014. He spoke highly of the support they have offered him and of

how he now resides in his own flat. He believes that he would have benefited from a one stop shop that could have provided advice and support to meet his needs to advise him what services were available to him, and he also stated that this would be useful once homeless people are living in supported or independent housing.

The service user stated that he used creative therapies within the Mustard Tree organisation which he found to be beneficial in maintaining good mental health. He has also utilised the services of the mental health crisis unit since he has been receiving the support from Inspiring Change, Manchester. When he was homeless he did not access these services as he states he was unaware of what was available. He also informed me that when he was referred to the Community Alcohol team he didn't turn up for one of his appointments and they didn't follow him up. He stated that this is one area that he definitely would have benefitted from a follow up.

He had many liaisons with the outreach workers on the streets and he was able to establish a good rapport with these workers. He thinks that the NHS should have NHS liaison officers who go out onto the streets and visit soup kitchens to provide information on what services are available to homeless people.

This service user has used many support groups which he feels are great, and provide a sense of belonging and reduce social isolation.

He is registered with Dr Hyland at Ashcroft Medical Surgery and finds the GP to be sympathetic, empathetic with good listening skills. He explained that it can be a three week wait to obtain an appointment with his GP which is unacceptable and on these occasions he would go to Accident and Emergency to receive treatment. He recognises that this not the correct procedure, however he states that there is no alternative if there is a three week wait for an appointment.

When this service user was homeless, he presented himself at accident and emergency where he found that they would treat him and then discharge him back onto the streets, where frequently he would then present again two days later, and there started the cycle of the revolving door. He stated that if he had received support and had his mental health issues addressed and homelessness he probably would not have presented again at this service. He was eventually referred to the mental health services where he reports that the staff are empathetic and have good listening skills.

This service user believes the priority for homeless people is to get them housed and provide support to help them remain in a stable environment. He believes that this support should start on the streets along with the homeless unit team at Manchester Royal Infirmary. He thinks that they should be offering a place to sit and someone to share their problems with, he also believes that homeless people should be provided with a cheap mobile phone to enable them to have contact with housing support workers and healthcare professionals.

This gentleman has started his own charity, Pets in Poverty with the assistance and support of [MACC](#). He has many ambitious plans for the charity, including pet food banks, an online homeless forum and even a charity single. By 2020 he hopes to have set up a community home for marginalised people with pets. He says that for homeless people who have a pet as for many their pet is a lifeline.

Findings: The service user believes that NHS support and advice should be provided on the streets informing homeless people of what services are available. He states they would also benefit from being able to access healthcare check-ups whilst out on the streets. This service user was not aware of the healthcare facilities that are available for homeless people at the Vallance Centre and Urban Village Medical Practice but has agreed to promote their services through his work with the charity he has set up. He has also offered to be a sounding board

and would very much like to be involved in decision making by the CCG going forward for health and wellbeing for homeless people.

4 and 5: Service User Case Studies

This case study involved speaking to two service users who are in a relationship and currently live together in the M9 district of Manchester.

Services used:

- [Urban Village Medical Practice\(UVMP\)](#)
- [The Mustard Tree](#)
- [The Booth Centre](#)
- [Chapman Barker detox](#) unit at Prestwich Hospital
- [Manchester Action on Street Health \(MASH\)](#)
- [North Manchester General Hospital \(NMGH\)](#)
- [St Marys Hospital Maternity unit](#)
- [Central Manchester Foundation Trust \(CMFT\) Manchester Royal Infirmary \(MRI\) orthopaedic department](#)
- [HM Prison Service Manchester](#)

Demographic information:

P is a white British female, 30-50 years of age, single with no religious belief; she is heterosexual and lives with a long term disability

J is a white British male, 18-30 years of age, single with no religious beliefs, he is heterosexual

The CCG Engagement Team along with a support worker from Inspiring Change, Manchester visited J & P at their flat which is situated in north Manchester. P explained that she had been homeless during different periods over the last 15 years. She described how she has been street homeless and sofa surfed along with spending some time living at her partners, J's fathers. P stated that she had been a 'working girl' during some of her periods of homelessness and this had funded her drug addiction.

She explained that she had used the services of MASH where she had been able to use the needle exchange service along with advice and support on sexual health including obtaining free condoms.

P explained that when she was homeless she would attend accident and emergency departments if she was ill as she wasn't aware of other services available, however more recently she has been registered with Urban Village Medical Practice as Rachel and Phil (outreach workers) have attended the Booth Centre and provided registration forms to become registered with a GP. P stated that without UVMP "both her and J would have been proper messed up as they sorted out her script and have helped her get her legs sorted".

Although P & J were staying with J's father for around 3 years (during this period they were on the housing list), but due to the volatile nature of their relationship because of P's alcohol addiction and P & J's drug addictions they eventually had to move out of his father's home and this rendered the couple homeless. Both P & J stated that if there had been some support for housing and alcohol withdrawal etc. at that time the outcome for them both may have been considerably different. When J was living at home with his father he did not have any criminal convictions, however during the 3 year period he was homeless he received four separate convictions for a variety of offences and has also been sentenced to prison for some of these offences. J stated that once you are homeless you become frightened of being 'normal' and you get caught up in a vicious circle, as you don't want to be on the streets but you no longer belong

anywhere. He also stated that there is no support out of the streets to change your life; however he did say you have to want to change your life.

Since registering with UVMP P had received support and advice and also accessed a drug support worker. Her GP, Dr Jackson referred her to the Chapman Barker unit within Prestwich Hospital, Manchester where she underwent a residential alcohol detox. P continues to visit the drug and alcohol support worker at UVMP once a week which she states is very useful as she provides support. She also uses the dental services at UVMP.

J has managed to go 'cold turkey' and withdraw from his drug addiction to 'Spice' by being locked in a room at his fathers for around 30 days, he said it was terrible but he couldn't see any other way of being able to get off this drug. J said that in his opinion Spice is worse to try to get off, than crack cocaine.

P explained that when she was homeless her life was chaotic, with frequent interventions from the police due to domestic violence issues as a result of her drink and drug addiction, both J & P explained that since they have become 'clean' they have had no interaction with the police.

When both P and J were most recently homeless P found out she was pregnant whilst living in a tent in Manchester. P explained that Rachel at UVMP has provided fantastic support to her and even obtained an emergency appointment with the GP for her. She has received maternity care at Saint Marys Hospital which she has found to be okay. She has arranged to have a C-section in the next two weeks due to other medical conditions she has and then explained that the baby will be taken into care with support for both her and J to eventually be able to be supported to have the child living with them.

P & J did not have a very good experience at Manchester City Council when they approached them for housing whilst pregnant. P said that she found the lady she saw to be obstructive and unhelpful and stated that if it was not for the support of Jim at Inspiring Change, Manchester (who they obtained contact details of from the Booth Centre) they would probably still be homeless.

"Jim has run around all over the place trying to help us" J said, "they stay with you and provide support". As J had previous rent arrears he stated that Inspiring Change, Manchester have helped him arrange to make arrangements to repay the arrears. J explained that currently housing benefit are paying the bedroom tax on the spare room that they have, but once the baby is born and returned to them then the baby will have that room.

P explained that she is currently waiting for surgery at Manchester Royal Infirmary to have a metal bar removed from her leg which has currently left her with an open wound. She stated that the surgery will be done after the baby is born.

Findings: Both P & J feel that if support and housing had been provided earlier then the outcomes for both of them may have been very different. Previous rent arrears had prevented J from being housed earlier, however no support was offered to help him pay back the arrears, along with no support in how to budget etc.

J also explained that in order to stop people becoming drug addicts it would be useful to follow people as they leave prison and are clean and then see them again three weeks later when they are back into the cycle of drug abuse.