

LNNM Conference Theme 2016: 'How Safe is the Safety Net?'

These case studies were used to promote the 2016 conference topic:

SERENA is 24, and probably has a learning difficulty (although this has never been formally diagnosed). When she was first seen in London she had already had 2 children taken into care. Serena had been in foster care herself, but had left her foster care placement at 16 in order to enter into an abusive relationship with a man. This led to a series of unsafe relationships. Her current partner was an older man with heroin and crack issues.

Serena left Manchester 3 months before being seen in London. She left Manchester after she lost her local authority accommodation as a result of rent arrears - which had built up due to benefit sanctions and loss of housing benefit. She and her current partner (also from Manchester) additionally said that they were being threatened in Manchester and could not return there. When Serena was first seen on outreach she was 36 weeks pregnant, begging outside a London supermarket along with this man, and a dog. Her and her partner both said they got more money begging, than from benefits.

Serena was pregnant when she left Manchester, but her team in Manchester did not know this. Apparently she had made threats to previous Social Workers, and had thus been 'lost to follow-up'. No alert was put out on Serena. Enquiries at the Local Authority also revealed her to be intentionally homeless in their opinion. On arriving in London she had no local housing connection. Relationships with enforcement teams on the street in London had also broken down very quickly on account of difficult behaviour.

Fortunately for Serena she came into contact with an outreach health care professional who immediately referred her to the local safeguarding team, who then provided an immediate response. However Serena now needs a period of intensive trust and relationship building, assessment of her cognitive state, trauma counselling, assistance with contraceptive choices and long term support to make positive choices, and there is a lack of resource to provide this.

Will Serena get the support she needs? Should there be a troubled individual's initiative like the troubled families initiative? How can we share information to safeguard women like Serena?

PAUL is a visa overstayer of 14 years standing, although he previously lived and worked legally in the UK. He has had 1 application and 2 appeals to stay in the UK on Human Rights grounds turned down. However Paul says does not want to return to his country because he says there is nothing for him there. He has not accepted the offer of being returned voluntarily. Certain tabloid newspapers really do not like Paul. However Paul is known to the Home Office, and they have not made any attempts to detain or deport him when he 'reports' to immigration on a 6 monthly basis. It appears the Home Office are 'allowing' Paul to stay.

Paul is 70 and destitute. He has deteriorating chronic health problems that have led him to be in hospital 4 times in the last 2 years. After one ITU stay (for ketoacidosis), he was also turned down for GP registration by 4 GP practices, because he lacked a residential address, or adequate ID. Fortunately a mainstream practice well known for supporting homeless clients did eventually register him. Paul sleeps on buses and in churches, and uses day centres to eat. Although he needs daily support for his health issues, his transient lifestyle make this extremely hard to deliver. Paul appears to be

deteriorating, and has been recently turned away from a night shelter because he has too high support needs. However repeated referrals to NRPF teams have found that he does not currently have care needs.

Homeless health care professionals both in and out of hospital will be familiar with Paul – they meet people like Paul on a regular basis. Professionals are left in the unenviable position of trying to plug the gaps, and willing these people to go over the care needs threshold, so they can get the help they obviously need. Nobody is denying the immigration status of these people, but if the Home Office don't step in the end result is that health care professionals watch them deteriorate on the streets.

Should the Home Office be taking responsibility for people like Paul who have multiple health needs? What is the role of health care professionals? Who is responsible?

VINCENT is 46, and has had long term problems with alcohol. He also suffers with mental health problems, and has had a history of 7 prior suicide attempts, and hearing voices. However he has never been taken on by a Community Mental Health Team as his mental health distress has been deemed to all be substance misuse related. His mother also suffered from alcoholism and mental health problems.

Vincent has a history of short prison sentences for petty crime and anti-social behaviour. His last short sentence followed a relatively successful period of stability living independently in private rented accommodation for 8 months. Vincent was placed on remand for an alleged harassment charge. Whilst on remand for 3 weeks he missed a rental payment, and this sealed his eviction. Vincent was discharged from prison homeless. He tried to access more accommodation in the private rented sector, but failed mainly due to deposit and reference issues, and spent the next few months alternating first sofa surfing and then rough sleeping.

Vincent also has a chronic distressing skin condition. Unluckily (or luckily) for Vincent this period of stress and homelessness exacerbated this chronic skin condition, and he had to be admitted to hospital for a period of systematic treatment. Once in hospital Vincent stressed that he would rather go back into prison than face another night on the streets, and was willing to re-offend to achieve this.

Vincent was supported by a hospital discharge team to present at a Local Authority with a prepared priority need case, and was granted temporary accommodation immediately.

Many people experiencing short sentences are discharged homelessness, and many of these have multiple vulnerabilities. How can this revolving door be stopped? Is it time to have homeless teams within prisons?

The London Housing Foundation is supporting the London Network of Nurses and Midwives in Homelessness Group, and the award winning charity Groundswell, to present this important conference on Friday 20th May, 2016.

At the conference we will be seeking to raise the profile of those 'slipping through the safety net'. We hope to identify key themes and concerns, and to collectively brainstorm ideas and solutions that can improve care for the most vulnerable in our society.