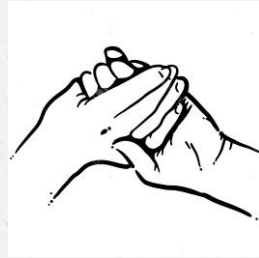


Health-related street outreach: what is the right approach?

Rosa Ungpakorn, Homeless Health Nurse Practitioner, Central
London Community Healthcare NHS Trust

Katie Baxter, Senior Practice Nurse, Great Chapel Street
Medical Centre



Health-related street outreach in Westminster

Great Chapel Street since 1980's and nurse-led since 2012

Joint street outreach with Homeless Health Service since 2014



Homeless and Inclusion Health standards for commissioners and service providers



FACULTY
FOR HOMELESS AND
INCLUSION HEALTH

Version 3.0 Revised February 2018

Primary care services should provide: *“pro-active management of selected patients with high needs, including local street outreach”*

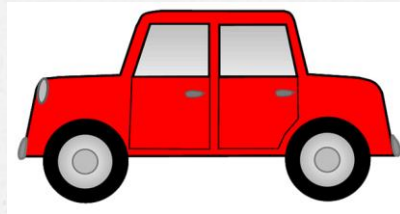
... but no specific guidance how to provide it

Challenge to record street outreach activities – so how to evaluate?

Different designs



or



or



Targeted or opportunistic?

Clinical or only patient engagement?

... others?

History of street outreach

Grey Nuns in Quebec 1700s

1980s economic recession in
US

Health focus mainly: mental
health / specific disease e.g.
HIV



Philosophy behind street outreach

“To meet people where they are, both physically and existentially”
by respecting their stated needs, preferences and experiences
(Rowe et al. 2016)

Morally risky?

Charities referring rough sleepers to immigration enforcement teams

Corporate Watch reveals role of homeless charities in referring vulnerable people to the Home Office



▲ There were dozens of local authority/Home Office operations involving rough sleepers across London last year. Photograph: Souvid Datta for the Guardian

Leading homelessness charities whose remit is to protect vulnerable rough sleepers have been passing information about some of them to the Home Office, leading to their removal from the UK.

**Paternalism Vs
autonomy**

**Duty of care Vs
right to be free
from unwanted
help**

Negative views of street outreach

- Mistrust and lack of confidence

Motivated by money

- Stereotyped people, not given choices as individuals
 - Made empty promises
 - (Kryda & Compton 2009)

Health-related street outreach: exploring the perceptions of homeless people who have experience of sleeping rough

A Dissertation submitted in partial fulfilment of the requirements for the MSc Advanced Clinical Practice

Rosa Ungpakorn

School of Health and Social Care
London South Bank University

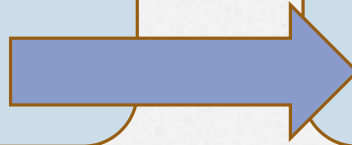
October 2018

10 interviews:

- **Any experience of health-related street outreach?**
- **Any positive / negative perceptions of it?**
- **Any specific qualities / methods / styles that are important or recommended?**

A human connection

Shame, fear and
loneliness on the
street



reduce sense of
isolation and exclusion
through a human
connection
people feel cared for

“if I feel that I’m not alone, that alone is already a lot” WW56

“I think it’s just to think about them like as part of the society [...] to think that homeless people are potentially patients or potentially people that need the service [...] this is just amazing” WM41

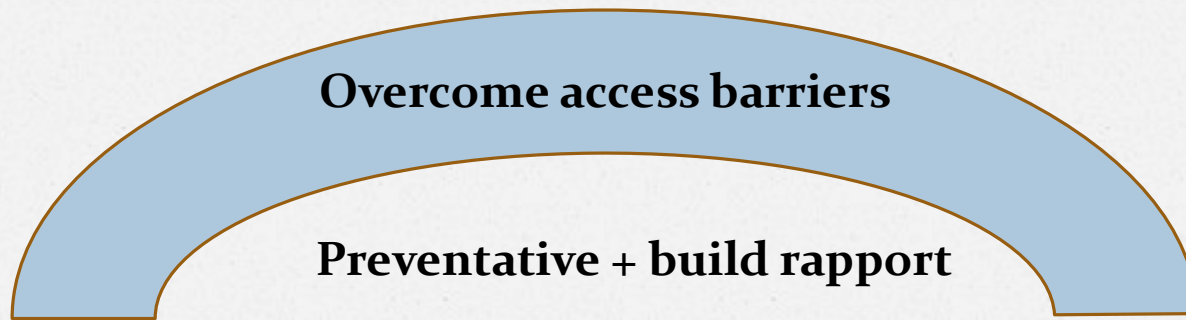
“Someone comes to see you so it looks like someone cares about you and this is, I think what people need on the street” CM34

“I would feel very good, I would feel that someone was seeing me, that someone cares for me” WW56

“it wasn’t very clinical, it was just like relaxed, it was like: oh I know this girl, she just so happens to be a nurse” PM30

“I want them to, to, you know, to treat me like I’m not homeless and they are not just going because they have to” WM41

Street outreach as a bridge to healthcare



“if you are homeless you are like not well taken care of, so people may be ashamed to go to a clinic. So actually another positive thing is that you come to them [...] because many would not go, probably” CM34

“if they’ve had a bad night sleeping and they’re tired, they’re not going to go. Carrying their baggage all over with them” CM44H

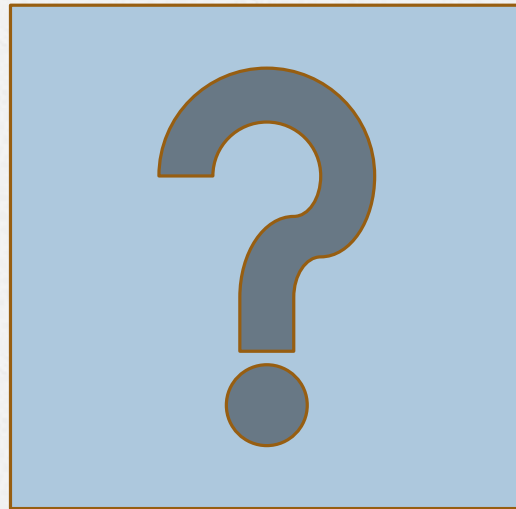
“You can say ‘look the next three days it will be very hot, remember to drink water, this is some water for you’ [...] I’m just thinking, you can use the time to do preventive, prophylactic actions” WM41

“there could be something underlying that you don’t realise and they’re trained to spot these things” PM52

“if I met another person from the team I think I’d be still comfortable, because I know they’re from the team that I get along with” CM26

“people maybe see it as a good thing, if they start seeing more doctors and nurses around [...] are willing to go see a nurse or a doctor at a walk in centre” CM44H

The right approach



What do *you* think is the right approach?

Group work:

Top 5

- **Right approach**
- **Wrong approach**
- **Items to provide on street outreach**

Aim to: develop a set of guidelines together...

The right approach

✗ approach

- Waking people
- Joint work with enforcement agencies
- Wearing a uniform
- Being pushy
- Demanding ID or information

✓ approach

- Evening shifts
- Joint work with soup runs
- NHS badges with first names
- Ask people what they need
- Let them decide to accept help

Items to provide

Most commonly recommended:

- Toiletries (hand wipes, shampoo, toothpaste, sanitary towels)
- Hot drinks
- Water
- Condoms
- Plasters and bandages
- Oral and topical medications
- Bedding
- Clothing
- Mobile phone credit



Thank you!

Health-related street outreach... what do you think is the right approach?

The nurses in the Homeless Health Service in Westminster and Great Chapel Street Medical Centre are trying to develop a set of guidelines for health-related street outreach, to help plan and review these services in future... and we need your expert views!

We would be very grateful if you have the time to complete this short form and email it back to:

Fiona.ungeakorn@nhs.net

Name & job title	
Where do you work?	
Contact details	
Do you provide health-related street outreach at the moment? If yes, please could you give us a brief description of how you do this:	
What do you think <u>works well</u> in health-related street outreach? What do you think are the most important features of the right approach?	
What do you think <u>doesn't work well</u> in health-related street outreach? What do you think is the wrong approach?	
What items do you think should be provided to people seen on street outreach?	

Thank you!