

Aleks - This case study was used to promote the topic of the 2015 conference

Aleks arrived in the UK last year. He came across from his home country in Eastern Europe as there was no work, and he wanted to provide for his wife and three children. He was estranged from his wife, and had previous problems with alcohol, but he wanted to try and make amends.

At first it had started quite well. There had been a few casual labouring jobs here and there, and he had been able to send money home. He had stayed with Eastern European friends (albeit in an overcrowded flat), and had paid a bit of rent. The prospects were looking good for more work, more money, and then in a year or two there would be a chance to go home and build a better future.

But then he got ill. It started with a cough, then fevers. He would feel better for a few days, and then get worse again. He tried to register with a Doctor, but he had no evidence of his address, and was turned away. Having poor English didn't help. After a week or two he lost his casual job, and when he ran out of cash his friends asked him to leave. He had no choice but to sleep on the streets while he sorted himself out. When he got his health back, Aleks thought, he could start work again. He felt he couldn't go home - he didn't want to lose face.

As Aleks felt worse he started to drink again. He went to NHS Walk-In Centre over his cough, was seen briefly, and was given a prescription for antibiotics. However he didn't cash this - he couldn't afford the prescription charges. He reasoned that if he only needed antibiotics, it couldn't be that serious. His cough got worse, his fever went unchecked, he drank more and more. He started to mix with other rough sleepers, and gradually migrated into central London. Then he started coughing up blood, but by this time he didn't care much. After a while he was barely eating, and he felt constantly tired and weak.

Outreach workers saw him out on the streets, but had few options to offer him, because he had no local connection, and no recourse to public funds. They tried to get him to go agree to go home, but he refused. They tried to get him to go a homeless GP service, but by this time he was alcohol dependent, and didn't want to go. By now his TB was infectious. Unchecked and untreated, Aleks was turning from a victim into a risk. And on the streets, TB spreads very quickly.

With timely care Aleks could have been managed safely. But with trouble accessing a GP, inadequate care when he was seen, and no access to welfare benefits or housing, Aleks got worse, and infected others. Eventually of course, Aleks ended up in hospital. But by then the illness was worse, the potential numbers infected had grown, and the potential cost massive.

As some eastern European proverb somewhere probably says: sometimes by trying to save a little, you end up spending a lot.

The London Housing Foundation is supporting the London Network of Nurses and Midwives in Homelessness, and the award winning charity Groundswell, to present a unique conference on Friday 17th April, 2015.

This year's theme is austerity and access. In a time of increasing financial challenge, how do we ensure that homeless people are not missed? With changes in the rights of migrants, and new ideas on charging for prescriptions, will our client group, one of the most vulnerable in society, miss out? And is it our job to make sure this doesn't happen?

For more details or to buy tickets visit <http://homeleshealthnetwork.net/> and follow us on twitter @Innmhomeless