ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

An elective in community medicine for the vulnerable and marginalised groups

What are the prevalent conditions and needs of clients using Health Outreach in comparison to people using mainstream services?

The most prevalent health issue I witnessed in homeless clients was drug addiction. In many cases there was addiction to multiple drugs including alcohol. A significant number of these clients also had mental health conditions, with multiple self-harm episodes.

In addition, many homeless people had chronic conditions, similar to those encountered in mainstream services, although poorly managed due to poor access to treatment and poor adherence.

Alcohol dependence was a common finding amongst the migrant worker client group. I met several clients dealing with the consequences of chronic alcohol consumption. It was startling to see people struggle with heart and liver failure whilst also being homeless.

How do NHS services work to accommodate people with complex needs, such as homelessness, and how does this compare to other European countries?

A main aim for Health Outreach is to help clients engage with mainstream services however this is very challenging. Registering with a GP without ID and proof of address is possible but clients often find it a difficult first hurdle to overcome. Clients who spoke little to no English found it very daunting to engage with mainstream services, leaning on HealthOutreach for support with registration and ongoing treatment with other services. Keeping appointments is also challenging for clients who often have chaotic lives without a regular time schedule. They are often unable to prioritise their health. Frequent missed appointments can make clients unpopular with mainstream services and often lead them to be discharged early, delaying medical treatment.

What is current public health policy around homelessness in the UK and how this compares to other European countries

Public health policy in the UK states an ambition to end homelessness with a focus on prevention. The Department of Local Government and Communities is charged with distributing £400 million to lots of organisations. However, there are many procedural steps in order to be recognised as homeless and then be assisted with housing.

In order to receive assistance from the local council, one must be homeless or at risk of becoming homeless in the next 28 days. The council then assess whether a person is eligible for help with housing based on their nationality or immigration status and whether there is a priority need for housing, for instance if the person is under 18 or they have poor health. The council also need proof of a local connection to the area before offering assistance, for instance have they lived locally for over 6 months or have family in the area. If there is no local connection the council will consider whether the person has a local connection in another area and may send them there to be assisted. Finally, the council will consider whether the person is intentionally homeless. They will review the reason for leaving the last 'settled' residence and whether it was the person's deliberate action or inaction that resulted in a loss

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of accommodation. If they decide the person is intentionally homeless the council will only be responsible to offer accommodation for 28 days.

The main housing issues in other European countries differ to those faced in the UK. In the UK, the most significant issue is the high cost of housing, which makes adequate heating or indeed accommodation itself unaffordable for some people. In comparison, Romania has the highest rate of poverty in Europe and the highest rate of overcrowding and housing deprivation. Rates of housing deprivation in Poland have improved in the last few years but they still have the second highest rate of overcrowding.

To increases my confidence in working with these clients and understand better their situations.

I have gained much more confidence in working with clients who are dealing with homelessness and substance misuse. I now have a greater understanding of what sort of services are available to people on the street and to people with drug and alcohol problems. I have also learnt a lot about the bureaucracy surrounding housing support and the scarcity of appropriate accommodation the council have at their disposal. It has been valuable for me to learn more about the complex rules surrounding health and housing support available to migrant workers from the EU in the UK. This is something I was completely ignorant of before my placement. I feel much better prepared to assess and treat people who are struggling with homelessness and addiction in my future practice as a doctor.

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