

Transition to Homeless Health Nursing

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Completing this chapter will enable you to:

- identify common health conditions
- understand the importance of health assessment and long term patient engagement
- understand some of the additional complexity when working with tri-morbidity
- promote creative care planning and harm reduction
- access other resources and networks of support.

Introduction

The key to effective homeless health care is engagement. It requires “consistent, positive and high quality relationships in which trust and respect are key factors¹.” The success of engagement can be measured by continued attendance at a healthcare setting rather than a one-off consultation.

Aim to do everything to encourage the patient to return for a follow up appointment, but anticipate they may not and plan accordingly. If issues are identified on the first contact, try to complete as much of the treatment as possible and help the patient to prioritise their health needs. However, it is rarely possible to fix everything at once. You can spend valuable time building trust with your patients and encouraging them to continue with the process over more than one appointment. As you become more experienced in the role, you will become better placed to provide basic physical and mental health care nursing services and in cementing patient trust and building patient relationships over time.

This chapter will help you understand the range of conditions people may present with, and some of the approaches, methods and skills you will be using in your practice. It also introduces some key documents, which will help you, focus on the patient in your nursing practice.

Assessment

The beginning of relationship building can be the assessment of an individual’s health by a nurse. The QNI has developed a Health Assessment Tool² to guide good practice in exploring opportunities for health improvement, illness prevention and management and enhanced quality of life. In it, the recommendation is that assessment of a person can be used to:

- meet and explore a patient’s health needs, requirements and goals
- explore underlying health conditions requiring treatment
- offer clinical judgement on medical needs (if you have the specialist skills to do so)
- offer support, encouragement and advice
- work with the individual to develop strategies for looking after their own health

'The key to effective homeless health care is engagement.'

- guide people to value their health as important

Assessment is a core skill and as you transition into your role, you will have the opportunity to develop some of these skills. This is also an opportunity to encourage your patients to access primary care services. Low levels of GP registration and use among people who are homeless are well documented³.

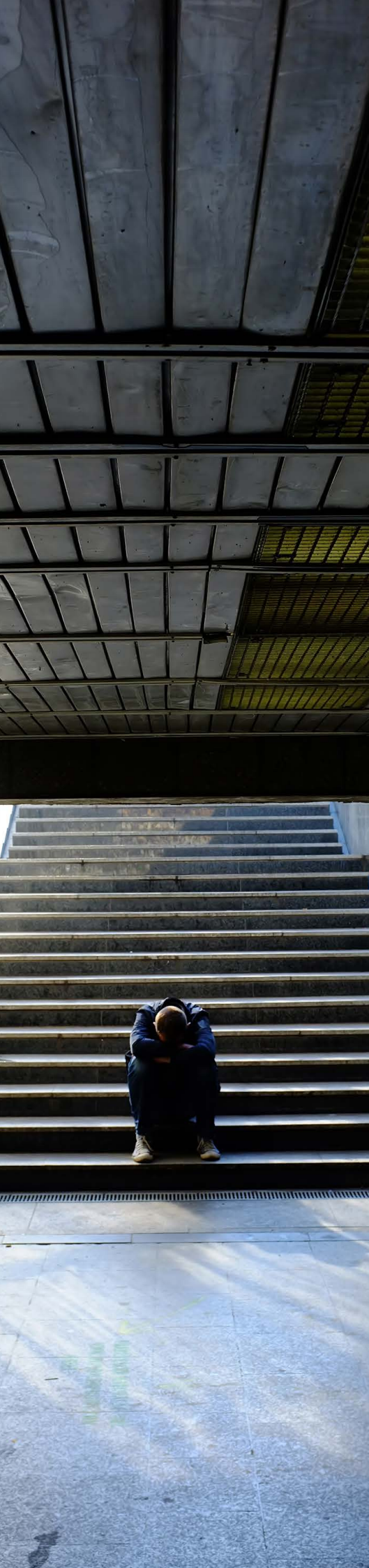
In primary care, a clinical patient record system is used, which has templates for holistic health checks, which include cardiovascular disease risk, sexual health, blood borne virus screening, drug, and alcohol use and foot care. Popular clinical patient record software includes Emis web and SystemOne. Other systems exist for recording patient health status. If you have never worked with one of these systems before, it is a good idea to get well familiarised with the system and its capabilities so that you can use it with speed and accuracy and maximize your face-to-face contact time with the patient.

On clinical patient record software, you can enter the read codes provided in the QNI Homeless Health Assessment Tool to create a holistic health assessment template tool ready to use in practice. The assessment need not happen all at once and may be split between a registration appointment, a new patient health check and perhaps subsequent appointments, as further needs are identified.

Common conditions

Working with homeless patients, you are likely to see a huge range of acute and chronic illness, some of which you are unlikely to see in non-specialist general practice (see figure 4.1).

| Type of conditions | Minor conditions | Acute conditions | Long term conditions | Intervention for prevention |
|----------------------|---|--|---|---|
| Mental Health | <ul style="list-style-type: none"> • Low mood | <ul style="list-style-type: none"> • Psychosis • Anxiety state • Panic attack • Korsakoff's Psychosis • Suicidal Ideation • NPS/Drug induced | <ul style="list-style-type: none"> • Schizophrenia • Psychosis • Depression • Bi-polar disorder • Personality disorder • Post-Traumatic Stress Disorder | <ul style="list-style-type: none"> • Mindfulness • Motivational Interviewing • Referral to social Prescribing |
| Trauma & Orthopaedic | <ul style="list-style-type: none"> • Strains & sprains • Minor head injuries | <ul style="list-style-type: none"> • Fractures • Head trauma | <ul style="list-style-type: none"> • Chronic Back Pain • Osteoarthritis | <ul style="list-style-type: none"> • Exercise • Awareness of posture |
| Skin | <ul style="list-style-type: none"> • Infestations • Infections • Foot trauma & injuries Sun-stroke • Minor injuries, cuts, bruising | <ul style="list-style-type: none"> • Abscesses & Cellulitis • Thermal injuries (frostbite, trench foot) • Skin cancers (BCC, SCC & Melanoma) • Large open wounds | <ul style="list-style-type: none"> • Psoriasis | <ul style="list-style-type: none"> • Sun Awareness • Hygiene education • Clothes /personal washing facilities • Availability of new socks |



| Type of conditions | Minor Conditions | Acute conditions | Long term conditions | Intervention for prevention |
|--------------------|--|--|--|---|
| Respiratory | <ul style="list-style-type: none"> • Viral coughs, colds & sore throats | <ul style="list-style-type: none"> • Acute lower respiratory infection • Pneumonia – lobar, viral and atypical • Influenza • Tuberculosis | <ul style="list-style-type: none"> • COPD • Asthma • Lung Cancer | <ul style="list-style-type: none"> • Influenza immunisation • Pneumonia immunisation • TB screening, testing & immunisation • Smoking cessation advice • Advice on air pollution / breathing exercises |
| Gastrointestinal | <ul style="list-style-type: none"> • Dental caries • Loss of teeth • IBS • Gastric Reflux • Constipation • Diarrhoea | <ul style="list-style-type: none"> • Oral cancers • Acute Hepatitis A,B,C • Peptic Ulceration • Acute Pancreatitis • Gastritis • Hypoglycaemia • Hyperglycaemia • Diabetes if low on insulin and also alcohol independent – life threatening | <ul style="list-style-type: none"> • Cirrhosis • Chronic pancreatitis • Chronic Hepatitis B&C • Hiatus Hernia • Diabetes • Faecal incontinence • Oesophageal, gastric, pancreatic, liver, bowel cancers • Stomas | <ul style="list-style-type: none"> • Provision of Oral health information • Referral to community dental services • Advice for maintaining oral health if on methadone programme • Provision of toothbrushes/paste • Diabetes checks |
| Immunological | | <ul style="list-style-type: none"> • Hypothyroidism • Hyperthyroidism | <ul style="list-style-type: none"> • Chronic Viral Hepatitis • HIV • Iron deficiency anaemia • Rheumatoid Arthritis • Multiple Sclerosis • Coeliac disease • Hypothyroidism • Vasculitis • Lupus | <ul style="list-style-type: none"> • Immunisation against preventable infection: • Human Papilloma Virus • Diphtheria • Tetanus & Polio • Measles, Mumps & Rubella • Meningitis • Hepatitis A,B |

'You are likely to see a huge range of acute and chronic illness, some of which you are unlikely to see in non-specialist general practice.'

| Type of conditions | Minor conditions | Acute conditions | Long term conditions | Intervention for prevention |
|---------------------------|--|--|---|--|
| Cardiovascular | | <ul style="list-style-type: none"> • Thromboembolic events (DVT, PE) • Sub-Acute Bacterial Endocarditis • Septicemia • Stroke • Myocardial infarction | <ul style="list-style-type: none"> • Venous / arterial leg ulcers • Coronary Artery Disease • Hypertension • Cardiomyopathy | <ul style="list-style-type: none"> • Smoking cessation |
| Urinary Tract | <ul style="list-style-type: none"> • Urinary Tract Infection | <ul style="list-style-type: none"> • Kidney & bladder stones | <ul style="list-style-type: none"> • Urinary Incontinence | |
| Neurological | <ul style="list-style-type: none"> • Minor head injury | <ul style="list-style-type: none"> • Head trauma • Alcohol-induced or withdrawal seizures • Seizure • Wernicke Korsakoff syndrome | <ul style="list-style-type: none"> • Alcohol related brain injury (ARBI) • Peripheral neuropathy • Epilepsy • Multiple Sclerosis • Parkinson's • Alzheimer's | |
| Urological/Gynaecological | <ul style="list-style-type: none"> • Erectile Dysfunction | <ul style="list-style-type: none"> • Pelvic Inflammatory Disease • Sexually Transmitted Infections | <ul style="list-style-type: none"> • Infertility | <ul style="list-style-type: none"> • Sexual Health Advice • Provision of contraception • Routine Cervical Smear • Blood Borne Virus Advice • Alcohol Harm Reduction Advice |
| Alcohol related | <ul style="list-style-type: none"> • Intoxication • Alcohol related seizures | <ul style="list-style-type: none"> • Alcohol related seizures • Korsakoff's Psychosis • Wernicke's Encephalopathy • Pancreatitis • Acute hepatitis • Gastritis • Peptic Ulceration | <ul style="list-style-type: none"> • Peripheral neuropathy • Cirrhosis • Chronic Liver Disease • Alcohol Dependency • Cancers | |
| Drug related | <ul style="list-style-type: none"> • Intoxication | <ul style="list-style-type: none"> • Overdose • Crack Lung • Deep Vein Thrombosis • Pulmonary Embolism • Septicaemia • Encephalitis • Endocarditis • Abscesses • Cellulitis | <ul style="list-style-type: none"> • Limb Amputation • Chronic Viral Hepatitis • HIV • Chronic Obstructive Pulmonary Disease • Drug Psychosis • Drug Dependency | <ul style="list-style-type: none"> • Drug Harm Reduction Advice • Needle Exchange Advice • HBV immunisation • Blood Borne Virus Prevention • Naloxone Training & provision of kit • Overdose Prevention Advice |



Tri-morbidity

People who are homeless are often referred to as having 'tri-morbidity' which means having three general causes of disease or poor health. . This typically means having a concurrent mental illness, a substance use disorder and physical health condition/s⁴. You may need to deal with all three at once.

As such, it will be very key to familiarise yourself with some of the common conditions and spend time with professionals who specialise in specific conditions, such as the local Hepatitis C and HIV nurses, to ensure you learn as much as possible and so you can support patients into treatment as easily as possible.

You will be involved in care planning in order to address the range of needs that a patient may present with; it is rarely a single issue. You will need to take into account personal beliefs, health (mental and physical), family history, social circumstances (housing and relationships), and ethnic and cultural norms in order to work out a holistic and realistic care plan. Where appropriate, you should refer the patient on for more specialist care.

The impact of homelessness

You will need to work together with the patient to consider the impact of homelessness on their condition, not just in relation to the illness itself but also in their ability to manage it effectively. This will involve good problem solving skills.

You may have to think around problems like:

- How will patients experiencing homelessness store medicines safely, especially if they have a large prescription (some medicines need to be refrigerated, others are controlled substances)?
- How could patients improve their diet if they currently have no access to a kitchen or regular income?
- Where can patients access toilet facilities, if they are living on the streets?

Solutions to these problems require flexible medical staff. It is imperative to have a good knowledge of local amenities such as day centres and the times they can be accessed for food and showers. Visit them yourself, so you can try to influence things like providing healthy meals and snacks. Working together with other organisations is key to successful holistic care to people who are homeless.

Although not all people who are homeless have an alcohol and drug misuse problem, it is necessary for nurses working in this field to have a basic grounding in the subject, as in many cases substance misuse plays a significant role in the patients' lives. It is important to understand referral pathways and the organisations that can offer support when the patient is ready.

Health promotion and illness prevention

Your role will include health promotion and education, supporting patients to take responsibility for improving their health and wellbeing. This could include providing immunisations against infectious diseases, promoting good foot health, and giving safety and harm reduction advice.

'A major cause of death for people experiencing homelessness is alcohol-related liver disease.'

Studies and practice experience have shown that people experiencing homelessness are interested in improving their health⁵. These studies found that engagement increased when patients were involved in helping to develop health promotion activities. It is therefore essential that health promotion and illness prevention strategies form part of any healthcare package for people experiencing homelessness. All Our Health is a health promotion guide produced by Public Health England. [All Our Health](#) features a section on homelessness.

Examples of health promotion can relate to each season such as flu vaccines, sun safety, and staying warm in winter. Increasingly, nurses are using additional skills like motivational interviewing to assist patients to make changes in their lives, such as to reduce alcohol consumption or smoking.

You will also be involved in signposting patients to the most appropriate source of information to assist them in making the right choices for them. This might include helping patients to develop their own personal care plans. The QNI Health Assessment Tool⁶ provides examples of individual patient care plans that might be useful.



Activity 4.1

- A middle-aged man with Type 2 Diabetes and experiencing homelessness, wants to improve his condition. Given his housing needs, how would you tailor your public health message to support him to improve his health?

Management of conditions

The care ordinarily provided to people with long term conditions can become more complex with patients experiencing homelessness, both because of the likelihood of tri-morbidity and because of the impact of their homelessness. For example, even if the patient is registered with a GP, contacting them for care reviews are far less likely to be successful if they have no address or contact telephone number. Attendance may be further limited by a lack of transport or intoxication. It is important to have or be a link person who can chase people to get them to attend an annual review, accompany them, and offer to work with the patient's GP practice.

Your role is to ensure that patients (and their carers if relevant):

- can access diagnostic services
- can store and use medications
- have appropriate lifestyle advice
- are educated to manage their condition
- have an individual care plan (if appropriate)

End of life care

You may also be involved in caring for people who have life-limiting illness. The term 'end of life care' includes wider aspects of care of the dying, e.g. supportive, palliative and terminal care that could go on for the last weeks, months or years of life. Macmillan nurses and palliative care nurses will be included in the wider multi-disciplinary primary care team and will work closely with GPs and other nurses in sharing expert knowledge and providing support when caring for those patients at the end of life. End of life care can be more challenging with people experiencing homelessness, in terms of identifying symptoms, sourcing suitable care, and liaising with family members. The expectations of patients, professionals and other services can at times be in conflict.

A major cause of death for people experiencing homelessness is alcohol-related liver disease⁷. This and other terminal disease such as cancer require planning to ensure that the patient is enabled to live as well as possible until they die. The National End of Life Intelligence Network (2012) recommends the importance of identifying the approach of end of life as early as possible, to allow for appropriate care and support to be arranged. You should make links with your local hospice and offer its staff the chance to come out with you and vice versa. Palliative care approaches should be sensitive to the needs and wishes of the patients and



may include re-connection with relatives.

End of life care for a patient experiencing homelessness should also ensure meet national standards as laid out in *Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020*. This report by NHS England (with the backing of 26 national health organisations) agreed what good quality care at end of life looked like for patients and set key ambitions for palliative care in England.

Figure 4.1 – 6 Principles of ‘Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020’

The six key principles are:

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort and wellbeing
4. Care is coordinated
5. All staff are prepared to care
6. Each community is prepared to help

Specialist nursing skills

There are fundamental clinical skills that are required when caring for patients experiencing homelessness. It is important to assess your own knowledge and abilities regarding certain conditions, either according to their prevalence within your practice or if you have a particular interest in an illness or condition. Some national health charities may be a valuable source for this type of information, as they will be current and up to date on treatments and initiatives relating to the national guidelines and strategies.

Alongside clinical nursing skills to treat some conditions that may be rare in the general population (such as trench foot), you will benefit from developing a wider body of knowledge in the following areas:

- Mental health and mental capacity
- Safeguarding
- Domestic violence
- Addictions
- Risk assessment
- Welfare
- Hospital discharge
- Enabling better access to healthcare
- Trauma informed care
- Lone working

The [knowledge and skills framework](#) created by the London Network of Nurses and Midwives Homelessness Group, gives a useful overview of the kind of knowledge required to develop in this nursing specialism.

Advocacy and assertive behaviour

Another specialist skill you will need is advocacy. Advocacy means ‘giving support to another person to help them express their views and wishes, and to help make sure their needs are heard⁹’. You will need to establish personal authority and assertiveness in order to influence other health and social care professionals, colleagues and patients to promote good quality care.

'Being assertive does not always mean getting what you want, but it can help you achieve a compromise.'

The goal of assertive behaviour is to stand up for patient's rights and act as an advocate. It may take time to gain respect and understand all the implications of homelessness on a patient and their family. Being assertive does not always mean you get what you want, but it can help you achieve a compromise. You will need to develop a deeper degree of self-awareness and belief in your ability to convey information with confidence and conviction. Attend support sessions with colleagues, as learning from each other's experiences can be very beneficial.

Quotes from experienced nurses

'Know the service users, put your agenda away and learn to truly accept a person's right to self-determination while learning new ways to plug health promotion interventions.'

'Deal with primary presenting need in order of priority negotiated between the patient and your ideas. Don't worry about scale and number of problems to solve. The person has had these problems for some time so reassure the person (and yourself!) that they are now being attended to in order of importance but not everything can be done in one visit!'

Building your resilience to maintain patient focus

In this work, it is very important to access support on a regular basis, even if you don't feel you need it. Caring for patients experiencing homelessness can be mentally and physically demanding at times; you need to be aware that this may impact on your own emotional wellbeing. Your colleagues may be more experienced in this kind of caring and can be a 'listening ear' if you begin to feel overwhelmed. Supervision or case meetings are essential forums to air your thoughts and feelings about a patient. It gives a chance to share with colleagues any challenges you are facing when providing care and brainstorm solutions.

As mentioned in Chapter 2, you may have some tensions with other health professionals who have a limited understanding of your specialism. Educating others about the role, and its unique skills and challenges is an important part of maintaining patient focus. Here are some quotes from nurses that you may find useful:

Quotes from experienced nurses

'Treat everyone with respect and dignity, listen with compassion and interest to your patients and learn that you cannot save everyone but you can still have a very significant impact on people's lives.'

'Don't feel you have to fix everything immediately, take time to listen to patients and find out what their priority is even if it's not their health.'

'You need to be flexible and recognise the chaotic lives your patients are living and try to work with this to get the best outcome.'



Summary

Maintaining focus on the patient and their needs can be difficult in the environment of homeless health. People may be sleeping on the street, have severe mental health needs, have fled violence, and/or have experienced torture. They may need a lot of support to begin to trust working with health professionals, or have limited English language skills or understanding of how the health system works.

As discussed in this chapter the types of conditions experienced by people who are homeless are very varied. They are at far higher risk than the general population of mental ill health, substance use-related conditions and infections. This should be acknowledged in your practice and reflected in any public health activity which you do.



The chapter has highlighted how people may be living with tri-morbidity, with multiple health problems and conditions. A nursing approach that looks at the person holistically, builds trust with them, cares for them and is ready to provide the information they need is more helpful than an attempt to 'fix' everything at once.

In response, you should develop knowledge of local homelessness services and visit as many as you can during your induction. You should link with key people, offer to hold clinics and help with GP registrations to encourage other services to consider and prioritise health. The complexity of this kind of care can seem overwhelming but sometimes just getting some support from colleagues or working with just one small thing that the person is keen to change can trigger other positive changes in their lives.

The chapter gives you an understanding about the value of being a strong health advocate, and the importance of continuing to develop your learning to provide the best possible patient-centred care for people experiencing homelessness.

Further learning resources

- **Assessing the health of people who are homeless**

The [QNI's Health Assessment Tool](#) was designed by homeless health nurses and aims to inform good quality specialist consultation with patients who are homeless. It can be used as a 'health MOT' with patients experiencing homelessness.

- **Skills and knowledge framework**

If you want to learn what competencies and knowledge is required by the homeless health nurse then read [this framework](#) designed by the London Network of Nurses and Midwives.

- **Pathway Commissioning Standards**

The [Pathway Commissioning Standards](#) highlight good practice in homeless healthcare and are a good source of reference.

- **Ambitions for Palliative and End of Life Care**

The National Palliative and End of Life Care Partnership is a national network of organisations who together created [this strategy](#) for better end of life care.

- **Homelessness and end of life care resource pack**

The homelessness charity St Mungo's created [a resource pack](#) of learning for professionals around homelessness and end of life care.

- **elearning**

The Royal College of General Practitioners [e-learning](#) includes courses on alcohol, drugs and harm reduction and hepatitis B & C.

- **Realising the value programme**

This [key national programme](#) from NESTA and the Health Foundation, is aimed at making the health service work more effectively with patients, communities and voluntary organisations with the aim to improve clinical outcomes and long term conditions management.

‘Learn that you cannot save everyone, but you can still have a very significant impact on people’s lives.’

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