



#personfirst:

**Blackburn with Darwen's Homeless
Population**
July 2017

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About Healthwatch Blackburn with Darwen

Healthwatch gives people a powerful voice locally and nationally. At a local level, Healthwatch BwD helps local people get the best out of their local health and social care services. Whether it's improving them today, or helping to shape them for tomorrow, Healthwatch BwD is all about local voices being able to influence the delivery and design of local services.

Healthwatch was created by the Health and Social Care Act, 2012. We are part of a network of local Healthwatch which helps to ensure that the views and feedback from patients and carers are an integral part of the design and delivery of local service.


Every voice counts when it comes to shaping the future of health and social care, and when it comes to improving it for today. Everything that local Healthwatch does will bring the voice and influence of local people to the development and delivery of local services.

Find out more at: www.healthwatchblackburnwithdarwen.co.uk





Disclaimer

Please note that this report relates to findings from **141 individuals**  experiencing homelessness in Blackburn with Darwen. Our report therefore is not a representative portrayal of the experience & views of all those experiencing homelessness in Blackburn with Darwen, only an account of what was represented at the time.

Date of Project

Engagement activity took place September 2016 - April 2017 

Acknowledgements

Those experiencing homelessness who kindly shared their views & experiences with us, often sharing deeply personal stories for which we are grateful.

The following organisations for allowing us to engage with their clientele and supporting the project:

- THOMAS
- Salvation Army
- The Foyer
- Nightsafe
- Shelter
- The Moorings
- Free Project
- In Partnership
- Community Spirit
- Job Centre Plus, Blackburn
- Darwen Jubilee Tower Credit
- The Moorings
- Darwen Aldridge Enterprise Studio
- Blackburn Youth Zone

Healthwatch BwD Volunteers for supporting the project:

- Madhu Pandya
- Nancy Kinyanjui
- Annemarie McKay
- Alwyn Cooper
- Fiona Isherwood
- Mavis Williams

Karl Ridding for providing illustrations throughout.






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Executive Summary

Healthwatch Blackburn with Darwen has worked in partnership  to find out the views & experiences of the homeless population, which will allow us to influence local health & social care provision to best meet their needs.

The engagement took place over an 8-month period between September 2016-April 2017, allowing us to engage with 254 individuals. 

The report details the findings which briefly found 


- **A lack of Mental Health Provision**
- **Barriers to accessing services, particular in regards to accessing a phone**
- **A lack of 1-1 support for those experiencing homelessness**
- **Difficulties in accessing GP's & Dentists**
- **A lack of a joined-up approach & services working together**
- **A lack of awareness of services & how to access the support on offer**
- **Stigma towards those experiencing homelessness & substance use**






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Introduction

 #personfirst is an umbrella project that listens to the views and experiences of those seldom heard in Blackburn with Darwen, those who are often deemed 'hard to reach'. They rarely have the opportunity to have their expert voices put forward to influence change.

Aim of project

 To better understand the health & wellbeing of the homeless population in Blackburn with Darwen, their experience of local health & social care services and their views on local provision.

What we mean by homeless?

Our definition of homelessness is based upon  the Shelter definition: 'homeless even if you have a place to stay'. This includes those sleeping rough or 'sofa surfing' to those in a hostel or home which is unsuitable or of short term occupancy & has poor conditions that affect the individual's health & wellbeing.

Why Homeless?

Findings from both our 'The impact of unemployment on Mental Health & Wellbeing' & '#blokesviews' projects identified a need to listen to the views and experiences of the Homeless population. As this demographic is seldom heard we wanted to give those that fit the criteria an opportunity to share their experiences, identify barriers to accessing services and inform individuals about local provision and

signpost where necessary. We worked closely with partners throughout the project to identify locations where we could engage with the most people. Locations included the food bank, establishments providing free hot meals, HMOs and a young persons drop in centre.

Statistics

England

There are no national figures for how many people are homeless. Many homeless people do not show up in statistics at all.

- In 2015 a total of 275,000 people approached their local authority for homelessness assistance
- In 2015 it is estimated that around 3,569 people slept rough on any one night across England, a rise of 30% on the previous year and double since 2010
- Only 2% of homeless people are in full time employment
- The average age of death for a homeless person is just 47
- By the final quarter of 2015 there were 69,140 households living in temporary accommodation in England, an increase of 44% since 2010

*Source **Crisis**





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Lancashire

- In 2015/16 366 household were accepted as homeless
- Autumn 2015 there were 36 rough sleepers in Lancashire

*Source Lancashire County Council 

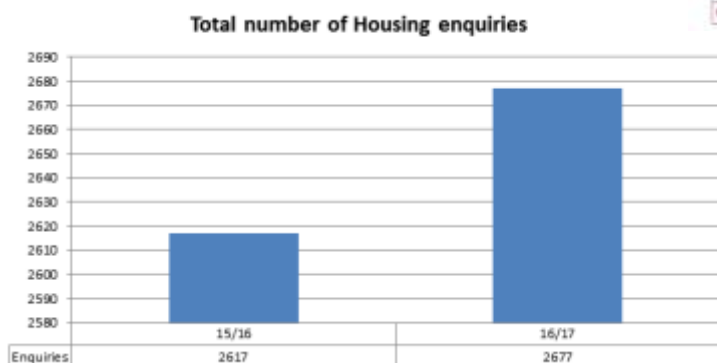
Blackburn with Darwen

The largest type of household group that BwD Housing Needs provide assistance to are singles with no dependent children. This group has risen from 377 (41.2%) in 2008/9 to a high of 1283 (66.7%) in 2013/14.

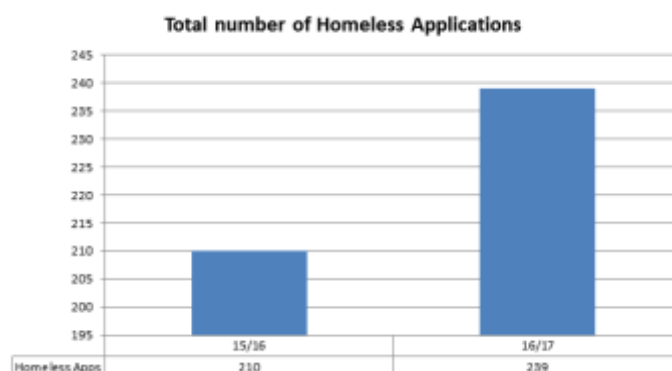
Reasons for contacting Blackburn with Darwen Housing Needs:

	2008/9	2013/14
Leaving prison/remand	1	35
Sleeping Rough	2	60
Rent Arrears	25	149
Affordability	2	130
Leaving Hospital	2	26

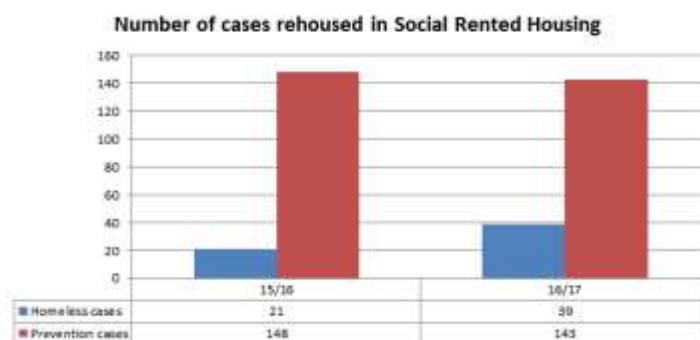
The chart below shows the number of housing enquires to Blackburn with Darwen Borough Council in years 2015/16 & 2016/17. There was an increase of 60 enquiries in 2016/17.



The chart below shows the number of homeless applications to Blackburn with Darwen Borough Council in the years 2015/16 & 2016/17. There was an increase of 29 applications in 2016/17.



The chart below shows the number of cases rehoused in Social Rented Housing by Blackburn with Darwen Borough Council in 2015/16 & 2016/17. There was an increase of homeless cases being rehoused by 18 in 2016/17, whilst there was a reduction of 5 in prevention cases.





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Blackburn with Darwen HMOs

The table below details the number of HMOs (House of Multiple Occupancy) in Blackburn with Darwen with 5 or more beds & the number of beds in each establishment. There is a total of 569 beds in the borough.

Establishment	Beds
Rockmount, Adelaide Terrace, Blackburn	19
20 Bank St, Darwen	6
Jays B&B, 72 - 80 Bolton Rd, Blackburn	41
145 Bolton Road Darwen	10
Canterbury House, 65 Canterbury St	24
27 Cardwell Place Blackburn	5
1 Cheltenham Rd, Blackburn (former Leamington pub)	8
2 Church Terr, Darwen	5
Bank House, Church Terrace Darwen	8
Shadsworth House, Dunoon Drive, Blackburn	51
29 - 31 Fore St, Lower Darwen	7
The Islington, Great Bolton St	53
92 Hancock St, Blackburn	5
65/67 Haslingden Rd, Blackburn	7
1 Hollin Bridge St Blackburn	6
37 Infirmary Rd, Blackburn	6
Cherry Lodge, Islington BB	40
8 Leamington Rd, Blackburn	8
19 Park Ave, Blackburn	6
22 Park Avenue, Blackburn	6
1-3 Perry Street, Darwen	6
67 Preston New Rd, Blackburn	9
50 Preston New Rd, Blackburn	11
70 Preston New Rd BB	10
72 Preston New Rd BB	9
131 Preston New Rd Blackburn	6
133 Preston New Road, BB	9
137 Preston New Rd Blackburn	7
301/303 Preston New Rd BB	16
17 Preston Old Road, Blackburn	8
23 Preston Old Rd Blackburn	9

15/17 Pump St Blackburn	20
Nightsafe, Railway Road, Blackburn	5
81/83 Rawstorne St, Blackburn	9
49 Redearth Rd, Darwen	5
9 Revidge Rd, Blackburn	5
Town View, 46 Shear Brow, Blackburn	14
Union House, St Peters St, Blackburn	48
42 St Silas Rd Blackburn	7
40-42 Wellington Street St Johns, Blackburn	18
40 Whalley Banks, Blackburn	5
THOMAS, Witton Bank	12
TOTAL	569


*Source Blackburn with Darwen Borough Council



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Research methods

Questionnaire

A questionnaire was devised with the support of the project task group which included volunteers with lived experience & professionals. 

The questionnaire was completed by staff & volunteers whilst speaking to individuals experiencing homelessness.

Art Sessions



A series of art sessions were delivered at Nightsafe in which young people could express their views & experiences in a creative way.

Leapfrog




We used Leapfrog Tools throughout the project, especially with young people at Nightsafe & The Foyer. The tools allow individuals to engage both independently or as part of a group.

Leapfrog is an Arts and Humanities Research Council funded project which works with communities to design flexible tools to engage people in creative, inspiring & effective ways. Healthwatch Blackburn with Darwen has been an active partner for over 18 months & has used their tools & co-production approach hundreds of times.

To find out more about Leapfrog visit www.leapfrog.tools 

Cinema Trip

We took a group of ten young people from Nightsafe & Blackburn Youth Zone on a cinema trip to Manchester to see 'I Daniel Blake'. This allowed us to build a positive relationship with young people from early in the project & allowed us to start a discussion about the issues they face in a very informal, non-intrusive way. 



'I have worked for Nightsafe for ten years and have accompanied our service users on many trips during that time. The cinema trip was without a doubt one of the most



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rewarding and enjoyable outings I have been on with our service users. I was so proud of all the young people who came along. You could tell they thoroughly enjoyed the experience from their good behaviour which lasted from the moment we set off to the moment we returned. We work with highly vulnerable young people whose behaviour is not always the best. If young people are bored or are not interested in the subject matter of something their behaviour will slide. On the cinema trip - as staff - we did not have to reprimand the young people once.

Usually to obtain feedback we sit the young people down and ask them for their thoughts and feelings. It is sometimes a long drawn out process as young people don't always have the confidence or vocabulary to fully express how they feel about something. There have been no such problems regarding the cinema trip. I have not even had to ask the young people to tell me how they felt about the trip. They have openly discussed it without being prompted.'

Nightsafe Support Worker

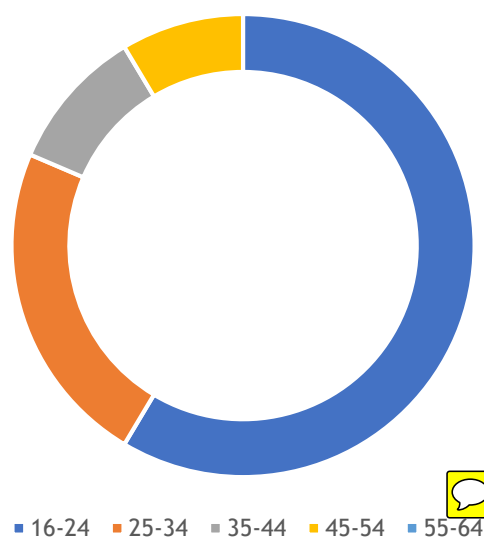
Street Engagement

We carried out engagement on the streets of Blackburn with Darwen on three occasions during the project. The majority of people we met had already engaged with us but this allowed for more informal conversations & helped build ongoing relationships with individuals experiencing homelessness.

Who we spoke to?

- We engaged **with 295** individuals over the course of the project
- We completed **141** questionnaires over the course of the project

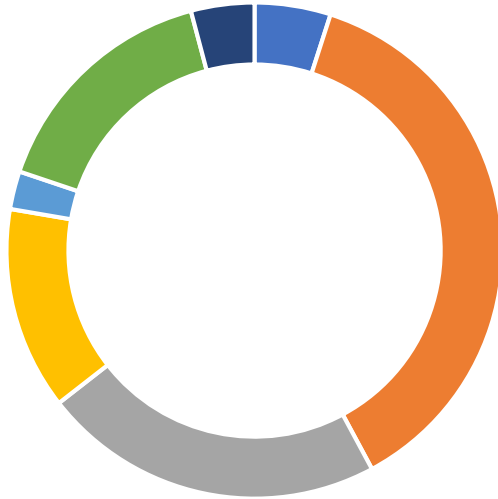
Age of participants



- 16-24 26%
- 25-34 22%
- 35-44 22%
- 45-54 21%
- 55-64 6%
- 64+ 2%
- 77% of participants were male
- 23% of participants were female

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How would you describe where you are currently sleeping?



- Rough Sleeping
- HMO
- Supported Accommodation
- Sleeping on sofa/floor
- Nightshelter
- House/Flat
- Other

- **15% of individuals had left prison within the last 12 months**
- **29% of individuals had previously lived in care**

Good Practice Example: The Moorings trust HMO



The Moorings Trust offer a secure and 'family like' place for their residents to live. The staff have a real understanding of some of the complex issues that affect the Homeless population in the Borough. They have knowledge of those services that can aid & support their residents. It offers a clean and friendly environment, with home cooked meals.



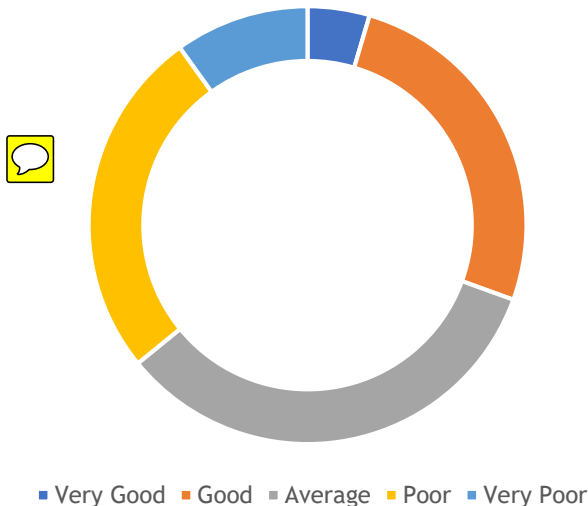


Findings

General Health & Wellbeing

36% of individuals rated their general health & wellbeing as poor or very poor with living circumstances & lack of mental health support being the main factors. Referral pathways to mental health support was challenging. Often, with chaotic lifestyles, the lack of service cohesion had even greater impact.

How would you rate your general health & wellbeing?



- **36% of individuals rated their general health & wellbeing as poor or very poor**
- **31% of residents rated their general health & wellbeing as good or very good**

What one thing would improve your general Health & Wellbeing?

- **A flat or change in living circumstances 17%**
- **Mental Health Support 12%**

- Improved diet & better cooking facilities in hostels 8%
- Employment 8%
- Finances 7%
- Stopping smoking 7%
- Stopping drinking or drinking less 4%
- Physical Activity 4%

'Getting some teeth would give me a feeling of self-confidence' Single Male 45-54

'Settled house, friends not robbing from me, neighbours not complaining about noise, no hassle from the DWP' Single Male 16-24

'Better service cohesion and follow up' Single Male 35-44

'Medication, GP doesn't listen when I tell him they don't work. Just wants to knock me out all the time' Single Female 25-34

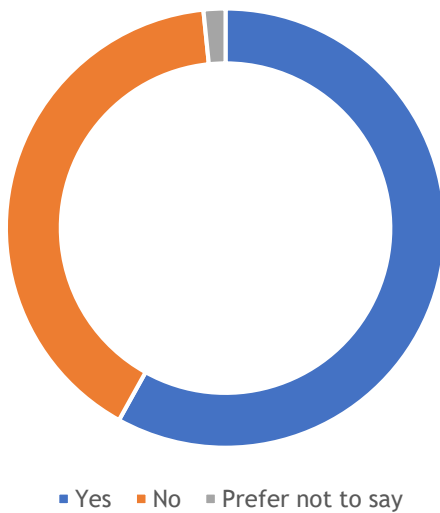




Physical Health

The majority of physical health conditions experienced by individuals were directly related to their living circumstances or lifestyle.

Do you experience any Physical Health Conditions?



- **58% of individuals experienced a Physical Health Condition**

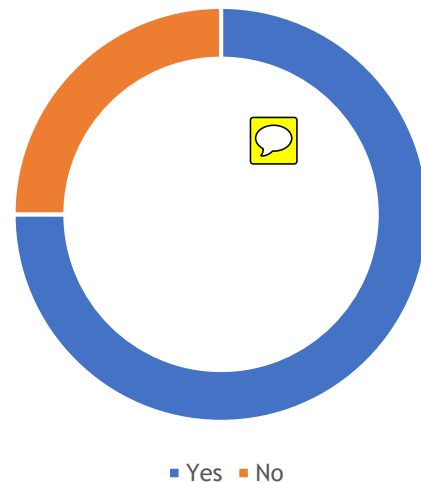
The most common conditions were:


- **Rheumatic/Inflammatory (Back pain/arthritis/joint pain) 34%**
- **Respiratory (Shortness of breath/asthma/COPD) 31%**
- **Heart related conditions 12%**
- **Liver, stomach & alcohol related 19%**

Smoking

86% of individuals smoked with the main reasons being habit; smoking for something to do & as a distraction to the pressures their current situation put themselves in. Half of those who smoked wanted to quit but there was a clear lack of advice & support. Individuals wouldn't go out of their way to identify support as other issues took priority.

Do you smoke?



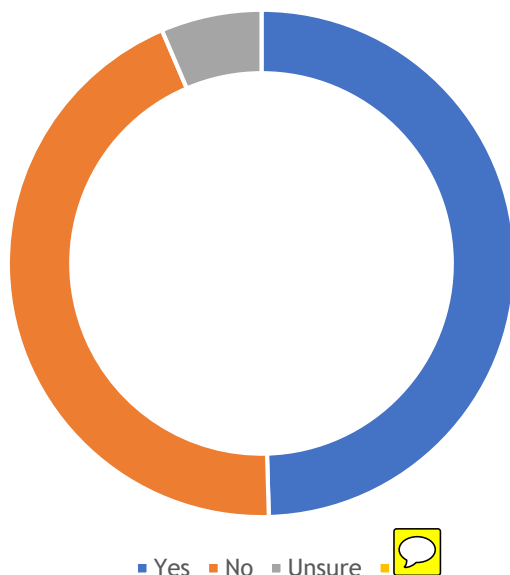
- **86% of individuals smoked** (compared to 23.6% of the general population in Blackburn with Darwen in 2014 and 17% of adults in England) 

*ASH & Blackburn with Darwen Integrated Strategic Needs Assessment, Summary Review 2016



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Do you want to quit smoking?



- 50% of individuals who smoked wanted to quit
- 44% of individuals didn't want to quit
- 6% of individuals were unsure whether they wanted to quit

Advice & Support



- 59% of individuals had been offered advice or support to stop smoking
- 40% of individuals hadn't been offered advice or support
- 1% of individuals were unsure if they had been offered advice or support

'something to do, like a friend'

'this is the only thing that keeps me going. Would probably kill myself or end up in jail'

Recommendation 1

Advice or support to stop smoking should be made more accessible to the homeless population. This should include outreach carried out in a none intrusive way in environments where individuals feel comfortable. Ways in which to access advice or support should be better promoted.



Recommendation 2

It should be acknowledged that some individuals choose to smoke & don't want to quit. Services should appreciate this & be sensitive to the reasons why people choose to smoke. Wherever possible a harm reduction approach should be used.

NICE Quality standard (QS92)

Smoking Harm Reduction



Equality and diversity considerations

Advice should be culturally appropriate and readily available to people with additional needs such as physical, sensory or learning disabilities and people who do not speak or read English, and to people in groups identified as having a higher smoking prevalence. These include lesbian, gay, bisexual and transgender (LGBT) people, people with mental health problems, people in closed institutions (such as secure mental health units and custodial sites), people who are homeless and people from lower socioeconomic groups.

www.nice.org.uk/guidance/qs92

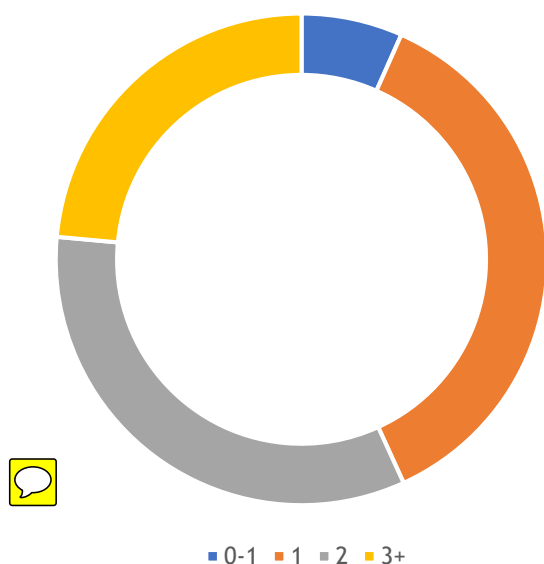


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Diet

Only 23% of individuals had three or more meals a day with many eating one of their meals at THOMAS soup kitchen or other voluntary projects. Not being able to afford food was by far the greatest barrier. If food could be afforded, their living circumstances restricted what they could eat, making unhealthy options easier & more accessible.

On average how many meals a day do you eat?



- 8% of individuals did not regularly eat one meal a day
- 36% of individuals had one meal a day
- 33% of individuals had two meals a day
- 23% of individuals had three or more meals a day


- 56% of individuals didn't regularly eat any fruit or vegetables a day, only 2% had the recommended 5 portions

Barriers to eating a healthy diet:

- Cost/can't afford 39%
- Living arrangements/environment/no cooking facilities 15%
- Lifestyle/Drugs/Alcohol/Addiction 12%
- Knowledge of how to cook/diet preferences 12%
- Health condition, mental health, eating disorder, stress 9%

'Last week my boots split, I had to buy a second-hand pair £15. I didn't eat for three days' Single Male 45-54

Good Practice Example: THOMAS Drop In

THOMAS offers a supportive and warm environment, as well as providing hot meals Monday to Friday lunch, it gives individuals the chance to discuss any pressing issues with the coordinator and volunteers. It is a community for the people that use it & provides a communal meeting place, somewhere to eat, talk, support one another and listen is a real benefit. 





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Recommendation 3

Ways in which the homeless population can access a healthy diet should be explored. This could include accessible cooking classes, accommodation having more accessible cooking facilities & services working holistically, supporting people to become tenancy ready. This should be incorporated into the Eat Well part of the 'Eat Well Move More Shape Up' Strategy.

Physical Exercise

- 25% of individuals did not exercise for 30 minutes or more at any given time over a week
- 17% of individuals exercised for 30 minutes or more 1-2 times per week
- 14% of individuals exercised for 30 minutes or more 3-5 times per week
- 45% exercised for 30 minutes or more five or more times per week
- 60% of individuals wanted to exercise more

Barriers to exercising more:

- Physical Health Condition 23%
- Cost 23%
- Lack of motivation 21%
- Mental Health 14%
- Lifestyle/Living condition 8%
- Feeling hungry/lack of energy 7%

'The address puts people off. You feel low and embarrassed telling people where you live' Single Male 45-54

'Money and ID, only got bank card don't have driving licence and passport' Single Male 35-44

'I would like someone there to motivate me' Single Male 25-24

'That's something you do as part of an organised life. Your options are seriously limited. I would love to exercise more. I'd love to have a job. You have all this freedom but no ability to use it constructively. You can't afford to go anywhere or do anything.' Single Male 45-54

Recommendation 4

Physical activity should be made more accessible for the homeless population. This should include specific support for those with a physical health condition so they can access free activities in environments that individuals feel comfortable. This could also include targeted support to encourage & motivate individuals to get involved. This should be incorporated into the Move More part of the 'Eat Well Move More Shape Up' Strategy



'Eat Well Move More Shape Up Blackburn with Darwen's Food Physical Activity and Healthy Weight Strategy 2017-2020'

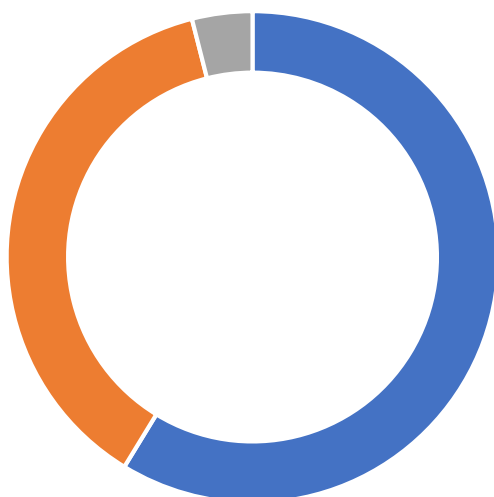




Mental Health

Anxiety, depression, stress & difficulty sleeping are all experienced by over 50% of individuals. 20% of individuals were angry all or most of the time, whilst 8% experienced feeling aggression/violence towards others all or most of the time.

Do you have a diagnosed mental health condition?



■ Yes ■ No ■ Unsure

- 59% of individuals had a diagnosed mental health condition
- 37% of individuals did not have a diagnosed mental health condition
- 4% of individuals were unsure whether they had a diagnosed mental health condition


Types of diagnosis:

- Depression 57%
- Anxiety 39%
- Bipolar 11%


- Psychosis 11%
- ADHD 8%
- Schizophrenia 8%
- PTSD 7%

Do you experience any of the following?

Aggression/violence to others

- 8% of individuals experienced aggression/violence to others all or most of the time 
- 72% of individuals experienced aggression/violence to others rarely or never

Anger

- 20% of individuals experienced anger all or most of the time 
- 44% of individuals experienced anger rarely or never

Anxiety

- 60% of individuals experienced anxiety all or most of the time
- 18% of individuals experienced anxiety rarely or never

Depression

- 53% of individuals experienced depression all or most of the time
- 19% of individuals experienced depression rarely or never



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Difficulty Sleeping

- 67% of individuals have difficulty sleeping all or most of the time
- 13% of individuals have difficulty sleeping rarely or never

Hearing Voices

- 16% of individuals hear voices all or most of the time
- 65% of individuals hear voices rarely or never

Panic Attacks

- 15% of individuals experience panic attacks all or most of the time
- 61% of individuals experience panic attacks rarely or never

Self-Harm

- 7% of individuals self-harm all or most of the time
- 84% of individuals self-harm rarely or never

Suicidal Thoughts

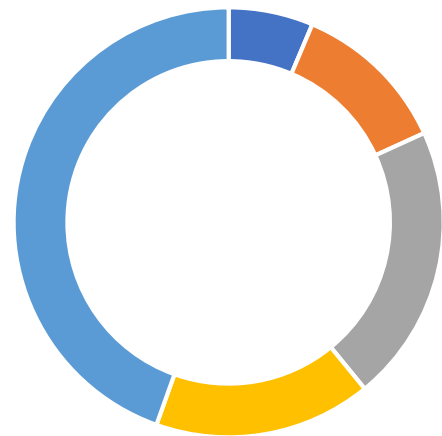
- 12% of individuals experience suicidal thoughts all or most of the time
- 67% of individuals experience suicidal thoughts rarely or never

Stress

- 63% of individuals experience stress all or most of the time
- 12% of individuals experience stress rarely or never



Do you get support for your mental health & wellbeing?



- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Who provides this?

- Daisyfield Mill/Mental Health Team 26%
- Supported Housing (Foyer, Nightsafe, Salvation Army) 19%
- GP 18%
- Family/Friend 5%
- Inspire 5%
- Social Services 4%
- Mind 4%
- MEAM 4%





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What kind of support would help you?

- Someone to talk to (counselling, support worker, 1:1 support) 36%
- Housing Support 10%
- Social Activities (peer support, clubs) 8%
- Medication (correct prescription) 5%
- Budgeting/benefit support 5%
- Anger Management 4%
- More help/empathy from GP 4%
- Grief/bereavement counselling 2%

'It's difficult to try and explain to somebody what's wrong and how to help when you don't understand it yourself' Single Female 16-24

'The nurse Denise used to help out a lot, now they have finished.' Single Male 35-44

'Talking to someone, some days I feel like I can't cope' Single Male 45-54

'Social worker who doesn't judge or preach but can be contacted 24 hours' Single Male 16-24

'Crisis Team don't help' Single Female 16-24

'Talking. I can't do groups because of my anxiety' Divorced Male 45-54

'Haven't phoned the crisis team because I have no credit'

By far the most common & requested type of support was having someone

to talk to, as individuals felt anxious in groups, especially when it came to talking about personal experiences regarding their mental health. It was evident of the impact wider issues such as housing & finances had on an individual's wellbeing & lack of support in these areas became a health issue.

Recommendation 5

Individuals experiencing homelessness should have someone to talk to & support them on an ongoing basis. It should be acknowledged that many individuals find it difficult to engage within groups & need 1:1 support to improve their mental health & wellbeing.

Recommendation 6

All Health & social care professionals should be required to receive training in homelessness, mental health & substance misuse to reduce stigma & encourage an empathetic approach.



Recommendation 7

It should be acknowledged how wider determinates impact an individual's mental health & wellbeing. All services supporting an individual should work together holistically, offering an array of support & effectively signposting into relevant services.

NICE guideline (NG58)

Coexisting severe mental illness and substance misuse: community health and social care services

1.1.1 Identify and provide support to people with coexisting severe mental illness and substance misuse. Aim to

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meet their immediate needs, wherever they present. This includes:

- looking out for multiple needs (including physical health problems, homelessness or unstable housing)
- remembering they may find it difficult to access services because they face stigma.

1.1.3 Be aware that people's unmet needs may lead them to have a relapse or may affect their physical health. This could include: social isolation, homelessness, poor or lack of stable housing, or problems obtaining benefits.

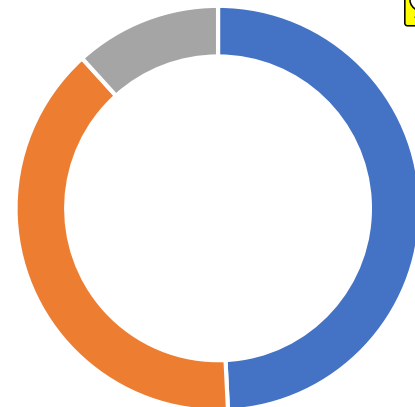
www.nice.org.uk/guidance/ng58



Drug & Alcohol Use

24% of individuals were unhappy with the amount they drank & wanted to drink less. 53% of individuals felt there was the right support available but often they were not ready to access this. Some felt there was not enough outreach work done in the community to support individuals & rules around not drinking when accessing support became a barrier to engagement.

Do you use alcohol and/or drugs to help you cope with your mental health & wellbeing?



■ Yes ■ No ■ Sometimes ■

- **49% of individuals use alcohol and/or drugs to cope with their mental health & wellbeing**

'Yes, I have to. I was abused as a kid' Single Male 35-44

'I use drugs because I like drugs' Divorced Male 59

'Heroin kills physical and emotional pain'

How often do you have an alcoholic drink?

- **Daily 15%**
- **2-3 times per week 17%**
- **4-6 times per week 1%**
- **2-4 times per month 18%**
- **Monthly or less 23%**
- **Never 24%**



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How do you feel about your drinking?

- I am happy with the amount I drink 74%
- I am unhappy with the amount I drink & would like to drink less 24%
- I am unhappy with the amount I drink & would like to drink more 2%

If you would like to drink less do you feel the right support is available to help you do this?

- 53% of individuals thought the right support is available
- 34% of individuals thought there was not the right support available
- 13% of individuals were unsure whether the right support was available

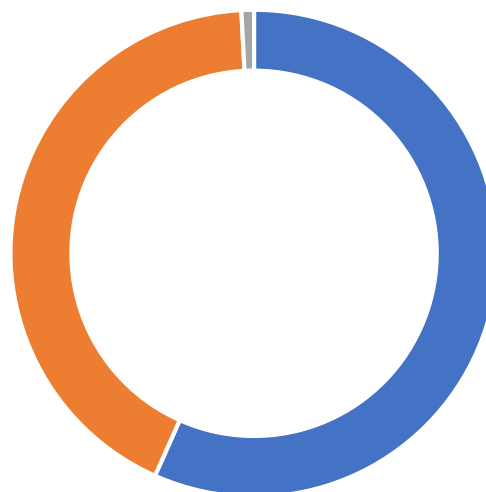


'Don't feel like drug and alcohol services are supporting'

57% of individuals took drugs with the most common drug being cannabis, followed by prescription drugs & cocaine/crack. Often individuals had a dual diagnosis. Accessing support was challenging when 'red tape', lack of outreach & failure of services working more closely were all evident. Individuals felt having someone to talk to 1-1 would be the greatest benefit, while many talked of their mental health being a significant barrier.



Do you take any drugs?



■ Yes ■ No ■ Prefer not to say

- 57% of individuals take drugs
- 42% of individuals did not take drugs
- 1% of individuals chose not to say

Which of the following have you used in the last 6 months?

- Amphetamines 28%
- Cannabis 81%
- Cocaine/Crack 59%
- Heroin 43%
- NPS 29%
- Prescription Drugs 68%
- Other 10%





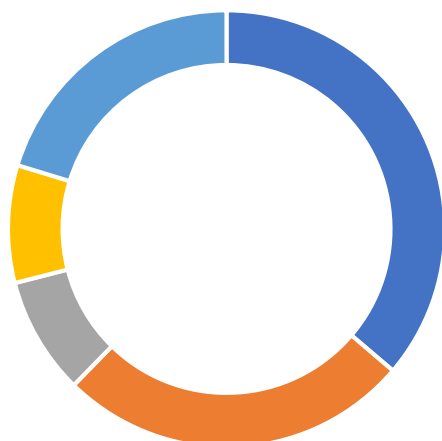
#Personfirst: Blackburn with Darwen's Homeless Population

'A lot of the problems for the people at THOMAS are that in their teenage years they were given medication for anxiety, not sleeping etc. Then they were told later by GPs that they couldn't have any more, weren't given any help (alternative) so resorted to alcohol and drugs.'

'getting money for drugs and taking drugs is like a full-time job' Male 51

'even if you know you have an appointment with benefits advisor, if you've not had your drugs you won't be keeping the appointment' Male 51

If you wanted/want to address your drug use do you feel supported in doing so?



- All of the time ■ Most of the time
- Some of the time ■ Rarely
- Never

- 62% of individuals who wanted to address their drug use felt supported in doing so all or most of the time
- 29% of individuals who wanted to address their drug use felt supported rarely or never

'I can support myself when I have foundations, place to live' Male 35-44, In a relationship

If yes who provided this support?

- Inspire 51%
- Supported Housing 12%
- Family/Friends 10%
- Myself 9%
- GP 5%
- Go2 5%

'(Inspire) They told confidential information to my mum' Single Male 25-34

What kind of support would help you?

- Someone to talk & listen (1:1, key worker) 16%
- Mental Health Support/Counselling 9%
- Relocating/new housing 9%
- Friends/Family 6%
- Group sessions (peer support) 6%
- Activity (not being bored) 6%
- Employment 4%
- Being on the right medication 3%
- More appointment times 3%
- Rehab 3%



'More people coming to the hostel, there is not enough support, one person trying to help everyone' Single Male 45-54



#Personfirst: Blackburn with Darwen's Homeless Population

'Get me out of this place, full of alcoholics and druggies'.

'Somewhere for women with no horrible men, where people talk and listen' Single Female 25-34

'One to one counselling instead of group work. We are forced to go to groups to get meds. - its stressful' Single Male 34-44

'Being on the right medication so that I wouldn't have to use the other drugs' Single Male 35-44

'Legalisation of drugs, would have power then!' Single Male 16-24

'I've been off legal highs for almost 3 months now, however, I feel I could help others that are in the same situation' Single Female 25-34

What are the main barriers to accessing support?

- **Mental Health (feeling low, anxious) 18%**
- **Motivation (lack of interest) 13%**
- **Embarrassment (not wanting to feel judged) 11%**
- **Awareness of where to go 7%**
- **Obstacles in place (red tape) 7%**
- **Attitude of professionals 5%**
- **Getting there 4%**
- **Priorities (drug taking) 4%**
- **Appointment times 4%**

'Anxious to come out of my room and socialise' Single Male 16-24

'I don't know where to go' Single Male 16-24

'I don't like asking, I feel embarrassed when I ask people' Single Male 16-24

'My mental health, I've had really bad depression. Mental health team won't come to your house if there is drink or drugs so I miss my appointments'

'Finding it hard to get appointment with doctor for prescription drugs, ended up using again' Single Male 35-44

'(professionals) are just too serious' Single Male 25-34

'Having the incentive to do it, when you're on the streets you've got bigger things to think about like getting your next meal' Single Male 35-44

'Some services don't know what you're going through. No one can tell me how to get off drugs unless they have been through it' Single Male 25-34

'Red tape, red tape with everything. Just need someone to cuddle me and tell me it's alright' Male 35-44

'Inspire useless, only interested if you are clean' Divorced Male 45-54





Recommendation 8

Services should work together to support those with both mental health issues & substance misuse. Those who are currently using should be allowed to access services. Refusing them access is discriminating & denying them their first steps to recovery.

Recommendation 9

Substance Misuse Services should work around the needs of the individual, visiting them in an environment where they feel safe & comfortable.

NICE guideline (NG58)

Coexisting severe mental illness and substance misuse: community health and social care services

1.2.2 Provide a care coordinator working in mental health services in the community to:

- act as a contact for the person
- identify and contact their family or carers
- help develop a care plan with the person (in line with the [Care Programme Approach](#)^[1]) and coordinate it (see section 1.3).

1.2.3 Ensure the care coordinator works with other services to address the person's social care, housing, physical and mental health needs, as well as their substance misuse problems, and provide any other support they may need.

www.nice.org.uk/guidance/ng58

Health & Social Care Services

GP(Doctor)

There were several significant challenges involved with making a doctor's appointment. The time to call, often first thing in the morning, is not easy when an individual lives a chaotic life & often does not have access to a phone or can not afford credit to call. The location of GPs is also a challenge as many individuals do not often stay in the same area for any length of time. The time of appointments often do not take into consideration an individual's lifestyle & circumstances. Waiting times often put them off trying to get appointments.

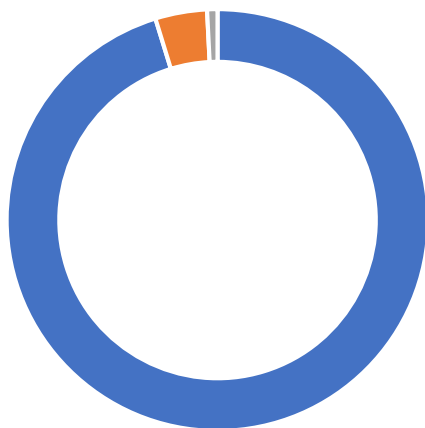
Receiving suitable medication was talked about on numerous occasions. GPs either under prescribe due to stigma around drug use or over prescribe, ignoring underlying issues which could be addressed with alternative support.





#Personfirst: Blackburn with Darwen's Homeless Population

Are you currently registered with a GP?



■ Yes ■ No ■ Unsure ■

Number of GP visits over the last 6 months:

- Not used 30%
- 1-2 times 29%
- 3-5 times 15%
- 5+ 23%
- N/A 2%

54% of individuals rated GP services as good or very good

23% of individuals rated GP services as poor or very poor

Do you know how to make a doctor's appointment?

100% of individuals know how to make a doctor's appointment

Barriers involved when making a doctor's appointment:

- Time to call 16%

- Credit on phone/no phone 15%
- Location of GP 6%
- Time of appointments 5%
- Waiting time 4%

'When a careers officer comes around school, you don't put your hand up and say you want to be an addict. Doctors didn't once give me my methadone till 5pm, I told them I was withdrawing. You don't choose to have a life like this it's how things pan out.'
Single Female 35-44

'Prefer mornings but when someone else makes my appointment they do not ask my preference, tomorrow 4 pm which means I'll miss my tea'

'Prison got all the help I needed, don't have that in the community or I'm just lazy'

'Knowing the number, I get fumbled with numbers'

'Yes, one has to foresee being ill due to appointment system!'

'Because I live in a hostel, they won't prescribe me adequate pain relief because it will attract drug users'
Male 63

'They give prescription drugs all the time, they don't want to help you.'
Young Person, Nightsafe



Have you been refused registration to a GP in the last 12 months?

- 6% of individuals had been refused registration at a GP in the last 12 months




#Personfirst: Blackburn with Darwen's Homeless Population

- 92% of individuals had not been refused registration at a GP in the last 12 months
- 2% of individuals were unsure whether they had been refused registration at a GP in the last 12 months

'Yes with Barbara Castle Way because I didn't have any photo ID'
Single Male 24-34

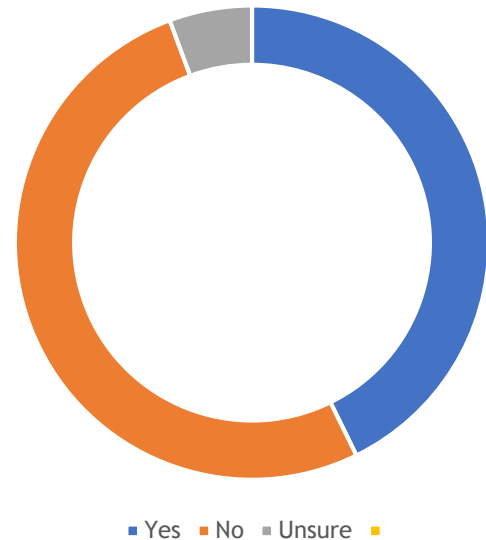
Recommendation 10
GPs should allow individuals who are experiencing homelessness to make appointments in person. Options of a drop in to see a GP should be explored.

 **Recommendation 11**
GP practices should all follow the same procedure when registering new patients. Individual practices should not be allowed to discriminate against individuals who have no fixed abode or photo ID.



Dentist

Are you currently registered with a dentist?



- 43% of individuals are registered with a dentist
- 52% are not registered with a dentist
- 5% were unsure whether they were registered with a dentist

Number of dentist visits over the last 6 months:

- Not used 72%
- 1-2 times 20%
- 3-5 times 4%
- 5+ 1%
- N/A 3%



- 74% of individuals rated dentist services as good or very good
- 8% of individuals rated dentist services as poor or very poor

'Not registered. Can just as easily go to A&E!' Single Male 55-64



#Personfirst: Blackburn with Darwen's Homeless Population

Do you know how to make a dentist appointment?

- 88% of individuals know how to make a dentist appointment
- 10% did not know how to make a dentist appointment
- 2% were unsure how to make a dentist appointment


Barriers to making dentist appointments:

- Credit on phone 11%
- Don't like dentists 11%
- Finding an NHS dentist 6%
- Location/getting there 6%
- Attitude of reception staff 4%

'Don't know where to start, don't know if I'm even registered. Can't you just drop-in?' Single Male 16-24


'There seems to be a lack of understanding or people's fears and anxieties and are very quick to strike off register'

'Don't need a dentist, pulled out own teeth' Single Male 16-24

- 10% of individuals had been refused registration at a dentist in the last 12 months 

52% of individuals were not registered with a dentist, with many individuals not knowing how to register or where to go (34 individuals were signposted into dentists during the project). The main barrier to making appointments was no phone/credit & the dislike of dentists. Individuals talked of having

to result to self-care or accessing A&E instead.

10% of individuals had been refused registration with a dentist in the last 12 months. They were often told they did not have the correct documentation to register. 

Recommendation 12

Ways in which to register with a dentist should be promoted & encouraged. Those supporting individuals should know the process & actively encourage individuals to register.

Recommendation 13

Dentists should not discriminate against individuals for being homeless & actively signpost them into alternative surgeries if they have no available spaces.

Recommendation 14

Outreach work should be done within the homeless community to build bridges & reduce the fear of dentists, raising awareness of what to expect & the benefit of attending appointments.

Public health Guideline (PH55)

Ensure service specifications include a requirement to promote and protect oral health in the context of overall health and wellbeing. Relevant services include substance misuse services and those supporting people living independently in the community. (For example, people who are homeless or living in hostels,





those who experience physical or mobility problems, people with learning difficulties, and people experiencing mental health problems.)

Provide tailored interventions to help people at high risk of poor oral health who live independently in the community. This could include outreach services, for example, for people who are homeless or who frequently change location, such as traveller communities. Ensure services deliver evidence-based advice in line with the 'advice for patients' in [Delivering better oral health](#).

Ensure services promote and protect oral health, for example, by:

- giving demonstrations of how to clean teeth and use other oral health and hygiene techniques (as appropriate)
- promoting the use of fluoride toothpaste
- providing free or discounted materials including fluoride toothpaste and manual and electric toothbrushes
- explaining the links between oral health and diet, alcohol and tobacco use.

www.nice.org.uk/guidance/ph55

Hospital

Royal Blackburn Teaching Hospital appeared to do little to meet the needs of the homeless population, **discharging 54% of individuals without ensuring they had a suitable place to go.** The way in which individuals were spoken to by hospital staff was largely negative, with individuals saying they felt they were treated differently as soon as staff knew they were homeless or using substances.



Number of hospital visits over the last 6 months:

- Not used 59%
- 1-2 times 26%
- 3-5 times 9%
- 5+ 7%

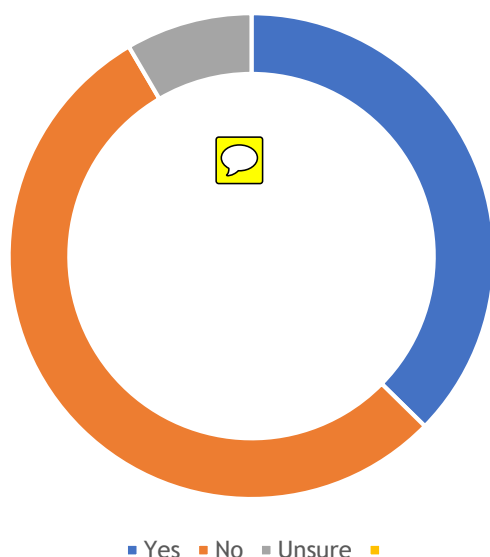
46% of individuals rated hospital services as good or very good

32% of individuals rated hospital services as poor or very poor



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If you have been in hospital over the last 12 months, did they ensure you had somewhere suitable to go on discharge?




- The hospital ensured 33% of individuals had somewhere suitable to go on discharge
- The hospital did not ensure 54% of individuals had somewhere to go on discharge

'I was in hospital and the care plan that they gave me my 6-year-old daughter could have written better. There was no care plan in it'
Single Male 25-34

'They asked if I had someone to look after me. I said yes so they let me go. I didn't have anyone to look after me.' Single Male 45-54

'(hospital) they don't give a s#t'*
Single Female 35-44

'The hospital talk to you like you're a little kid'

'Suicide Sunday, nothing on a Sunday, lots of people ignore me. One kind young lady brought me a coffee and two bags of crisps though. I was discharged from hospital after being stabbed. They paid for a hotel for three nights after discharge but I've been on streets since (5 weeks) bitterly cold, stitches still painful, struggle to sit properly and can't sleep'
Single Male 

Recommendation 15

The hospital should work closely with the local authority housing team, voluntary & third sector organisations to ensure there is somewhere suitable for the individual to go upon discharge. This should start upon admission of the individual. No individual should be discharged without somewhere suitable to go.

Recommendation 16

Hospital staff should be trained & aware of the issues facing the homeless population to reduce stigma & improve patient experience. Those using substances should be treated with parity & respect.

NICE guideline (NG27)

Transition between inpatient hospital settings and community or care home settings for adults with social care needs

1.1.2 Identify and support people at risk of less favourable treatment or with less access to services for



#Personfirst: Blackburn with Darwen's Homeless Population

example, people with communication difficulties or who misuse drugs or alcohol. Support may include help to access advocacy.

1.5.28 If a person is homeless, the discharge coordinator should liaise with the local authority housing options team to ensure that they are offered advice and help.

www.nice.org.uk/guidance/ng27

A&E

Number of A&E visits over the last 6 months:

- Not used 59%
- 1-2 times 24%
- 3-5 times 8%
- 5+ 9%

49% of individuals rated A&E as good or very good

25% of individuals rated A&E as poor or very poor



Ambulance

Number of times you have used an Ambulance in the last 6 months:

- Not used 61%
- 1-2 times 29%

- 3-5 times 4%
- 5+ 5%

75% of individuals rated ambulance services as good or very good

4% of individuals rated ambulance services as poor

'Waited 6 hrs for an ambulance, as soon as they find out it's an overdose they don't put sirens on'

Nurse

Number of Nurse visits over the last 6 months:

- Not used 71%
- 1-2 times 17%
- 3-5 times 8%
- 5+ 4%



66% of individuals rated services from a nurse as good or very good

6% of individuals rated services from a nurse as poor or very poor

Optician

Number of Optician visits over the last 6 months:

- Not used 79%
- 1-2 times 21%

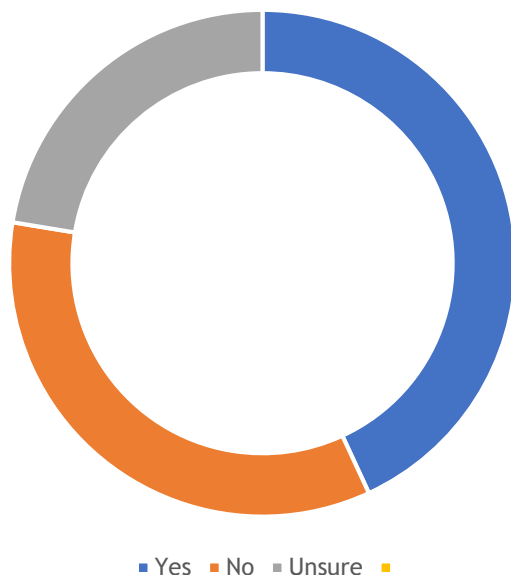
65% of individuals rated services from an optician as good or very good

8% of individuals rated services from an optician as poor



#Personfirst: Blackburn with Darwen's Homeless Population

Do you feel there are services & support not currently available that are needed in BWD?



What services & support would you like to see?

- Improved mental health services 24%
- Improved promotion of services 14%
- Support with accommodation 12%
- Awareness of addiction/reduced stigma 10%
- Benefit/financial support 6%
- 1:1 worker 6%
- Improved drug & alcohol services 4%
- More activity/things to do 4%

Almost 25% of individuals wanted to see improved mental health services, which it is clear are not currently suitable for the homeless population. Promotion of services & support with

accommodation were both needed. Awareness of addiction & reduced stigma would likely increase engagement from individuals & benefit their health & wellbeing.

Additional Comments

'When you have to sign on, they treat you like a criminal, they take away every last bit of dignity, you walk away feeling crushed'

'At least when I'm in jail, I have a roof over my head, three meals a day. Basically, a better life than I have now. When you come out of jail you get put in a hostel but it's just full of drinkers and drug addicts. It's just setting you up to fail' Single Male 35-44

'Every single problem I've had comes down to homelessness, I probably cry myself to sleep two nights a week' Single Male 45-54

'The hardest thing in the world to ask for is help.'

'There is no care in the community.'

'(HMOs) They do f&@k all. All they care about is their pay cheque.'

'(Free Project) I'd be dead without this place' Male 28

Case Studies



David, 54

'There has never been such a concerted campaign to blame the poor, blame the homeless, blame the people at the bottom of the pyramid. Social media doesn't help.

You don't see the same doctor once out of ten times. There is no continuity of care. Every time I go I have to re-explain why I'm there. The appointments are only ten minutes. If you need more time you need to book a double appointment. My surgery has 6 doctors for 10,000 patients. You're just in and out. They seem to be terrified of giving referrals. They want people to self-refer. Most people don't have a clue, that's why they end up in A&E.

A lot of people that live on the streets or lower end of society will self-medicate, a popular one at the moment is Pregabapentin which is given for back pain and nerve damage. They are all mad for it. So I go to my doctor's with an old motorcycle injury that's really causing me pain and I'm treated with instant suspicion. Before we do anything I have to convince him that I don't just want desirable medication, I want someone to help me, to tell me how to exercise, to get my blood flowing, so instead of getting what I need I walk away with Ibuprofen.



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Going to the job centre and being treated like a criminal, I've never been ill a day in my life until recently. I've never been unemployed before. Recently it seems like everything is going wrong all at once so I've had to go on the sick instead of going down to the job centre once every two weeks. As a 54 year old man who has had a stroke, going down and saying I've applied for six jobs this fortnight and being treated like a criminal. I went on the sick because I was suffering serious depression and again you are treated like a liar, like it's not real. You have to make them believe you, look I really need your help so I have to go every month to get a sick note. It's the most contact I've had on my own account with the health service in my whole life and I'm not inspired by it.

The services are not doing anything like enough for prevention. A lot of people who are homeless suffer from certain ailments like pleurisy, hepatitis certain things that go with that lifestyle including malnourishment. They are not good at dealing with that, they would rather avoid it. You get the feeling that sometimes you are taking someone else's spot. It's cultural, it isn't racist it's cultural. Some Asian doctors don't like to treat people who are drug and alcohol dependant. You get a feeling you are being morally judged and you find it very, very difficult to get anything from them, no matter how badly you need it. That's not just me that's experienced that. I know several people who have experienced it, usually from older Asian doctors. You feel less deserving because of the way you live.

I think that when they are giving out sandwiches if there was some kind of health professional there as well who could give out advice, if you could catch things before they become acute. If all we are going to do is treat acute symptoms, then we are just doing what everyone else is doing, trying to stick a bandage on an open vein. It's too late by the time it becomes acute, the damage has been done, long term damage has been done.

They are eating rubbish food out of bins. They can't get benefits because they don't have an address, so they are on the streets begging, self-medicating just to get through the day without feeling like they want to top themselves.

A lot of homeless people at that level of society have mental health problems that's why they live the way they do. That's not being addressed at all, unless you really make a nuisance of yourselves or someone loves you enough to fight and fight and fight, you will be completely ignored until you've done something that will make people notice you. If you are unlucky enough to be on a 72-hour section instead of going to F ward at Queens Park (RBTH) which you used to do, now you have to go to a hospital in Ormskirk, which is more like a prison than a hospital.

People get into certain professions they become stayed in what they do, day after day after day the shine wears off, so it becomes about dealing with caseloads, what you have already got and there is always that feeling which breaks the camel's back. You find people in certain professions that are avoiding being proactive and are just constantly reacting to an overwhelming caseload. Recruit



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more people even from a lay self, have more intermediary, have more people like yourself who just go and talk to people. Ask people are you ok, do you want someone to talk to? People aren't getting the mental health care they need, so instead of going to treatment centre and getting the mental health care they need, they end up having to go to prison where people are forced to look after them. Honestly you go to prisons now and half of the guys in that jail are homeless guys with mental health problems. That's why they are there. Half of them don't even understand why they are there.'

Professional

'Just to know that there is someone there to help, you know we get people that say we've been to the job centre, been to the town hall, been to Shelter, been to Age UK and you get passed from pillar to post.'

I think there are a lot of common themes through them all; addiction, confidence, financial worries. In all honesty, I'd say the biggest one by far would be social exclusion. On so many scales that can be broken down to not knowing where to go for help, not having people to turn too, friends, family but it can also be on a much smaller scale, not having the confidence to ask for help or not being able to get out and about. It may not just be not knowing where to go for help, or not wanting to ask for help, believing no one wants to help them, it can just be not knowing how to ask for help and not having those social skills.'

There are lots of agencies in various places. If they could all come together, under one roof, even if it's not five days a week, even if it's just five staff saying well yes, it's us you need. It would help if people know where to go. Because there are a lot of services out there, unless it's through word of mouth people won't know.'

Talking regularly with partner agencies, regular partner meetings. The other way is to talk to people directly, talk to the individuals on the street, go to the THOMAS project, the Foyer, go to the car parks of an evening, which again I know is easy to say. It's resource intensive. That's what outreach is often for. Little rewards. You might only pick up one or two people. Hopefully it will sink in.'

*Names have been changed to protect the identity of those taking part





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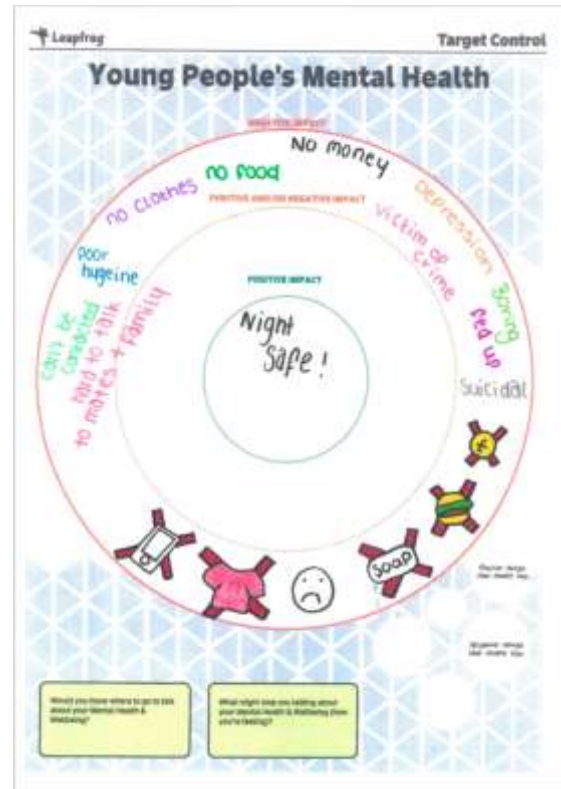
Amplify: Young People Experiencing Homelessness

Amplify is Healthwatch Blackburn with Darwen's Young Persons' Project, designed & delivered by young people to allow them to share their views & experiences on the things that keep them happy, healthy & feeling good in order to shape local health & social care provision.

We engaged with **74 young people** experiencing homelessness during the project through a series of art sessions & drop ins. **Many of the findings are similar to the adult population, while others are more specific.**

Mental Health

We held several sessions exploring the factors impacting young people's mental health.



Leapfrog Storyboard Tool showing a young person's journey to being supported by Nightsafe.



#Personfirst: Blackburn with Darwen's Homeless Population

Things that have a Positive Impact on young people's mental health:

- Nightsafe
- Princes trust
- Friends that become family
- Memories
- New friends
- Food
- Cigs/Spliff's
- Learnt to be an individual and more respectful
- Father Jims (THOMAS)



Things that have a Negative Impact on young people's mental health:

- No money/money situations
- No food
- No clothes/scruffy x3
- Poor personal hygiene x2
- Can't be contacted x2
- Hard to talk to mates & family x2
- Boring/fed up
- Red tape
- depression
- Victim of crime
- People look down at you x2
- Feel like the black sheep
- You feel violated
- Unwanted
- Had to visit the food bank a few times
- Trapped
- Can't trust anyone
- No privacy
- Living around drugs
- People look down on you
- Can't get a job, rent is too high
- Try to tell you what's best for you
- Want to know everything going on in your life
- Judged by company you keep

- Taking drugs & alcohol
- Anxiety through the roof
- Regretful, feel stupid
- Being away from family x2
- Drug taking in hostels, increased intake of drugs, borrowing drugs, can't pay back
- Not enough services
- Support workers don't support you
- Isolated, nobody to talk to
- Lonely & Isolated

Poor mental health **was evident** in the majority of young people whom we spoke to. Many experienced anxiety & depression. Trouble sleeping was experienced by many. The future was often a worry for young people; the uncertainty of independent living, a safe & stable environment & debts all contributing to their anxieties.



Mental Health Services

Accessing mental health services was a significant challenge for young





#Personfirst: Blackburn with Darwen's Homeless Population

people. Many were unable or uncomfortable using the phone & would prefer face to face assessments. The time involved waiting for a referral was often lengthy, with one young girl having to wait 96 days for CBT. Young people often found other ways to cope with their mental health difficulties, including drugs & alcohol.

Accessing services

Accessing services for young people living often chaotic lives was difficult, with things many take for granted, such as a bus fair to get to the hospital becoming a further barrier. The lack of outreach meant young people living in Darwen found it difficult to access services in Blackburn which gave them an unfair disadvantage.

'Living in supported accommodation is bad because they treat you like children even though we are young adults'

'You feel stuck in the system even though you try to do better'

'Negative environments familiar so easier to stay'

'(Nightsafe) chucked me out at 9am because they had meeting'

Awareness of services

Several young people were unaware of services that could support them, again the lack of outreach becoming a barrier to both awareness & access. Several young people did not know what the Everybody Centre was. Others spoke of not knowing how to access drug & alcohol services.

Fitting in

Body image was talked about often with young people finding it difficult to fit in with their peer group. The stigma they felt toward themselves impacted upon their confidence & ability to move forward. The pressures of dressing & looking a certain way made it difficult for young people to integrate with the wider youth population. This was barely mentioned when speaking to adults but was almost every time when engaging with young people.



'Not feeling equal to other people my own age that don't have to worry about money issues and living. They get money from family and parents, we don't'

Communication

Having no permanent, long term address made it difficult for young people to receive correspondence from services.

It was often challenging for young people to access services, through often not having a phone or credit. When young people had difficulty sleeping or had more complex mental health issues, having to call a GP at 8am in the morning was a challenge.

'Because it (GP) doesn't open till 9am and I start college at 9am'

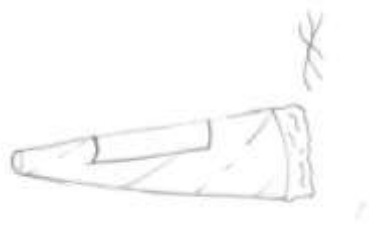
Drug Use

Young people spoke of drugs in both a positive & negative way. The environment in which they were living made it difficult to escape drug use & when experiencing poor mental health often using drugs was a way of coping.

#Personfirst: Blackburn with Darwen's Homeless Population

Spice (NPSs) were mentioned on numerous occasions, with young people talking about their addictions & the negative impact it had had on them & their friends. A small number spoke of being spiked & not knowing who to trust.

Cannabis was spoken about in a much more positive way to de-stress, 'chill out' & relax.



'The town hall fobbed me off to places that they knew could not help me find a place to stay. I was 17 at the time and even went to children services. They promised me they would find me somewhere, then let me wait all day and miss a place at Nightsafe to later call & tell me they couldn't do anything.

Basically, lied in my face to make their jobs easier'

'Become what you wish to be, all you have to do is believe in something better, see the light at the end of the tunnel, use family & friends to do this, open your mind to what you believe to be impossible and realise that there is nothing that is impossible if you put your mind to it. You can't change the past, but the future can always be one dream away'

feel lonely
when you have
to be a prince
and you don't
fit in

Didn't want
people thinking
I was a bad
person when I
was on drugs.

this is
my
last
gram
asked to
leave ^{the} night

other people's
perceptions
of me
(other
services)

No matter
how hard you
try something or
someone says to
pull you back
down again

Nightmare
for so long
Can't get away
from drugs
and every
one

you feel
like your
life is going
down hill

I got tripped
out and im
going to stamp
on my stepdad's
head! 😊

THE ONLY
ESCAPE FROM
REALITY IS
DRUGS.



#Personfirst: Blackburn with Darwen's Homeless Population

Good Practice Example: Nightsafe

Nightsafe offer accommodation for young people along with ongoing support & activity to equip young people for independent living. Young people all spoke highly of Nightsafe & said staff went above & beyond to create a safe, fun & inclusive environment. Activities such as football & cooking help young people build positive relationships, whilst gaining confidence & skills. One young person commented on how 'they can help you out with anything'. Another young person said it felt like 'one big family'. One staff member spoke of how it was a privilege to work at Nightsafe & how it was important they first respected young people to gain the respect from them.

Case Study

Maxine, 16

'I will be honest I have been living at St Vincent's for a couple of months and I have had a few run ins due to my mental state. I've used Mindmatters, I've been to therapy there.

After having an outburst during my first couple of months living here, I got too stressed out and was sort of being pulled in every direction and I snapped and had an outburst. I left the building in a panic I felt most likely about to put myself in danger, I was not in a very good state. My dad brought me back here. I had a meeting with my Dad, Victoria and Social Worker and we all agreed that I needed therapy. I was self-referred. I waited a long time, I wasn't happy about the wait. It felt like a long, long time to me.

The only services I have used whilst being up North and away from home is this place where I'm living and Mindmatters. My Social Worker at the time, I have to admit, I don't really like her, she didn't really interact with me enough. I was sort of excluded from most conversations, just for the excuse of being a child, when ideally I'm pretty much a young adult now. I didn't like her very much. I have a new social worker. She is interacting with me. She's pretty much meeting all my needs.

I believe that all services that I am using are doing everything like they can to fit everything that I need. Maybe as I am deaf and short sighted and a mentally unstable person, I am someone who just needs a chat every now and again. I'm pretty satisfied how all the services are working with me.

I think raising awareness depends what for, I mean if it's like mental health issues and stuff like that, you can do that, that would be possible. It gives people more of a good idea on how to deal with someone who is in that state, if you are someone who is in that state it gives you somewhere to turn too if you need help.

There is actually a walk-in centre around here. I didn't really decide to use that due to the fact of anxiety. That was the only reason I just sat and waited it out for therapy. I physically felt I could not go outside and walk in somewhere and be like I need help.



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I don't usually make my own appointments (GP). I get other people to ring for me. I can't do it, I really just cannot do it, I've tried and I've panicked and I can't do it.

Nothing is sort of perfect but you've just got to make do with what you've got.

It is very hard for someone such as myself to stay positive while having so much negative, it is difficult.

Living here for me to begin with, was very difficult, as I was not really used to being anywhere without my mum. My mother and I, we don't have a very good relationship. To know that she was still there, still present that just gave me a sense of safety. To go without that for a really long time, it starts screwing up my head.

I did have it in my head a while ago that they should have some kind of night service, where like you know, if it's kids such as myself, they have a lot of issues and generally cannot sleep at night or they are just depressed or just generally hurting. I would like some sort of night thing that goes on with the kids, young adults or adults in general. Just lay it all out rather than just having to do it by themselves. I would love it if someone made it as a service.

To have all these mental issues, just thinking about the amount of late nights I've spent, you know either in tears or depressed or just overthinking to the point where I'm going to hurt myself, to have that service would prevent so many bad things from happening. To have that service could save someone's life and

it would be like having a night time therapy and I'd love that. It would be a way for other people to sort of connect with others, and you know, make friends and you know, work through all of our issues together. That service would be like, you don't have to stay strong all the time, it's ok to be sad sometimes, I think that would be legitimate idea, I've had that in my head for so long.'

***Names have been changed to protect the identity of those taking part**



Conclusion



The views & experiences of the 254 individuals we engaged with allowed us to build an accurate picture of the issues the homeless population in Blackburn with Darwen face in regards to their health & wellbeing.

- It was clear individuals required more outreach & the Health Outreach team was missed. The new CGL (Change, Grow, Live) workers were not very engaging, with individuals having to approach them, something they were not often comfortable doing. The service they provided, did not compare favourably with the Health Outreach team, with individuals having to engage with CGL & on the spot practical/medical support was not available.
- Having no phone or credit was a significant barrier for individuals when trying to access services and/or for continued correspondence once assessing services. This meant the population had an unfair disadvantage when trying to access support & often meant individuals failed to engage, therefore adversely impacting their health & wellbeing.
- Registering at GPs & dental practices was challenging as many requested ID which individuals did not have. Others spoke of how they felt stigmatized by services as they were homeless or using substances. There did not seem

to be any consistency in what was required when registering. This was frustrating for individuals. Signposting from GPs & dentists rarely took place.

- The referral pathway into mental health services was evidently inappropriate for the individuals with whom we engaged. Individuals often did not meet the 'criteria' & often the needs of those with dual diagnosis was not met. Once referred, the waiting time for support was lengthy which caused anxiety & frustration. The type of mental health support often was not suitable & lack of 1-1 provision was evident with many.

Access to Mindsmatter required a self-referral & the assessment was carried out over the phone. If the call was missed, the individual was discharged & had to start the referral pathway again. This is an obvious challenge when an individual lives a chaotic lifestyle, often without a phone or a place to talk in private. Often he/she may not have the confidence or incentive to self-refer which became a further barrier.

Both professionals & participants were confused & unaware of services & referral pathways which meant many fell through the gap.

- Individuals spoke of 1-1 support more than anything else, having someone to talk to & listen being a significant need. Where this happened at places like Nightsafe & THOMAS, it

#Personfirst: Blackburn with Darwen's Homeless Population

worked well but it was clear few were trying to meet the needs of many.

- The majority of individuals we spoke to had dual diagnosis yet there seemed to be lack of joined up working & 'red tape' in place meant often individuals had to be 'clean' before accessing support. The wider determinants often seemed to be ignored, therefore failing to allow individuals to thrive.

'Throughout my time working on the Homeless project, one of the most obvious observations was the amount of people, largely working age males, who were living in temporary accommodation (HMOs). A large percentage of the residents that I engaged with had alcohol/substance misuse - which just compounded challenges that they face. The community as a whole can be very supportive to one another. There is loyalty and friendships - for some it is the only 'family' they have. Poor mental health was also very significant and accessing mental health services, when low in confidence, unaware of services and/or no phone/credit is a real barrier. The community was very open and after some time when relationships and trust was built, I engaged with and signposted many. There is a lot of great work being done in BwD with the 'Homeless Community' but what would be really beneficial is services coming to the them' Claire Moran, Signposting & Engagement Officer, Healthwatch BwD

'During the months of the project, I met a wide variety of people whose life experiences varied greatly. Many suffered from mental illnesses, many had resorted to either drink or drug addiction but all had lost so much that the majority of us take so much for granted.

Some were only too keen to talk of their experiences. Some had tried to get the obvious help they needed but had had little success in the long term. Far too many could only access short term help when consistent, long term help was required. Too many cut backs, waiting lists, short term counselling just do not work for those who are inadequate, in mental need and homeless. The support they need is infinite in time. Agencies like Shelter & THOMAS are working so hard but the numbers who need help are constantly increasing.

Blackburn seems to be offering a remarkable amount of help for homeless people and should be praised for this.

When people lead such chaotic lives, they receive little sympathy from the general public.

It was encouraging to see that throughout the project, many were signposted to doctors, dentists and opticians to ameliorate the general health of the homeless.

I was impressed with their way that so many of those that attended THOMAS treated me with kindness and respect, always ready with a greeting and willing to talk openly about their personal circumstances. "



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'If only' was my overriding thought. If only there had been help at the appropriate time, one wonders how different many of their lives would have been.' Healthwatch BwD Volunteer

'Engaging with those experiencing homelessness over the last year has been a humbling experience. It's evident there is lack of suitable provision for individuals & many barriers in the way to allow them to thrive. What's stood out for me is often individuals who are all too willing to sit & talk, eager for someone to listen. Very little outreach takes place to allow this to happen, creating a barrier to engagement. This said there is some excellent work being done by the likes of THOMAS & Nightsafe which should be praised, but often their hands are tied when the complex needs of an individual exceeds what they're able to provide. Individuals have been warm, friendly & eager to share their views. We owe it them to listen.' Ben Pearson, Project Manager Healthwatch BwD

Two individuals who participated in the project have since become Healthwatch BwD Volunteers & will be supporting future projects. 





Recommendations

Recommendation 1

Advice or support to stop smoking should be made more accessible to the homeless population. This should include outreach carried out in a non-intrusive way in environments where individuals feel comfortable. Ways in which to access advice or support should be better promoted.

Recommendation 2

It should be acknowledged that some individuals choose to smoke & don't want to quit. Services should appreciate this & be sensitive to the reasons why people choose to smoke. Wherever possible a harm reduction approach should be used.

NICE Quality standard (QS92)

Smoking Harm Reduction

Equality and diversity considerations

Advice should be culturally appropriate and readily available to people with additional needs such as physical, sensory or learning disabilities and people who do not speak or read English, and to people in groups identified as having a higher smoking prevalence. These include lesbian, gay, bisexual and transgender (LGBT) people, people with mental health problems, people in closed institutions (such as secure mental health units and custodial sites), people who are homeless and people from lower socioeconomic groups.

Recommendation 3

Ways in which the homeless population can access a healthy diet should be explored. This could include accessible cooking classes, accommodation having more accessible cooking facilities & services working holistically, supporting people to become tenancy ready. This should be incorporated into the Eat Well part of the 'Eat Well Move More Shape Up' Strategy.

Recommendation 4

Physical activity should be made more accessible for the homeless population. This should include specific support for those with a physical health condition so they can access free activities in environments that individuals feel comfortable. This could also include targeted support to encourage & motivate individuals to get involved. This should be incorporated into the Move More part of the 'Eat Well Move More Shape Up' Strategy.

Recommendation 5

Individuals experiencing homelessness should have someone to talk to & support them on an ongoing basis. It should be acknowledged that many individuals find it difficult to engage within groups & need 1:1 support to improve their mental health & wellbeing.

Recommendation 6

All Health & social care professionals should be required to receive training in homelessness, mental health & substance misuse to reduce stigma & encourage an empathetic approach.



Recommendation 7

It should be acknowledged how wider determinates impact an individual's mental health & wellbeing. All services supporting an individual should work together holistically, offering an array of support & effectively signposting into relevant services.

NICE guideline (NG58)

Coexisting severe mental illness and substance misuse: community health and social care services

1.1.1 Identify and provide support to people with coexisting severe mental illness and substance misuse. Aim to meet their immediate needs, wherever they present. This includes:

- looking out for multiple needs (including physical health problems, homelessness or unstable housing)
- remembering they may find it difficult to access services because they face stigma.

1.1.3 Be aware that people's unmet needs may lead them to have a relapse or may affect their physical health. This could include: social isolation, homelessness, poor or lack of stable housing, or problems obtaining benefits.

Recommendation 8

Services should work together to support those with both mental health issues & substance misuse. Those who are currently using should be allowed to access services. Refusing them access is discriminating & denying them their first steps to recovery.

Recommendation 9

Substance Misuse Services should work around the needs of the individual, visiting them in an environment where they feel safe & comfortable.

NICE guideline (NG58)

Coexisting severe mental illness and substance misuse: community health and social care services

1.2.2 Provide a care coordinator working in mental health services in the community to:

- act as a contact for the person
- identify and contact their family or carers
- help develop a care plan with the person (in line with the [Care Programme Approach^{\[1\]}](#)) and coordinate it (see section 1.3).

1.2.3 Ensure the care coordinator works with other services to address the person's social care, housing, physical and mental health needs, as well as their substance misuse problems, and provide any other support they may need.



Recommendation 10



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GPs should allow individuals who are experiencing homelessness to make appointments in person. Options of a drop in to see a GP should be explored.

Recommendation 11

GP practices should all follow the same procedure when registering new patients. Individual practices should not be allowed to discriminate against individuals who have no fixed abode or photo ID.

Recommendation 12

Ways in which to register with a dentist should be promoted & encouraged. Those supporting individuals should know the process & actively encourage individuals to register.

Recommendation 13

Dentists should not discriminate against individuals for being homeless & actively signpost them into alternative surgeries if they have no available spaces.

Recommendation 14

Outreach work should be done within the homeless community to build bridges & reduce the fear of dentists, raising awareness of what to expect & the benefit of attending appointments.

Public health Guideline (PH55)

Ensure service specifications include a requirement to promote and protect oral health in the context of overall health and wellbeing. Relevant

services include substance misuse services and those supporting people living independently in the community. (For example, people who are homeless or living in hostels, those who experience physical or mobility problems, people with learning difficulties, and people experiencing mental health problems.)

Provide tailored interventions to help people at high risk of poor oral health who live independently in the community. This could include outreach services, for example, for people who are homeless or who frequently change location, such as traveller communities. Ensure services deliver evidence-based advice in line with the 'advice for patients' in [Delivering better oral health](#).

Ensure services promote and protect oral health, for example, by:

- giving demonstrations of how to clean teeth and use other oral health and hygiene techniques (as appropriate)
- promoting the use of fluoride toothpaste
- providing free or discounted materials including fluoride toothpaste and manual and electric toothbrushes



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- explaining the links between oral health and diet, alcohol and tobacco use.

Recommendation 15

The hospital should work closely with the local authority housing team, voluntary & third sector organisations to ensure there is somewhere suitable for the individual to go upon discharge. This should start upon admission of the individual. No individual should be discharged without somewhere suitable to go.

Recommendation 16

Hospital staff should be trained & aware of the issues facing the homeless population to reduce stigma & improve patient experience. Those using substances should be treated with parity & respect.

NICE guideline (NG27)

Transition between inpatient hospital settings and community or care home settings for adults with social care needs

1.1.2 Identify and support people at risk of less favourable treatment or with less access to services for example, people with communication difficulties or who misuse drugs or alcohol. Support may include help to access advocacy.

1.5.28 If a person is homeless, the discharge coordinator should liaise with the local authority housing options team to ensure that they are offered advice and help.

NICE

About NICE

NICE is the National Institute for Health and Care Excellence. It is an independent public body that provides national guidance and advice to improve the quality and productivity of healthcare, public health and social care in England.

To find out more visit
www.nice.org.uk

Recommendation 17

Health professionals such as GP's, dentists & podiatrists should deliver outreach in places those experiencing homeless frequent, such as THOMAS & Platform 5. These environments would then become 'one stop shops' for all support needs, improving access & reducing inequality.

Recommendation 18

HMO's should provide more support, equipping individuals with life skills to prepare them for independent living in the future.

Blackburn with Darwen HMO Quality Standards , 4.7 Care, Supervision and Support (Exempt Accommodation)
The implications of the Care Act mean that Local Authorities must now ensure that they promote Wellbeing Prevent (or postpone) any reduction of wellbeing and Provide Information on support available

HMO's should be proactive in allowing this to happen.

*BwD HMO Quality Standards
November 2015*

Good Practice Examples

Pathway



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Pathway is the UK's leading homeless healthcare charity. They believe that no one should be discharged from hospital on to the street.

www.pathway.co.uk

The Whitechapel Centre, Liverpool
Projects reflect the diverse routes into and through homelessness. They operate a variety of services in different settings to compliment each other and ensure individuals do not slip through the net of provision.
www.whitechapelcentre.co.uk

The Wayside Chapel, Australia
The Wayside Chapel creates a community where there is no 'us and them' by breaking down barriers of judgement and providing a safe place where people from all walks of life are welcome to just 'be'.
www.thewaysidechapel.com

St Mungo's
St Mungo's take a holistic approach to health, addressing physical health, mental health and substance use alongside each other. Using The recovery approach, enabling people who have experienced rough sleeping, mental health problems, drug or alcohol dependency, offending behaviours, and histories of complex trauma, to live to their full potential, and to try to realise these things in their lives. It is about transformation and change. Change can be facilitated but it comes from within.

Their job then is to foster an environment which enables people to make these changes, in their own way, in their own lives, and in their own time.

The recovery approach at St Mungo's is about using the best skills and resources we can provide to work with our clients, respecting their experience, valuing their qualities, and believing in their aspirations, in order that they find practical, lasting and real ways to achieve their potential. www.mungos.org

London Homeless Health Programme

London Homeless Health Programme worked in partnership with Groundswell & London Healthwatch to deliver 20,000 'my right to access healthcare' cards to shelters, day centres, drop in centres and other organisations across London. The cards were designed to be carried by people who are homeless and highlight that a fixed address, ID & a persons immigration status are not needed to register with a GP.

Healthwatch BwD will explore the opportunity of delivering something similar in within our borough.

Signposting

Over the project 60 people were signposted into local services. This



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further highlighted the need for greater awareness & easier access into services. It was difficult to follow up on the outcomes of the signposts made due to the majority of individuals not having contact details.

- Dentists: 34
- Mindsmatter: 9
- GPs: 7
- Shelter: 3
- YSYC: 3
- BwD Council: 1
- BwD Housing Needs: 1
- BwD Wellbeing Service: 1
- Ncompass: 1

'One man wasn't registered with a dentist, I gave him the details of a dentist taking on non-fee paying (NHS) patients, he got an appointment, he's been again since and has two future appointments booked in for dentures.'

'One man at JCP Blackburn wasn't registered with a GP. I located a GP near to him and he registered. He has since had a referral made to Mental Health Services.'



Service Provider Responses

Blackburn with Darwen CCG



Recommendation	Narrative
<p>Recommendation 1 Advice or support to stop smoking should be made more accessible to the homeless population. This should include outreach carried out in a none intrusive way in environments where individuals feel comfortable. Ways in which to access advice or support should be better promoted.</p>	<p>The Mental Health Five Year Forward View report, a Government report which outlines the health priorities for the next five years, includes a focus on Physical Health checks for people with Serious Mental Illness. As such, Lancashire Mental Health Commissioners including the Pennine Lancs Mental Health team are actively incorporating specific health aspects such as 'smoking cessation' and 'weight management' into Mental Health services. This applies to all people using the service which includes homeless people.</p> <p>Community Mental Health Teams are responsible for physical health checks and the new Pennine Vulnerable People Service will work with the community teams and GP surgeries to ensure people are both registered and attending appointments.</p> <p>Further detail on smoking cessation services is available via the Public Health team at Blackburn with Darwen Council.</p>
<p>Recommendation 2 It should be acknowledged that some individuals choose to smoke & don't want to quit. Services should appreciate this & be sensitive to the reasons why people choose to smoke. Wherever possible a harm reduction approach should be used.</p>	<p>Choice is a basic principle for all individuals. Further detail on smoking cessation service delivery is available via Public Health including helping people reduce or find alternatives.</p>
<p>Recommendation 3 Ways in which the homeless population can access a healthy diet should be explored. This could include accessible cooking classes, accommodation having</p>	



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<p>more accessible cooking facilities & services working holistically, supporting people to become tenancy ready. This should be incorporated into the Eat Well part of the 'Eat Well Move More Shape Up' Strategy.</p>	
<p>Recommendation 4 Physical activity should be made more accessible for the homeless population. This should include specific support for those with a physical health condition so they can access free activities in environments that individuals feel comfortable. This could also include targeted support to encourage & motivate individuals to get involved. This should be incorporated into the Move More part of the 'Eat Well Move More Shape Up' Strategy.</p>	<p>There will be opportunities within the new Pennine Vulnerable People Liaison Service to set up groups which may include physical health activity, with the overall aim of supporting all the needs of the individual including physical, mental health and wellbeing (isolation).</p>
<p>Recommendation 5 Individuals experiencing homelessness should have someone to talk to & support them on an ongoing basis. It should be acknowledged that many individuals find it difficult to engage within groups & need 1:1 support to improve their mental health & wellbeing.</p>	<p>The new Vulnerable Person Service will be available to support people whilst they are in the service. Once their lives have been stabilised, the service will work with the Integrated Neighbourhood Teams to migrate them into community services where any ongoing needs can be supported.</p> <p>In addition, the Mental Health Helpline is available to the public and individuals can also self-refer themselves to the service for help and support with low level depression and anxiety.</p>
<p>Recommendation 6 All Health & social care professionals should be required to receive training in homelessness, mental health & substance misuse to reduce stigma & encourage an empathetic approach.</p>	<p>The CCG would support this recommendation as it would deliver positive impacts on supporting services for the homeless.</p> <p>The new Pennine Vulnerable People's Service will help to raise awareness of Substance misuse and Mental Health whilst working with partner and community organisations.</p>



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	<p>The main Mental health provider, Lancashire Care Foundation Trust, also train other Health and Social care practitioners in Mental Health. This has been recommended in the Royal College of Psychiatrists' review of Mental Health and Acute.</p>
<p>Recommendation 7 It should be acknowledged how wider determinates impact an individual's mental health & wellbeing. All services supporting an individual should work together holistically, offering an array of support & effectively signposting into relevant services.</p>	<p>The new Vulnerable People's Services is a holistic service, which means it looks after all aspects of the person's life including social, physical and mental needs.</p> <p>A range of services carry out reviews and assessment which cover all these aspects including the Community Mental Health Teams, Lancashire Women's Centre and Community Restart - which takes referrals from Lancashire Care Foundation Trust to support individuals with employment, housing, training and volunteering etc.</p>
<p>Recommendation 8 Services should work together to support those with both mental health issues & substance misuse. Those who are currently using should be allowed to access services. Refusing them access is discriminating & denying them their first steps to recovery.</p>	<p>All NHS contracts comply with the Equality Act.</p>
<p>Recommendation 9 Substance Misuse Services should work around the needs of the individual, visiting them in an environment where they feel safe & comfortable.</p>	<p>The new Vulnerable People's Services is delivered by experienced substance misuse organisations including Change Grow Live (CGL) and Red Rose Recovery (RRR) in community settings deliberately chosen so people do not feel stigmatised.</p>
<p>Recommendation 10 GPs should allow individuals who are experiencing homelessness to make appointments in person. Options of a drop in to see a GP should be explored.</p>	<p>The CCG agrees with this recommendation. Patients, however, can make appointments in person at the GP practice reception. The CCG will remind all our practices of this.</p> <p>The new Vulnerable People's Service will encourage and support individuals to register with local dentists and GP's.</p>



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<p>Recommendation 11 GP practices should all follow the same procedure when registering new patients. Individual practices should not be allowed to discriminate against individuals who have no fixed abode or photo ID.</p>	<p>The CCG agrees with this recommendation and will ask GP practices to look at this procedure, with a view to adopt the same process across all surgeries. Patients should not be or feel discriminated against. The CCG will remind all our practices of this.</p>
<p>Recommendation 12 Ways in which to register with a dentist should be promoted & encouraged. Those supporting individuals should know the process & actively encourage individuals to register.</p>	<p>NHS England is responsible for dental services. We would advise that this report to be shared with local NHSE team. The new Vulnerable People's Service will encourage and support individuals to register with local dentists and GP's.</p>
<p>Recommendation 13 Dentists should not discriminate against individuals for being homeless & actively signpost them into alternative surgeries if they have no available spaces.</p>	<p>NHS England are responsible for dental services. We would advise that this report to be shared with local NHSE team.</p>
<p>Recommendation 14 Outreach work should be done within the homeless community to build bridges & reduce the fear of dentists, raising awareness of what to expect & the benefit of attending appointments.</p>	<p>NHS England are responsible for dental services. We would advise that this report to be shared with local NHSE team</p>
<p>Recommendation 15 The hospital should work closely with the local authority housing team, voluntary & third sector organisations to ensure there is somewhere suitable for the individual to go upon discharge. This should start upon admission of the individual. No individual should be discharged without somewhere suitable to go.</p>	
<p>Recommendation 16 Hospital staff should be trained & aware of the issues facing the homeless population to reduce stigma & improve patient experience. Those using substances should be treated with parity & respect.</p>	<p>The new Vulnerable People's Service will help to raise awareness of Substance misuse and Mental Health whilst working with partner and community organisations.</p>



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<p>Recommendation 17 Health professionals such as GP's, dentists & podiatrists should deliver outreach in places those experiencing homeless frequent, such as THOMAS & Platform 5. These environments would then become 'one stop shops' for all support needs, improving access & reducing inequality.</p>	<p>This recommendation needs to be considered further across the organisation to see how best this could be delivered / contracted.</p>
<p>Recommendation 18 HMO's should provide more support, equipping individuals with life skills to prepare them for independent living in the future. Blackburn with Darwen HMO Quality Standards , 4.7 Care, Supervision and Support (Exempt Accommodation) The implications of the Care Act mean that Local Authorities must now ensure that they promote Wellbeing Prevent (or postpone) any reduction of wellbeing and Provide Information on support available HMO's should be proactive in allowing this to happen.</p>	

Jackie McVan, Services Manager CGL

Sector changes (I am fully aware that most of these will have capacity demands)

- Further scrutiny and regulations for the less engaged HMOs - with audits, quality checks, reviews etc
- Stepped planning/approach to those living in such environments, into moving into permanent housing - some have been there for many years
- A directory of what each service can offer for the homeless cohort - what is available, to join up the services, realistic expectations
- Homelessness forum? Not sure if there is one - there has been a HMO forum but this is sporadically held, with reduced attendance, but this could be widened to landlords too. Revise this. Can share good practice too - award and celebrate those that are making positive changes, to influence others.
- Tie in the street beggars into TL - possible replication. Have more people around the person - relevant professionals for step up and down



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- All services that are involved in such reviews are given an opportunity to also feedback their views quite often some of them are the same of the services users

CGL changes (both WIT team and Inspire)

- Service user forum and peer mentors to complete a survey in the hostels to ask where is the most appropriate place to see them for drug and alcohol support - hostels (in the main) are not suitable however but we can give options and alternatives
- Respond to the survey - with You Said, we did
- Specific info leaflet to be agreed, promoting the WIT service, and what it offers - including details of the drop ins
- The dual diagnosis agreements are being reviewed at present - I agree that this is a significant area for improvement, and feel the same frustrations. We now offer a drop in within acute setting, and SPOC for the wards - however, will try again, to have some joint working clinics with MH services at Inspire. For the YP service - we already have this each week at the EBC
- Advertise the 24 hour help line further
- Release an up to date bulletin - specifically for those homeless (as we cover asylum seekers and refugees too) with an update on services, what we have achieved, offer, can do, purpose
- For Inspire and WIT to develop the offer with the new STEP service (Vulnerable persons service - Pennine wide) - for frequent attenders at hospitals and ambulance call outs - linked to social isolation, unsuitable/lack of housing and vulnerabilities. Work within the proposed "systems resilience group meetings" with all partners to ensure pathways and linkage, multiagency working and appropriate and effective referral processes for person centred care (MECC)

East Lancashire Hospital Trust

Re: Response to Healthwatch Blackburn with Darwen's Report - #Personfirst: Blackburn with Darwen's Homeless Population May 2017 listening to the views of the homeless population in Blackburn with Darwen to understand their experience of local health and social care services and their views on local provision.

Results of the report were given to Chris Pearson, Director of Nursing, who says:

"We take feedback seriously and constantly strive to ensure all patients have a good experience when using the Trust's services."

In response to the report, East Lancashire Hospitals NHS Trust wants to thank Healthwatch for their work and make the following comments:



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- The report highlights areas for improvement, particularly in the Emergency Department, which coincide with work that is already underway to further improve the high quality services we offer our patients.
- In the past 12 months, staff at the Royal Blackburn Teaching Hospital, led by the Chaplaincy Team, have been working closely with Blackburn Food Bank to help vulnerable patients. As a result, Emergency Department reception staff can now offer Food Bank referral vouchers so patients can get housing advice, showers, clothing, food for three days and a hot meal. In addition, staff have visited the Food Bank on a number of occasions to collect clothes for patients who were about to be discharged without sufficient or appropriate clothes.
- We are very keen to work more closely with Healthwatch as their work helps us to continue providing services which meet patients' needs. Healthwatch BwD are commencing a new project in the Emergency Department later this summer and we look forward to working with them to further enhance our services.

Public Health



<u>Issue identified</u>	<u>What PH can do</u>	<u>Identified actions for PH service providers</u>	<u>Other suggestions / points for consideration</u>
<p>OUTREACH - CGL WIT not seen as engaging as well as original Health Outreach Team</p>	<p>Discuss with CGL and develop the offer further in line with contract management. Consider opportunities to link with other agencies more to enhance the offer of support.</p> <p>We will continue to explore options to grow the MEAM model of delivery with key partners as part of the wider Health and Social Care systems change. This will have a continued focus on</p>	<p>Discuss utilising peers with lived experience more within this service whilst also addressing any training needs for staff identified.</p> <p>Promote better self-care among residents within HMO standards work and push as a</p>	<p>There are a couple of other things which will need to be explored more and worked up including :-</p> <ul style="list-style-type: none"> • Applying a duty on a range of key partners to enable a plan to prevent /



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	<p>supporting people to maintain a tenancy to prevent homelessness or as part of a move on plan (I may have already covered this but if not worthy of inclusion).</p>	<p>responsibility of landlords.</p>	<p>end homelessness?</p> <ul style="list-style-type: none"> • Incentivising landlords - this could be linked to the HMO standards work? • Increased accommodation support?
<p>Need to improve awareness of support and access to support and appointments (no phone / no credit / no money a significant barrier)</p>	<p>Consider within all our PH commissions the barriers to access for these isolated and complex people - develop with all providers suggested ways to improve where relevant.</p>	<p>PH team could consider innovative ways to raise awareness of the importance of mindfulness, improved dental health, improved physical activity and diet, reduced risk taking behaviours and 5 ways to wellbeing within the HMOs / drop ins etc and other relevant settings.</p>	<p>We are rapidly promoting digital inclusion and this is a key development for all health and social care commissioners and providers - we need to consider how we cascade the use and accessibility within settings such as HMOs / Hostels and Homeless Drop-ins</p>
<p>Needing ID to register for GP / Dr is an issue as not always available</p>	<p>There is a NHS leaflet aimed at homeless people explaining how to register with a GP: http://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Documents/how-to-</p>	<p>Discuss with CGL and CCG</p>	<p>For consideration via the CCG</p>



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	<p>register-with-a-gp-homeless.pdf</p> <p>The leaflet also provides an explanation to the GP practice that they can register a patient without ID. Copies of this leaflet should be ordered and handed to agencies working with homeless people as well as distributed to GP practices</p>		
<p>Stigmatisation - we need to de-stigmatise</p>	<p>Promote social inclusion - share examples of projects and events involving marginalised groups e.g. sporting activities via PH social media pages and other forms of comms. Work with other providers (inc MEAM) and volunteers to encourage inclusion in a range of activities. Encourage the sharing as an example of a Social Movement for Health.</p> <p>PH team to consider within further developments of PHMH projects (discuss with SG)</p>	<p>Public Health to discuss with service providers to agree some specific actions.</p> <p>Other PH leads to consider opportunities - linking to various work areas e.g. Improved Emotional Wellbeing developments / suicide prevention / physical activity / smoking cessation</p>	<p>For consideration among wider partners e.g. CCG / Probation / CRC / Police / DWP etc</p>
<p>Referral pathways into MH services need to improve for vulnerable and complex cohorts</p>	<p>Continue to work with key partners and MH leads to influence change.</p>		<p>The ongoing work involving the implementation and development of the STEP project (Vulnerable Peoples Hospital Liaison service).</p>



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			For consideration within wider STP MH discussions.
Needs of those with Dual Diagnosis are not being met or there are issues around criteria when it comes to enabling access to MH services for both YP and adults. This notion of needing to be clean does not take account of wider determinants of health	This has been raised within a number of forums and via the LDP Care Professionals Board as links into MH HIMP (Health Improvement Priorities). A specific workshop was held in May and this is to be followed up with the Pennine LDP transformation office staff to agree next steps. Work is also underway to review the historical DD strategy (LCFT are leading on this) - PH services and commissioners are involved.	CGL continue to be involved in developments.	PH will continue to work with MH commissioners to address this issue.
Long waiting times to access MH support			For consideration by the CCG / MH commissioners
Self-referral to Mindmatters is good but if telephone appointment missed have to start the whole process again ??			
1-1 support - somebody to talk to and somebody to listen is really important (THOMAS and Nightsafe seen	Continue to promote the use of volunteers as assets - people with lived experience as advocates. Fast4wd volunteers to support the development of the above within MEAM.	Already in MEAM and CGL contracts (although within the MEAM contract this needs to be accelerated)	For consideration among all partners



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as good examples)			
There is an opportunity to build on the sense of family within some of the HMOs - get people involved in helping each other	As above and for consideration within work of healthy settings / HMOs standards work etc Promoting resilience and self-help - social movement among landlords	Can be considered within Wellbeing Inclusion Team as a development opportunity. Public Health to discuss with service provider	Encourage volunteering among residents where appropriate whilst also managing risks.
Need to encouraged more integrated offers of support	Encourage more opportunities for joint commissioning where appropriate	Continue to work with wider commissioners and via the STP developments to improve PH outcomes	
The Moorings was recognised as a good example of a healthy hostel - with good home cooked food etc Only 23% of respondent disclosed they had 3 meals a day with 1/3 overall only eating 1 meal a day and 8% not eating at all on a daily basis	Work with Housing Standards to promote the landlord as a 'landlord champion' perhaps Consider establishing an opportunity to share good practice - consider a health and wellbeing healthy hostels charter	Promote healthy eating via the WIT	Would need the support of housing standards and housing benefits team
29% of those engaged had been in care as children - is there some work today to	Possibly factor into ACE awareness and resilience training? (KC / SG / HL)	All PH commissioned services to consider when working with vulnerable YP	For consideration via Childrens Services



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support strategies to avoid homelessness as a young adult that we are currently missing ?			
Need to raise awareness of complexities and feeling of anxiety and isolation among GPs		Continuation of MH First Aid Training	For consideration by the CCG
There needs to be a bespoke / targeted smoking cessation offer for this cohort but also recognising that some people choose to smoke as a stress reliever / need to understand the root causes within this complex cohort and also consider behaviour change to address the various risk taking behaviours	Review the offer of provision and ensure equity of access within PH	Services already provided by CGL do consider smoking cessation / advice and brief interventions and promotion of pharmacy LIS services	
Mental Health outreach is a missing link	Could be promoted as a key development with links to MEAM		For CCG consideration



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<p>Access to physical activity - barriers due to no money, no ID and lack of motivation</p>	<p>PH will consider how MEAM have supported people to address these ID barriers? And maybe suggest a passport to exercise system for these vulnerable people - how do we help them to mobilise and get involved in walks / park runs / football etc (Fast4wd and CGL have achieved this for those in touch with their offer- how do we promote this wider ?) Motivation could be increased via real life examples of how far others have come?</p>	<p>Wellbeing Inclusion Team / MEAM / Fast4wd to promote access and to offer support re: issues involving ID etc</p> <p>Consider within the development of Pennine Lancs prevention business case</p>	
<p>50% of the cohort have anxiety / sleep deprivation and stress</p>	<p>Promote the 5 ways to wellbeing / mindfulness and raise awareness among HMO staff / volunteers / GPs etc</p> <p>Promote social prescribing and involvement in self-care whilst also avoiding over reliance on prescribed meds</p>	<p>Consider within the development of Pennine Lancs prevention business case</p>	<p>For consideration of GPs / CCG (also</p>
<p>24hr social work support was suggested but most do not meet the thresholds for social care support anyway</p>	<p>Could we recommend the development of a telephone help line ? a warrior down approach as developed by CGL ?</p>		
<p>Drug and Alcohol use as a result of needing help to cope / take away the pain and feelings of hopelessness</p>	<p>Could consider utilising peers in recovery to go in to HMOs regularly to talk about their past / life experiences and how they overcame them ??</p> <p>Also need to link to ACE developments</p>	<p>Public Health to discuss with service provider</p>	



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Need to consider how we improve awareness of Inspire and Go2 among this cohort	CGL	Public Health to discuss with service provider	
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Shelter

- More collaborative work to improve the conditions of HMOs would have a knock on effect on health and wellbeing of residents. This could include both incentives and enforcement action for landlords to improve accommodation standards
- Housing to work collaboratively with health and social care commissioners and providers. Integration of health and social care is welcome and progressive, but access to decent, affordable and stable housing should underpin local strategies to improve health and wellbeing.
- Access to appropriate move on accommodation is vital-many people are stuck in HMOs or rough sleeping because there is no suitable accommodation available to them, or because they have been excluded from social housing. The landlords of these HMOs are able to claim higher housing allowance rates in many cases and more could be done to ensure they are providing value for money in terms of support and quality of accommodation
- Work to support better access to long term private rented accommodation would be welcome
- Housing First pilot for people with complex needs
- Impact of Homelessness Reduction Act (HRA) should be considered. Local authorities will have a duty to prevent homelessness at a much earlier stage (56 days). Intentionality has been removed and vulnerability criteria have also been removed. This will have a huge impact on demand for housing advice and accommodation. Shelter would welcome collaborative working opportunities such as co-location of advisors with Housing Needs teams and this would help to make best use of limited resources, as well as ensuring that people don't slip through the net
- The HRA also places a duty on health and social care professionals to refer to Housing Needs-training to ensure everyone is aware of their responsibilities would be helpful
- More and better housing for vulnerable people is necessary-there is a supply issue which needs to be addressed.
- Pre-tenancy support/Passport to Housing type service to help excluded people access social housing
- Support workers and peer mentors for people in HMOs to help them to engage with health and wellbeing services



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- More support for people to navigate their way through complex welfare claims
- Shelter would welcome opportunities to support ongoing work with health and social care commissioners. We can support with examples of good practice, organising events and training, mapping of resources, stats around housing issues for our clients, policy, research and service user involvement expertise. A round table type meeting may be a good starting point for local providers.

'The housing content of the report is supportive of some of the things we are trying to deliver relating to vulnerable single homeless people. There is further evidence on current inadequacies of hospital discharge for this group (pp.28/29), I strongly support your Recommendations 15 and 16 relating to this, and am seeking the same commitment from hospital trusts via commissioners. I am also pleased to see Recommendation 18 on the need for HMO landlords to deliver our HMO Quality Standards ; whilst some landlords are delivering many of the Standards, there is more work to do with others who are not really engaging.'

Peter Cooke, Service Lead Strategic Housing, Blackburn with Darwen Borough Council

'For us who have been working with these people the findings come as no surprise, I was especially pleased to see that you regarded the loss of outreach services as having quite an impact on our clients, despite several of us raising this point at the last landlords meeting we were assured that this would not be the case.'

'I personally enjoyed taking part in this project and I met many lovely people, this engagement was beneficial for me, during our meetings and discussions I was able to develop further our methods at the Moorings.'

Patricia Cooper, The Moorings Trust

'My initial view is that it's a great piece of work , closely followed by the fact that there is indeed some great work going on to support but still a huge amount of room for improvement.'

'Nightsafe as an organisation would be happy to give our full support to the report and would welcome the opportunity to work with yourselves and other partners across the Borough to put a strategy in place to look at the Report recommendations.'

'We'd like to thank you for the opportunity of being part of this piece of work and once the final Report is released will share with staff, Trustees and of course our young people.'

Jan Larkin, Chief Executive, Nightsafe



References



Action on smoking and health - <http://ash.org.uk/category/information-and-resources/fact-sheets/>

Blackburn with Darwen Borough Council, Housing Needs - <https://www.blackburn.gov.uk/Lists/DownloadableDocuments/Homelessness%20Review%202014.pdf>

Blackburn with Darwen HMO Quality Standards Nov 2015

Blackburn with Darwen Integrated Strategic Needs Assessment, Summary Review 2016 - <https://www.blackburn.gov.uk/Lists/DownloadableDocuments/ISNASummary2016.pdf>

Crisis - <https://www.crisis.org.uk/ending-homelessness/about-homelessness/>

Eat Well Move More Shape Up Blackburn with Darwen's Food Physical Activity and Healthy Weight Strategy 2017-2020

Lancashire County Council - <http://www.lancashire.gov.uk/lancashire-insight/population-and-households/households/homeless-households-in-priority-need.aspx>

Smoking: harm reduction - www.nice.org.uk/guidance/qs92

Coexisting severe mental illness and substance misuse: community health and social care services - www.nice.org/guidance/ng58

Oral health: local authorities and partners - www.nice.org/guidance/ph55

Transition between inpatient hospital settings and community or care home settings for adults with social care needs - www.nice.org/guidance/ng27




Appendix

Homeless Health Project Questionnaire

V1: Comprehensive Version

Exploring the health & wellbeing of the homeless population in Blackburn with Darwen, their experience of local Health & Social Care Services & views on local provision

 **Please note: All questions are optional, please only answer what you are comfortable sharing. Healthwatch Blackburn with Darwen are an independent organisation, all findings are treated with confidentiality & no personal details are shared with outside organisations.**

Section 1: Your Health & Wellbeing

1. How would you rate your general health & wellbeing?

Very Good	Good	Average	Poor	Very Poor

Physical Health

2. a) Do you experience any Physical Health difficulties and/or conditions?

Yes	No	Unsure/Prefer not to say

b) If yes, what are these?

3.

	Yes	No	Unsure/Prefer not to say
Do you smoke?			
Do you want to quit smoking?			
Have you been offered advice or help to stop smoking?			

4. On average how many meals a day do you eat?



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None	1	2	3+

5. On average how many pieces of fruit & veg do you eat per day?



None	1-2	3-5	5+

6. What are the barriers to eating a healthy balanced diet?

7. On average how many times a week do you exercise for 30 minutes or more?

None	1-2	3-5	5+

8. a) Would you like to exercise more?

Yes	No	Unsure

b) If yes, what are the barriers?



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Mental Health

9. Do you experience any of the following?

	All the time	Most of the time	Some of the time	Rarely	Never
Aggression/Violence to others					
Anger					
Anxiety					
Depression					
Difficulty Sleeping					
Hear Voices					
Panic Attacks					
Self-Harm					
Suicidal Thoughts					
Stress					

10. a) Do you have a diagnosed Mental Health Condition?

Yes	No	Unsure

b) If yes, what is this? *(Optional)*

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11. a) Do you get support for your Mental Health & Wellbeing?

All of the time	Most of the time	Some of the time	Rarely	Never



b) If yes, who provides this support?

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12. What kind of support would help you?

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13. Do you use alcohol and/or drugs to help you cope with your mental health & wellbeing?

Yes	No	Sometimes

Alcohol & Drug Use

14. How often do you have an alcoholic drink?

Daily	2-3 times per week	4-6 times per week	2-4 times per month	Monthly or less	Never

15. a) How do you feel about your drinking?

I am happy with the amount I drink	I am unhappy with the amount I drink & would like to drink less	I am unhappy with the amount I drink & would like to drink more

b) If you would like to drink less do you feel the right support is available to help you do this?

Yes	No	Unsure



16. a) Do you take any drugs?

Yes	No	Prefer not to say

b) If yes, which of the following have you used in the last 6 months?

Amphetamines	
Cannabis	
Cocaine/Crack	
Heroin	
New Psychoactive Substances (Legal Highs)	
Prescription Drugs	
Other (<i>provide details</i>)	

17. a) If you have wanted/want to address your drug use do you feel supported in doing so?

All of the time	Most of the time	Some of the time	Rarely	Never

b) If yes, who provided this support?

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18. What kind of support would help you?

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19. What are the main barriers to accessing support?

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Section 2: Your experience of local Health & Social Care Services

20. a) Have you used any of the following over the last 6 months?

	Not used	1-2 times	3-5 times	5+ times
A&E				
Ambulance				
Dentist				
GP/Doctor				
Hospital				
Nurse				
Optician				

b) If yes, how would you rate them?

	Very Good	Good	Average	Poor	Very Poor
A&E					
Ambulance					
Dentist					
GP/Doctor					
Hospital					
Nurse					
Optician					

c) What was the reason for using any of the above?

	Service used
Accident	



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Physical Health	
Mental Health	
Alcohol Use	
Drug Use	

21. a) Are you currently registered with a GP?

Yes	No	Unsure

b) Do you know how to make a doctor's appointment?

Yes	No	Unsure

c) Are there any barriers involved when making a doctor's appointment?

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d) Have you been refused registration to a GP in the last 12 months?

Yes	No	Unsure

22. a) Are you currently registered with a dentist?

Yes	No	Unsure

b) Do you know how to make a dentist's appointment?

Yes	No	Unsure



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c) Are there any barriers involved when making a dentist's appointment?

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d) Have you been refused registration to a Dentist in the last 12 months?

Yes	No	Unsure

23. If you have been in hospital over the last 12 months did they make sure you had somewhere suitable to go when you were discharged?

Yes	No	Unsure

Section 3: Your views on local provision

24. What one thing would improve your general health & wellbeing?



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25. a) Do you feel there are services & support not currently available that are needed in Blackburn with Darwen to support your Health & Wellbeing?

Yes	No	Unsure

b) If yes, what services & support would you like to see?

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Section 4: About you (Demographics)

How would you describe where you are currently sleeping?

Rough Sleeping	
Hostel (HMO)	
Supported Accommodation	
Squatting	
Sleeping on sofa/floor	
Night shelter	
Other (<i>provide details</i>)	

How did you come to live in Blackburn with Darwen?

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Have you left prison within the last 12 months?

Yes	No	Prefer not to say

Have you previously lived in care?

Yes	No	Prefer not to say

Age

16-24	25-34	35-44	45-54	55-64	64+



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Gender

Male	Female	Prefer not to say

Sexual Orientation

Heterosexual	Gay man	Gay Women	Bisexual	Prefer not to say

Ethnicity



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Marital Status

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Section 5: Additional Comments

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Positive	Negative
Crism	Trouble sleeping
Cycling	No Money's Dates
Walking	Relationships + Arguments
Beer	No Money for a Joint
Sex	Thieves
Watch a Film	Drug Misuse
Playstation	Family's don't care
Support Relationships	Loneliness
Buttbacking	Benumbing Events
Jobs	
Sleep	
Phones	
Money	
Use for a Joint	
Masturbation	
Music	
Support Living Skills	
Strange Environment	
Overthinking	
Anxiety of the future	

Positives of current circumstances on mental health

Negatives of current circ's

<p>Negatives</p> <p>No money No food Regretful No clothes Victim of crime Perpetrator of crime Poor personal hygiene Can't be contacted</p> <p>Shit Depressed Boring Tid up Suicidal Suicidal/self harm</p>	<p>Lived experiences => pass on + help other people.</p> <p>Learn lots + how to learn from mistakes</p> <p>Test of mental + physical strength can make you stronger, wiser, more determined</p> <p>↑↑↑ and vice versa!</p> 
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Contact

If you would like more information about Healthwatch Blackburn with Dawen, a hard copy of this report or to find out how you can get involved in future projects please get in touch.

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