Down but definitely not out

Caring for homeless people requires a complex set of skills to reach out to those who often feel excluded from the healthcare system.

By Jane Morton @JaneMorton20

Most of students’ pre-registration training takes place in the hospital environment. This, combined with the common misconception that nurses who work in the community are not ‘proper nurses’, may result in students and newly qualified nurses underestimating the field’s complexity.

Yet it is community nursing that can provide the most varied experience of nursing and the greatest opportunity to develop a wide range of skills. Providing care to the homeless is one example.

There are as many different types of homelessness as there are causes. There are homeless families and single homeless people, as well as foreign nationals and ex-service personnel who are at high risk of becoming homeless.

Causes of homelessness include being unable to afford suitable accommodation due to unemployment, illness or high rental costs.

Another common cause is the breakdown of relationships, which could mean marriage, civil partnership, or the relationship between parent and child. Other causes include leaving military service, prison or care.

The transient nature of homelessness creates many issues for nurses, and those who practise in the field work with people who do not easily fit into existing services.

Homeless people often have multiple and enduring complex needs, including those related to mental health issues, substance misuse, offending, difficulty in forming and sustaining relationships, physical disability, self-harm, learning difficulties, domestic abuse, sex working and neglect.

Terms such as ‘multiple and/or complex needs’, ‘hard to reach’, ‘difficult to engage’ and ‘socially excluded’ are also often applied to people who are homeless, in an attempt to quantify the barriers they face when accessing services.

Range of skills

Nurses who work with homeless people need to develop an extensive toolkit. They must be able to communicate with patients who can be unpredictable, and act on their behalf. They also need to form good networks with people working in non-statutory organisations, such as hostel staff and volunteers at drop-in centres.

Patients often mistrust health and social care professionals based on a perception they have been let down by them in the past. Building trust with this patient group can be challenging but, if it is allowed to develop, concordance and cooperation improve rapidly.

Caring for the homeless can be frustrating and distressing but also rewarding – and is certainly never boring.

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