EFFECTIVE ACTION TO END HOMELESSNESS

PREPARING FOR WINTER
A GUIDE FOR DAY CENTRES
EFFECTIVE ACTION TO END HOMELESSNESS...

PRODUCED BY
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The onset of winter presents opportunities for homelessness services, as clients are more likely to enter accommodation and engage with support during cold weather. However there is also increased risk as rough sleepers (and others spending long periods outside, such as street drinkers) may experience a deterioration in their health.

Day centres can play a key role in mitigating risks due to cold weather. These services often work with clients with multiple needs who may not engage elsewhere. In day centres surveyed for SNAP 2011, 36% of clients were sleeping rough and 52% had an alcohol support need. These client groups face particularly high risks in cold weather.

As winter approaches, day centres should think about how to prioritise support for at-risk clients. This may mean changing elements of the service or staff roles; developing specific resources; running targeted activities; establishing season-specific partnership working and joint working protocols; or working in a more flexible way. Preparation should start early so that at-risk clients can be identified and work begun well in advance of the cold weather.

This guidance covers common themes for day services to consider. The local context will have an impact on how your day centre can respond but, by starting preparation in the autumn, obstacles can be identified and addressed before clients’ needs become critical.

Please also see Homeless Link’s guidance on SWEP and Extended Cold Weather Provision and good practice information on working with entrenched rough sleepers.

HEALTH

Key messages for staff and clients
It is good practice for day centres to have year-round links with primary healthcare. Some issues are more urgent ahead of the cold weather. A week or fortnight of promotion and activities highlighting cold weather health can raise awareness among clients and increase take-up of healthcare. Many services use incentives such as food to engage clients in preventive health action, for example TB screening has been most successful when promotion and incentives are used.

Flu vaccination
Homeless clients often suffer from multiple health issues and may be more vulnerable to infection as a result. Contact your local PCT (or equivalent healthcare body) and GP surgeries about access to vaccinations. On-site provision or allocating staff/volunteers to accompany clients to a clinic will help to increase take-up.

For information on flu see: http://www.nhs.uk/conditions/Flu/Pages/Introduction.aspx

Foot care
Clients who are rough sleeping often do not remove their boots and socks for weeks at a time, due to a lack of fresh socks or adequate washing/drying facilities. This can lead to problems such as trench foot, when feet are cold, damp and constricted for a prolonged period causing blisters and infection.
Many day centres already have a podiatrist providing a service on-site. Getting into the habit of having their feet checked and treated regularly, as well as receiving practical advice about foot care, can help clients to maintain foot health during cold weather. Ideally this service should be offered alongside access to adequate footwear and clean socks.

**Advice for drinkers**
Alcohol awareness in day centres is often unstructured and there may not be specialist workers available. Ask your local alcohol support service or NHS alcohol nurse about basic training and resources. Staff and volunteers should be confident to communicate simple facts about the effects of alcohol, steps to reduce risk and what support services are available. The risk of hypothermia should also be discussed:

The advent of cold weather can be a motivating factor for clients to reduce their alcohol intake as they are more likely to be experiencing physical discomfort. Promoting a range of services – alcohol agencies, on-site groups and AA meetings – may prompt clients to engage.

**Asthma**
There is an increased risk of asthma attacks in cold weather. Ensure that clients are registered with a GP and getting inhalers as needed. Provide written and verbal information on health management. Tips for managing asthma in cold weather can be found at:
http://www.nhs.uk/Livewell/asthma/Pages/asthma-cold-weather.aspx

**Mental health & exercise**
The short daylight hours and reduced activity during cold weather can increase the risk of low mood and depression. Exercise has a positive effect on mental health and day centres can incorporate activities even with limited space, for example by using portable/foldaway equipment (e.g. universal table tennis kits). For resources and tips on mental health and well-being among homeless clients see: http://homeless.org.uk/looking-after-number-1 For support accessing or developing sports projects see: http://www.homeless.org.uk/sport-for-all

**Hypothermia & frostbite**
Rough sleepers and other members of the street population are at increased risk of hypothermia and frostbite. Alert clients, staff and volunteers to the symptoms so that warning signs are spotted and medical help can be sought. The symptoms of hypothermia can be similar to intoxication. It is therefore important that apparently ‘drunk’ clients are not automatically turned away.

For information on symptoms, prevention and treatment please see:
http://www.nhs.uk/Conditions/Hypothermia/Pages/Introduction.aspx
http://www.nhs.uk/conditions/frostbite/Pages/Introduction.aspx

**Partnership working**
Speak to your local health care providers – for example GPs, PCT, CMHT, drug & alcohol team – about their winter health plans, relevance for your clients and how best to provide services. Ensure that your team knows the contact details and protocol for requesting mental health and mental capacity assessments. Preventive health work with homeless clients is far less costly than providing healthcare in A&E or calling an ambulance, so there is a strong cost-benefit argument for partnership working.
ENGAGEMENT

Identifying at-risk individuals
The day centre should assess clients to identify those who may be sleeping rough or spending long periods outdoors (in particular anyone who has refused severe weather provision or is likely to do so), and try to establish what the barriers are to accessing accommodation. This may mean allocating a dedicated worker to talk with the client over a number of sessions and look for a creative solution, such as introductory visits to the services that will provide emergency accommodation. There are good practice examples of working with entrenched rough sleepers here: http://www.homeless.org.uk/specialist-interventions

Partnership working
If there is a local multi-agency meeting, such as Task & Targeting, day centres should attend in order to share intelligence on at-risk clients and find solutions. In the absence of a meeting, make contact with local agencies such as outreach, police and street wardens and suggest a multi-agency forum to plan for winter. Work in partnership to locate clients who are not engaging with services, for example by going out with police or outreach to meet clients on the streets.

Building relationships with at-risk individuals
Start to build trust with at-risk clients before the cold weather. This may mean adapting your house rules and working flexibly. For example, many day centres are dry premises and do not normally work with street drinkers. Consider relaxing rules on admission, for example allowing clients who are intoxicated but coherent/steady to come in, or set up a dedicated session or area (e.g. garden) for drinkers during which cans are allowed.

Allocating a worker to hard-to-reach individuals who has the flexibility to work off-site is an effective way to build trust. This may mean changing service delivery or staff hours to prioritise contact with hard to reach clients ahead of the cold weather. For services with limited staffing, letting the outreach team meet clients at the day centre can build trust.

Mental capacity
You may be working with clients whose ability to make a decision about their own welfare is compromised. If you have concerns, speak with mental health services. Further information on mental capacity can be found at: http://www.mind.org.uk/help/rights_and_legislation

RESOURCES

Up to date information for clients and staff
Create and maintain a list of local resources so that clients can be referred or signposted effectively e.g. winter shelters, soup runs, health clinics.

Referral pathways & partnership working
Speak to local agencies to get up to date information about local provision and pathways. It may help to meet and agree a service level agreement with key agencies, for example covering the referral process. When entrenched clients do agree to engage with services the process needs to be responsive, so it is worth allocating your time to establish these relationships in advance rather than risk the client disengaging at a critical time.
SERVICE PROVISION

Cold weather provision
Contact your local authority for details of their severe weather provision (SWEP) and referral process. There may also be extended cold weather provision that your clients can access, either through existing providers or independent groups such as churches. Speak to these shelters to find out what support services they offer and avoid duplication.

Day centre services during cold weather
Cold weather responses are not just about meeting immediate need – they should be used as an opportunity to find long term solutions to move clients off the streets. Keep talking to the local authority and other services about your plans so that local provision is coordinated and gives clients the best chance of independence.

Having researched local provision as a whole during cold weather, day centres should consider whether there is a need to offer changed or extended opening hours. During the late afternoon and early evening when the temperature drops and there are fewer other services open there may be greater need for the day centre to open, and more incentive for clients to engage with support. If staffing is an issue this could be achieved through joint working with another agency, for example inviting a soup run to use the day centre as a base rather than operating outdoors.

Weekends can be a difficult time as many services don’t operate. Consider what is available locally and whether any staffing hours can be re-allocated to offer weekend sessions.

Some day centres are restricted in their opening hours due to planning permission or terms of lease. In this case, provide information to clients about other services (including accessible spaces such as libraries), and try to source donations to equip them for the cold evenings and weekends.

Provision of basic necessities during cold weather
Day centres may want to increase the availability of food and donated items to clients who are rough sleeping during cold weather. Consider asking for specific types of donations during the autumn (for example at harvest festival) so that you have enough supplies.

Some simple ways of helping rough sleepers to deal with the cold weather are:

- Ask for donations of thermos flasks or travel mugs. Give clients a hot flask or cup of soup (with a lid!) to take away when the project closes.
- Ask for donations of footwear, warm socks, gloves, woollen hats, umbrellas, and thin base layers as well as jumpers etc.
- Advise clients that wearing multiple thin layers is more effective at retaining heat than just a few bulky layers – prepare your clothing store to offer a mix of base layers and outerwear.
- Keep a supply of clean dry socks and encourage clients to change their socks regularly.
- Encourage clients to wear a hat, as a lot of heat is lost through the head.
- Offer waterproof bags, or storage space in the day centre, so that clients have dry socks and clothes to wear.
- Talk about the weather forecast with clients so that they can make informed decisions about accessing shelter.
- Try to keep track of where clients are rough sleeping so that contact can be made by police or outreach if the day centre has to close in severe weather.
- Keep looking for a housing solution, no matter how entrenched a client may be.