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SHORT REPORT

Making international links to further interprofessional learning: a student-led initiative for the homeless population

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Abstract

Supporting homeless people to recovery requires interprofessional collaborative responses. In North America interprofessional student groups have supported traditional services to address the needs of homeless populations. We report on the first two years of designing and developing an interprofessional student-led response to support homeless people in the UK. The project began with working in partnership with local statutory and voluntary services; and was affirmed through interviews with local homeless people. The findings identified that many avoided going to the services provided and 90% would welcome clinical services from interprofessional groups of students. The results have led to the launch of project LIGHT (Leicester Initiative Good Health Team) and today interprofessional student groups run health promotion activities for this population.

Keywords

Homeless people, interprofessional student clinic, mixed methods

History

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Introduction

The average life expectancy for a homeless person who sleeps outdoors (rough sleepers) in the UK is 42 years with one-in-three having an untreated health condition (Crisis, 2011). Often, this population ignores medical conditions until they deteriorate and are then forced to access emergency care. Rough sleepers are 35 times more likely than average to commit suicide (Crisis, 2011). In the city of Leicester, Midlands, UK, there is a large homeless population which requires targeted interprofessional services to address identified needs; this service is known as Inclusion Health (see http://www.inclusion-healthcare.co.uk/). Although advances have been made locally, the agencies are aware of continued access problems for some sections of this population (Jenkins & Parylo, 2011).

In North America, interprofessional student-led clinics are providing out-of-hours services for marginalized groups, including homeless people (Campbell, Gibson, O'Neill, & Thurston, 2013). These clinics benefit hard to reach communities whilst providing an ideal environment for health and social care students to learn about how to care for people with complex needs. The Student Wellness Initiative Toward Community Health (SWITCH) in Saskatoon Canada, acted as a model for developing a similar program in Leicester, with students from SWITCH offering advice and support to this project.

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A student-academic alliance with the city homeless statutory and non-statutory services was formed to consider the viability of interprofessional student-led services. This has led to the launch of ''Project LIGHT'' (Leicester Initiative Good Health Team) involving, medical, nursing (mental health), speech and language therapy, social work, psychology and pharmacy students offering health promotion to homeless people through volunteering.

In this article, we present the initial research undertaken to assess the need for interprofessional students to support homeless people. This study was conducted by medical students in 2010, during a 3-week selected study. The study aimed to examine whether homeless people had unresolved health problems for which they would be interested in receiving help from pre-registration undergraduate students working together. Locally there were concerns that student services were superfluous to existing National Health Service (NHS) services for this population.

Methods

A series of structured interviews were undertaken with an opportunistic sample of homeless people were interviewed. The population were accessed in a variety of settings including charity evenings, rough sleepers, with the Street Pastors and in hostel common areas.

Data collection

The interview topic guide for the structured interviews was designed following conversations with the statutory and voluntary sector homeless providers, literature review and liaison with Canadian students. The guide was designed to be quick and easy to complete in partnership with a homeless person, using notation.

Closed and open-ended questions related to participants' health and social problems, how they currently access services and whether they would accept services from students. There was a section to choose what support services they would use from a list that students could feasibly offer. A pilot involving one student pair and two homeless people occurred in one local hostel. This confirmed the interview did not cause offence and could be completed in a timely fashion. Twenty-five students, working in pairs, conducted interviews with homeless people by working alongside professionals and voluntary sector workers.

Analysis

Each student pair who conducted the interviews entered the scored questions into a database to be analysed using SPSS software (version 20; SPSS Inc., Chicago, IL). The qualitative data was analysed using content thematic analysis (Joffe & Yardley, 2004). The completed notations from the open-ended questions were written on post-it notes and placed on posters against the question heading. The final posters with the free-text comments were synthesized for similarity and agreement on the main themes.

Ethical considerations

This study received ethical permission from the university.

Results

The population is hard to reach; fortunately local agencies allowed students access to their events to conduct the survey. Sixty-four homeless people were interviewed, 8 rough sleepers and 56 located in temporary residence. Eight adults declined to participate because of language barriers, lack of interest and time constraints.

The majority had serious health problems (Table I).

The respondents welcomed a student-led service with 61% requesting a fixed location, 58% a drop-in service during evenings (47%) or weekends (56%). Overwhelmingly the majority (97%) responded that they would be happy to be helped by training health and social care students. They requested counselling (70%), health checks (65%) and health promotion (48%).

Most of the free-text comments were short and clear concerning respondents' preferences. A common theme was avoidance of attending the statutory services. Reasons given for non-attendance were lack of understanding about the appointment system, lack of continuity of doctors and inconvenient opening hours, as indicated in the following extracts:

> ''When you're homeless you never stick to appointments because you never know where you're going to be''.
>
> ''I am supposed to be [taking regular medications] but haven't been able to contact my doctor or CPN [Community Psychiatric Nurse]''.

A large proportion of the discussions related to mood and the use of drugs. Many said they would value hearing more about life style choices and simply having a listening ear:

> ''Help us out if we're feeling depressed or want to self harm . . . we could come in sit down and talk to you . . . make me feel better''.

Table I. Health and service requirements.

Health concerns	Percentage of response (%)
Alcohol consumers	67
Tobacco use	73
Mental health	58

Discussion

The findings concur with those in Canada where students have been accepted to help homeless people and there are many service projects in North America (Dugani & McGuire, 2011). This is despite having targeted services for this group in the UK. The main findings were that student-led interventions would be welcomed by homeless people, especially those now in supportive environments looking to move on with their lives. This is mostly because this population appears to steer away from professional help. Students, in contrast, are seen as less authoritative and threatening. However, they are well-respected by the target population and their opinions are taken seriously. The student population can solve some of the barriers faced by the homeless population with accessing healthcare.

The findings were formally presented to the city's interprofessional homeless services. As a result of this survey, interactive health promotion teaching packs have been developed and are being tested within the local homeless voluntary sector hostels. The project is progressing and interprofessional students groups come together every month to offer health promotion activities, including mental health, first aid, diet and nutrition, sexual health and simply listening.

Service learning for health and social students involving populations experiencing disadvantage is becoming well-established (e.g. Cashman & Seifer, 2008). However, establishing student-led activities remains challenging because of the ethical ramifications to promise a service that may not be sustained; protection is required both for those in receipt of care and for students willing to offer care; and integration within existing services. Protection in this scenario has two meanings. Firstly, protection is needed to those in receipt of the services LIGHT offers. In a population group that is often looked down on and has little trust of authorities it would be unethical to start activities run by LIGHT that cannot be sustained. Secondly, there needs to be protection in place for students to legally insure them and protect against potential aggressive behaviour. LIGHT continues to tackle these issues working in partnership with existing statutory and voluntary sector providers and seeking to work in partnership with the homeless people. Support from the international student volunteering groups in Canada has propelled this UK student group. This type of international liaison bodes well for interprofessional student agendas.

There were limitations to the study. For example, time and lack of translation services limited access to a sub-set of local homeless people. Lack of access to tape recorders meant that information was taken down in note format, thereby difficult to gather all the information being shared. Respondents were mainly those who were accessing services within statutory and voluntary sector providers; rough sleepers were difficult to access.

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Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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