

**PATHWAY ANNUAL  
REPORT 2015**

# FOREWORD



Photos: Dr Nigel Hewett and CEO Alex Bax © Debbie Humphry

**Welcome to Pathway's annual report. In these few pages you will find a flavour of the wide range of work happening across Pathway's networks – new projects we have developed, and partnerships we have contributed to.**

2015 was overshadowed by a huge loss. In April, our remarkable founding Chair, Professor Aidan Halligan, died without warning. Aidan was our moral compass and an incredible generator of ideas and energy.

We continue to be guided by Aidan's wisdom, focusing on the needs of people who are excluded, vulnerable and marginalised, and listening to unheard voices. We are supported in this by 'Experts by Experience', who help us to ensure the views and insight of homeless people are at the core of the services we provide.

This year, in response to our patients' needs we have:

- Opened our first Pathway homeless mental health team, preventing people who have been admitted to a psychiatric hospital as an emergency from being discharged onto the street.
- Extended our programme of Care Navigators; peer support workers in hospitals.
- Begun offering legal advice for homeless patients in hospital, thanks to funding from Trust for London.
- Carried out research into end of life care for homeless people.

Beyond the capital we have supported homeless services in Edinburgh to complete a Pathway needs assessment, and hope a new team will result shortly. We also supported our first international project, The Royal Perth Hospital Australia Pathway team.

We have had the privilege of visiting specialist homeless services across the country, witnessing incredible commitment to patients, and learning about new approaches to care and treatment. Thank you to everyone who has hosted or welcomed us this year.

These visits, and a growing body of scientific evidence, show that chronic homelessness is ultimately the consequence of childhood abuse, deprivation and economic inequality.

**THE UK HAS A LONG TRADITION OF FAIRNESS, AND A HEALTHCARE SERVICE WE CAN BE PROUD OF. LET'S MAKE SURE THAT HOMELESS PATIENTS, WHO HAVE ALREADY ENDURED SO MUCH, CAN ACCESS THOSE SERVICES, AND RECEIVE THE CARE AND SUPPORT THEY DESERVE, FROM PROFESSIONALS TRAINED IN THE ISSUES THEY FACE.**

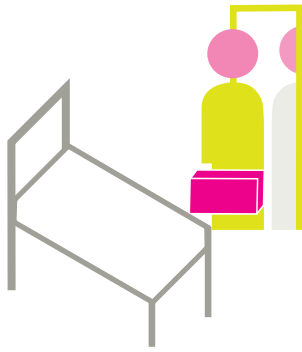
We run the Faculty for Homeless and Inclusion Health to help meet this aim. In the summer we secured three year's funding from Lankelly Chase Foundation, to help us develop The Faculty. We are incredibly grateful to them for the trust they have placed in our vision for a multi-disciplinary national network, providing training, guidance and support on health, homelessness and related issues.

The year has also held other great successes. Dr Tim Robson, who leads the Pathway team at University College Hospital London was awarded an OBE, as was our trustee Cathy James. In November, having successfully guided us through a very difficult year, Pathway's board of Trustees appointed Leslie Morphy OBE as our new Chair. As a past CEO of Crisis, she brings tremendous experience of the homeless sector and real insight into the needs of vulnerable people.

Finally, we would like to thank all of the amazing staff, partners, trustees, experts by experience, patients and funders who have helped and inspired Pathway. Whoever you are, please get involved this year, and help us bring compassionate, expert healthcare to some of the most vulnerable people in society.

**ALEX BAX**  
CHIEF EXECUTIVE

**DR. NIGEL HEWETT**  
MEDICAL DIRECTOR

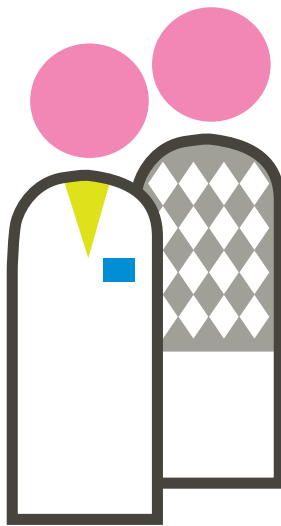


**270 BED DAYS SAVED  
BY RESPITE CARE**



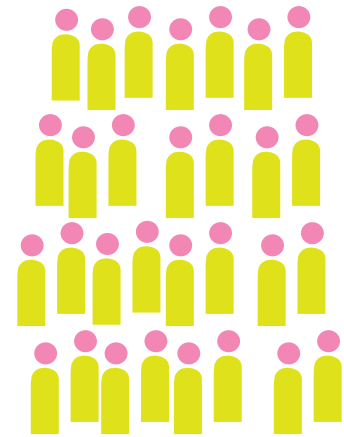
**9 AWARDS WON BY OUR EXPERTS  
BY EXPERIENCE FOR THE STORIES  
OF REBIRTH PROJECT**

# OUR YEAR IN NUMBERS



**200 PROFESSIONALS TRAINED TO  
USE THE MENTAL CAPACITY ACT  
WHEN WORKING WITH HOMELESS  
PEOPLE ON THE STREET**

**600+**



**600+ MEMBERS IN THE FACULTY  
FOR HOMELESS  
AND INCLUSION HEALTH**



**3000+**

**OVER 3000 HOMELESS  
PATIENTS ASSISTED**



**CARE NAVIGATOR  
PROGRAMME DOUBLED**



**FOUR RESEARCH PROJECTS  
UNDERWAY**

# WHAT WE DO...

## WE CREATED THE PATHWAY MODEL TO SUPPORT HOMELESS PATIENTS IN HOSPITAL.

We help the NHS create specialist teams who can provide:

- Medical support
- Prescribing advice
- Family reconnection
- Clean clothes and basic toiletries
- Housing support
- Legal advice
- Immigration advice

There are now 9 teams across England who supported over 3000 patients this year. With increasing rough sleep rates, we've been working with partners as far afield as Scotland and Australia to develop new services, and helping Local Authorities across the UK to look at health services for homeless people.

Our newest team is based in a mental health inpatient unit, helping to make sure that homeless people who have a mental illness are not discharged onto the street.

### OUR CARE NAVIGATORS WERE ONCE HOMELESS. NOW THEY HELP OTHERS FACING THE SAME STRUGGLES

Sometimes you need someone who understands what you're going through. Our Care Navigators understand our patients because they've been there themselves. From handing out dressing gowns, to calming aggressive scared patients and supporting them through difficult treatments, it's a demanding but rewarding job.

This year we doubled the number of Care Navigators in our services, and extended our training programme, so that more patients can get their support. Our trainees are learning on the wards, studying common medical conditions, housing and benefit systems, and working towards NVQs in Health and Social Care.



Visit [pathway.org.uk/donate](http://pathway.org.uk/donate) and sponsor a Care Navigator's training

### MEDICAL RESPITE CARE HELPS HOSPITALS AND PATIENTS ALIKE.

Respite care gives patients a chance to recuperate in a warm, safe setting.

On the street wounds that need to be kept clean get dirty and people who need to rest sleep on concrete. Homeless patients often collapse and return to hospital by ambulance; infected, malnourished and exhausted, or are forced to stay in hospital for long periods, because they cannot recover without a home.

Specialist medical respite care is just one of the ways to try and keep people healthy, and reduce the amount of time they stay in hospital. Bevan Healthcare and their partners in Bradford provide warm beds, nice food and good nursing in a local hostel, so that homeless people who've been ill can recover fully. It makes financial sense too, research from York Health Economics Consortium found that every pound invested in respite care generated £2-£4 of wider benefits.

We've been piloting a similar approach in London, in partnership with UCLH@Home. So far the service has saved over 270 bed days.

### EVERYTHING WE DO IS DRIVEN AND INFORMED BY EXPERTS BY EXPERIENCE - THE PEOPLE WE SUPPORT

Our Experts by Experience volunteer their experiences of being homeless to help medical professionals and the public to understand life on the streets, and create services that really make a difference. This year the team has trained students at 5 universities, spoken at the NHS England Health and Care Innovation Expo, and produced Stories of Rebirth.

This ground-breaking project brought together formerly homeless people and fashion designers, to recreate clothing worn on the streets as haute couture with a hidden story. The project, led by Frontera London, won 8 IPA health awards and an RX Award of Excellence.



Visit [Stories of Rebirth website:](http://StoriesofRebirth.com)  
[www.storiesofrebirth.com](http://www.storiesofrebirth.com)

**'OVER 70% OF PEOPLE WHO HAVE LOST THEIR HOME HAVE A HEALTH PROBLEM... THAT'S WHY WE CREATED PATHWAY.'**

**OVER 600 DOCTORS, NURSES, MENTAL HEALTH PROFESSIONALS, CHARITY WORKERS AND COMMISSIONERS HAVE JOINED THE FACULTY FOR HOMELESS AND INCLUSION HEALTH (FHIH)**

Inclusion Health is a research, service and policy agenda that aims to prevent and redress health and social inequities among the most vulnerable and marginalised in a community.

The Faculty is the free multi-disciplinary membership organisation for professionals supporting those patients, including homeless people, vulnerable migrants, gypsy and traveller communities and people selling sex.

The Faculty offers regular updates on clinical issues, regional networking meetings, discounted entry to training and events, and acts as a conduit for consultation with the inclusion health sector.

This year the Faculty has:

- Secured 3 years funding from Lankelly Chase.
- Run 2 specialist CPD days.
- Provided network meetings in 6 regions.
- Implemented the Standards for Homeless and Inclusion Health.
- Prepared the first statement of definition for the discipline.

 **The Faculty is growing at an unprecedented rate... join today! visit [pathway.org.uk/faculty](http://pathway.org.uk/faculty)**

 **Can you cover the £55 cost of your Faculty Membership? [pathway.org.uk/donate](http://pathway.org.uk/donate)**

**PATHWAY SUPPORTS INCLUSION HEALTH TEAMS ACROSS THE COUNTRY TO TAKE PART IN RESEARCH.**

Funded by Guy's and St Thomas' Charity we're carrying out a 3 year pilot project and research study in the psychiatric wards of South London and the Maudsley hospitals. Our team is helping to identify and support homeless people with mental illnesses, so that they can find accommodation and stay well.

In December 2015 we worked with the Royal College of Emergency Medicine and the Royal College of Physicians to carry out an audit of homeless patients in Accident and Emergency Departments. The work provided valuable data to improve patient care, received coverage on BBC Radio London and BBC local news and was viewed by over 13,000 people on social media.

We are taking part in an academic partnership with King's College, funded by the National Institute for Healthcare Research (NIHR), to look at the effectiveness and cost-effectiveness of our specialist integrated services and their impact on patient's health.

Finally, we are carrying out a large scale study to improve end of life care for terminally ill homeless people. We believe nobody should die on the street.

**PATHWAY PLAYS A KEY ROLE IN DEVELOPING NEW HEALTHCARE MODELS AND PRACTICES AND EDUCATING MEDICAL PROFESSIONALS ABOUT THEIR DEPLOYMENT.**

This year we supported the second edition of screening tools and protocols for addressing mental health issues on the streets. Since the project began we've trained over 200 professionals in their implementation.

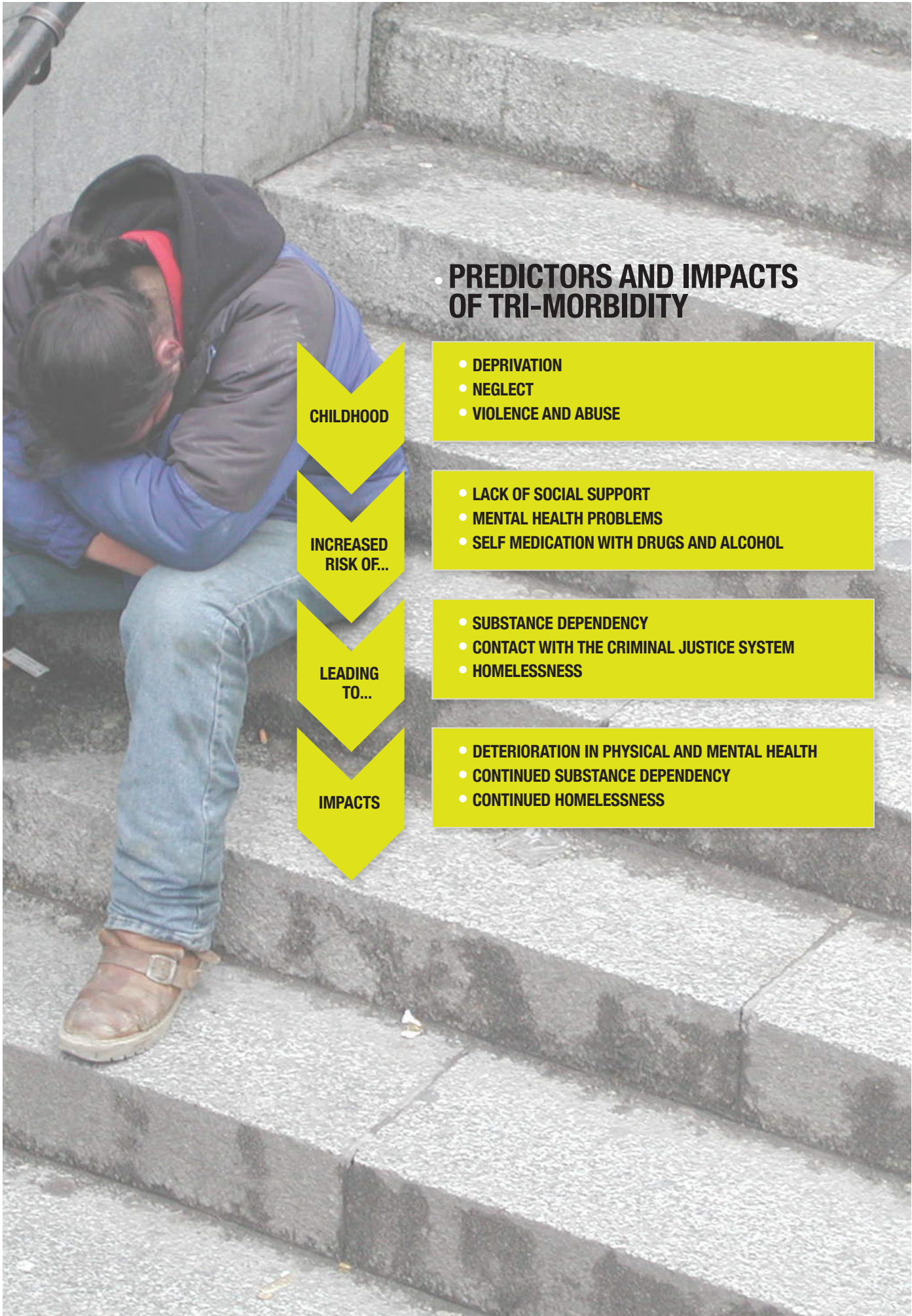
We also held the Third International Symposium on Inclusion Health, attended by over 300 professionals and Experts by Experience, with sessions from Public Health England, the CQC and Royal College of Physicians.



Photo © Debbie Humphry

**'THE EVENT OPENED MY EYES, CHALLENGED MY THINKING AND INSPIRED ME'**

Delegate at the International Symposium for Homeless and Inclusion Health 2015



## • PREDICTORS AND IMPACTS OF TRI-MORBIDITY

CHILDHOOD

- DEPRIVATION
- NEGLECT
- VIOLENCE AND ABUSE

INCREASED RISK OF...

- LACK OF SOCIAL SUPPORT
- MENTAL HEALTH PROBLEMS
- SELF MEDICATION WITH DRUGS AND ALCOHOL

LEADING TO...

- SUBSTANCE DEPENDENCY
- CONTACT WITH THE CRIMINAL JUSTICE SYSTEM
- HOMELESSNESS

IMPACTS

- DETERIORATION IN PHYSICAL AND MENTAL HEALTH
- CONTINUED SUBSTANCE DEPENDENCY
- CONTINUED HOMELESSNESS

# WHY WE ARE NEEDED

## HEALTH INEQUALITY

**Many Pathway patients face ‘tri-morbidity’, a potentially deadly combination of physical and mental health problems, accompanied by substance misuse.**

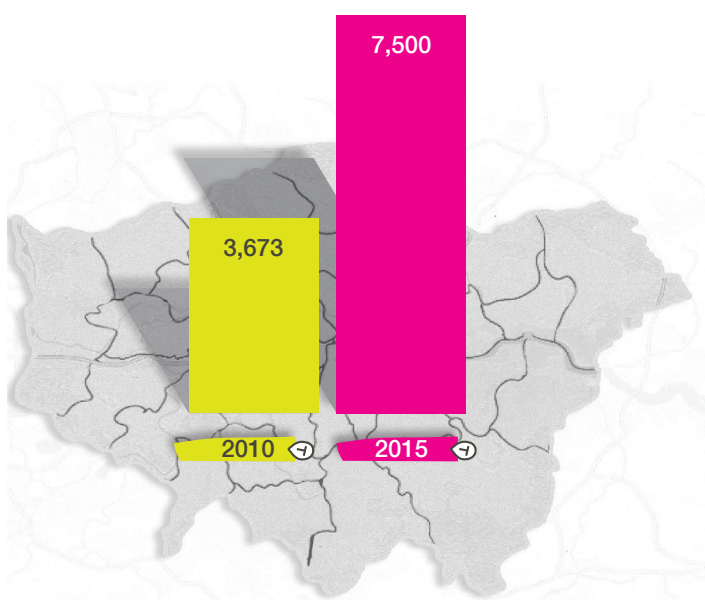
Their problems are often caused by a childhood scarred by neglect, violence, abuse and deprivation, leaving them at increased risk of developing mental health problems. Attempts to self-medicate with alcohol and drugs can lead to dependency, and contact with the criminal justice system soon follows.

These issues can compound, and be compounded by, the lack of familial and social support that caused the problem. Not having a strong network of family, friends and supporters radically increases the risk of destitution and homelessness.

Once a person is homeless, a deterioration in physical health is almost inevitable, and the tri-morbid triangle is complete and self fulfilling. The person is unable to recover without support from specialist services, but struggles to access and engage with services because of their needs.

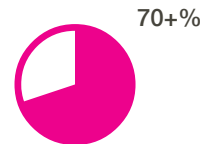
Pathway teams help to circumnavigate this trap, brokering access to services for patients, compiling medical and documentary evidence to advocate for their needs and wishes.

For most patients, housing is only one aspect of their recovery. They will require long term support and care to manage their physical and mental health, decrease or cease their use of substances, maintain a tenancy, establish social networks and re-enter society

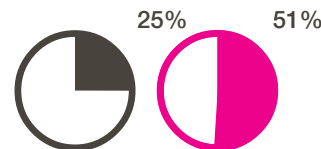


**HOMELESSNESS IS INCREASING...**

**THE NUMBER OF PEOPLE ROUGH SLEEPING IN LONDON HAS MORE THAN DOUBLED IN THE LAST 5 YEARS.**



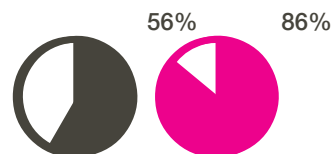
**HOMELESSNESS IS BAD FOR YOUR PHYSICAL HEALTH... OVER 70% OF HOMELESS PEOPLE REPORT HAVING A PHYSICAL HEALTH PROBLEM.**



**GENERAL SAMPLE PATHWAY PATIENTS AT KHP**

**HOMELESSNESS IS BAD FOR YOUR MENTAL HEALTH...**

**KINGS HEALTH PARTNERS PATHWAY (ENGLAND’S LARGEST HOMELESSNESS HOSPITAL TEAM) REPORT THAT THE HOMELESS PATIENTS THEY CARE FOR HAVE TWICE THE RATE OF MENTAL ILLNESS OF THE GENERAL POPULATION**



**HOMELESS PEOPLE’S HEALTH CAN BE IMPROVED...**

**56% OF THE PATIENTS THE TEAM SUPPORTED HAD IMPROVED HOUSING STATUS. THIS FIGURE ROSE TO 86% WITH LONGER TERM RESPITE CARE AT OUR BRADFORD SERVICE.**

# PEOPLE WE HELP

Pathway teams support over 3000 people every year. Look inside each house to find out who lives there, and learn about how Pathway helped them\*



## JOHN

John was removed from his parents aged 8, after many years of abuse. His childhood was spent bouncing between foster placements. At 13 he took his first street drugs. Now 35, he has lived on the streets for over a decade, and has an addiction to opiates and legal highs. He's been in and out of prison for shoplifting, and been kicked out of a number of local hostels for aggressive behaviour.

John was admitted to hospital with chronic leg ulcers from intravenous drug use. Like many homeless people he distrusts authority, and discharged himself immediately. A few months later he was brought back by ambulance with infected legs and suspected infective endocarditis, a potentially fatal heart problem.

Many doctors looked at John and saw an aggressive addict with no motivation to change. He complained of pain and asked for painkillers, but was told he was 'drug seeking'.

Pathway GPs have extensive experience of the management of drug dependence in the community. Working with John's medical and drug and alcohol liaison teams, Pathway's GP discussed John's need for adequate pain control in the presence of opiate addiction. Together they agreed a prescription that safely controlled his pain.

The Care Navigator who supported John had once been addicted to drugs, and understood the challenge he was facing. Like him, John is likely to relapse and may undergo several cycles of detoxification before he finally conquers his drug use. No matter how long it takes, Pathway teams never give up on the patients they support.

## JOSETTE

Josette was 19 when she came to the UK from the Democratic Republic of Congo. She had been offered a job as a live in Nanny in Kensington, through an employment agency. At the airport she was met by a man who took her passport 'to be photocopied for immigration checks'.

By the time she realised she was being trafficked into prostitution it was too late. During the next year she was beaten, raped, and forced to have sex with over 500 men.

Josette escaped the brothel by throwing herself from a 3rd floor window. A member of the public called an ambulance.

She required surgery to stabilise her fractured pelvis, and was treated for a number of sexually transmitted infections. She was declared medically fit for discharge but remained depressed and traumatised, and had nowhere to go.

A housing worker assessing her case found Josette unable to talk about her experience, let alone provide documentary evidence of where she had been living. She was deemed to have 'no recourse to public funds', this means she has no access to housing support, benefits or even routine health care in the UK. The team are trying to make sure she doesn't have to sleep on the streets.



## PETE

Pete was a 28 year old freelance computer programmer, renting a flat in north London. He was hit by a car on his daily commute and suffered life changing spinal injuries, losing the use of his legs, and fracturing his skull.

After 3 months in hospital Peter was in rent arrears. His parents were unable to continue paying for both his flat and their own mortgage, and his landlord served an eviction notice.

Threatened with homelessness, he was referred to the Pathway team in great distress. The team provided a solicitor to give Peter free legal advice at his bedside, and his Care Navigator supported him through negotiations with his landlord, ending his tenancy.

His parent's home could not accommodate him, he needed adapted wheelchair accessible accommodation from his local authority, which is often hard to access. The Pathway team provided detailed medical evidence, and with the ongoing practical and emotional support from his Care Navigator he was offered a small flat that met his needs.

The Pathway team's Occupational Therapist helped Peter to arrange a wheelchair, and prepare for independent living. His Care Navigator helped him apply for Personal Independence Payments, so he could get help with showering, cleaning and personal care.

Peter is now living independently. He is adapting to life in a wheelchair, and hopes to return to work.

\*These stories are based upon real patients, but some details have been changed to protect individual privacy.





Photo © Frontera



Photo © Debbie Humphry

**‘THERE IS NOTHING MORE POWERFUL THAN A PERSON WHO HAS NOTHING LEFT TO LOSE, YET STILL HAS THE COURAGE TO STAND UP AND LOOK THE WORLD IN THE EYE.’**

**Nigel Hewett**  
Pathway Medical Director

# WHERE NEXT...

## PATHWAY'S 6TH YEAR OF OPERATION HAS YIELDED MANY SUCCESSES BUT IT HAS BEEN FAR FROM PLAIN SAILING.

### We have negotiated the choppy waters of system change whilst navigating the death of Aidan Halligan, our founder and chair.

Our vision remains to transform the quality of healthcare offered to the most vulnerable people in society, developing and sharing models of compassionate care that will lead to improved health outcomes.

Mapping the road towards this vision, we produced The Standards for Homeless and Inclusion Health and worked upon their implementation. In the year ahead this guidance will be revisited, reflecting the growing body of evidence and knowledge around Inclusion Health, for example incorporating new standards for care in Accident and Emergency Departments.



We will continue to train professionals in the implementation of our tools and standards. Our highly successful partnership work with Enabling Assessment Service London (EASL) will extend from identifying and addressing the mental health needs of people sleeping on the street, to encompass the Care Act, advice on autistic spectrum disorders, and emerging work on acquired brain injury.

The Faculty's Fourth International Symposium on Homeless and Inclusion Health will include participants from a record number of disciplines, from podiatry (an amazing number of homeless patients suffer from trenchfoot, an almost forgotten disease), to mental health professionals specialising in Psychologically Informed Environments, who aim to heal the early, in depth, emotional damage which can contribute to the mental health problems experienced by so many of our patients.

As we work with these mental health professionals, consultants, occupational therapists, GPs, hostel workers and peers, it becomes abundantly clear that each offers a unique perspective.

## NO SINGLE DISCIPLINE CAN RESOLVE THE NEEDS OF PATIENTS WITH MULTIPLE AND COMPLEX NEEDS.

Their needs, often borne of a lifetime of disadvantage, neglect, violence and abuse, usually require extensive medical, psychological, social and practical treatment and care from professionals within acute, primary, secondary and community settings.

Reflecting this multiplicity, Pathway is increasingly bringing together cross disciplinary teams to answer Inclusion Health questions.

New and potential teams in Edinburgh and Perth will include professionals who reflect the needs of their local area, dieticians, physiotherapists, counsellors.

Our research team addressing homeless palliative care includes specialists in hospice provision and care coordination alongside medical staff, homelessness professionals and experts by experience.

Through the Faculty we are developing registerable qualifications, which will offer a CPD pathway to the evolving Inclusion Health discipline, and accessible study options for people with little formal education who wish to formalise their life learning.

Throughout this range of work we are seeking to embrace the diversity of professionals who share our vision, and narrow the gap between those who have lived through the experience of exclusion, and those who seek to support them.

Pathway begins this year with a new Chair at the helm. Leslie Morphy, the former CEO of Crisis, offers the organisation a strong voice in our ongoing drive to pursue systematic change in the NHS, towards a future where our health service can truly meet the needs of the most vulnerable in society.



Photo © Debbie Humphry



Photo © Frontera

**‘TO REALLY UNDERSTAND THE NEEDS OF HOMELESS PEOPLE, YOU MUST FIRST LEARN FROM THE EXPERTS, THE PEOPLE WHO’VE LIVED IT.’**

**Stan Burrige  
EbE Project Lead**

# FINANCE AND FUNDING

Pathway works for the advancement of healthcare for, and the relief of need of, people often excluded from society. This includes, but is not exclusive to, homeless people, alcoholics, drug users and those suffering from mental or physical health problems.

Our work is of great public and individual benefit, making positive change in the lives of many patients with whom we work. Having proven the effectiveness of the hospital Pathway, we have expanded the model to more hospitals in London and elsewhere in England. We plan to continue that expansion and promote the highest clinical standards for homeless healthcare on our own and with the help of the Faculty for Homeless and Inclusion Health.

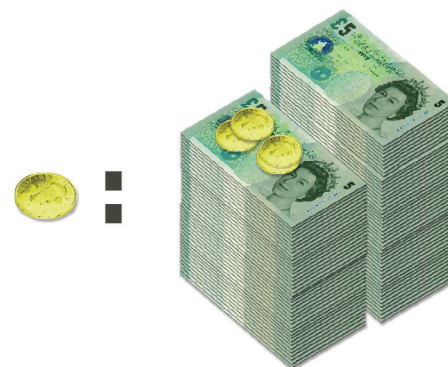
## SUMMARY ACCOUNTS INFORMATION FOR 2013-14 AND 2014-15 (ACTUAL) AND 2015-16 (BUDGETED)

Expenditure	2013-14 (Actual) £	2014-15 (Actual) £	2015-16 (Budgeted) £
Pay	342,486	350,059	442,092
Consultants incl. GP locums	344,695	376,699	391,251
Travel & subsistence	5,224	8,794	10,783
Printing	5,522	8,170	11,000
Patients Dignity Fund	6,139	7,687	9,518
Catering and room hire	2,935	1,691	1,400
Professional fees	6,072	7,549	35,550
Telephones and stationery	2,196	3,734	12,180
Staff training	8,532	14,369	21,400
Conferences and consultation events	42,128	29,413	28,381
Marketing incl. website	3,268	8,269	7,230
Uniforms	559	503	1,000
Insurance	3,808	4,232	4,500
Fundraising	-	1,821	6,800
Building related costs - Medical Respite Centre	-	6,370	101,300
Equipment - Medical Respite Centre	1,212	4,825	-
Volunteer/Service User Expenses	3,517	8,748	42,343
Office rental costs	-	-	10,000
Recruitment costs	-	-	7,000
Computer & IT equipment	-	2,902	2,000
Bank & payroll fees	-	435	2,000
	<b>778,293</b>	<b>846,270</b>	<b>1,147,728</b>

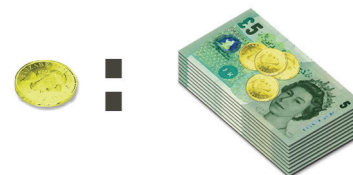
Income	2013-14 (Actual) £	2014-15 (Actual) £	2015-16 (Budgeted) £
Donations	28,221	10,564	2,000
Grants	1,054,007	613,133	390,432
Charitable Activities	107,861	169,893	194,943
Bank interest	1,311	2,119	1,000
Use of reserves	-	50,561	559,353
	<b>1,191,400</b>	<b>846,270</b>	<b>1,147,728</b>

Funding totalling £795,709 was secured in 2014-15 with associated expenditure of £846,270, leaving a balance of £50,561 to be met from reserves of £723,229 brought forward from 2013-14. This left a total reserve of £672,668, some of which is being used to balance the 2015-16 budget.

The summary information in the table is provided to give an overview of the charity's finances over a three year period and is not in the form of the full audited accounts. The annual accounts have been audited and the full accounts, trustees' report and audit report are available on [www.pathway.org.uk](http://www.pathway.org.uk)



FOR EVERY £1 SPENT ON FUNDRAISING  
£454 WAS SPENT ON CORE CHARITABLE ACTIVITIES



FOR EVERY £1 SPENT ON GOVERNANCE  
£49 WAS SPENT ON CORE CHARITABLE ACTIVITIES

# OBJECTIVES

## In 2014-2015, our objectives were:

- 1 to be a recognised leader in the field of health care for homeless people and other excluded groups
- 2 to be an organisation that puts service users at its centre
- 3 to be an agent of change working within and alongside the NHS and other services
- 4 to be the leader of a growing cohort of dedicated, specialist professional health workers putting compassion at the heart of their practice
- 5 to be the promoter of the highest clinical standards for homeless healthcare

## Key achievements under these objectives include:

- Supporting Pathway Teams in UCLH, the Royal London, Brighton, Bradford, Guy's and St Thomas', King's College Hospital, Leeds and Manchester hospitals.
- Supporting the implementation of a three year pilot Pathway Hospital service at South London and Maudsley NHS Foundation Trust.
- Work with the Faculty for Homeless and Inclusion Health to: publish a report of the 2nd international symposium; hold the 3rd international symposium in March 2015; pilot a peer led review framework to help Specialist GP practices to evaluate and demonstrate their alignment with Service Standards for Homeless Health; run two CPD courses on inclusion health and alcoholic liver disease; establish local Faculty hubs in four areas of the country plus London; support work to provide advice, guidance, support and training on mental health service interventions for rough sleepers; and begin to talk to the Royal College of Physicians about possible affiliation with the Faculty.
- A six month pilot medical respite service: Pathway to Home was launched. This is for patients who are well enough to be sent home from hospital but who need ongoing short term medical treatment under the UCLH@Home scheme. They are sent to one of two specialist beds in a local hostel, and continued treatment is provided by the @Home team with the local Pathway hospital team helping to secure onward accommodation.
- Supporting three Care Navigator Apprentices to study for City and Guild Level 2 or 3 qualifications in Health and Social Care. Our Senior Care Navigator successfully completed the Level 3 Diploma in Autumn 2014, and was awarded Apprentice of the Year in the 25+ category at the London Learning Consortium Awards, and a second Care Navigator Apprentice completed the Level 2 Certificate in March 2015 and was deployed to work as a Care Navigator in the Royal London Hospital, our first outside of UCLH.
- Supporting staff working in our hospital teams in London and Brighton by providing externally facilitated reflective practice sessions each month.
- Building a small cohort of homeless and former homeless people in London who can be called upon to provide input to research projects, workshops and meetings, and began work to build a wider cohort of Experts by Experience to cover other marginalised groups across the UK to ensure wider representation at the Faculty for Homeless and Inclusion Health's international symposium.
- Developing and publishing a new strategic plan for 2015-2019.

# SUPPORT OUR WORK



## £20 Spare some change make change

A regular gift of £20 will help a vulnerable person attend a co-production group, to talk about their experiences and change the way the health system works.



## £55 Faculty membership

The Faculty gives people working in inclusion health a lifeline into the latest inclusion health research and developments. We don't charge, but it costs around £55 to support each of our members every year. Cover the cost of your membership, to help inclusion health grow.



## £85 Clothe someone

Do you own more than the clothes on your back? When a patient's clothes have to be destroyed because of infection or infestation, they often can't replace them. Give a desperate patient a new set of clothes, coat and boots to help them stay well.



## £250 Help someone learn

We offer bursaries to nurses, students and experts by experience who want to learn about inclusion health, but can't afford it. Your gift could train an outreach worker to assess someone's mental health, or help a hostel worker learn to spot common health conditions.



## £1,250 Fund the future

Care Navigators were once homeless, now they are supporting inclusion health patients, whilst working towards a qualification in Health and Social Care. We're committed to paying our staff the Living Wage, can you fund a Care Navigator for a month?



## £20,000 Pave the path

Fund an inclusion health investigation in your area, tailoring the Pathway service to meet the needs of your community.

## THE DIGNITY IN CARE FUND

The NHS provides world class medical care, and highly trained doctors and nurses. But it can't afford to provide everyday things, the things that most people take for granted, but that excluded patients can't always afford. Shower gel, shaving foam, tampons, a dressing gown, clean clothes to leave hospital in. Things it's difficult and embarrassing not to have. By supporting The Pathway, and the Dignity in Care Fund you're providing those basics, so patients can put aside those worries, and focus on getting well.

These examples are illustrative only. Your donation will be used wherever the need is greatest



**THANKS...**

**THANK YOU TO EVERYONE WHOSE DEDICATION AND SUPPORT HAS MADE OUR WORK POSSIBLE THIS YEAR.**

Photo © Debbie Humphry

## Trustees

We are grateful for the support of our Trustees:

**LESLIE MORPHY OBE - CHAIR**

**SIR IAN KENNEDY**

**DAVID PASCALL CBE - VICE CHAIR**

**SIR PETER DIXON**

**STEPHEN ROBERTSON**

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### References

For references and data in this report please use this bit.ly shortlink:  
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**17 September 1957 - 27 April 2015**

**In April 2015 we unexpectedly lost our inspirational Founder,  
Leader and Chair, Aidan Halligan. This report, and our ongoing  
work, is dedicated to his memory.**

**'If you believe in it, then you will make it happen.'**