


StMungo's

Frontline

Autumn Edition 2024



“I always remember that while this is where I work, for clients it’s their home.”

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"Seeing people turn their lives around never gets old."

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"The successes keep me going, even the little ones."

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Welcome to your July issue of Frontline, which comes to you just weeks after a general election.

Before the election we highlighted the key things that the government needs to do to improve the situation that people experiencing homelessness face. Now, the new Labour government have a duty to make tackling homelessness a high priority. With enough political will, homelessness can end.

Prioritising homelessness

The number of people experiencing and at risk of homelessness are at an all-time high. Close to 4,000 people are sleeping on the streets every night, and almost 80,000 households are homeless or at risk of it. Outreach teams are struggling to respond to increasing numbers of people on the streets and our hostels are at capacity. There are not enough affordable homes, which makes moving on from living on the streets more challenging than ever.

Over the last year, rough sleeping in England has risen by 27%.

We need to reverse these year-on-year increases and we know that we can, we've done it before. The government needs to take action and we are here to work with them and to hold them to account, so that the current crisis is ended.

Our recommendations to the incoming government

The current funding for homelessness support needs to be continued and expanded, so there is sufficient emergency accommodation and support for the growing numbers of people on the streets.

We need to take steps to prevent people becoming homeless in the first place. Commitments to making renting a home more stable have been made; we need these commitments to be seen through.

There must also be recognition of the complexities of homelessness, and significant investment in recovery. People sleeping rough experience severe health inequalities. We

need to ensure that the health system is equipped for this, and that finding employment does not negatively impact people's entitlement to their benefits or housing.

Finally, no amount of support can end homelessness when there is simply not enough housing.

We need 90,000 new social rented homes per year, supported housing and affordable private rented housing.

In this issue of Frontline

This issue of Frontline highlights the extraordinary breadth of our work, particularly when it comes to client health. You're helping to bring people in off the streets, but there is so much more to someone's journey after that first step.

In your July issue, you will hear from Sara Hide and her brilliant work on our mission to eliminate hepatitis C. From Jack Cannon, and his journey from his own lived experience of homelessness, to now leading a team for clients with mental health needs. Finally, from Vickie Neale, supporting our female clients in our Bristol services.

Your support remains absolutely vital. My heartfelt thanks to you for being part of the team, and I hope you enjoy this issue of Frontline.

Emma Haddad
Chief Executive, St Mungo's

Hepatitis and homelessness

Homelessness brings with it a variety of health risks: a person experiencing homelessness can only expect to live to 45. Hepatitis C is a particular risk, but because of advances in medical science, treatments are much improved – which means tackling it is entirely within our grasp.

Sara's job is to improve client access to healthcare for hepatitis, and here she's answering all our questions.

What is hepatitis C, and why are our clients more at risk?

It's a virus that attacks the liver, virtually symptomless at first; sufferers mostly feel tired. Later there may be abdominal pain and yellow skin, but because a lot of our clients use alcohol, it gets missed. Hep C mimics a lot of health conditions we see anyway in clients.

How is hepatitis C passed?

Transmission is blood to blood, so sharing needles is a common way. People wonder why they take risks, but severe psychological trauma is the mental equivalent of having third degree burns all over your body so the need to calm the pain is urgent. It only takes one time to get infected.

Hepatitis is robust: it can survive outside the body for two to

three days – HIV survives just milliseconds.

What is the treatment?

Anti-retrovirals, one tablet a day for 2-3 months. It's very effective, with very few side effects.

Why can it be difficult to treat clients?

The previous treatment was interferon; it was traumatic and it wasn't even effective for one strand. A lot of clients don't realise that's changed.

Also, we're dealing with people who have high levels of trauma, very low self-esteem and a sense of powerlessness over their health and future. Some say they don't care what happens to them.

Sometimes treatment is hampered by mental health issues. I worked with a client who'd had hep C for 20 years and had psychosis, so believed his dad was murdered by the NHS. But we've managed to get him to engage, get him assessed, get bloods and an up-to-date liver scan.

With consent we put systems in place to help clients with their treatment. Part of my job is to meet with them and say, "you tell me what would work for you, and I'll try to make it happen".

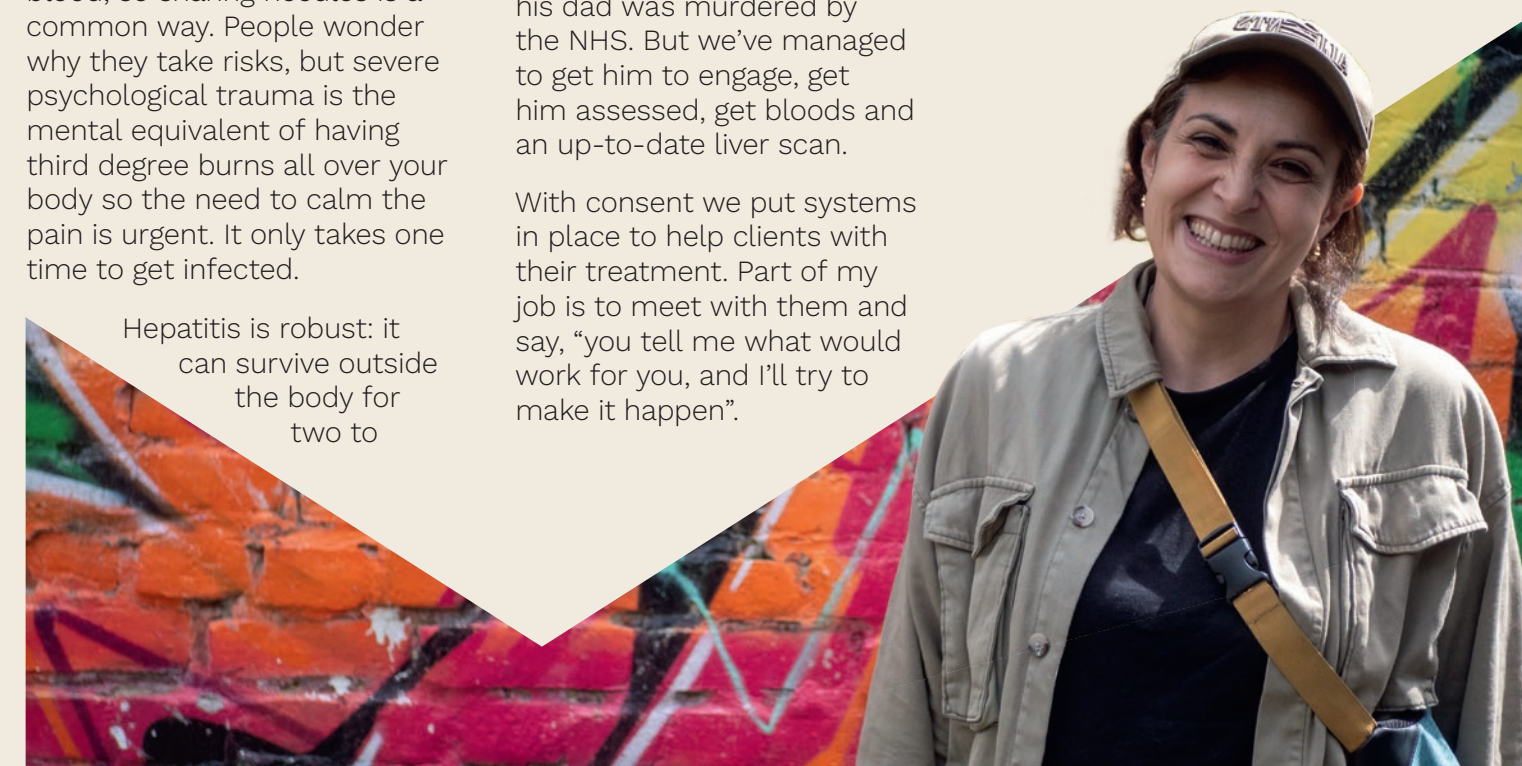
How does your work help clients more widely?

Plenty of clients have done treatment and they're now well, sober, have children – others have left sex work they've been engaged in since they were abused as young children, and we supported them to get into treatment and they've turned their whole lives around.

Why is this work important?

Seeing people turn their lives around never gets old. It's having the right people around who are skilled and know how to work with them, but I'm proud of our clients for having the wisdom to make these changes.

Health is a massive part of what we do at St Mungo's. It can't be left for hostel staff, they have so much to do; you need a service that can specialise and focus on that aspect. We've got something that works.



“It’s one of the greatest feelings in the world, knowing that you helped change someone’s life.”



Team leader Jack Cannon talks about the big and small ways of supporting clients with mental health issues – even if it’s just celebrating a cup of tea.



I’m a team leader at Northover Court, which is a high-support service for clients with multiple disadvantages, such as a mixture of substance use and severe, enduring mental illness. It’s a role with lots of challenges, but I absolutely love it.

I always remember that while this is where I work, for clients it’s their home.

I’ve had my own experience of homelessness. I burned a lot of bridges in my previous life, I was battling gender dysphoria and wasn’t looking after myself. I couldn’t get a bank account in my name, I couldn’t rent a flat, I was sofa surfing at one point; my life was so miserable. After some time, things began to get more stable – I was still battling substances, but my life

was going in a more positive direction. But then my dad passed away from alcohol use. I thought, “What am I going to do with my life?”

I decided I needed to give something back. I saw the ad for an apprentice outreach worker role at St Mungo’s. I applied thinking I wouldn’t even get an interview, but I did. I remember looking around thinking, “This place looks amazing, they do summer barbecues, there’s loads of client photos on the wall”, it just seemed like such a lovely place to work. I was their last interview of the day, and I ended up getting it.

Doing outreach was quite difficult to begin with, you desperately want to help people. I used to take my

work home with me, “Could I have done something different, should I have done this?” The key is to keep chipping away at the barriers: if they tell me to go away I’ll come back tomorrow. We just never give up.

I fell in love with the job, my confidence grew and I learned about working with people with multiple disadvantages.

I applied for my current role two and a half years ago, and I’ve never looked back. It’s one of the hardest jobs I’ve done but it’s the most rewarding. And it’s the same philosophy: no matter how many times clients tell us to go away, we’ll be here. They come down later, sheepish and apologising, and we just move on. I understand: that’s them protecting themselves. I know what it’s like to have that guard up.

Often people go into this role wanting to change the world or save everybody: when you get over the fact that you can’t, that’s when you develop. Just a client coming to ask for a cup of tea or support to open a letter, for some of them that’s huge. It’s having an open door for them to come in and say, “I need help with this.” Whilst we all think the end goal is for clients to get into more independent accommodation, sometimes just coming down to breakfast and having a cup of tea is a huge win. One day at a time.

There’s one client who has stuck with me for years. I was early on in my outreach apprenticeship, I saw a man on a bench and he looked like he really needed help. One of the outreach workers said,

“This guy doesn’t engage with us.” He’d been outdoors for over 20 years and he was in a bad way with his health. We stopped and spoke to him, left our card and said, “If there’s anything you need, pick up the phone. We’ll come back and check on you”. Later that day we got a phone call from the hospital, he’d asked them to call us. I went straight there to visit him, and he made the decision that he wanted to accept our help. We ended up finding him his own accommodation.

I’ve always held onto that, that he’d said no, no, no, but that one morning, he took us up on it. That’s why it’s about being consistent with your approach – you could get a thousand no’s, and one day get a yes. It’s one of the

greatest feelings in the world, knowing that you helped change someone’s life.

What I would say to supporters is that the work St Mungo’s does – whether that’s first response on the street or day-to-day support – is absolutely vital. We

endeavour to keep people in accommodation as long as we possibly can. The best way you can help is by donating, so we can get people the help they need. But if you’re unable to financially donate, come and spend the day with us, see what we do firsthand, whether that’s making tea with us or being a listening ear.

“You really can make a difference.”

“It’s hard to get public sympathy, because people still think addiction is a choice.”



Project Worker
Vickie Neale
helps female
clients who have
recently left rough
sleeping behind



I work in emergency accommodation for women. Our hostel is a Level One, which is the step after leaving the streets. There are so many reasons people come through our hostel. It could be they’ve lost their accommodation, they may be suffering from addiction, mental health issues, domestic abuse – my job is to link them with support for whatever their issue is. The end goal is for them to move onto their own accommodation.

Most St Mungo’s clients are men, but not because more men suffer from homelessness: it’s because women experiencing homelessness are a lot more hidden. They’re stuck in sex work, abusive relationships, couch surfing. Our job is to reach them.

Many of our clients have suffered sexual violence. Some come over from mixed accommodation where they feel vulnerable, but some even feel safer being with men because it’s what they’re used to. Many come here because they want to get away from sex work – for some it’s all they know.

It’s also hard to stop doing drugs when everyone in your life is using. To get away from it they have to cut off from those people, but that in turn causes loneliness, so it can be really difficult.

It’s hard to get public sympathy because people still think addiction is a choice. People don’t understand that most people in addiction have experienced trauma. I’ve never met a client who hasn’t.



So there’s a lot of pain, but we hold space for them and they generally settle in quite quickly and easily – many say they don’t ever want to leave!

I have lived experience of what our clients are going through. I was on drugs from the age of 15, and living on the streets in London, sofa surfing and begging for drugs. I went into rehab when I was 24 and that brought me back to the West Country, where I’m from.

I stayed clean and abstinent for eight years, then I had a really bad relapse when I got into a relationship with someone who was using. After three years I managed to sort myself out with the help of Bristol Drugs Project. I did voluntary work with them: peer support, greeting and chatting with people coming in for therapy, meditation – that’s what they do at BDP, grab you and say, “Let’s get you doing something worthwhile,” and give you a sense of self-worth and community and belonging.

Then, St Mungo’s put out their apprenticeship scheme and my manager said, “I think you’d be really good at this, you should go for it”. I applied, and got it.

If our service wasn’t here, I don’t know where these women would be. Still stuck in their relationships, rough

sleeping – but the funding got cut everywhere by the government over the previous decade which is a real shame. When I wanted to go to rehab I was told I could go within four weeks; now, you have to wait a year and go to loads of different groups to show your commitment. The people who put the rules in place have no idea what it’s like. If you’re in the chaos of active addiction, getting to a particular place at a particular time every week is not realistic, and it doesn’t mean you’re not committed to getting clean, it means you’re in active addiction. It’s also shortsighted: during that yearlong wait, the chance of overdose is high, they might be committing crimes to fund their addictions, they might be put in jail – all this is much more expensive than just putting someone through rehab.

The successes keep me going, even the little ones. Today we have a client going to look at a rehabilitation centre, with a view to going. I see people I’ve helped in the same position I was in: out of rehab, volunteering, and moving on to better things. One client that sticks in my mind is a woman who was in addiction with drugs and alcohol, engaged with all the services, and she now has her own business as a life coach and yoga teacher. It can be done.

Take the Lead to end homelessness

As one of the few homelessness charities to offer pet friendly accommodation, we understand the powerful emotional support a pet can provide. That's why, throughout August, you can team up with your dog and walk a marathon (26 miles) or an ultra-marathon (50 miles) to raise money and be part of the change for people experiencing homelessness.

The best part? This challenge is completely on your terms and at your convenience. Choose your distance and work it into your schedule across the month. Aim for a set mileage each week, or change it up; it's all at your pace.

Last year, over 500 people and their dogs completed

8,700 miles, raising over £36,000 for people experiencing homelessness. This year, we want to make it our biggest and best yet.

Sarah, who took part last year with her dog tells us:

"Taking part in Take the Lead was a great motivation for me and my best friend to explore lots of new walks, alongside raising money for such an incredible charity. We met lots of people throughout the month who loved seeing my dog in her St Mungo's bandana and were so supportive, it was such a great experience."

Every Take the Leader will receive a free mile tracker when they register. Plus, your dog will get their very own St Mungo's bandana when you raise £50.

Take
the
Lead



To sign up, simply visit <https://takethelead.mungos.org/>

If you have any questions about Take the Lead, please email events@mungos.org

For more ways to support us this season, visit mungos.org/donate-frontline

Thank you for reading this edition of Frontline. We hope you enjoyed it. If you have any questions or feedback, feel free to contact us using the details provided.



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