What the project involved:

- During the festive period in December 2013 I was a healthcare volunteer as part of the ‘Crisis at Christmas’ project. Working alongside a team of volunteers we provided easily accessible healthcare for homeless people.
- My role comprised of: managing clinical problems and assisting with social issues.
- Presenting complaints were similar to those that I encounter in the primary care setting. Examples include: upper respiratory tract infection, mechanical back pain and onychomycosis.
- In addition to providing clinical care I offered support as an advocate; predominantly for accessing social services. It has emphasised to me the role of organisations allied to the NHS and the pathways to accessing their services. Many services were diminished during the Christmas period which led to further difficulties.

Why take part:

- This project focuses on the needs of a vulnerable and marginalised group.
- It raises awareness of existing health inequalities within our communities. For example a recent study showed that homeless people are more likely to die young, with an average age of death being 47 years old for homeless men and 43 years for homeless women.
- The project is well organised; providing good practical and psychological support to its volunteers. Examples of this are that the medical supplies are fully stocked for all anticipated clinical encounters and that, if needed, there is the opportunity for post-shift debriefing with the team leader.

How I’ve benefitted from volunteering with ‘Crisis at Christmas’:

- Considered what practical and psychological barriers patients may have encountered to prevent them seeking healthcare sooner and how I could help reduce them. For example the difficulty of registering with a GP practice without proof of an address and the stigma attached to being called ‘homeless person’.
- Raised awareness of the physical, psychological and social problems this marginalised group commonly face, for example drug and alcohol abuse, led me to research what local services are available. With this knowledge I can now signpost to specific sources of support.
- Furthered my understanding about hidden homelessness which is where a homeless person may be less visible to the public, including doctors. Examples include: living in bed and breakfasts, squats or on the sofas of friends and families. With greater awareness and knowledge I can ask more sensitively about social housing and help provide better holistic care.
- More resourceful with solving both logistical as well as clinical challenges at work.

Conclusion:

Christmas is a cherished time of year for spending with loved ones. Expanding this to include my local community and help a vulnerable person who may feel particularly isolated having been disconnected from their family has been highly rewarding.

How to get involved:

‘Crisis at Christmas’ takes place annually in London, Newcastle and Edinburgh during the festive period. Booking for shifts to volunteer in the healthcare team can be done online at www.crisis.org.uk.

In addition ‘Crisis’ run Skylight Centres in numerous other cities throughout the year. For further information about general volunteering visit the above website.