

WYTHAM HALL

Annual Report 2011 - 2012



Breaking the cycle of street homelessness

*Folly is an endless maze,
Tangled roots perplex her ways.
How many have fallen there!
They stumble all night over bones of the dead,
And feel they know not what but care,
And wish to lead others, when they should be led.*

William Blake (1757–1827)
The Voice of the Ancient Bard

*Front cover: stained glass window, The Priory, Charlbury
by Mark Yakoushkin and Di Gold*

Back cover: painting by James Gray

WYTHAM HALL ANNUAL REPORT

1st April 2011 – 31st March 2012

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National Lottery
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■ WYTHAM HALL - An Introduction

Wytham Hall was founded in 1984 by a group of doctors and medical students who were keen on exploring the dynamics of interpersonal relationships, particularly in the doctor-patient relationship. It seemed most appropriate to apply these principles to those who, because of their fragility and the precariousness of their circumstances, were most in need – the homeless and the deprived. At that time, Dr El Kabir had, for several years, been running a medical centre for homeless people in Soho, Great Chapel Street Medical Centre, www.greatchapelst.org.uk. This seemed an ideal starting point for the project.

A house was acquired through donations and benefactions and Wytham Hall took life. Wytham Hall Recovery Unit was opened in 1984 as a unique and innovative project providing residential care to homeless patients with medical and psychiatric illness. Its aims were to offer help, space, treatment and respite to those in

need of it, and to help them lead a more fulfilling life. It has an extensive educational role, welcoming students from the UK, the USA, Hungary, Czech Republic, Slovak Republic, Ukraine, Uzbekistan and Israel. Its members have undertaken research on various aspects of homelessness, resulting in a number of publications.

Wytham Hall functioned as a recovery unit with fourteen beds and sixteen beds in move-on accommodation, which included a superb house donated by (what was then) Glaxo plc. We have been able to create small

communities for people to run their own lives in these premises. In 2007 we changed to supported housing with 25 beds in total. The emphasis has shifted from acute treatment and stabilisation towards the longer-term recovery not only of physical but also psychological health. This has involved a re-evaluation of the way staff and resident members relate to residents. We take pains at our weekly staff meetings to learn from the interactions of the last week and to search for the growth points. In this way we aim to enhance the process of evolution and understanding that is part of all our journeys

through life and help our residents towards an integration of their personalities. Our residents are involved in the weekly Balint and French groups which work towards the same goal.

We have, in 25 years, admitted some 2500 individuals. We tried to care for each of them as an individual with specific needs and

capacities. We tried to give them some of the dignity they needed to look after themselves. Needless to say, we have not always succeeded. However, most of them have been able to gain some benefit from us. Some have indeed managed to reconstitute their lives.

Wytham Hall is a charity supervised by a board of Trustees with day-to-day management in the hands of an employed staff team supported by the voluntary input of resident members.

(Great Chapel Street Annual Report available upon request)



■ PRESIDENT

Dr John Horder, C.B.E., F.R.C.P., F.R.C.P.E., F.R.C.G.P., F.R.C.Psych.
(Deceased May 2012)

■ COUNCIL OF MANAGEMENT

Terry Bamford, O.B.E., M.A. (Oxon), Dip. Soc. Admin.
Vice Chairman, Wytham Hall. (Resigned September 2012)
Director, Social Perspectives Network

Peter Barry, M.B.A. (Cass), FCCA, Dip.M., I.M.I.S. FloD
Finance Director, Meiko UK Limited

Sir John Birch, former British Ambassador Hungary and to the United Nations and
Vice - Chair of the Council of UCL

Dr June Crown, C.B.E, M.Sc. (London), M.A., M.B., B.Chir. (Cantab), F.R.C.P., F.F.P.H.M.
Past President, Faculty of Public Health Medicine, Royal College of Physicians

Gideon Dabby-Joory, LL.B. (Reading), LL.M. (L.S.E) Partner, Fladgate LLP

Dr David El Kabir, M.B.E., M.A., D.M. (Oxon), M.B., B.Chir. (Cantab), F.R.C.G.P.
Chairman and Principal of Wytham Hall

Lt-General Sir Scott Grant, K.C.B., M.A. (Cantab)
Formerly Quartermaster-General to the Army, Chief Royal Engineer

Sir Brian Jarman, O.B.E., M.A. (Cantab), Ph.D., M.B., B.S. (London), F.R.C.P., F.R.C.G.P.,
F.F.P.H.M., F.Med.Sci.
Emeritus Professor, Imperial College, Faculty of Medicine

Professor Ray Jones BSc(Hons), MSc. PhD, CQSW, RSW, AcSS, FCMI, FRSA,
Professor of Social Work, Kingston University and St George's, University of London.

Dr Richard Lancaster, M.B., B.Chir. (Cantab), Ph.D (London), F.R.C.P.
Consultant Physician, Emeritus, St Mary's Hospital

Chris Littmoden, C.B.E., C.A.

Philip Reid, B.A. (Oxon), M.B., B.S. (Lond), M.R.C.P., M.R.C.G.P., D.R.C.O.G., General
Practitioner, (Vice-Principal)

Dr David Alexander Sturgeon, Consultant Psychiatrist at the UCL Psychological Therapies
Service; formerly Consultant Liaison Psychiatrist at UCL Hospitals.

Michael Frank Woods, M.A. Dip. Arch. (Cantab), A.R.I.B.A., F.R.S.A.
Formerly Chairman, Association of Consultant Architects
Chartered Architect

Dr Theodore Zeldin, C.B.E., F.B.A., F.R.S.L., F.R.HisC.S., M.A., D.Phil. (Oxon)
Fellow of St. Anthony's College, Oxford

Company Secretary:
Dr Petr Valasek, M.D., Ph.D (Prague)

Solicitors: Dibb Lupton Alsop, 125 London Wall, London EC2Y 5AE
Auditors: PKF (UK) LLP, 20 Farringdon Road, London EC1M 3AP
Bankers: HSBC, 196 Oxford Street, London W1A 1EZ

■ MEMBERS OF WYTHAM HALL

■ RESIDENT MEMBERS

Robert Bolus, B.Comm. (Cape Town)
(Bursar, part time Manager), Practice
Manager, Great Chapel Street Medical
Centre

David El Kabir, M.B.E., M.A., D.M.
(Oxon), M.B., B.Chir. (Cantab),
F.R.C.G.P. (Principal)

Dr Nad'a Horakova, M.D. (Prague),
House Officer (FY1) Bedford Hospital

Dr Alzbeta Karlikova, M.D. (Prague),
Supported Housing Worker

Philip Reid, B.A. (Oxon), M.B., B.S.
(Lond), M.R.C.P., M.R.C.G.P.,
D.R.C.O.G., General Practitioner,
(Vice-Principal)

■ NON-RESIDENT MEMBERS

Bridget McCarthy, Cert. Therapeutic
Counselling, Service Leader

Andrew Keck, Supported Housing Worker,
B.A. Hons.

Andrew Frederick, Supported Housing
Worker, NVQ 2 Health & Social Care

Dave Lambe, B.Sc., Supported Housing
Worker

Dr Hannah Theodorou, M.B.B.S., B.Sc.
(Lond), Foundation Doctor, Worthing Hospital

Petr Valasek, M.D., Ph.D (Prague)

Danylo Yershov, medical student First
Medical Faculty, Charles University, Prague

■ VISITING MEMBERS

Desiree El Kabir, M.A., M.B., B.Chir. (Cantab), M.D. (Lond), M.R.C.P.
Physician

Jeremy El Kabir, M.B., B.S. (Lond), F.R.C.S. F.R.C.S.(Urol)
Consultant Urological Surgeon, Northwick Park Hospital; Honorary Consultant Surgeon,
St. Mark's Hospital, Honorary Senior Lecturer in Surgery, Imperial College

Daniel Lassersson, M.A. (Cantab), M.B. (London), M.R.C.P., M.R.C.G.P.
Lecturer in General Practice, University of Oxford

Philip Joseph, B.Sc., M.D. (Lond), F.R.C.Psych.
Senior Lecturer & Honorary Consultant in Forensic Psychiatry, St Mary's Hospital,
London; Honorary Senior Lecturer in Forensic Psychiatry, Institute of Psychiatry, London

Belinda Banham, C.B.E, J.P. (supplemental list), B.Sc. (Hons Econ) Dip. Philosophy of
Medicine (Society of Apothecaries) R.G.N. Independent Assessor in the Office of the
Commission on Public Appointments.

George Osborne, F.C.C.A. Accountant

Lenka Zakova-Cassidy, B.A. (Hons)

■ CHAIRMAN'S REPORT

It would seem appropriate, in what is my last report as chairman of Wytham Hall, to cast a backward look on where we were some 30 years ago and what we have come to be today. I fondly remember a conversation with Belinda Banham, who was at that time Chairman of the Health Authority at Kensington Chelsea and Westminster. Wytham Hall was merely a somewhat nebulous project. We were struggling to create some sort of reality with what we perceived to be the medical and social needs of homeless people and the vulnerable whom we had come across in our clinics at Great Chapel Street Medical Centre and at St. Martin's in the Field. She urged me to remember the "real world" and "the realities of life". I was somewhat bemused as I was more concerned with how to deal with the minute particulars of helping another, remembering Blake's dictum:



Sketch by Andrew Lawson

"He who would do good to another must do it in Minute Particulars.

General Good is the plea of the scoundrel, hypocrite, and flatterer;

For Art and Science cannot exist but in minutely organized Particulars."

We really were not too troubled as to what we might come up against, for we were really interested in achieving the rather limited objectives that we had set ourselves.

Belinda was in fact quite right in pointing out that what we were about to embark on would inevitably lead us to reflect on social values and our attitudes towards them.

To look at those Minute Particulars we would have to assess what we have experienced in terms of the 2500 odd residents who have lived with us at Wytham Hall. In a sense it is relatively easy to deal with the medical problems. This is reflected in our publications on the incidence of tuberculosis, epilepsy and psychiatric diseases.

The social needs of our residents meant trying to establish a philosophy of aftercare. Clearly the primary aim is to give people a degree of dignity and a certain awareness that facing up to the realities of life needs courage, patience and self-respect. The achievements of our residents are reflected in their contributions in this annual report. I wouldn't wish to give the impression that it's all roses in Wytham Hall. The roses are there but so are the thorns. In some of the cases we have succeeded dramatically in shaping people's lives. However, the fact remains that in most cases we come across dead ends where we have to acknowledge the immense damage that circumstances have caused to the individual; where the fear of life with its challenges and demands is greater than the fear of an aimless and self-destructive existence. As Eliot wrote:

"But perhaps neither gain nor loss.

For us, there is only the trying. The rest is not our business."

Having said that, it has to be understood that our minds and hearts remain open to the people who have rejected us. We are not so foolish as to ascribe blame to them. It is clearly inappropriate to blame individuals for their limitations and for that which they cannot achieve. We must remember Cioran's aphorism that 'any failure of happiness is due to a lack of love'.

Our work has inevitably led us to question the competence of a number of professions in understanding and caring.

We have repeatedly come across failures in services. The most obvious of the failures is a lack of understanding of the dynamics of encounters. Professionals generally rely on a bureaucratic, simplistic analysis of situations with the aim of pigeon-holing individuals in a half-baked attempt to get rid of them

or their problems. The in-tray has to have direct access to the out-tray without too much concern about what goes on in between. The out-tray generally leads to some fallacious hope that there is an Eldorado, which is there to be attained by wishful thinking. Very few professionals are capable of thinking that an encounter involves them in understanding the way they are perceived by their clients. This is as absurd as trying to measure the length of the room without having a yard-stick. It may sound ridiculous but this is precisely why the assessments of people with psychological problems are so imprecise and sometimes wildly contradictory. Needless to say that if one starts with that premise, any idea of consistent aftercare becomes unrealistic. And so it is. Psychiatric aftercare, in particular, is failing. I should add that David Cameron's idea of the "Big Society" falls into this category. It is like trying to build a house without having any bricks. It just shows how wise Blake was to talk of "Minute Particulars".

Clearly it is a matter of education. A matter of attempting to prompt some sort of evolution and some sort of distancing of carers from their received ideas towards a more mature view of what they do. We have tried to address some of these problems by inviting a number of distinguished people to discuss these issues with us – the President of the Royal College of Psychiatrists, the President and a Chairman of the Royal College of GPs and a number of distinguished professionals, professors of social sciences, psychiatrists, general practitioners, hospital consultants, actors and so on. Their response has been uniformly positive in the first instance. It is very likely Wytham Hall will be involved in the training of social workers thanks to the efforts of our new Trustee, Professor Ray Jones. Clearly there are other possibilities that are as yet to be addressed.

We have tried to involve Wytham Hall in providing a community psychiatric bed but this has so far not been successful.

I would wish to pay tribute to our president Dr John Horder. His achievements are too numerous and too fundamental to comment on. I personally will miss his clarity of mind and his warmth of heart. I will remember with particular fondness playing piano trios with him and his wife Elizabeth, to whom we extend our deepest sympathy.

We would like to bid a fond farewell to Terry Bamford, who has been a Trustee and Vice-Chairman for over 20 years. He has been a sober counterweight to the somewhat fiery way in which we generally expressed our aims and for that I will remain very grateful to him for bearing with me. We hope that he will continue to have some sort of association with us. We welcome Professor Ray Jones as his successor. He has already proved his commitment to our community by the clarity he has already shown in dealing with our various problems.

I wish to record my thanks and gratitude to Dr Petr Valasek for the work he has done for Wytham Hall for over 10 years; particularly in his capacity as Secretary to the Trustees but also in his unofficial capacity as factotum (mending computers, plumbing jobs, electrical problems, cooking and supporting the staff). We wish him well in his new career as a trainee GP.

We welcome Dr Nad'a Horakova, who was an elective student attached to Wytham Hall in a previous year, as a permanent resident member and we congratulate her on being selected for a rotation at Bedford General Hospital. We have had a number of excellent students from Charles University, Prague – Alzbeta, Danylo, Ondra. All of them have indicated their desire to continue their association with Wytham Hall. We congratulate Mr Yershov on achieving a scholarship in his first year at Charles University.

We have had a number of donations. We especially thank our Trustee, Dr David Sturgeon, the Sidbury Trust and an anonymous donor, who has been sending us a cheque for £1000 every year.

I wish to thank Bridget McCarthy and Andrew Keck for their invaluable help and their resilience in the face of a somewhat demanding Chairman. They have been a pleasure to work with. Their good humour, tolerance and the maturity of their outlook has helped me to renew my faith in human beings. Finally, I wish to welcome my successor as Chairman – Sir John Birch, who has combined intelligence, diplomacy and commitment in equal measures to make me feel that I can say goodbye with some degree of relief and faith. Then, just one little phrase – ripeness is all.

Dr. David El Kabir

■ RESIDENT MEMBERS' REPORT

The number of resident members has increased for the first time in many years, giving hope for the future of the Wytham Hall model, where staff lives within the same community as the formerly homeless residents. Dr Nad'a Horakova, who came as a visiting student, has returned after qualifying in Prague and working for 6 months in Germany. She has done well to get herself on the ladder of medical training in the UK. We are also joined by Dr Alzbeta Karlikova, who also qualified in Prague. She is at an earlier stage in her career but intent on psychology and psychiatry. Both came initially as students on the

of Lanhill and Charfield and they also organise an annual barbecue for all residents and members. I feel our presence is important in establishing and maintaining relationships, showing stability and continuity. All is not rosy, of course, but where problems surface, they are tackled in such a way that everyone involved can grow in maturity. For those that move on, and sixteen did so last year, we hope that they do so with greater understanding of themselves and others, greater confidence and a sense that they have been understood, acknowledged and treated with care and attention to detail. They



programme initiated by the Conanima Foundation in the 1980s. On the subject of students we have been pleased with the impact we have made on some of those that have come from University College London Hospital as part of their training in the Homelessness and Health Module. One commented: " Dr El Kabir was AMAZING to analyse service users with. I spent days afterwards thinking about this placement". In total this year Wytham Hall has welcomed twelve visiting medical students. Two came from The University of Oxford Medical School, two came from Imperial College London and finally a further eight came from University College London Hospital.

We share Wytham Hall with 9 formerly homeless people and regularly meet in passing or at more formal occasions such as the Balint Groups, French groups, therapeutic session or, for me, at my surgery where many of the residents are registered. We also frequently meet the residents

also leave knowing that they have been part of a community and some do sustain the relationships they have made during their time at Wytham Hall.

Our residents have given us a lot. Some give us their trust, others brighten our lives with paintings, some cook for us and each other. One creates gardens and lets nothing go to waste. Some amuse us with their stories and observations and amaze us with their resilience. Elsewhere in the report you will read some of their stories.

We aim to leave some impressions on our visitors, be they students, professionals or other interested parties. The first is that homeless people are people with whom we have more in common than differences, secondly, that many have much to offer others and lastly, that with all a language can be found that is meaningful.

Dr Philip Reid

■ SUPPORTED HOUSING REPORT

Wytham Hall, as an organisation, provides housing and support for 25 formerly homeless residents over four sites. Wytham Hall, as a building, houses nine residents (five of whom come from the Rough Sleepers' team in line with our contract and four are our own rooms). All other residents are housed at either Lanhill Road (established with a grant from Glaxo Wellcome in 1994) or in our two Charfield Court flats (established in 1996

and 1997 with a grant from the National Lottery Charities Board and a substantial donation from The Henry Smith Charity). Wytham Hall is an abstinence-based organisation with the aim of providing a safe environment for people that are committed to not drinking or using illegal drugs and who wish to address the difficulties in their lives. All residents have the support of a team of workers including a Manager, a Service Leader, and three Supported Housing Workers and also (and

perhaps most crucially) the support of each other.

Further support is provided by visiting medical students. As well as British students, these come from as far afield as the Czech Republic, Slovakia and the Ukraine. Often these students remain involved well beyond their initially planned visit with some becoming involved on an on-going basis.

Admission to our accommodation is via referrals from outside agencies. This provides as detailed

a history of the resident as is available (personal, medical, housing history etc.). Suitable referrals are then assessed, typically by Dr David El-Kabir (Principal) and Bridget McCarthy (Service Leader).

The length of stay within our accommodation is variable depending upon need. We do not have access to our own move-on accommodation. However, we offer support to residents to access

accommodation appropriate to their needs, when it is felt that the time has come to strike out on their own again, or with less support. We have recently recognised that a block to their moving has occasionally been their anxiety regarding the loss of support from Wytham Hall, with whom they have formed a trusting relationship. In these cases, Wytham Hall staff have remained available for input and advice, or follow up after discharge.

Upon admission and following a needs assessment,

individual support plans are developed (these are reviewed quarterly and residents are free to invite who they wish to attend). A risk assessment is also carried out with the resident's involvement and key work meetings take place every 4-6 weeks. All the above paperwork can also, at its best, serve to provide not only a snap shot of where a resident is at, but in retrospect can serve as a useful tool for assessing progress and development. It should however be noted that the vast majority of contact between residents and staff is frequent and informal.



All Wytham Hall residents have the opportunity to express their opinions about issues arising in their own homes during monthly house meetings and/or through their regular contact with Wytham Hall staff as well as the resident members, our trustees and visiting guests.

The maintenance of a clean environment within our accommodation is co-ordinated by the residents themselves and although monthly inspections are made by the supported housing workers identifying issues to be resolved, addressing them is typically a task that the residents take upon themselves. Staff also monitor Health & Safety concerns and advise residents where necessary.

The majority of residents living in the supported housing units are in receipt of a variety of benefits and Housing Benefit (which typically covers all rent bar a £7.28 weekly service charge which covers council tax and all utilities). Staff at Wytham Hall devote a considerable amount of time to helping residents manage their benefits, advocating for them and lodging appeals when necessary. Developments in the benefits system have also led to much staff time being taken up with completing medical assessment questionnaires and in attending medical assessments.

Staff recognise that it is imperative to develop and maintain strong working relationships with other services and organisations involved in the welfare of supported housing residents. Staff are in regular contact with Care Managers, Psychiatrists, Community Psychiatric Nurses, Social Workers, Drug and Alcohol Workers, Day Centre Teams, Outreach Workers, Lawyers, Advisers and others and support residents by attending appointments with all of the above if need be.

Many of our admissions have accessed medical support in the past via Great Chapel Street Medical Centre and, as they are no longer technically homeless, they are encouraged to register with Dr. Reid at Notting Hill Gate surgery. The aim being to enable them to access a GP with a great depth of understanding of their plight and experiences.



LANHILL ROAD

Lanhill Road is a large house approximately ten minutes' walk from Wytham Hall, providing accommodation for eight residents in single bedrooms. Residents share a spacious kitchen, a living room, three bathrooms, two shower rooms with toilets, a laundry room and a thriving and colourful garden. Lanhill Road offers temporary supported housing for homeless people, where residents typically stay for a period of up to two years unless we deem a longer stay appropriate. Lanhill Road gives residents the opportunity to gain confidence in independent living, but with the support of Wytham Hall staff and each other.

After admission, some residents take part in education, training and full- and part-time employment. One resident maintains the garden (and indeed numerous gardens and other green spaces across London). The garden has become a place of relaxation and recovery for the Lanhill Road residents and the venue for the Wytham Hall Barbecue.

CHARFIELD COURT

We have two flats within Charfield Court, each with four bedrooms, a shared kitchen, lounge, balcony, bathroom and further cloakroom. They are located in a quiet area around the corner from Wytham Hall and are similar to Lanhill Road, but without the garden.



WYTHAM HALL

The Supported Housing at Wytham Hall comprises of nine rooms. Five of these units are currently occupied by people funded via our Rough Sleepers' contract. The five basement rooms benefit from a shared kitchen and access to a large garden. The four rooms located on the first floor of the property offer very spacious living areas and have a communal kitchen. Some of these rooms overlook the large and tranquil gardens belonging to the property.

Since admission to Wytham Hall, many of the residents have been successful in moving forwards with their lives. Amongst these residents we have an actor, an exhibiting artist, a voluntary worker and some that have returned to education.

Wytham Hall supported housing

Supporting People

Wytham Hall is continuing to self-assess working practice in six core areas, and has maintained its level 'B' status with Supporting People. Wytham Hall has a good working relationship with Supporting People, meeting at least quarterly, maintaining contact through e-mail and telephone, and working together towards continuous improvement of our service. Wytham

Hall staff members attend Supporting People Providers' forum which facilitates information sharing between providers within Westminster.

DEVELOPMENTS IN THE SERVICE IN THE LAST YEAR

Counselling

The approach to understanding residents' psychological problems and how their behaviour can be explored and managed to their advantage has continued to develop. This is led by Dr David El Kabir. The approach involves direct counselling of residents and also support for staff in managing problems.

French Group

A French group for those residents wishing to attend and facilitated by Dr David El Kabir continues to be held at Wytham Hall. Time is spent exploring French literature, poetry, theatre and cooking as a means whereby to address and consider their own existence.

Balint Group

A Balint group continues to be held at Wytham Hall. This is an open forum for residents and staff members to speak on matters of their choice.

PUBLICITY

A number of guest nights have been held at Wytham Hall over the last year. These have been attended by the Trustees, staff members and some very prominent guests e.g. Edward Fox O.B.E., and Mrs Joanne Fox, Professor Ray Jones, Professor of Social Work, Professor Steven Trevillion, Dean of the School of Humanities and Social Sciences, Dr Philip Joseph, Consultant Psychiatrist and many more eminent people. The aim of such evenings is for them to visit Wytham Hall with a view to discussing and advertising our work as well as exploring ways of developing it.

PLANS FOR THE NEXT YEAR

Admitting more rough sleepers

We are keen to continue to admit more rough sleepers.

Engaging rough sleepers

In partnership with Great Chapel Street Medical Centre we are looking to continue to admit entrenched rough sleepers. We use the same skills that have proven effective in engaging the residents at Wytham Hall.

Increasing resident involvement

One of our residents, who is a qualified chef, recently catered for the AGM meeting that was held at Wytham Hall. He produced a wonderful array of food and the results were first-class. There are plans for him to repeat this success.

Resident involvement continues to evolve quite naturally. The degree of trust that exists between staff and most residents is such that they often feel very comfortable in approaching staff to either raise their concerns regarding the emotional well-being of fellow residents, or have begun to work with staff to help fellow residents over hurdles in their lives.

Conclusions

We have been able to attract and stabilise a number of rough sleepers of widely varying backgrounds, who need the special and unique environment that Wytham Hall offers. That environment is physical and psychological. We continue to make interesting and useful developments and plan more for the next year. As our cohort of residents progresses, we look forward to being able to report on those successes as well as the admission of more rough sleepers at the entrenched end of the spectrum. We know we can engage them and offer something special.

Bridget McCarthy, Service Leader



■ CONTRIBUTIONS FROM OUR RESIDENTS

"I alone can do it, but I cannot do it alone." This is a phrase that I heard in my first week of residential rehab and it made no sense to me whatsoever. Over time it has made more and more sense to me. None more so than here at Wytham hall. Since moving in in May, full of fear and anxiety about many things, but also with wary excitement about starting the rest of my life, I have found it to be both a supportive and nurturing environment. I say nurturing because this is something you do to something that is new to the world and in a lot of ways I am. I have had to relearn a lot of what I thought was the right way to do things because ultimately for me it was wrong. The people I have met here, both residents and staff, have been welcoming and friendly. I have at times had doubt in my abilities and resolve and this has been met with experienced understanding and gentle encouragement.

I feel blessed that my path has brought me to Wytham Hall, and I will never forget my time here and what the house itself and the people in it have brought to my life.

TS

Pistachio & Olive Oil Cake

Ingredients:

50g Polenta
200g ground Pistachio nuts
50g plain flour
1 tsp baking powder
125ml olive oil
100g unsalted butter (melted and cooled)
3 eggs
200g caster sugar
The juice & zest of 1 lemon
The juice of 1 orange

Instructions:

- 1 - Melt the butter and then put aside to cool.
- 2 - Mix the polenta, ground pistachios, flour & baking powder.
- 3 - Add the olive oil to the cooled butter.
- 4 - Whisk eggs & sugar together until thick & starting to ribbon (i.e. leaving a trail as the whisk moves through it) and then slowly mix in the olive oil & butter mix.
- 5 - Add Pistachio mix.
- 6 - Add the citrus juices and the zest of the lemon.
- 7 - Place all in a lightly greased and floured baking/cake tin and bake at 160 degrees/gas mark 3 for 40 minutes.

F.M.

■ CASE STUDIES

Case study A

This 54 year old gentleman was admitted to Wytham Hall with advanced cancer and a short life expectancy. He had become homeless 12 months before, having lost his home of 18 years due to other crack users having moved in and transformed it into a crack den.

He was originally admitted to Wytham Hall to provide a solid base and stepping stone to gain back independent accommodation. Shortly after his admission, he decided to visit his home country and family, knowing that this might be his last opportunity to do so. It was notable too that he had few friends and no family in the UK. Following this trip, his health deteriorated dramatically with the spread of his tumour. He was managed in conjunction with the palliative care service but, when his need for personal care became too great, he moved to a hospice where, five months after admission to Wytham Hall, he passed away.

Case study B

This young lady came to Wytham Hall from a hostel in order to have a quiet environment in which to proceed with her studies. At her initial interview it became clear that she was quite vulnerable, had come from an unstable background and had possibly been abused on the streets. She appeared determined to prove her worth to her family, who regarded her as a failure. Her goal was to attend and pass a design course. She was admitted to the course and had to overcome various difficulties including challenges from her teachers about the timeliness and quality of her work and her own difficulty to integrate with the other students, who were in general much younger than she was. As the course neared its end, she became more anxious and less focussed. She required an extension to finish the course but managed it in the end. She has now moved to another university and is fully enjoying a new design course.

Case study C

Mr Y was a 46 year old man, sleeping rough for a couple of years. After a breakdown in family and other personal relationship, he was never able to

recover fully and tried to drown his struggles in alcohol. Almost immediately after his admission, it became evident how much Y was able to benefit from the regular French groups, Balint groups and one-to-one sessions. He turned out to be a very intelligent, insightful and deeply thoughtful man, with various artistic and historical interests. However, he had a deeply self-destructive side. He felt unable to forgive himself for past decisions and actions. These aspects of his past were never revealed and we can only guess at the torment and drama of this solitary man. Given all his insight it became evident that he needed to change but he appeared unable to go ahead with it and decided to leave Wytham Hall and return to the streets. We continue to hear of him from others.

Case study D

This young man suffered abuse as a child. The details are unclear but he certainly had a poor relationship with his parents and left school and home at age 16, becoming homeless. Initially he lived in hostels but then took to the street. Alcohol and then crack cocaine and heroin addiction followed. He attempted to control his addictions on a number of occasions, trying to return to what he called 'normal life'.

Before his admission to Wytham Hall he had undertaken an opiate detoxification with subutex and had not used drugs or alcohol for two years. However, he had begun to suffer panic attacks and was liable to angry outbursts. These were common at Wytham Hall and could be frightening, but he was never physically violent. The triggers seemed trivial to those around but were clearly deeply felt by him. He also spent impulsively on clothes and treats for himself that often left him without money for his basic needs.

During the time spent at Wytham Hall, he enrolled in an access class and started a psychology course. He also developed an interest in painting. He stayed with us for two years during which he abstained from alcohol and drugs, gained greater control of his emotions and developed his insight into his own difficulties. He was unsuccessful at the time in finding a job but he continued with his education and left to independent accommodation.

■ STUDENT FEEDBACK

Specialty Choice Module Report

When it came to picking Special Study Modules, 'Medical and social care of the homeless' seemed like an obvious choice for me. I have always been interested in the healthcare availability to people on the fringes of societies. Previously this interest has mainly been focused around deprived people in developing countries and children with special needs within this country so I have had little experience with homeless people in the UK.

Having spent some time reading around the subject in the past, I had some idea of the common presentations I would see, however, I had much less knowledge on how the healthcare would be delivered on a day-to-day basis. My enthusiasm contrasted with the response from some of my family who were slightly concerned at my choice; their worries compounded by alarmist articles in the Daily Mail!

Throughout the three weeks at Great Chapel Street and Wytham Hall; I learnt so much regarding both the medical and social side of homelessness. My time at Wytham Hall allowed me to really get to know some of the residents and understand their individual stories and paths into homelessness. In contrast, at GCS I learnt much more about the system and how it works to tackle homelessness (both its advantages and disadvantages!); particularly in discussion with Nico (legal advisor).

Clearly homeless people can be a difficult group to care for successfully (a small audit I did with Max, the practice nurse, showed that the average age of patients who had died in the last year was 52) and something that stuck with me was the spectrum of unusual personality types, perhaps reflecting both difficult upbringings and the trials of living on the streets and in hostels. In relation to this, I have also been thinking about the desire to help people who often aren't ready or don't want to help themselves. Everyone at GCS and WH had this passion for helping homeless people, and that was still evident despite the number of years some members of staff have worked in this area. Despite this, there is a high level of burnout in healthcare professionals dealing with homelessness and substance misuse abuse. I wonder if you need to be a stable and secure person to handle people who lead such chaotic lives? One resident at WH told me he spent some time mentoring young people but had to give up when he found their traumatic childhood memories were triggering his own memories, with which he had not dealt.

While the paths to homelessness were varied, there were some common themes in all the stories I heard. Often there was an element of isolation and estrangement from family and friends as well as an element of substance misuse or addictions (alcohol, drugs, gambling, sex). The services at GCS aim to work as a one stop shop to maximise the outcomes of the patient's visit; this works very well to simultaneously address medical, social and legal problems. While this work is obviously essential, the ideal would be preventing those factors that lead to homelessness in the first place. This is a huge multi-disciplinary task involving the public, social workers, mental health professionals, medical practitioners, local authorities, government and policy makers.

I have thoroughly enjoyed my placement at GCS and WH and hope to work in this field in the future!

Kelly Ameneshoa 8/10/12 – 26/10/12

■ BENEFACTORS OF WYTHAM HALL

We would like to thank the following organisations and individuals, as well as those that wish to remain anonymous, for their kind donations and gifts.

FINANCIAL YEAR 2011 - 2012

Trusts and Statutory Bodies:	Individuals:	
The Sidbury Trust	Mr. D. Derx	Her Grace Frances, Duchess of Rutland
	Lord Brooke of Sutton Mandeville	Mrs. A. Hougie
	Mr. and Mrs. E. Jupp	Dr. J. Crown
	Sir Muir Gray	Dr. D. El Kabir
	Mr. S. Andrews	Mr. C. Littmoden
	Ms. S. Willson	Neil Krige
		Dr. D. Sturgeon
		Dr. R. Lancaster

We would also like to thank the following organisations with whom we regularly cooperate:

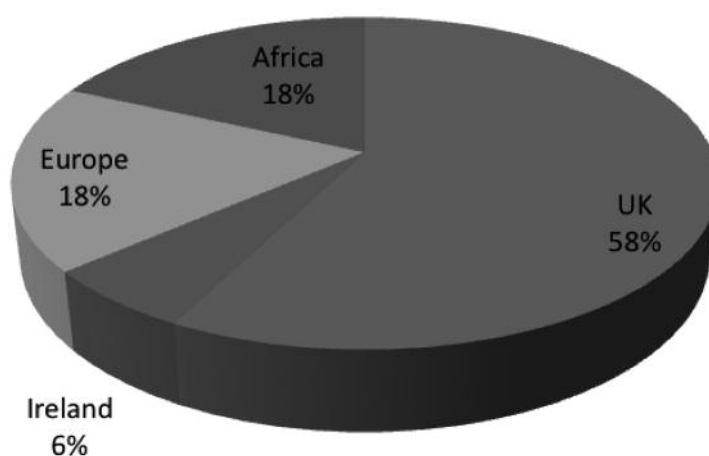
ABT Photocopiers; Alcohol Recovery Project; Alcoholics Anonymous; Agency; Andrews Computers; Atis Real Weatheralls Surveyors; Atlas Boilers; The Benefits Agency; Broadway; Browns Chemist, 195 Shirland Road; Citizens Advice Bureau; Central North West London CMHT; Chubb; The Connection at St. Martin's; E K Mechanicals; Eurogard; Foundations 66; Freshstart; Great Chapel Street Medical Centre; Groundswell Homeless Link; Homeless Persons Unit Westminster, House of St Barnabas; Housing 21; Hungerford Drug Project; Joint Homelessness Team; Kensington & Chelsea Primary Care Trust; London Law Centre; MAC Electrical Services;	The Metropolitan Police; MIND; Narcotics Anonymous; The Passage Day Centre; St Mary's Hospital; St Mungo's Outreach; Paddington Law Centre; The Rough Sleeping Team; Two Step: Salvation Army; Supporting People; Turning Point; WAMH; Waterview Centre; West End CMHT; West London Day Centre; Westminster Drug Project; Westminster Housing Benefit; Westminster Social Services; Westminster Transport Department; Westminster Volunteer Bureau; Wharfside Clinic; Westminster Adult Education Service; Woodfield Road Health Centre.
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■ STATISTICS ON ADMISSIONS TO WYTHAM HALL

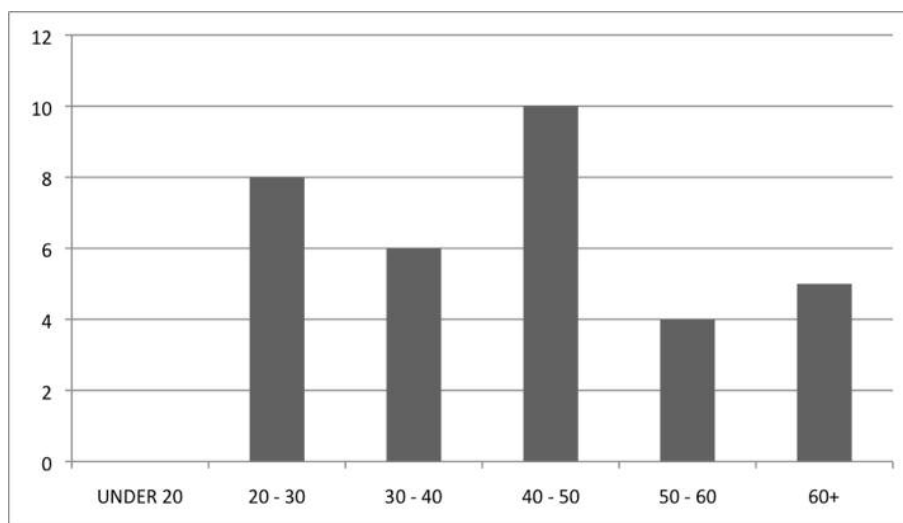
APRIL 1st 2009 - MARCH 31st 2012

	2009-2010	2010-2011	2011-2012
Total number of residents:	26	28	33
Male:	26	28	31
Female:	0	0	2
Average age:	40.15 years	41.64 years	42.58 years
Average length of stay:	789 days	1026 days	931 days
Figure of overall occupancy:	85%	95%	92.41%

PLACE OF BIRTH



AGE



CASH FLOW STATEMENT YEAR ENDED 31st MARCH 2012

	2012		2011	
	£	£	£	£
Net Cash/inflow (outflow) from operating activities		30,036		22,228
Returns on investments and servicing of finance				
Interest received	2683		1202	
Interest paid	-		-	
	<hr/>		<hr/>	
Net cash inflow from returns on investments and servicing of finance		2683		1202
Investing activities				
Payments to acquire tangible fixed assets	(1,966)		(6,025)	
	<hr/>		<hr/>	
Net cash inflow/(outflow) from investing activities		(1,966)		(6,025)
		<hr/>		<hr/>
Net cash inflow/ (outflow) before financing		30,753		17,405
Financing				
Donations received	9,349		14,969	
	<hr/>		<hr/>	
Net cash inflow from financing		9,349		14,969
		<hr/>		<hr/>
Increase in cash and cash equivalents		40,102		32,374
		=====		=====

Full accounts are available on request

INCOME AND EXPENDITURE ACCOUNT YEAR ENDED 31st MARCH 2012

	2012		2011	
	£	£	£	£
Income		261,251		272,738
Direct and administrative expenses		261,308		231,897
		<hr/>		<hr/>
Operating surplus/(loss)		(57)		40,841
Interest receivable	2683		1202	
Interest payable	-		-	
	<hr/>	2683	<hr/>	1202
		<hr/>		<hr/>
Surplus/(deficit) of income over expenditure for the year		2626		42,043
Donations	9349		14,969	
Capital donations	-		-	
Transferred to reserves				
Profit on sale of fixed assets	-		127	
	<hr/>	9,349	<hr/>	15,096
		<hr/>		<hr/>
Surplus/(deficit) for the financial year		11,973		57,139
		=====		=====

■ PUBLICATIONS ON HOMELESSNESS

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El Kabir D J.
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Tuberculosis among the central London single homeless
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British Medical Journal, 1989; 298:372-4.

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A psychiatric clinic for the single homeless in a primary care setting in Inner London
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In: Smith S J, Knill-Jones R and McGuckin A, Eds. 'Housing for Health', 1991.
UK: Longman Group.

Electives at a sick bay for the homeless
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Community Based Teaching, Sharing Ideas 1, King's Fund Centre, 1992

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British Journal of Psychiatry, 1994; 164: 722-4

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Joseph P.
Psychiatric Bulletin, 1992; 16:557-560.

The perception of emotion by schizophrenic patients
Joseph P, Sturgeon D, Leff J.
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Reed A, Ramsden S, Marshall J, Ball J, O'Brien J, Flynn A, Elton N, El Kabir D, Joseph P.
British Medical Journal, 1992; 304:1028-9.

Quelques observations sur les sans-abris
El Kabir D J
Paris, Les Temps Modernes, 1993: 567

A pragmatic approach to the health care of the single homeless: its implications in terms of human resources
El Kabir D J, Ramsden S S.
Dimensions of Community Mental Health Care, ed Weller M, and Muijen M,
London: W B Saunders: 1993

A psychiatric bail bed in a residential sick bay: a one year pilot study
Joseph P. and Ford J.
The Journal of Forensic Psychiatry, 1995; 6:209-217

On creating a culture of care for the homeless
El Kabir D
Journal of Interprofessional Care, 1996; 3: 267-272

Primary care of the single homeless
Homelessness and Mental Health
Ed. Bhugra, Cambridge University Press.1996
Dr D El Kabir & Dr S Ramsden

Copies of all papers and articles are available on request.

Appendix 1 - Wytham Hall guest night list

The following guest nights were held with some of our Trustees, resident members and residents in attendance

Guest Night - 12.5.2011

Prof. Ray Jones, Professor of Social Work, St George's, University of London

Prof. Steven Trevillion, Dean of the School of Humanities and Social Sciences, University of East London

Dr Michael Crawford, Psychiatrist at the Waterview personality disorder unit; Reader on Mental Health Services Research

Prof. Malcolm Payne, Head of planning for St Christopher's hospice
Trustees in attendance

Guest Night - 26.5.11

Dr Phil Joseph, Consultant Forensic Psychiatrist, St Charles Hospital

Claire Murdoch, Chief Executive CNWL Board of Directors, mental health services, Registered mental health Nurse, Hons degree in Social policy

Prof. Jane Tunstall, Professor of Social Work at the Social Care Workforce Research Unit of King's College, London, and Director of the Implementation Module of the DfES commissioned National Evaluation of Sure Start

Martina Dalton – visiting student doctor

Guest Night - 15.2.12

Edward Fox OBE and Mrs Joanna Fox, Actors

Dr Con Kelly, Clinical Director, Acute Inpatients, St Charles Hospital, CNWL Mental Health Trust.

Dr Philip Joseph, Consultant Psychiatrist, St Charles Hospital.

Ondrej Pospisil, medical student

Alex Parsons, LSE student



MAKING A REFERRAL

Contact: Project Workers to make an initial referral
Tel: 020-7289 1978

We provide support and housing for people with a history of homelessness in Westminster, who are not actively using alcohol or drugs. Support may include counselling, educational courses, but also simply living in a more settled way with the support of staff and other residents.

Not for long term housing alone.

www.wythamhall.co.uk

How to find us

