



Allied Health Professional case studies: Podiatrist

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Forgotten Feet – Helping Homeless Feet

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Introduction

Forgotten Feet was set up in 2013 by podiatrist Deborah Monk, to provide a foot care service to the homeless, socially isolated and vulnerable people. By working alongside existing homeless charities, the service is easily accessible to the target population. The main objective is to alleviate pain and suffering where possible, to be non-judgemental, and show compassion.

One of the most important aims was to establish a growing network of like-minded podiatrists to run Forgotten Feet clinics, often with the help of Foot health practitioners, covering as many towns and cities as possible. The founder was inspired to do this after seeing the plight of homeless people in the town she worked in, often in pain and discomfort heading into the homeless centre. Therefore, armed with the necessary skills, Deborah launched the first clinic in August 2013, running every four to six weeks. From this humble beginning, many other clinics were set up, seeing a great network expansion and Forgotten Feet becoming a registered charity in 2018.

The rationale behind starting this charity was recognising the prevalence of painful, untreated foot and lower limb conditions in around two thirds of the homeless population (To et al, 2019); and indeed the health inequalities whereby those with the least means and most needs are least able to access podiatry. In order to address this, the care received is free at the point of service and available to anyone who frequents a homeless centre. Another important point is that of footwear, often completely worn out or ill-fitting leading to painful foot conditions. Some people can only access clothing banks, if at all, for shoes, often accepting or selecting inappropriate footwear. Along with treatments it's often necessary to replace footwear and issue socks. Many rough sleepers have reported not being able to remove shoes or socks for weeks or months, and in the winter months they get wet and cold giving rise to conditions such as trench foot, bacterial and fungal skin infections, frost bite, gangrene and ulceration. Simple biomechanical issues are also dealt with, and orthotics can be issued if necessary, depending on supplies.

Cellulitis can be a problem seen in the lower limb especially amongst drug users who inject, early intervention can save life. With practices like skin popping on the increase, cellulitis and other serious infections or conditions will be more prevalent – Skin popping is basically a subcutaneous deposition of illicit drugs, intended to slow absorption and reduce the risk of an overdose. If infections are noted and pointed out, the service user is likely to take notice, and obtain medical

advice and/or antibiotics from a local GP drop-in centre or A&E department, reducing the likelihood of hospitalisation, (Saporito et al, 2018).

How the service works

The clinics are run on a regular basis, each clinic determined by the availability of volunteers who kindly give their time. All volunteers are qualified and insured, most of them from the private sector. The supplies (instruments, consumables, medicaments, socks and shoes) are sent from Forgotten Feet storage, all of which are donated, or purchased with funds raised. There is an open-door policy, appointments aren't usually necessary unless there is a great demand at a session; in which case the more urgent cases are prioritised by the staff. The service can be run almost anywhere, though dignity is best preserved in a quiet area or separate room. This opportunity for intervention allows sign posting to other services if needed, with many centres having contact numbers for helplines – for example 'Rape Crisis'. Everything required for a treatment session is supplied by Forgotten Feet. In establishments or venues with a room that can accommodate it, a podiatry couch and work station can be supplied.

It is important to break down barriers and build trust in order to get continuity of treatment where possible. Barriers to healthcare can be a hurdle to overcome, but some centres have observed that many service users are happy to see a podiatrist, and in doing so are more likely to engage with other healthcare services. A friendly informal attitude is adopted without pressure for too much information from the service user in order to put them at ease. Fear of disclosure and retreating behaviours are often seen, as well as real and perceived communication difficulties (Davies et al. Med J Aust 2018). As a minimum, a name and date of birth is taken, other information is often given during that treatment or at subsequent visits. Another barrier can be a clinical uniform; this is overcome by asking volunteers to wear a blue polo shirt with a Forgotten Feet logo. In doing so, this identifies volunteers as professionals but is notably less intimidating to service users than a clinical uniform. Other barriers to healthcare include service users having to make formal appointments or having to visit a clinical setting which can be daunting. This may be physically difficult with regards transport and costs, if it's not easily accessible (Chrisp, 2021).

Impact and outcomes

Since its inception in 2013 by its solo founder, before the pandemic in 2020, Forgotten Feet had 89 clinics distributed around the UK, and 320 volunteers running sessions every 4 – 8 weeks. At these sessions an average of 8 people would be treated, amounting to a conservative estimate of 5,542 treatments being carried out and of those around 20% would be returning clients.

Early anecdotal data shows this service is preventing potential hospital admissions, as early intervention is detecting infections before they require more serious treatment.

Hospital admission via A&E in an ambulance for one day costs the NHS £1,102, (Kings Fund 2019) when multiplied by the individual contacts this amounts to a potential saving to the NHS of £6,187,284; although money has never been the focus, this incidental saving is a real benefit to the NHS.

Very little has changed with regards to how Forgotten Feet is implemented, other than raising awareness of problems. Promoting Forgotten Feet in a positive light helps to demystify and dispel common prejudice around homelessness. The opportunity to share stories and challenges faced by service users helps to make an often hidden community more visible.

Feedback has been very positive; this example gives the perspective of volunteer coordinator at Maggs Day Centre, Worcester (2016), quote:

'Forgotten Feet have made remarkable progress in improving the health and wellbeing of our service users over the time they have been engaging with us. Perhaps the most interesting measure of the beneficial effect Debi is having lies in the attitude of the service users. When the initiative started few people were putting themselves forward for help. As the service has gained more credence this situation has reversed, there is now an appointment system in place to cope with the high demand for help. This is perhaps the most telling indicator of success in that there is a clear perception among the service users that their difficulties are being resolved.'

Forgotten Feet has enabled some service users to alleviate the symptoms of painful and long-term neglect of their feet allowing them to emerge from a cycle of despair. Others have benefitted by finding the remedial action has moved them from being medically unfit for work into the fit for work category. A third group have found the treatment and attention has helped them in developing a more positive view of life so ameliorating their mental health difficulties.

Perhaps the most profound effect has been in restoring service users' faith in medical services, if they see the benefits of engaging with podiatry then it is a small step to get motivated to engage with dentists for example.

In summary, engagement with Forgotten Feet has had a range of positive outcomes from the direct improvement of feet to the alleviation of mental health problems with the added benefit of making it more likely for service users to engage with other medical services.'

Key learning points

Forgotten Feet clinics are a valuable source of CPD for all volunteers; it broadens the practitioner's scope of practice, exposing them to conditions not normally encountered in general private practice. Information is disseminated to volunteers about conditions they may encounter, usually through the social media group. Volunteer safety is important, therefore treatment guidelines, safety precautions and guides to risk assessments are sent to everyone, and generally the advice is to work in pairs where possible. Many clients are drug/alcohol users, knowing this, volunteers are very careful to protect people's identities when sharing sensitive information or case studies. Being adaptive and thinking on one's feet is a skill often acquired, as it's necessary to consider the consequences of any treatment given due the environment some of the service users have to endure. Mental health issues are often encountered, some can be complex and challenging, information is available and learning how to deal with a diverse range of characters is very useful. Of the service users it is estimated that 49% have mental health issues, 39% are drug users, or in recovery, 27% have or are recovering from an alcohol problem, 73% have physical problems of which 41% are long term and 30% have had a criminal conviction (Bubb-McGhee et al, qni.org.uk).

Challenges faced by Forgotten Feet have been greatly exacerbated by the pandemic. Many volunteers have not resumed, and some venues have closed permanently. Raising money has also been difficult during this time, as has promoting the charity and attracting potential volunteers.

Many homeless charities have approached Forgotten Feet for help with their clients, unfortunately unless they are near an established clinic this isn't feasible. In some locations such as Birmingham, the NHS have retracted their homeless service, now the need is greater than ever, especially in the major towns and cities.

Some useful learning outcomes include that of how to engage the hardest to reach, who often have very painful feet but are mistrusting and cautious. In some centres, food vouchers are given after they have received podiatry treatment, or a free hot breakfast. Food is often a great incentive. Listening rather than talking, showing interest and encouraging clients to talk about themselves is helpful. 'Approach and retreat' – approach, give a pair of socks, then retreat, this helps with introduction in a passive manner. Podiatry is a useful tool for intervention within the harder to reach homeless community.

Future plans to embed this service include encouraging student podiatrists on board, either to help with fundraising activities or final year placements. By promoting the charity at conferences, it is hoped more volunteers will come forward. In addition, new ways of ensuring better volunteer retention need to be explored. It is hoped in the near future that a reliable means of collecting raw data can be established with the cooperation of the volunteers.

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