FEANTSA

European Network of Homeless Health Workers (ENHW)

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Editorial

Dear Readers,

We are pleased to share with you the winter edition of the ENHW newsletter, which covers a wide range of topics and resources from across Europe. We have received three articles for this issue. The first article is written by the General Secretary of the International Blue Cross, Anne Babb, who shares some of her experiences and thoughts on drug intervention in the homeless sector. The second article in this issue provides an insight into the recent movement started in Scotland to address health inequalities among the homeless community, and highlights some of their achievements to date. The third and final article discusses the importance of hospital discharge policies for homeless people.

I would like to thank each of the authors for their valued contribution to our newsletter in highlighting some interesting practices in the health and homeless sector. I would also like to thank those who have contributed reports, studies, articles and toolkits for resources section.

We hope that this newsletter will stimulate further reflection and interaction, which could take the form of articles for the next issue. We would be pleased to receive information on any relevant research or events you might be aware of.

Please do not hesitate to send your comments, questions and contributions to robbie.stakelum@feantsa.org

Reaching the Most Chronically Homeless Addicts – Perspectives from the Field - By Anne Babb

The Salvation Army Social Services have been involved with the UK Rough Sleepers Initiative to house the most chronically homeless people in their own accommodation. Between 1998-2008, I had the opportunity to develop these services and test out different models to best assist homeless drug addicts.

One of the key issues coming from the statistics that we collected was that most of the people who had been chronically homeless and living rough on the streets had complex needs. Most street homeless people have addiction and mental health problems, very limited social skills and a variety of other health and social problems. Whilst conducting service user assessments we asked a question about their housing history. The interviews showed that many people had very unsettled housing history. Their history was often very chaotic and difficult due to rent arrears, problems with neighbours or just not being able to cope with independent living and keeping the flat or accommodation in a state of acceptable cleanliness. We also asked what was the happiest and most settled place they had lived in and it was heart breaking to discover that most chronically homeless people had never experienced a period of settled family life. Therefore it was important for us to teach very basic attitudes and social interaction skills to foster good relationship with neighbours and landlords. We all learn through experiences and when these experiences do not exist it is harder to build a life from scratch.

People with a history of street homelessness at this time were generally heavy opiate users and on top of this anti-depressants were highly abused. Many people on the streets also had strong addiction to Benzodiazepines. This made it difficult to help them to detox. In addition to this, homeless people faced a major obstacle in not being able to access substance abuse treatment without an address. Therefore The Salvation Army developed an innovative initiative. They developed a detox and rehabilitation unit that was attached to a homeless hostel, thereby allowing the target group, the most excluded homeless people, to access addiction treatment and services.

During the initiative it was discovered that there needs to be a phase before entering detox. It was too hard for many service users to jump from street homelessness to a detox program and be expected to make this jump from a user to a sober and housed person within 10 days. Physically the body copes, but mentally and emotionally it was far too big and difficult a change. To respond to the emotional needs a preparation unit was developed which involved a three month programme where clients received motivational interviewing to support the change process. They also began to reduce their drug intake and some of them moved to prescribed methadone use that was slowly reduced as detox approached. Regarding drug detox it has always bothered me that the hardest task was to reduce the use of benzos. While these are prescribed medicines they are very widely misused and it takes

very long time to detox from them. Many people could not enter detox as their benzo use was too high. The preparation unit was a great invention and proved successful and the outreach work amongst people in this programme showed excellent results. Those moving to detox from the preparation unit had over 80% completion rate to their detox.

Another challenging aspect of the initiative was to house the preparation unit, detox and rehab centre in the same building with a homeless centre where there were also active drug users in a different part of the building. Security was good and areas were separated but an environment of active drug users surrounded them. I believe this environment suited the most chronically homeless people as this is their reality and this is typical of the situation many of them needed to develop their skills to cope in. This was particularly important as it was extremely rare for a client to return to a settled family home that was detached from social problems and drug abuse as our experiences showed. Through hard work and learning to make right choices many of these people who completed their treatment managed to build a new life for themselves in a housing estate where they had perhaps grown up. They had to learn the skills to continue a sober lifestyle whatever their surroundings. It was very important for clients to become aware of their rights as citizens, learn to behave with good social skills and demand safety and order in their neighbourhoods. To achieve this, an emphasis was placed on demonstrating that this responsibility to keep their home and keep sober was not solely on their shoulder but they should rely on the structures and supports within their communities and society. To realise this goal, and ensure effective integration back into society, it was very important that the resettlement and integration work continued as a two year support programme from the support team that arranged regular home visits to support clients.

For the future I hope that in the homeless sector we realise the different life journeys which various homeless people experience and approach them with a sense of understanding, and not try to fix complex issues and needs with a single 'one size fits all' support package. In my opinion tailor-made approaches have the best outcomes.

Writer Anne Babb - Worked 10 years at Salvation Army Homelessness and Addiction Centre in Bristol. Since then she has worked in the same field in Finland and is now the Secretary General of International Blue Cross that works in 40 countries around the world in the field of addiction.

Scotland's Public Health Response to Homelessness – By Neil Hamlet and Katy Hetherington

The National Health Service (NHS) Health Scotland, the national authority in Scotland with responsibility to tackle health inequalities and improve health, has recently published a report for the Directors of Public Health in Scotland, which examines the opportunities for public health to address the issue of homelessness and its devastating health and social consequences. The report, "Restoring the Public Health Response to Homelessness in Scotland", addresses the issue of homelessness and it's causal relationship with mental and physical health and further re-opens a discussion on the importance of the 'home' as a foundational 'place' to both generate wellbeing or inflict lifelong trauma.

The report explores the Scottish context and in particular the public health response in the face of an expanding research and evidence base on the human, societal and financial costs of the 'multiply excluded' in our communities. Homelessness is seen as an indicator of severe and complex disadvantage which can be identified across the life course of individuals. Poverty is a common factor for those experiencing homelessness and at risk of homelessness. The report has helped to rejuvenate action on health and homelessness and is intended to support more of a movement on the preventions of homelessness.

Homelessness, and particularly repeated homelessness, can often be an extreme form of social exclusion and inequality; the visible iceberg of a much larger issue of complex disadvantage below the waterline. Thus a person-focused and psychologically-informed service approach to the needs of the homeless population will lead to a life course approach which will help prevent homelessness at 'transition points' and 'risk periods' in the life course.

Given that Scottish society is looking to tackle issues around social justice and health & wellbeing, the human rights-based approach casts a new light on the shortfalls of the public sector response to homelessness. If 'Homelessness' was a protected characteristic like age or gender in Scottish equality legislation what would change in terms of Community Planning Partnerships (CPP) Council, Health Board and JIBs service response?

The current drive in housing policy towards a preventative approach and the promotion of 'Housing Options' and the prospect of closer working relationships in the Health and Social Care Partnerships provides an opportune moment to re-address the needs of the homeless in Scottish society. A clear message arising from the report was the desire for housing services to develop a closer and more effective relationship with the NHS to promote the health benefits of good housing for all citizens. From this perspective homelessness can be viewed as a health issue, not merely an infrastructural or housing issue.

The Report lists progress achieved during the drafting of the report and identifies further opportunities yet to be fully explored. Additionally the closing section of the report outlines opportunities for public health action to provide a comprehensive work plan for the future, of which you can view a brief summary here.

The Report has been fully endorsed by the Directors of Public Health, a DPH Champion has been identified and Health Scotland has included homelessness in its 2015/16 workplan. The task now is to capture the learning and best practice from across Scotland and build an understanding among the health workforce about the causes and routes into homelessness with specific attention paid to how the health workforce can prevent homelessness. NHS Health Scotland is supporting events in 2016 and is working to bring the Faculty of Homelessness and Inclusion Health to Scotland.

The report can be accessed here. To keep up to date on progress being made by the team you can contact katy.hetherington@nhs.net

What's Being Done to Improve the Experience for Homeless Hospital Patients – By Radhika Holmström

Homelessness and poor health are interlinked. Even people who were in pretty good health when they became homeless are prone to a whole range of illnesses and conditions as the result of sleeping rough or in a hostel – and that in turn exacerbates their homelessness. According to figures from the Department of Health homeless people in England attend emergency departments five times as often as other patients, are admitted 3.2 times as often and stay in hospital three times as long. The annual cost of hospital treatment for homeless people is commonly estimated at over £85m a year.

Homeless people admitted to hospital characteristically have a 'tri-morbidity' of physical health problems, mental health problems and drug and/or alcohol misuse. The physical issues alone can be pretty challenging: cardiovascular problems, blood-borne viruses, joint and muscle problems, wounds from injecting and even conditions like trench foot. A report produced by the charity St Mungo's Broadway in October 2014 reported that 70 per cent of the clients had a physical health problem, 65 per cent had a mental health problem (and a considerable proportion have attempted suicide at least once) and the average age of people who die while homeless is 47 – so there's also a whole separate issue of homeless patients who need palliative care.

A lot of the focus has been on getting people into accommodation after they leave hospital. However, a roof alone is not usually the full solution – especially for patients who have been homeless for a long time and/or have never lived anywhere securely. "Homeless people need an approach which addresses all their multiple needs," says Andrew Casey, health director at St Mungo's Broadway.

"Hospital discharge is a very obvious transition point," agrees Helen Mathie, head of policy at Homeless Link. In health terms, there are also huge problems with getting people to stick to long-term regimes or manage their after-care. Many people who are discharged back onto the streets or into hostels do not have anywhere to keep their medication; they may need someone else to remind them of, and physically bring them to, appointments.

Homeless Link's evaluation of six-month programmes, funded by the Government to support homeless patients, found that projects improved outcomes, especially in initiatives which brought together expertise from different sectors including the NHS.

Different agencies are looking at tackling the experience and outcomes for homeless patients from the start:

notably Pathway. Pathway's preferred option is to have a team led by a GP who specialises in homelessness, but bringing in expertise across the board from both voluntary and statutory sectors. "They'll pitch up on a ward to visit patients who previously had nobody to call, and build up a relationship with them," chief executive Alex Bax explains. "The housing office now recognises that we are helping them manage some of the most challenging and complex cases. The team will spend hours on the phone trying to chase useful connections – which could be family they've not seen for years."

"These patients aren't hard to reach. They're easy to ignore," Rowlands points out.. "The message I want to get across is that everyone has a right to a home. Nobody should ever be discharged from hospital back onto the streets, and every hospital in the UK has a duty of care towards vulnerable people."

"Homelessness teams brings a whole range of skill sets to the table that I don't think the average physician is necessarily aware of," says GP Zana Khant. "We're recognising homelessness as a specialty in its own right, bringing in expertise that otherwise we wouldn't have. Our trust is redesigning its medical pathway for acute medical emergencies and we're hoping to have our speciality expertise right at the front, when patients are admitted "

"We're trying to stop people thinking 'there is nothing we can do'. My work helps raise awareness of ways of tackling the problem – ways I think most of us don't know exist" says Nick Price, consultant in infectious disease and general medicine who works closely with the team.

This article was originally written by Radhika Holmstrom for the August 2015 edition of Commentary magazine published by the Royal College of Physicians (RCP London) and has been edited for this newsletter. Further information: https://www.rcplondon.ac.uk/education-practice/library-journals/commentary-magazine

Resources

Pszichiátriai zavarok előfordulása hajléktalanok között | [Prevalence of psychiatric disorders in the homeless population]

The prevalence of psychiatric disorders in the homeless population is high and it can increase the risk of criminal behavior. Up until now, no systematic study has ever been performed in Hungary in this field. This study aimed to survey the prevalence of psychiatric disorders among people living in homeless shelters and explore the correlation with demographic variables. Investigating the correlation between psychiatric disorders and criminal behavior was also among the aims of the study. Eighty-six percent of the sample had a diagnosable psychiatric disorder. Personality disorder and alcohol dependence were the most common diagnoses in males, while personality disorder and anxiety disorders were the most common diagnoses in females. Comorbid conditions were present in 72% of the cases. Only 37% of those who had a DSM diagnosis were currently in psychiatric care. The lowest rate was found in patients with major depression (31%). Only drug and psychopharmacon dependence showed significant correlation with violent and non-violent offending out of the diagnostic subgroups. The prevalence of severe mental disorders among homeless persons is high in Hungary too. Low rate of homeless persons being in psychiatric care indicates that traditional structure of care is not suitable for them, they need a tailored complex approach. This survey confirmed that criminal behavior is not more frequent among those homeless persons who have psychiatric disorders neither in terms of violent nor in non-violent acts except those having drug or psychopharmacon dependence.

The full report can be downloaded here

Précarité : seule une femme sur 10 s'estime en bonne santé

This report [in French] outlines the health needs of homeless women between the ages of 60-75 years old. Of particular note is that only 10% of the study sample felt they were in good health, compared to the 47% of the housed population. The analysis also examines attitudes that homeless women have to their health compared to their male counterparts.

The full analysis can be downloaded here

Palliatieve zorg voor een dakloze – Palliative Care for the Homeless

This analysis [in Dutch] examines the palliative care needs of homeless men and women in the Netherlands, arising from their poorer health than the general population including exposure to disease and their reduced life expectancy. The examination reviews the palliative care needs and the relevant stakeholders required and the problems which typically arise.

The full report can be downloaded here

Homelessness: An Unhealthy State – Health Status, Risk Behaviours and Service Utilisation Among Homeless People in Two Irish Cities

This research compiled by North Dublin City GP Training Programme, University of Limerick, Trinity College Dublin and University of Galway explores the physical and mental health of the homeless population compared to the general population in Limerick and Dublin. The analysis maps out common trends viewed among the health status of the homeless population. Of particular note is that almost the entire sample has a diagnosed mental or physical problem and demonstrates that more can be done to improve the health of the homeless population, in particular around mental health and addiction.

The report can be downloaded here

The case for investing in public health – WHO report

"The case for investing in public health" describes the direct implications of health in other areas of government in several European countries and throughout the WHO European Region, showing that health should be a significant concern for all government sectors. The evidence shows that prevention can be cost-effective, provide value for money and give returns on investment in both the short and longer terms. This public health summary outlines quick returns on investment for health and other sectors for interventions that promote physical activity and healthy employment; address housing and mental health; and reduce road traffic injuries and violence. Vaccinations and screening programmes are largely cost-effective. Population-level approaches are estimated to cost on average five times less than individual interventions. This report gives examples of interventions with early returns on investment and approaches with longer-term gains. Investing in cost-effective interventions to reduce costs to the health sector and other sectors can help create sustainable health systems and economies for the future.

The full report can be downloaded here

Report on Income and Social Protection for the EU Drivers Project: Synthesis of Case Study Evidence Compiled by European Anti-Poverty Network

This study, focusing on Poland, Hungary, Portugal, Sweden and UK, examines the connection between incomes and an ability to meet their health needs. Access to support under social protection systems were found to be crucially important for those with underlying health conditions, disabilities or difficult life circumstances such as homelessness or those suffering sever addiction. The report goes on to note that while some of those sampled were unaware of the health services available to them, the homeless were aware however felt that what was available would not match their needs. Significantly homelessness and the absence of a fixed addressed was seen as a major obstacle to gaining employment, meaning that many were in the "grey zone", where employers provided work without social benefits.

The report can be downloaded here

Health and Housing: Back to the Future Day

FEANTSA member Sitra has published three reports in line with 21st of October, back to the future day, to outline progress which has been made in the context of health and homelessness in recent years. The first report, "Public Health: Housing Workforce Holds the Key" examines the role and knowledge of the workforce. The second "Housing: Just What the Doctor Ordered" examines the challenge of housing providers engaging with Clinical Commissioning Groups. The third and final report, "A home is much more than a house: Integrated approaches for the housing, health and care needs of vulnerable adults", looks at the limitations of housing alone delivering the service needs of homeless people.

The three studies can be accessed here

Characteristics and Health of Homeless Families: The ENFAMS Survey in the Paris region, France 2013.

This study examines the health of homeless families in Paris, with a view to their living conditions and health and assesses the impact of homelessness has on the children's growth and development. The study examines the prevalence of single-parent families, history of housing instability and the frequency of people living below the poverty line. Resulting from their homelessness, families and children suffered from food insecurity, malnutrition, anaemia and depression. The full health impacts for homeless families can be read in the link below.

The full report can be downloaded here

Queen's Nursing Institute (QNI) – Guidance for Community Nurses working with the Homeless

In the UK, The Queen's Nursing Institute (QNI) marked World Homeless Day by launching new guidance for community nurses to help them assess the health of homeless people. The resource features a template health assessment including general physical health, presence of long term conditions, substance use, mental health, sexual health and housing. It also incorporates template care plans for use by nurses and patients. European homeless health workers may find this a useful template and care planning tool when assessing their patients.

The document, funded by the Monument Trust, recognises that homeless people need an approach that treats them holistically, recognises their needs and effectively co-ordinates their care. The guidance was informed by people with experience of homelessness and created by community nurses specialising in homeless health. It is structured to support nurses and other health professionals to work together in the best interests of people who are homeless and will support and prompt them to ask the right questions at the right time.
The guidance is designed to promote the best possible standard of care that meets national guidelines - though it is well tailored to the English health system, other countries may find the resource of use.

David Parker-Radford, the QNI's Homeless Health Project Manager said "Vast inequality exists between homeless people and the rest of the population in terms of their health. Health professionals are well placed to support people in closing this gap but to do so they need access to all the relevant information. Currently, according to a QNI survey, only 85% of homeless people are having their housing status recorded by National Health Service medical records in England and Wales, and so people are not given access to all the support available to them. Thanks to the work of some of the most dedicated homeless health specialists in the field, from the QNI's National Homeless Health Advisory Group, this resource should become a key tool for improving practice in the years ahead."

The tool can be downloaded here

Upcoming Events

FEANTSA Annual Conference, Brussels, Belgium

June 9-10 2016

The FEANTSA team are delighted to announce that our annual conference will be hosted in Brussels on June 9-10 2016. Join for us an interesting conference exploring next practices in the homeless sector as we discuss a range of topics including family and youth homelessness, migration, employment, the criminalisation of homeless people and many many more. Keep an eye out on the FEANTSA Website for updates on the conference as we finalise and publish our agenda and speakers in the coming weeks.