

FEANTSA Policy Statement



Applying the Open Method of Coordination to health and long-term care –
The importance of making universality, fairness and solidarity in the access
to care a reality for homeless people.

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FEANTSA warmly welcomes the decision by the Employment, Social Policy, Health and Consumer Affairs Council

FEANTSA warmly welcomes the decision by the Employment, Social Policy, Health and Consumer Affairs Council regarding the application of the Open Method of Coordination to health and long-term care. FEANTSA strongly supports the view, expressed in the Commission Communication “Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for national strategies using the Open Method of Coordination,” that social cohesion is reinforced by access to quality care based on the principles of universal access, fairness and solidarity.

Making quality health care truly accessible for all is an undertaking that requires political will and commitment. To create this political will, there must be an understanding of the vital role of health for social cohesion, growth and employment. FEANTSA feels that the Open Method of Coordination has the potential to be a vector for this political will. By promoting coordination and exchange, it can help states to make significant progress in the area of healthcare.

Battling health inequalities – making healthcare accessible to all:

FEANTSA welcomes the recognition in the Communication that disadvantaged groups suffer more, and more serious, health problems than the general population and that these unhealthy groups can find it significantly more difficult to access quality healthcare. FEANTSA has explored in some detail the difficulty that the very disadvantaged group of homeless people encounter when seeking to access healthcare. The following is a short, non-exhaustive list of some of the barriers that homeless people encounter when trying to access healthcare:

Stigma: homeless people tend to encounter negative reactions when they try to access healthcare services. Trying to deal with administrative personnel can be particularly difficult.

Discrimination: homeless people find it harder to register with a General Practitioner than members of the general public. Requests for a permanent address and other details can constitute a real or a psychological barrier.

No continuity of care: the lifestyle of homeless people tends to be a mobile one, but there is frequently no flexibility in the healthcare system in this regard. A move from one district to another may mean that a homeless person finds himself or herself outside the system again.

Difficulty accessing drug and alcohol services: services may be insufficient and often have very long waiting times, but they are crucial for the health of homeless people.

Lack of knowledge about entitlements: some homeless people feel that they don't know what they are entitled to in the line of healthcare and services. If they were better informed they would be more confident about trying to access them.

Financial obstacles: in many countries there may be cost associated to accessing healthcare that makes it inaccessible to homeless people.

Furthermore, most homeless people have complex health needs. This means that they tend to be suffering more than one health problem and these different health issues add up to a serious aggregate of vulnerability. Thus severe physical ailments may be further exacerbated by mental illness or substance abuse problems. There is also a danger that these complex health needs can lead to homeless people being passed around between different services and they may create further barriers to access.

Recommendation

In light of these barriers to care, FEANTSA strongly recommends that homeless people be expressly named, along with ethnic minorities and migrants, in the guidance stating that “Particular attention will have to be paid to persons requiring long-term or expensive care, to those with particular difficulties accessing care – such as ethnic minorities and migrants – and those on low incomes.”¹ Given the particular vulnerability of homeless people and the pressing nature of their health problems, it is vital that their needs be given due consideration in the elaboration of the common objectives for the OMC as it will be applied to health and long-term care.

FEANTSA also welcomes the provision, in relation to access to care, that member states should develop “where necessary, suitable structures with trained staff to increase the supply of care and cut waiting lists, in particular where these waits are at the expense of patients’ health and quality of life.” As mentioned above, drug and alcohol services, a vital part of healthcare for homeless people, are often inadequate and have long waiting times. For homeless people battling substance abuse problems, and often dual-diagnosis (the co-occurrence of substance abuse and mental health problems), there can be little doubt that the waits for these services are at the expense of health and quality of life.

Recommendation

Given the vital role of these services for the health, but also for the reintegration and inclusion of homeless people and other marginalised groups, FEANTSA recommends that the development of infrastructure in this area should be given a central place in objectives relating to the development of structures to enhance universal access, fairness and solidarity.

High Quality care to improve people’s state of health and quality of life

The state of health of homeless people is, almost uniformly, at a worryingly low level. The health needs of homeless people are directly related to the often chaotic and unhealthy living conditions associated with homelessness. Rough sleeping and staying in inadequate and unhealthy shelters or temporary accommodation mean that chronic respiratory and cardiac ailments are highly prevalent among the homeless population. Asthma and tuberculosis are also common and worryingly, a drug-resistant form of tuberculosis has emerged among homeless people and other marginalised populations across Europe. Severe and contagious diseases are found to a higher degree among the homeless population than among the general population. Dental health tends to be very bad. Mental health problems are common, sometimes occurring in conjunction with substance

¹ COM(2004) 304 final, pg. 8

abuse problems. As was mentioned above, the most striking facet of the health needs of homeless people is that they tend to be **complex** and **multiple**. The complex health needs of homeless people are often inadequately understood and therefore inadequately met within the health system. Training and information for healthcare professionals is lacking in this area.

For this reason, FEANTSA warmly welcomes the attention given to “a high level of basic and continuing training of health care workers, in the context of life-long learning.”² This will be an important step towards the aim of “promoting practices and treatments providing real benefits for health and quality of life.”³

Recommendation

FEANTSA recommends that the objective of promoting training should specifically embrace training in the area of providing quality, accessible, integrated and comprehensive services to marginalised groups facing barriers to health care. Promoting understanding and effective treatment of the complex and multiple nature of the health needs of these groups should be an integral part of such training.

FEANTSA welcomes the commitment to high quality care underpinning the strategy, but would like to emphasise that truly holistic care must also take account of the overall social well-being of the individual. This necessitates inter-agency working beyond the different bodies in the social sector. For homeless people, it means that, for example, homeless service providers, health workers and housing providers and local authorities must work together to meet the needs of homeless people. For this reason, the health OMC and the OMC in the area of social inclusion must complete and complement each other.

Conclusion

FEANTSA hopes that the application of the OMC to healthcare will provide new impetus to provision of quality healthcare services in the EU, particularly to homeless people and other disadvantaged groups.

We call on the Social Protection Committee to ensure that the barriers faced by homeless people and their complex health needs are taken into account when elaborating the common objectives for the health OMC.

We call also call on the Commission to ensure that the indicators selected take due account of these elements and permit progress to be efficiently monitored.

We would also like to reiterate that FEANTSA is at the full disposal of the Commission and all of the various bodies carrying out this work to provide input and information.

We also suggest that for further information on the health needs of homeless people and how these can best be met, the FEANTSA document “[Delivering Healthcare to Homeless People](#)” is available on our website.

² COM(2004) 304 final, pg. 10

³ Idem pg 9