



European Federation of National Organisations Working with Homeless People

FEANTSA Conference “The Right to Health is a Human Right. Ensuring access to Health for People who are Homeless”, 13th October 2006

Workshop 4: Health Promotion for People experiencing Homelessness - Report -

This workshop examined health promotion for homeless people: What service providers can do, ensuring that homeless people benefit from public health initiatives and health promotion for vulnerable groups.

Chair: *Clive Needle* is Director of EuroHealthNet, the Brussels based organisation networking the national and regional agencies responsible for health promotion across the EU. The network runs several projects with the EC including health inequalities and social inclusion, healthy ageing, mental health promotion, and capacity building. It also works on health in all policies approaches, is involved in numerous EU activities and is an observer member of the EU Social Platform. Clive was formerly a Member of The European Parliament from the UK, specialising in health and development issues. Further details from: www.eurohealthnet.org



Speakers:



Des Ryan is the Director of Edinburgh Cyrenians. Edinburgh Cyrenians is a growing, entrepreneurial charity that creates the means for people to improve their housing, employment and health and to support personal change. Des has been the leader for the past 18 years and involved in tackling homelessness since 1976. He has been among the leading voices in Scotland to ensure that homelessness policy includes health. Pioneering work currently includes the use of food as a means of promoting health, well-being and social engagement.



Nat Wright MBChB DRCOG FRCGP is currently the clinical director for substance misuse at HMP Leeds and a GP advisor to the Department of Health Prison Policy Unit. From 2003-2005 he was the GP advisor to the National Treatment Agency for Substance Misuse in England. At that time he was also the clinical director for the Leeds Integrated Community Drug Treatment Services. He has extensive experience working with homeless people. From 1996-2003 he was the lead partner at the NFA health centre for homeless people Leeds, during which time the practice became a first wave national beacon practice and an NHS executive approved research practice. He is the chair of the RCGP Health Inequalities Standing Group and has published extensively on the topics of substance use, homelessness, health inequalities and primary care.

Participants: approx. 25 participants

Presentations

[Des Ryan's presentation](#)

[Nat Wright's presentation](#)

Main discussion points and conclusions:

Health as an integrated part of homelessness policies:

Despite the growing recognition that health, including health promotion has to be an essential part of every effective homelessness strategy, participants highlighted that this is still not the case in most/all of the European countries. Often, other factors are seen as more important than health promotion. Other barriers are the lack of funding or relevant skills. In addition, there are “ideological” factors such as discrimination on the basis of ethnic origin, race, sexual orientation etc.

Definition of Health Promotion ([WHO, Ottawa Charter, 1986](#))

“Health promotion is the process of enabling people to increase control over and improve their health [...] to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is seen therefore as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capabilities.”

Health promotion covers multiple measures in different areas:

Food, for example:

- Providing healthy food for people who are homeless;
- Informing people who are homeless about the importance of healthy food for their well being;
- Preparing and enjoying good and healthy food together.

Generic issues, for example:

- eg. combining pharmaceutical treatment with psychological support/therapy (cognitive behaviour training etc.)

Drug abuse, for example:

- eg. establish opiate maintenance therapies and supervised injection centres

Mental ill health, for example:

- eg. provide talking therapies; be cautious to prescribe antidepressants that are toxic in overdose.

Tuberculosis infection, for example

- provide tuberculin test screening
- trace contacts through homeless shelters

Physical ill health, for example

- cutting nails, providing adapted shoes
- insecticides in hostels to address infestations

Prevention, for example:

- provide facilities in hostels for personal hygiene, washing clothes etc.
- provide education on contraception and sexual health.

Cooperation of services, for example:

- develop integrated programmes with prisons, housing providers etc.

Unclear responsibilities between hospitals, medical and social services: The lack of cooperation between different sectors is a major challenge. Medical services focus on medical problems; social services often only deal with social problems. People who are homeless often have multiple needs and there is a risk that these are not adequately addressed due to unclear responsibilities and the lack of inter-service cooperation.

Importance of training: There is a lot of scope to further develop training for medical staff as well as staff of social services. Training should for example provide information on how to deal with people infected with contagious diseases such as aids or tuberculosis.

Importance of a realistic empowerment for homeless people: Empowering people who are homeless take care of their health and physical and mental well-being is very important. This also helps individuals to move on to mainstream health services. However, empowerment has to be realistic. Although the individual's own assessment of his/her health is a useful indicator, it cannot be the only one as people experiencing homelessness may have lost the ability to properly assess their own health situation. Some people require ongoing support in order to respect appointments or to communicate with medical staff.

"Empowerment" could include:

- Contraception training
- Overdose prevention training.

Further information is available on:

http://www.euro.who.int/eprise/main/WHO/progs/HEN/syntheses/homeless/20050124_12