European Network of Homeless Health Workers (ENHW)

Issue N°19 – summer 2014

Editorial

Sharing Experiences: News from Health Professionals across the EU

Resources

Events

Editorial

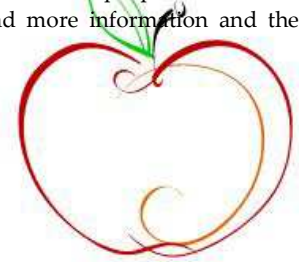
Dear Readers,

We are pleased to share with you the summer edition of the ENHW newsletter, which covers a wide range of topics from all over Europe. We have received four articles for this issue. The first article shares the results of a European research project (Sophie) which aims to measure the impact of various policies on health inequalities, more specifically looking at the health impact of rehousing families in substandard housing into adequate housing in Barcelona. This article present the findings of the housing and health conditions of familiesliving in inadequate housing before being rehoused through the social renting programme of Caritas. The second article from Ireland summarises a piece of qualitative research that looked at the need of older homeless people as they age and are faced with issues of serious ill health, dying and death. The overall finding of the research is that homeless services and health care and social services need to be capable of addressing the complex needs of older people who are homeless. This comprehensive report also contains recommendations in order to influence policy and practice. The next article from Italy addresses the problem of post-discharge for homeless people. It described the innovative project that was developed in Milan to provide intermediate care for homeless people after being discharged from hospitals. It is a good example of collaboration between the health and social sectors. The fourth article from Brussels shares the results of a survey conducted by Médecins du Monde. It highlights the worsening health status of young homeless people and the greater risks of different forms of violence homeless people are exposed to.

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. We would like to extend our warmest thanks to everyone who has contributed to the current issue. Please do not hesitate to send your comments, questions and contributions to dalma.fabian@feantsa.org.

Finally, I would like to draw your attention to the 2014 FEANTSA policy conference that will take place in Bergamo on 24-25 October. On the conference day (24th October) there will be a number of workshop touching upon issues around health and homelessness, one specifically exploring recovery oriented programmes to end chronic homelessness.

The following day (25th October) there will be a meeting of the European Network of Homeless Health Workers (targeting professionals working in health and homelessness) This virtual network mainly exchange information through regular newsletters highlighting existing practices and have over 300 subscribers across Europe. This meeting will be an opportunity to discuss how to strengthen the network and build European dynamic around topics like addressing stigma and access barriers to health care for homeless people, training of health professionals on homelessness, collaborative ways of working with homeless people - peer work in health and homelessness, prevention through health - effective hospital discharges for homeless people, innovative approaches around health care for homeless people and many more. Please find more information and the registration here: http://feantsa.org/spip.php?article2819&lang=en



Living and housing conditions and health status among people attended by Caritas Barcelona and living in substandard housing

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Housing conditions can have an impact on both physical and mental health. According to the World Health Organisation, the relation between housing and health can be explained through 4 interrelated dimensions (1) the home, that is, the legal and economic conditions of the dwelling and the emotional meaning people confer to their house, (2) the physical housing conditions, and (3) the physical (built environment) and (4) social (community environment) of the neighbourhood. In addition, housing has been recognised as one of the determinants of health inequalities, being those with lower socio-economic position more prone to suffer from poor housing conditions. Although the relation between housing and health has been studied extensively, literature analysing this association has been scarce in Spain, one of the European countries where the consequences of the global economic crisis are being more evident. In addition, access to adequate and affordable housing in Spain is one of the least guaranteed right in the European Union: despite its increasing number of homeless population and its large amount of unoccupied houses (14%), only between 1% and 2% of its housing stock is invested in social rented housing, and rental assistance programmes are very limited, both indicators among the lowest in the European Union.

The European research project Sophie (www.sophie-project.eu, 2011-2015) aims to evaluate the impact of policies in diverse domains such as fiscal policy, social protection, labour market, gender equality, immigrant integration, urban renewal and housing on health inequalities. In the framework of this project, the Public Health Agency of Barcelona and Caritas, a not-for-profit NGO, carried out a study to analyse the health effects of rehousing families living in substandard housing into more adequate housing. Information on housing conditions and health was collected from a sample of families before and after being rehoused through social renting programme of Caritas.

The social renting programme of Caritas is a temporary help for families with economic problems who cannot afford a decent home. It is aimed at ensuring adequate and affordable housing to Caritas users by rehousing them to a social rented dwelling (monthly cost of 200 to 300 €) or to a private rented dwelling partially paid by Caritas. In some cases Caritas might assume the overall housing costs until these families have the resources to pay for themselves. The rent agreement of families participating in this programme also includes a job plan for those family members without a paid job in order to facilitate their integration in the labour market and to ensure that they can afford to pay a rented dwelling on their own in the future.

Here we present the results of a recently published report describing the socio-demographic characteristics, housing conditions and health status of these families before undergoing rehousing. The study population was obtained from the Caritas registry: several families (or single persons) living in substandard dwelling conditions (inadequate housing habitability conditions or overcrowding) as assessed by Caritas' social workers from the Direct Attention Service (DAS), were identified and invited to participate in the study. Those who agreed to participate were interviewed face-to-face by a trained interviewer at the Caritas' centre in Barcelona between September and December 2012 (n=175). Also, 145 additional Caritas users with difficulties paying housing costs (rent or mortgage) and having been attended by Caritas's Housing Mediation Service (HMS) were also interviewed. The overall response rate was 45%. The household's head or his or her partner (randomly selected)

answered the study questionnaires: (1) a dwelling questionnaire, which included questions about the household, housing conditions, housing-related costs, and satisfaction with the dwelling and the neighbourhood, and (2) a resident questionnaire, which included questions about demographic, socioeconomic and health information of the person interviewed. Among those families with one or more children aged between 4 and 14 years of age, the person interviewed also answered an adapted and shorter health questionnaire referred to one of the children (also randomly selected).

The housing conditions, household composition, socio-demographic characteristics, and health status of the persons interviewed were compared with those from overall Barcelona city residents and Barcelona residents of similar social class (manual occupations), using the Barcelona City Health Survey of 2011.

With regards to socio-demographic characteristics, 203 (63.4%) women and 117 (36.6%) men were interviewed, most aged between 30 and 64 years old (57.4%), foreign born (77.2%, 92.9% among those from the DAS and 58.7% among those from the HMS), and belonging to working class (89% with a manual occupation as current or last job, compared to 35% of Barcelona residents). A 29.1% had primary education or less (7% among Barcelona residents), 53.1% were unemployed, and most among those employed were working without contract. The study also collected information on 177 boys and girls, more than half aged 8 years or less.

Most families attended by the DAS lived in a rented house (45.2%) or a rented room (37.7%), while families attended by the HMS lived in an owned (42.8%) or rented (39.3%) house. Composition of most households (70%) consisted of either two parents and one or more children or single-parent families (mostly among women). With respect to housing affordability, 87.6% lived in an unaffordable housing (mortgage or rental costs involved more than 30% of family income), and 55.2% in a very unaffordable housing (more than 50%). One out of 5 persons had lived at some time in a shelter, hut, car, or on the street, and one out of three were unsatisfied or very unsatisfied with their dwelling.

Surveyed families lived in very substandard housing conditions. For instance, 19% of families lived in a house with inadequate ventilation and 22.5% with dampness and mould, while only 6.8% of working class Barcelona residents reported having both of these habitability problems. Also, 51.7% of these families reported having had a serious infestation during the previous year and only 5% of working class Barcelona residents. In addition, 56.6% of DAS families and 22.1% of HMS families lived in overcrowded housing, while this problem occured in the housing of less than 5% of residents of Barcelona.

With regards to health status, Caritas' families had very poor health and much worse than the overall population and than among the most deprived social classes in Barcelona. Among adults (both men and women) 70% had poor mental health (only between 11% and 17% of Barcelona residents, depending on sex and social class) (Figure 1), and reports of anxiety or depression and poor health status were also disproportionally higher (Table 1). Among children, Caritas' users also had much poorer mental health (Figure 2), poorer general health status and more recurrent otitis (Table 2) compared to Barcelona residents.

The report highlights the highly substandard housing conditions of some of the most vulnerable members of the Spanish society and the very poor health status of these persons which is much worse than overall Barcelona population and even than most deprived social classes in Barcelona, in both adults and children. These results emphasize the need to implement policies that guarantee the right to a decent and adequate housing for every member of the Spanish society. These policies should include economic aids for mortgage and rental payments in order to reduce the number of evictions in the short-term, and promoting social housing and rental assistance programmes in the medium and long term.

Table 1. Health status among Caritas users and Barcelona residents: Adults

	Substandard housing (DAS)	Difficulties paying housing costs (HMS)	Overall Barcelona	Barcelona working class
Fair or poor health status				
Men	24.4	45.8	11.2	12.8
Women	53.1	60.3	15.3	20.5
Poor mental health				
Men	62.2	75.0	11.5	12.1
Women	66.9	72.6	15.2	17.4
Depression and/or anxiety				
Men	57.8	70.8	5.8	6.8
Women	63.8	86.1	9.2	10.6

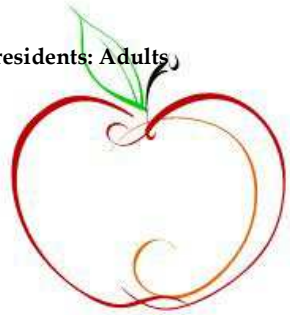
DAS: Direct Assistance Service; HMS: Housing Mediation Service

Table 2. Health status among Caritas users and Barcelona residents: Children

	Substandard housing (DAS)	Difficulties paying housing costs (HMS)	Overall Barcelona
Fair or poor health status			
Boys	22.7	7.1	0.9
Girls	22.9	22.0	1.7
Poor mental health			
Boys	61.3	45.2	4.3
Girls	37.5	25.0	5.1
Recurrent otitis			
Boys	20.5	19.0	3.6
Girls	31.9	19.5	1.6

DAS: Direct Assistance Service; HMS: Housing Mediation Service

Figure 1. Poor mental health among Caritas users and Barcelona residents: Adults



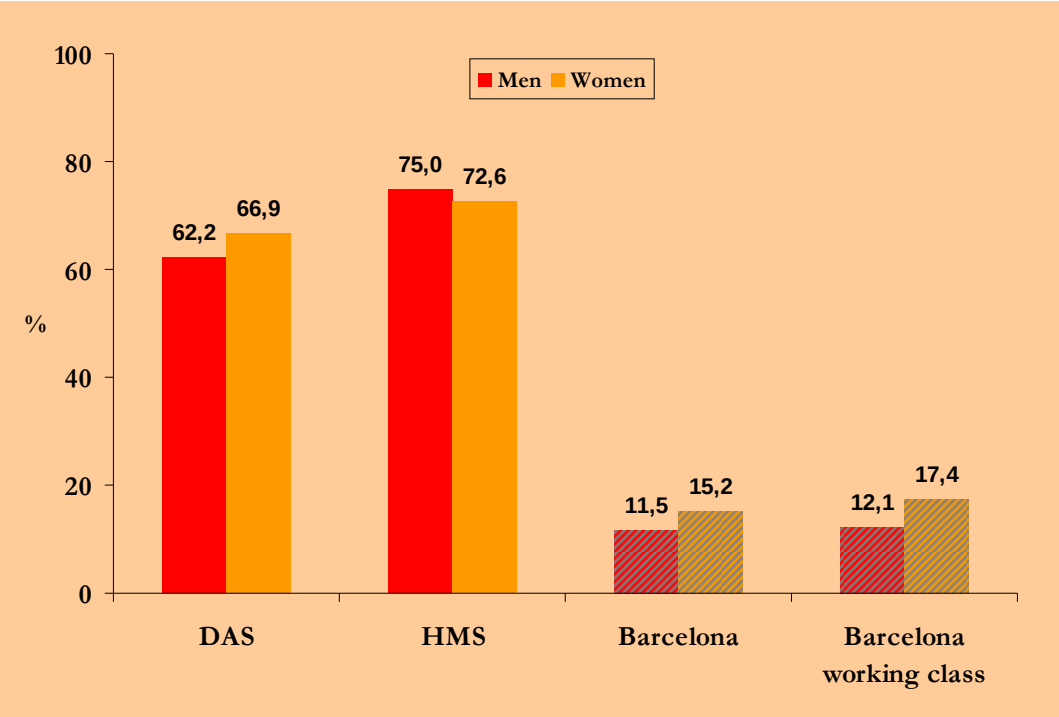
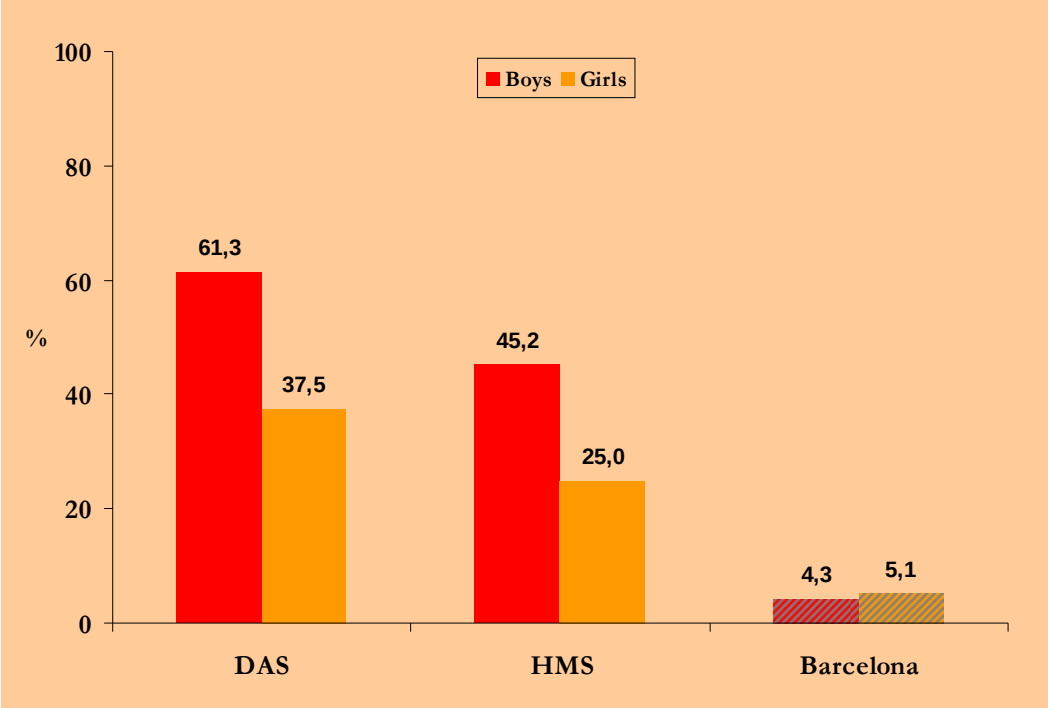


Figure 2. Poor mental health among Caritas users and Barcelona residents: Children



Homelessness Ageing and Dying – Summary of Findings and Key Recommendations

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Background to the report

There is a lack of definitive information about the exact number of people who are homeless and the nature of the homelessness at any one point in Ireland. There is also a lack of definitive information on the physical and mental health needs of people who are homeless and particularly amongst older people who are homeless or formerly homeless. In an effort to address this deficit, the Simon Communities in Ireland commissioned a piece of research to look at the needs of older people who are homeless as they age and are faced with the issues of serious ill health, dying and death so as to influence policy and practice. This qualitative research was undertaken by KW Research and Associates and involved in-depth interview with people who were homeless or who had had recent experiences of homelessness.

Findings

The overarching finding of Homelessness, Ageing and Dying is that homeless services and health & social care services need to be capable of addressing the complex (interconnecting physical, mental, health & social) needs of older people who are homeless and dealing with issues of dying and death.
People who are homeless have a lower life expectancy than those of the general population. The interim findings of a recent University of Sheffield study investigating homeless mortality in England found the average age of death of a man who is homeless is 47 years old. It is even lower for women at just 43[3]. Also, anyone over the age of 50 years, who had prolonged experience of homelessness is generally more vulnerable to older age conditions and have a range of complex needs. Some of the key findings are dealt with below:

Health Issues

1. *Relationship between Homelessness and Health* – The interviewees who had spent long periods sleeping rough believed that their experiences had a negative impact on their health. For the majority, it was a complex combination of factors that included problematic alcohol use, mental health issues, stress – leading to mental health issues and physical health problems.

2. *Physical and Mental Health Issues* - The interviewees were all living with serious physical and mental health conditions. Many had mobility issues, with some unable to get around unaided. Others had more serious life threatening conditions with one or two of the interviewees having experienced stroke, tumor and brain haemorrhage. Other physical health conditions people were living with included; serious chest complaints, heart complaints, cirrhosis of the liver and diabetes.

   Mental Health issues experienced by the interviewees included schizophrenia, depression, with many experiencing nervous breakdowns and attempted suicide.

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[3] Crisis (2011) Homelessness: A silent killer: A research briefing on mortality amongst homeless people

3. *Problematic Drug and Alcohol use* – Almost all of the interviewees engaged in problematic alcohol use, with only one of the interviewees being involved in sustained drug use in the past. The vast majority smoked between 20 and 40 cigarettes a day.

4. *Complex Needs* – The vast majority of the interviewees had 'complex needs' in that they had multiple and interconnecting needs that span physical and mental health and social issues. Some had mental health needs combined with alcohol use. Many of the people felt quite isolated, especially those in more rural areas, with little meaningful activities available in the area. Access to transport was an issue for many, with public transport an issue in rural areas. Limited mobility was also highlighted as an issue.

5. *Barriers to Accessing Health Care* – All of the people who participated in the research had a GP with the vast majority getting on well with them. This may be because they are all engaged with Simon Community services. However, getting to the GP proved difficult for some due to mobility issues or access to transport. Many of the interviewees, particularly those with chronic illnesses had regular contact with Public Health Nurse, who called to do regular check ups and/or administer injections.

   Some interviewees had conditions that they had not yet presented to hospital/A&E with to be assessed, reasons being; long waiting times, fear of being admitted to hospital and not being able get alcohol, getting bad news and not being able to return to their present accommodation or being moved to a nursing home.

Attitudes to Dying and Death

All of the interviewees, because of their health and lifestyle had thought about death. Many had experience of friends whom had died while sleeping rough and there were cases of unexpected deaths in hostels. Some of the people interviewed, particularly those that were drinking heavily, lived on a day to day basis. Most either did not want to die or were afraid of dying. A small number said they were happy to die and 'were the opportunity to present itself' they would consider suicide.
Some of the interviewees were religious and believed in God, while others were spiritual and believed in a higher power. Many of the interviewees felt it was difficult to speak about death and dying or find anyone who would listen.

Other Issues

1. *Boredom* – Boredom was an issue for a lot of the interviewees, but exacerbated for those with limited mobility. Television/watching DVD's was the pastime for many. Reading was difficult for some as their reading skills were poor or they needed reading glasses and didn't have any. For those interviewees who lived independently, boredom was even more of an issue. The absence of public transport or difficulty in accessing it was a contributing factor.

2. *Tenancies* – A significant number of interviewees had concerns about their tenancies. A number of those living in Local Authority accommodation worried about what would happen if they were unable to sustain their tenancy. Many of those interviewed living in communal accommodation aspired to have their 'own place'. Given their current health status (and the economic climate) many didn't see themselves having this option and many feared they would be moved to a nursing home.

3. *Staff* – In general, the interviewees were very complementary of Simon staff and volunteers and indeed of staff of other groups and organisations they had contact with, particularly their GP's and public

health nurses. Simon Project Workers were identified as an important source of information and support in terms of supporting people to manage their health and access the health system when required.

A few of the interviewees commented that some volunteers became uncomfortable when the topic of death and dying was brought up in conversation.

4. *Provision for Older People in Homeless Services* – Over half of the interviewees who were living independently were accessing day centre supports targeting older people and were enjoying the interaction with their peers. There were mixed views from people living in hostel type accommodation. Where there was a higher than average level of older people in a hostel interviewees were generally happy compared to those who were in hostels that were open to all where they feared for their belongings and felt it was quite noisy.

Recommendations

Based on the research findings the Simon Communities in Ireland made recommendations under the following five headings:

1. **Access to Appropriate Healthcare**
   - There needs to be recognition of the particular health needs of people who are homeless, especially those age fifty years of age and older who have health needs more associated with the over 65 population. Also the recognition that life expectancy of people who are homeless is considerably reduced.
   - Hospital discharge policies and protocols must be implemented.
   - Establishment of a 'Pathways Model' offering access to enhanced levels of healthcare within the hospital system.
   - Provision of accommodation with healthcare support for people not sick enough for hospital and those who are terminally ill.

2. **Good Health and Wellbeing**
   - Need a range of activities to tackle the issue of boredom taking mobility and vision issues into account, e.g. reminisces work, music therapy.
   - Explore ways to expand social networks and encourage community mobilisation e.g. the development of peer support networks.
   - Raise awareness of the spiritual needs of people who are homeless amongst staff members, e.g. Irish Hospice Foundation workshops on spiritual care at the end of life.

3. **End of Life Care**
   - Raise awareness of the importance of end of life care for people who are homeless.
   - Train staff working with people who are homeless in end of life care, e.g. the Irish Hospice Foundation have initiatives such as 'Think Ahead' and 'Final Journey'.
   - Explore possibility of appointing a Palliative Care Coordinator to work across the homeless sector to enhance access to end of life care for people who are homeless.
   - Ensure that palliative care beds are accessible to people who are homeless.

4. **Appropriate Accommodation and Support**
   - Ensure the provision of accommodation facilities for older people who are homeless.

- Ensure accommodation for people who are homeless is accessible for people with mobility issues.
- Support the early intervention and negotiation with service users where there is the prospect of increasing care needs and possible residential care.

5. **Information and Research**
   - Develop a better understanding of the causes of death amongst people who are homeless.
   - Develop a better understanding of older peoples' pathways into & out of homelessness.
   - Additional research on the health & wellbeing of people who are homeless.

The implementation of many of these recommendations will contribute towards meeting some of Irish national policies on homelessness, housing and health such as;

- The Way Home
- The Homelessness Policy Statement
- A Vision For Change
- National Substance Misuse Strategy
- Housing Strategy for People with Disabilities.

To download the report http://www.simon.ie/HomelessnessAgeingandDying/index.html#/63
or to find out more about the Simon Communities in Ireland visit www.simon.ie

Health and Homelessness: "Post acute" care, an innovative service for vulnerable homeless people

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Background

The project *Post-acute IPD "intermediate" care for vulnerable homeless patients discharged from Hospitals* is managed in partnership by the Local Health Authority (ASL) of Milan, Milan Municipality, Médecins Sans Frontières (MSF) and Fondazione Progetto Arca (member of fio.PSD). It is located in the city of Milan with the aim of providing health care for homeless people who face difficulties in accessing diagnosis and treatment in the public system. This innovative project has come to life after some important past milestones. In November 2012 the authorities of the City of Milan officially requested MSF to participate in an operation called *"Emergenzafreddo per senzatetto"* (cold emergency for homeless); an action plan for emergency assistance to homeless people during the coldest period of the year. The role of MSF was to provide primary health care to homeless as out- and inpatients. The total admissions in the IPD intermediate care department were 123, among them 34 homeless patients referred directly by public hospitals, while others have been identified among outpatients. The results of this operation have been the subject of an operational research study (1). An exploratory mission was conducted by MSF from mid- April to mid- July 2013 in Milan, Rome and Palermo to assess in depth the health related gaps and needs of homeless population discharged from hospitals (both migrants and nationals). The mission explored the interest and the commitment by regional and municipal political-administrative authorities and by the local and regional health authorities, the consistency of the social and health network, both public and private present in each of the three towns. It also preselected possible location for MSF to launch an intermediate care pilot project. In December 2013 MSF Brussels Operational Centre authorized the opening of the project and after several meetings with stakeholders, only the City of Milan (member of fio.PSD) has met the essential conditions for an MSF intervention in 2014. Regione Lombardia approved the experimental project for a period of one year. The

Municipality assigned the management of the site of post-acute IPD clinic in Milano Certosa (owned by the Municipality) to the partner association, Fondazione Progetto Arca.

Context

In October 2012 the Italian National Institute of Statistics (Istat) published a data survey (2), in collaboration with fio.PSD, the Ministry of Labour and Social Policies and Caritas, showing that in Italy the estimated number of homeless persons is more than 47,000. It is difficult to estimate, but this number is thought to be higher with some thousands. More than 13,000 are living in Milan (the 27.5% of the overall country, 9.9 individuals per 1,000 inhabitants). More than 4,000 people were not able to answer to the interviews due to language barriers (24%) and due to physical and psychological disabilities (74%). Health problem is the cause of unemployment for 9.8% of homeless people. Combination of different life events lead to homelessness such as loss of long-term employment, divorce, accident and ill-health. This latter accounts for 16.2% of the cases and 12.9% of the cases in Milan.
The literature (3 – 4) also shows that homeless people (both migrants and nationals) have a disproportionately higher burden of health problems than the general population in high income countries. It is common to find an accumulation of severe health problems that lead to an increased vulnerability to a range of acute and chronic illness. Often a homeless person simultaneously has a physical injury, a physical illness, mental health problems and substance abuse problems. These multiple needs make it very difficult to redress ill-health, which is further complicated by precarious living conditions and malnutrition.
In this context, the project focused on improving access to diagnosis and treatment in the public health system for marginalised nationals and migrants including undocumented migrants.

Objectives and *vision*

The project aims to reduce morbidity and mortality of vulnerable homeless people by working in a network, in order to create a model of post acute intermediate care for those immediately discharged from hospitals services in Milan. In order to spread this model in Italy, fio.PSD plays an important role in terms of lobbying, advocacy and mentoring for its own members. It organises exchanges of methods and practices between regions, cities and different organizations. The project "post acute care" refers to a wider vision of improving wellbeing for homeless people via access to primary and specialized health and welfare system. Health is a human right that should be guaranteed to everyone. Nevertheless the health care systems in Western countries are not adapted to providing optimum care to homeless people despite the fact that they are three to six times more likely to become ill than housed people. Compared to the housed population, homeless people use unscheduled care more often. The most critical point for homeless health care is the post- acute stage: hospitals cannot wait for a complete recovery and cannot keep homeless people in expensive hospital beds for long. Since they are homeless, nursing care cannot be provided "at home"(5 – 6).
This innovative project aims to provide twenty beds for the most vulnerable homeless (people affected by chronic diseases, disabled persons, patients undergoing long-term treatments) and create a functioning system of referrals for secondary consultations and diagnosis.
Last but not least the project promotes knowledge and empirical evidence of the positive impact of post-acute intermediate care for homeless in the Regional System (in collaboration with the "Scuola Sant'Anna" Management and Health Department of the city of Pisa).

First Results

On January 31 the MSF service with 20 beds in Via Mambretti 33 (Milano Certosa) was opened and the first patient was admitted. Eleven medical directors of the major Hospitals in Milan were contacted and met by MSF staff to explain the project, identify and get to know in person the interlocutors (ER coordinators, social services) and establish agreed ways of collaboration.
Based on medical data, until mid June 82 patients (78 men and 4 women) have been admitted. 46% were Italians (second group Romanians 19,5%). 36.5% were over 60 years old and the main diagnostics were: trauma (14,3%), acute respiratory tract infections(12%), surgical cases (10,9%) and tuberculosis (9,7%)

The dropout rate has so far been low (4,8%), as well as the number of visits to the Emergency room (6%).

Difficulties and opportunities of the project

As it is known, the timing of social services is not tailored to beneficiaries' health needs, so when a social mid-term intervention is considered useful for the stabilization of a post-acute patient, eg. A stay in an addiction treatment centre, it is unlikely that the transition can be made immediately after discharge (as indeed is the case for every transfer to other health facilities). This is why we suggested introducing an "assisted housing" scheme at the nearby hostel managed by ProgettoArca, designed for use by the most vulnerable persons discharged from post-acute care but still needing temporary nursing and medical supervision.
In the Region of Lombardia EU citizens from Romania and Bulgaria are in the most critical situation in accessing health care. In the absence of TEAM card they are not recognized any health card or code to get free medical care out of hospitals (unlike what occurs in other Italian Regions where they are benefiting from the same treatment as third country nationals, provided with STP code). MSF and Fondazione Progetto Arca questioned the health and administrative authorities about this dramatic situation.
Once the post-acute care for homeless is able to intercept the demand from hospital services they are faced with the risk of receiving patients in need of another level of care (non autonomous, bedridden). This particularly concerns requests coming from Neurology and Neurosurgery departments. In this case a more detailed report about the individual clinical conditions is required to avoid that the patient is "downloaded" in a structure not appropriate to take care of their health problem.

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Homeless Health and Violence : Results from a Doctors of the World report from Brussels

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Doctors of the World – Médecins du monde International Network Head Office

Each year, hundreds of volunteers of the humanitarian NGO Doctors of the World – Médecins du monde (MdM) help during the Brussels "winter plan". This is a homeless emergency shelter system organized by the regional and federal Belgian authorities that offered more than 1.000 extra bedslast winter.

253 volunteer health professionals (doctors, nurses, dentists, social workers and reception volunteers) offered 4.288 paramedical and medical consultations. They also organized referrals to more specialized healthcare. As about 73% of the 1.363 patients seen had no general physician at the time of the first consultation, and 35% of the patients had no healthcare coverage, helping people to obtain a more permanent access to the Belgian healthcare system is also part of the work.

Between November 2013 and March 2014, MdM-BE also conducted a more in-depth survey about the health profile of the people using the Brusselswinter plan. Its results were published in June 2014 and can also be downloaded here: https://mdmeuroblog.files.wordpress.com/2014/06/rapport-violences-plan-hiver-2013-14-bruxelles.pdf

172 men and 40 women who were approached in the MdM waiting rooms agreed to participate to this specific survey. Obviously, homeless people actively seeking healthcare are not expected to be in the best health. Nevertheless, the fact that **56.3% of respondents (a 116 out of 206 respondents) declared to be in bad health** is particularly worrying, given the young age of the participants: more than a quarter of the participants were only aged between 21 and 30 year; overall, 75% of them were younger than 50.

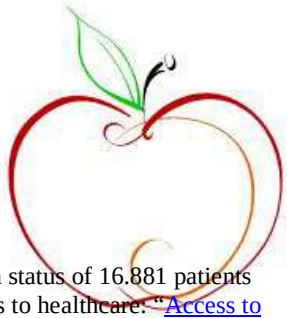
55% of the respondents felt unhappy or depressed and indicators such as concentration, sleep quality and stress levels are significantly worse compared to the general Belgian population.

Homeless people are in less good physical and mental health. And yet, accessing healthcare are often extremely difficult for them. The problems they face are similar to those of all excluded populations that MdM meets across Europe: financial hardship, administrative problems and lack of knowledge about or understanding of the healthcare system and their rights[4]. As a result, 31.7% of the respondents had given up trying to access healthcare or medical treatment in the course of the previous 12 months.

Another worrying observation of the survey is the **elevated exposure to violence**: 14 women out of 40 had suffered sexual aggression (meaning rape in 7 out of 10 cases) and 9 out of the 166 men. But the most common forms of violence suffered were evictions (53.4%), suffering from hunger (53.4%), psychological violence (meaning verbal aggression, badgering, insults, humiliations, intimidations, being followed in the street, etc. – 54.2%), having their money or identity documents stolen (46.8%) and physical violence (40.1%).

Doctors of the World demands national public health systems to be built on solidarity, equality and equity, open to everyone living in all EU Member States rather than systems based on a profit rationale. We feel it is unacceptable for anyone to be excluded from access to preventative healthcare measures and treatment because of their administrative or immigration status or their ability to pay.

More information about MdM in Belgium: info@medecinsdumonde.be
More information about MdM across Europe: www.mdmeuroblog.wordpress.com



[4]See the latest European report by MdM on the social health determinants and health status of 16.881 patients that received support from 25 out of our 160 European programmes providing access to healthcare: "Access to healthcare for the most vulnerable in a Europe in social crisis. Focus on pregnant women and children." Accessible in Spanish, French and English on www.mdmeuroblog.wordpress.com.

Improving Health and Social Integration through Housing First : A Review

Housing First services offer chronically homeless people housing with support without the conditions of being 'housing ready' preminent in the staircase homelessness services. Housing First services are based on the principles of housing as a human right, autonomy and choice and harm reduction. Housing First have been developed across the globe and they show very high housing retention rates. Their impact on health and social integration, however, has not been, to date, the focus of research. This Review by Nicholas Pleace and Deborah Quilgars examined the available evidence on the extent to which Housing First services are effective in promoting health and social and economic inclusion. It also considered the extent to which these supports can be enhanced, and any potential limits to Housing First.

The full review can be accessed here :
http://www.york.ac.uk/media/chp/documents/2013/improving_health_and_social_integration_through_housing_first_a_review.pdf

Tune in Now : a toolkit on depression and anxiety for people who work with homeless men

The toolkit, called Tune In Now, was created by Homelessness Australia in partnership with Blueboat, with funding from beyondblue. The online toolkit contains information about sign and symptoms of depression and anxiety, screening tools, practical tips on having a conversation about depression and anxiety and links to other relevant resources. It was developped followinng consultations with homelessness case/support workers who expressed need for more information on these issues.

The toolkit can be accessed here :

http://www.probonoaustralia.com.au/news/2014/06/tune-now-toolkit-homelessness-workers#

Prison and Health : a WHO book

This book outlines important suggestions by international experts to improve the health of people in prison and to reduce the risks posed by imprisonment to both health and society. In particular, it aims to facilitate better prison health practices in the fields of: human rights and medical ethics; communicable diseases; noncommunicable diseases; oral health; risk factors; vulnerable groups; and prison health management. It is aimed at professional staff at all levels of responsibility for the health and well-being of detainees and at people with political responsibility. The term "prison" covers all institutions in which a state holds people deprived of their liberty.

The book can be accessed here : http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/multimedia/photo-story-prisons-and-health

UK Homeless Health Programme from The Queen's Nursing Institute

The Queen's Nursing Institute has announced the start of a three-year programme to improve the health of people who are homeless in the UK. The work, funded by The Monument Trust, aims to improve the health of the homeless and vulnerably housed, by professionally supporting nurses - and other health professionals - working with them. The QNI has developed considerable expertise in this area over a number a years, since its first Homeless Health Initiative started in 2007, and currently supports a network of around 650 practitioners in the field of homeless health. The new project will help nurses and their client groups through research and publications, events and workshops, and knowledge sharing among professionals. The project will be managed

by David Parker-Radford. David has a track record of developing successful projects, publications, events and networks for the voluntary sector, including work with children and young people. Those interested to learn more or get involved with this work should contact David directly on +44 20 7549 1410 or email david.parker-radford@qni.org.uk .

Safya –A Transdisciplinary Approach to the Health of Homeless People in Europe

fioPSD and other experts on homeless health issues have published a book on approaches to solving the health issues of homeless people in Europe to accompany the'Safya' ('health' in Swahili) project, which promoted a new, personalised approach to homelessness and health.

The book (in Italian) can be accessed here : http://www.francoangeli.it/Ricerca/Scheda_libro.aspx?ID=22006

The Unhealthy State of Homelessness : Health Audit Results 2014, England

The latest research carried out by Homeless Link looks at how health and the support available have changed since 2010. Based on 2,590 responses from people using services in 19 areas across England, it highlights the extent to which homeless people experience some of the worst health problems in society. There is evidence of improvements in a number of areas since our 2010 report. According to the latest data 36% of homeless people admitted to hospital report being discharged onto the streets with nowhere to go. In 2010, this issue was reported by 73% of respondents admitted to hospital. The report contains profiles of services that have adapted to better address the specific needs of homeless people. These examples show the positive results that can be acheived when homelessness and healthcare services work together to provide support. The research emphasises the importance of recognising once and for all that homelessness and health cannot be tackled in isolation. It have made a number of recommendations to improve the commissioning and delivery of services that prevent and treat the poor health experienced by homeless people.

The research can be accessed here : http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf

Reading Counts : levels of literacy and numeracy among single homeless users : StMungo's Broadway report

St Mungo's Broadway has conducted the largest ever recorded survey of homeless people's literacy and numeracy skills by direct assessment. Reading Counts*: Why English and maths skills matter in tackling homelessness* looked at levels of literacy and numeracy among 139 of St Mungo's Broadway's single homeless service users. It found that 51% lack the basic literacy skills needed for everyday life.This figure compares with one in six (15%) of the general population who struggle to read.The findings include:

- One in two lack the basic English skills needed for everyday life
- 55 per cent were found to lack basic maths skills
- Many had a poor experience of school, often connected to unstable or traumatic childhoods
- Clients who lack basic English and maths skills make less progress in addressing physical and mental health issues

A 2013 survey of 1,595 St Mungo's clients found that only six per cent were in paid work. Poor English and maths skills partly explain this extremely low rate of employment. The report makes six recommendations including that the UK Government make a long term commitment to fund English and maths programmes, which are designed for people who are homeless, commit to work with homelessness agencies to expand the pilot pre-

employment support programme, STRIVE, and encourage local authorities to better coordinate community learning and supported accommodation services.

The report can be accessed here : http://www.mungosbroadway.org.uk/documents/5078/5078.pdf

Current Issues in Mental Health in Canada: Homelessness and Access to Housing

The paper explores the complex relationship between mental health, homelessness and access to housing and the current situation in Canada. It concludes that the Housing First approach has demonstrated that individuals with mental health problems can remain in suitable housing if offered accompanying recovery-oriented supports.

The paper can be downloaded here : http://www.homelesshub.ca/resource/current-issues-mental-health-canada-homelessness-and-access-housing-brief

Somewhere over the rainbow: the opinions and experiences of people with mental illness in getting housing

This research released by the Public Interest Advocacy Centre in Australia has found that people with mental health issues are at risk of being stuck in a "revolving door" in and out of homelessness without support to help them keep their public housing. A lack of support for people with mental illness has resulted in many slipping back into homelessness.The report said many people who took part in the study felt that the "lack of support and lack of sensitivity" by government housing officers and private real-estate agents had robbed them of dignity and self-worth.

The research can be downloaded here : http://www.piac.asn.au/publication/2014/05/somewhere-over-rainbow

Memory impairment among people who are homeless : a systematic review

Cognitive impairment may interfere with an individual's ability to function independently in the community and may increase the risk of becoming and remaining homeless. The purpose of this study was to systematically review the literature on memory deficits among people who are homeless in order to gain a better understanding of its nature, causes and prevalence.

The study can be accessed here **:** http://www.ncbi.nlm.nih.gov/pubmed/24912102

Health care for vulnerable groups : a joint report by Medecins du Monde and the French Hospital Federation

This joint report highlights the unequal access to health care of vulnerable groups in France. The report shares such best practices as the homeless peer work carried out in the Marseille psychatric outreach team and sets out recommendations to improve interventions for vulnerable groups in hospitals and in the entire health system.

The full report (in French) can be downloaded here **:** http://fichiers.fhf.fr/documents/rapport-FHFMDMbd.pdf

Events

FEANTSA Policy Conference: Confronting Homelessness in the EU: 24-25 October 2014, Bergamo, Italy.

On the conference day (24th October) there will be a number of workshop touching upon issues around health and homelessness, one specifically exploring recovery oriented programmes to end chronic homelessness.

The following day (25th October) there will be a meeting of the European Network of Homeless Health Workers (targeting professionals working in health and homelessness) This virtual network mainly exchange information through regular newsletters highlighting existing practices and have over 300 subscribers across Europe. This meeting will be an opportunity to discuss how to strengthen the network and build European dynamic around topics like addressing stigma and access barriers to health care for homeless people, training of health professionals on homelessness, collaborative ways of working with homeless people - peer work in health and homelessness, prevention through health - effective hospital discharges for homeless people, innovative approaches around health care for homeless people and many more. Please find more information and the registration here: http://feantsa.org/spip.php?article2819&lang=en

FEANTSA is supported financially by the European Commission
The views expressed herein are those of the author(s) and the Commission is not responsible for any use that may be made of the information contained herein.

This publication is supported by the European Union Programme for Employment and Social Solidarity - PROGRESS (2007-2013). This programme is implemented by the European Commission. It was established to financially support the implementation of the objectives of the European Union in the employment, social affairs and equal opportunities area, and thereby contribute to the achievement of the Europe 2020 Strategy goals in these fields.
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For more information see: http://ec.europa.eu/progress

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FEANTSA works with the European Commission, the contracting authority for the four-year partnership agreement under which this publication has received funding.