

European Network of Homeless Health Workers (ENHW)



Issue N°21 – summer 2015

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25th September 2015, Dublin Castle, Dublin, Ireland

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 three articles for this issue. The first article shares a case study from Kent on an innovative community support service run by a homelessness charity. It shows how homelessness can be prevented by helping people with mental health problem liaising with general practitioners and navigating the benefits system. The second article in this issue presents an example from Leuven, Belgium of an assertive outreach project for people who are homeless and have mental health problems. The third article shares the findings of a qualitative research survey among community nurses in the UK who work with people who are homeless about current hospital discharge arrangements for homeless people. The nurses shared their views about their experience of discharge of people who are homeless, what challenges they faced, what reasons existed for these challenges and what could change to improve the process.

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.



Linking with General Practitioners to Prevent Homelessness – a Case Study from Kent

By Rachel Kelly

“Everything was wrong – my relationship with my daughter, my work, I couldn’t manage my finances and I was losing my home.”

Jacqueline was working as a buying manager for a large national retailer, and supporting her teenage daughter when her life began to slowly unravel. “I was struggling with a two hour daily commute to a stressful, badly paid job – six days a week,” she explains. “I was physically and emotionally exhausted, worrying about money and very hurt by the fact that my daughter and I weren’t getting on.”

At the age of seven, Jacqueline suffered an extremely serious sexual assault and she was subsequently sexually, mentally and physically abused by a number of other men. She’d managed to bury the trauma of her abuse for many years but when other parts of her life became unmanageable, the barriers came crashing down.

“I’d never had any counselling or support to help me deal with what had happened to me but my daughter had always been a huge source of comfort,” she explains. “Being strong for her and working hard to support us was such a focus. When our relationship broke down, I completely fell apart. All the negative feelings I’d had about myself came flooding back and I got incredibly depressed.”

Jacqueline became increasingly self-destructive, entering into a relationship with an abusive partner. After being signed off long term from work, she stopped going out, answering the phone and opening mail. Bills remained unpaid and losing her home seemed inevitable.

The turning point came when Jacqueline’s GP suggested she contact an innovative community support service run by Kent-based homelessness charity Porchlight. The Primary Care Community Link Service – which is funded by Kent County Council’s adult social care and public health departments as well as local clinical commissioning groups – helps people address any social issues that impact upon their ability to manage their mental health effectively.

The service’s 17 support workers work alongside 115 GP surgeries across Kent, offering advice on debt, education and training, housing, benefits, health (managing mental and physical wellbeing), drugs and alcohol, as well as helping people tackle issues such as loneliness and isolation. The aim is to prevent the decline into secondary care

and to reduce the incidents of GP visits, encouraging people to address their problems and remain integrated within society rather than relying on medication.

“Making that first phone call was so hard,” says Jacqueline. “I was absolutely at rock bottom.”

Sally Motson, one of Porchlight’s support workers, met Jacqueline the same day and began the process of helping her address the very complex issues she was facing. “The first thing we tackled was Jacqueline’s housing situation,” explains Sally. “We made a claim for housing benefit and looked into applying for a discretionary housing payment to try and help her reduce the arrears caused by her vastly reduced income.”

Jacqueline eventually made the difficult decision to give up her home and return to live with her parents because she didn’t feel she had the strength to continue to manage the tenancy alone.

The next step was to help Jacqueline access support for her severe emotional distress. Sally made referrals to the Freedom Programme – a service that helps people with experience of domestic violence – and Family Matters, a counselling service for survivors of sexual abuse, rape and attack. “Jacqueline was in crisis and in desperate need of specialist support,” says Sally.

Unable to return to her very stressful job, Jacqueline was introduced to Porchlight’s Jobs, Education and Training programme which helps people build the skills and the confidence to re-enter the workplace. Her first three month work placement was so successful that she was paid throughout, and offered a full time position at the end. She remains in the job today.

“Jacqueline has been through so much but she’s such a capable and determined person,” says Sally. “She just needed someone to listen and to help her feel safe again and – very quickly – she was able to start putting her life back together.”

Jacqueline has ended the relationship with her abusive partner and continues to attend weekly counselling sessions. She’s rebuilt her relationship with her daughter and is paying off her debts. “As soon as I’m debt-free I’m going to start saving for my own place,” she says. “I’m just trying not to push myself too hard yet; I’ve realised that I need this time to be kind to myself.”

She describes life as “calm” at the moment. “I’ve got a stress-free job that I love and I’m spending lots of quality time with my daughter and my new, wonderful granddaughter. Everything is moving in the right direction again.”



Primary Care Community Link Service: The facts

- ⊙ Since October 2013, 1868 people have signed up for the service
- ⊙ 90% of these report positive outcomes as a result of using the service
- ⊙ 78% of service users say they visit their GP less often
- ⊙ 94% of service users say their quality of life, self-esteem and confidence has improved
- ⊙ 92% of service users say their wellbeing has improved

Homeless People with Psychiatric and/or Addiction Problems: an Assertive Outreach Project

By Gunther Hannot

This outpatient intervention project for homeless people was implemented in June 2012 in Leuven (Belgium). In order to ensure continuity of care in the long term, it was from the beginning embedded in a mobile team with expertise in the psychiatry. The team works in close connection with the social welfare centers in the region, as it was realized with the financial support of the latter, the city of Leuven and the King Baudouin Foundation for a period of two years. Since June 15th 2014 the public social assistance center took over the project and is investing in it for a period of 5 years with the aim of passing it gradually into the two mobile teams that are active in and around the city.

The first objective of the project is to conduct homeless people with psychiatric or/and addiction problems who are reluctant to accept help from specialized health care. As we say homeless people we do not only refer to people living on the streets but also to people who have a residence but are threatened to lose their home as a result of their psychiatric problems. In this way we also try to prevent homelessness.

A second objective is to give support to the welfare teams through assistance on the field as well as intervention moments to transfer expertise to better understand the complex psychiatric problems that our target audience is confronted with.

Between the start of the project in September 2012 until January 2015, sixty (60) homeless people –of which 10 women- were referred to by a variety of stakeholders. The center for the public good and the public social assistance center were our most important referrers as the latter organizes each year an emergency shelter system

during the winter period from the middle of November until the end of March. Furthermore in many cases they are the first contact for homeless people as they experience severe problems in different areas of their lives.

The need for this project for homeless people arose from the fact that there was a gap in the professional assistance and a lack of understanding of psychiatric and/or addiction problems in this context. Therefore two half-time workers (one of each mobile team) with experience of working with psychiatric patients were contracted. Their professional experience and the fact that they are unusually accessible and approachable are beneficial for the client as well as for the welfare organizations. Outreach is the key word and low-threshold services are indispensable in this line of assistance to enable contact with a target audience that is already so difficult to reach. Up until now out of 60 applications 11 moved up to a mobile team (3 after they were involuntarily admitted in a psychiatric hospital), 6 were referred voluntarily while 5 were referred involuntarily to a psychiatric hospital. 4 people were referred to another type of assistance, while two went to another region. We have lost contact with 20 applicants and have 12 ongoing cases.

With regard to the psychiatric problems of the applicants, the following diagnoses were established. 16 applicants had addiction problems. 12 suffered from a personality disorder 10 suffered from psychosis, 7 from mood disorder. 7 had co-morbid substance use and personality disorder, while 5 had co-morbid personality disorder and psychosis and 3 had co-morbid substance use and psychosis.

While we continue working for a better and more professional assistance for these hard to reach group, we feel that the lack of affordable housing makes it for many of them very difficult to deal with their psychiatric problems. Therefore, we ask the further implementation of Housing First services that have been found effective in promoting health and social inclusion in all European cities for the chronically homeless people.

Community Nurses in the UK Say Improvement Needed to Hospital Discharge for the Homeless

By David Parker-Radford

A UK report has established the need for best practice to be adopted across every setting when discharging people who are homeless from hospital and other care settings.

The report, entitled 'What Community Nurses Say About...Hospital Discharge for People who are Homeless' was based on a survey of over 180 nurses who work with homeless people conducted by The Queen's Nursing Institute's (QNI) Homeless Health Project, a national charity focused on improving the quality of healthcare in the

community. The qualitative research surveyed nurses about their experience of discharge, what challenges they faced, what reasons existed for these challenges and what could change to improve the process.

The report found that patients who are homeless are currently being let down by a system where communications between health professional and patient, and between hospital and community staff are often ineffective, discharges are made at unsafe times and to unsafe locations, and there is a shortage of recovery and rehabilitation-focused accommodation that meets the needs of people who are homeless.

Nurses told the QNI some very disturbing evidence about the experience of homeless patients when they leave hospital, such as: "Patients are discharged to the streets or to hostels that are full so they have to sleep on the floor." Community nurses have witnessed patients struggling to understand administration of their medication on leaving hospital "Clients often do not understand what to do next regarding health treatments." They also observed 'revolving door admissions' to hospital which were costly for the patients' health: "Housing services failed to house a man who would have died if on the streets. He had to remain in hospital for nine months after he was fit for discharge as two previous discharges (to no fixed abode) ended up with two intensive care admissions."

The survey identified solutions such as better collaboration between health and housing professionals including partnership protocols; better processes so that there is more planning and clarity on what hospitals should do when they treat someone who is homeless, more rehabilitation beds, and more staff training and capacity, so staff are able to understand the additional needs of someone without a home.

The survey contributed evidence towards the UK's Special Inquiry into what happens when people leave hospital, undertaken by the national patient group Healthwatch England. In 2012, the UK Government announced £10 million funding to improve hospital discharge for the homeless. A recent evaluation of this scheme, led by the charity Homeless Link, found that in projects where nurses and housing professionals worked together, 92% of patients were supported with housing when discharged from hospital. This compared with just 69% in projects that did not have this set up, a clear call for better joint working to help the most vulnerable.

The QNI calls for hospitals to adopt a transition of care model which sees their role after treatment as successfully moving care from hospital-led care, to community care (formed of self-care, carer support, support from community health professionals, housing and voluntary organisations). The report highlights models of practice which focus on multi-agency work to actively prevent homelessness when leaving hospital.

Health professionals, patients, carers and others who are interested in improving healthcare for the homeless in the UK can join The Queen's Nursing Institute's 1000-strong Homeless Health Network to share learning and for free access to news, events and guidance.

The full report can be requested by emailing lauren.knight@qni.org.uk

Resources

Scottish Public Health Network: Restoring the Public Health response to Homelessness in Scotland

The report brings together the academic evidence and the service experience within Scotland to provide a route map for Public Health to engage fully in the prevention and mitigation of homelessness and its health consequences. The conclusion of the report is clear: housing (and homelessness) services want a more effective partnership with the NHS and see the key health impacts of good housing for all. The report sets homelessness in the wider context of social and health inequalities before exploring the interplay of cause and consequence between health and homelessness. New research into multiple exclusion homelessness is demonstrating the importance of transition points across the life course where early service intervention could prevent individuals slipping into severe disadvantage. The report suggests a number of concrete recommendations as well.

The full report can be downloaded here:

http://www.scotphn.net/pdf/2015_06_03_Public_Health_Response_to_Homelessness_Final_Formatted_for_SDP_H.pdf

The role of psychosocial interventions in drug treatment – a new analysis of EMCDDA

Psychosocial interventions are structured psychological or social interventions used to address substance-related problems. They can be used at different stages of drug treatment to identify the problem, treat it and assist with social reintegration. Psychosocial interventions are used to treat many different types of drug problems and behavioural addictions. This analysis explains what the main psychosocial interventions are and to whom they are provided.

The full analysis can be downloaded here:

<http://www.emcdda.europa.eu/topics/pods/psychosocial-interventions>

New legal report on access to healthcare in 12 countries – from Medecins du Monde

This legal analysis was written from the concrete bottom-up point of view patients in 12 countries. (Belgium, Canada, France, Germany, Greece, Luxembourg, Netherlands, Spain, Sweden, Switzerland, Turkey and the United Kingdom). In order to evaluate effective availability of care, the theoretical legal frameworks concerning access have been compared to the situation in practice. The most important barrier to healthcare that people seen in MdM programmes face in the surveyed countries is restrictive national laws. These restrictions are often linked to patients' administrative status: asylum seekers, citizens of non-EU countries without permission to reside, EU migrants with no permission to reside, and unaccompanied minors. Consequently, the report systematically focuses on the respective entitlements of these four groups. We have analysed the consequences of legal and

financial barriers on the accessibility of screening, treatment and care for HIV, hepatitis and STIs, on sexual and reproductive healthcare services, and on vaccinations and paediatric care.

The full report can be downloaded here: <https://mdmeuroblog.wordpress.com/2015/06/04/new-legal-report-on-access-to-healthcare-in-12-countries/>

Homeless Patients in Intensive Care Units

This research aimed to describe epidemiology and outcome of critically ill homeless patients, as compared with those of non-homeless patients. It concluded that critically ill homeless patients benefit from the same level of care and have globally the same prognosis than housed patients but experience longer lengths of stay. Most precarious patients living on the street have a higher mortality rate. The study perspective concerns not only Intensive Care Units but also the global organization of healthcare, since homeless patients are referred by numerous sources and discharged to different wards.

The article can be downloaded here:

http://journals.lww.com/ccmjournals/Abstract/2015/06000/Homeless_Patients_in_the_ICU_An_Observational.14.aspx

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:

http://www.euro.who.int/_data/assets/pdf_file/0009/278073/Case-Investing-Public-Health.pdf

WHO global strategy on people-centred and integrated health services

The WHO global strategy on people-centred and integrated health services represents a call for a fundamental shift in the way health services are funded, managed and delivered. This is urgently needed to meet the challenges being faced nowadays by health systems around the world. The fact that people are living longer, along with the burden of treating long-term chronic conditions and preventable illnesses which often require multiple complex interventions, means that pressure on health systems continues to grow. Moreover, universal health coverage will not be achieved without improvements in the delivery of health services. Unless a people-centred and integrated health services approach is adopted, health care will become increasingly fragmented, inefficient and unsustainable.

Putting people at the heart of the health-care experience and focusing on a true and lasting integration of services offered to them is urgently needed to meet the challenges faced by today's health systems, however diverse. The strategy presents a compelling vision of a future in which all people have access to health services that are



provided in a way that responds to their preferences, are coordinated around their needs and are safe, effective, timely, efficient and of an acceptable quality.

The strategy can be downloaded here: <http://www.who.int/service-delivery/safety/areas/people-centred-care/en/>

Economic crisis, health systems and health in Europe: country experiences – a book

The financial and economic crisis has had a visible but varied impact on many health systems in Europe, eliciting a wide range of responses from governments faced with increased financial and other pressures. This book maps health system responses by country, providing a detailed analysis of policy changes in nine countries and shorter overviews of policy responses in 47 countries. It draws on a large study involving over one hundred health system experts and academic researchers across Europe.

Focusing on policy responses in three areas – public funding of the health system, health coverage and health service planning, purchasing and delivery – this book gives policymakers, researchers and others valuable, systematic information about national contexts of particular interest to them, ranging from countries operating under the fiscal and structural conditions of international bailout agreements to those that, while less severely affected by the crisis, still have had to operate in a climate of diminished public sector spending since 2008.

Along with a companion volume that analyses the impact of the crisis across countries, this book is part of a wider initiative to monitor the effects of the crisis on health systems and health, to identify those policies most likely to sustain the performance of health systems facing fiscal pressure and to gain insight into the political economy of implementing reforms in a crisis.

The book can be downloaded or ordered in printed copy here: http://www.euro.who.int/en/about-us/partners/observatory/publications/studies/economic-crisis,-health-systems-and-health-in-europe-country-experiences?utm_source=WHO%2FEurope+mailing+list&utm_campaign=eff24a40b6-Observatory+e+Bulletin+June+2015+8+2015&utm_medium=email&utm_term=0_60241f4736-eff24a40b6-93289813

How to improve support and services for destitute migrants? – a report by the Joseph Rowntree Foundation

Many migrants find themselves destitute in the UK with no means of supporting themselves, nowhere to sleep and no means to return home. Many have a case for staying in the UK but may struggle to prove it. This report looks at: who destitute migrants are and why they are destitute; the services and support that is available; how that support could be improved; how best to provide accommodation and other forms of support; and areas where there may be legal question marks, providing reassurance through legal opinion. This Solutions summary offers practical steps to address the issues facing destitute migrants and overcome obstacles to providing accommodation, services and support. It includes learning from existing projects, and legal advice.

The full report can be downloaded here: <http://www.jrf.org.uk/publications/how-improve-support-and-services-destitute-migrants>

Safely home: What happens when people leave hospital and care settings? - Healthwatch England Special inquiry findings

When discharge goes wrong, it comes at significant cost, both to individuals and to the health and social care system. Whilst the financial cost of this problem is recognised, not enough is known about the human cost. This inquiry, led by people experiencing the discharge process going wrong including older people, homeless people, and people with mental health conditions – three groups for whom the consequences of a failed discharge process were particularly detrimental. These three groups are not mutually exclusive. In many cases, homeless people experience mental health as well as physical health problems, as do older people, thus contributing to the complexity of their needs and the particular importance of ensuring that they receive all the support they need

after discharge. By bringing the true emotional and physical impact of this persisting problem to light, this inquiry aims to bring change to the discharge process.

The full report can be downloaded here:

http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/170715_healthwatch_special_inquiry_2015_1.pdf

Events

25th September 2015, Dublin Castle, Dublin, Ireland FEANTSA 10th European Research Conference on Homelessness on Families, Housing and Homelessness

This is the 10th Annual Research Conference of the European Observatory on Homelessness and this year's theme is 'Families, Housing and Homelessness in Europe.' The event is co-hosted by FEANTSA, the European Observatory on Homelessness and Focus Ireland and will be held in Dublin Castle on Friday, September 25th this year.

The key-note speaker will be Prof. Beth Shinn of Vanderbilt Peabody College, USA, who is one of the leading experts in the field of family and child homelessness and has been exploring methods of preventing homelessness and creating pathways out of homelessness. For example, one of her on going research projects includes a 12-site experiment comparing the success of different strategies to house families experiencing homelessness. The conference will also include research on a number of other forms of homelessness, including youth homelessness and veteran homelessness.

There will be a limited number of places at the event so you are advised to register as soon as possible. You can get more information on the agenda and can register on FEANTSA website www.feantsa.org



This publication has received financial support from the European Union Programme for Employment and Social Innovation "EaSI" (2014-2020).

For further information please consult: <http://ec.europa.eu/social/easi>

Funded by the European Union

The information contained in this publication does not necessarily reflect the official position of the European Commission.

