



## **SWEDEN**

### **National Report for FEANTSA's Annual theme 2006**

**“The Right to health is a Human Right:  
Ensuring access to Health for People who are Homeless”**

## **A Swedish response to FEANTSA's questionnaire on the 2006 Annual Theme.**

The mental and physical health needs of homeless people in Sweden are different from the rest of the population. The homeless are not always registered and therefore not seen.

Information about the health and care profile of homeless people is insufficient and new research is needed. The needs of the homeless should be met on their own terms and cooperation between all relevant actors is necessary.

Today, homelessness in Sweden is firmly constructed as a symptom of individual social problems to be dealt with by local social authorities. A health care view point therefore needs to be added in order to better meet the needs of the homeless.

### **Q1: Health profiles of homeless people**

**1.1: Please outline the common mental, physical and substance abuse related health problems of the homeless people bearing in mind the conceptual ETHOS categories. Some of the health problems will reoccur in several categories.**

Regarding the roofless, we find they are too few to make any general statement.

Houseless in temporary accommodation: This picture varies between age and gender. We find there are physical problems, substance abuse related problems, symptoms of abstinence, problems with liver and pancreas, hepatitis C etc. Bronchial infections and other infections, heart problems, pulmonary embolism and arthritic problems are usually seen in the older age groups. Other usual problems are bad feet and bad teeth.

**1.2: Certain diseases, which are widespread among the homeless population, carry a clear public health risk. This is the case, for example, with tuberculosis. Tuberculosis incidence is much higher among homeless people than among the general population and there is a risk of the spread of this infectious disease and the development of multi-drug resistant strains. For this reason, some countries have put in place specific programmes or strategies to combat tuberculosis among homeless people. Please outline any public health risks associated with the health of homeless people and actions taken to alleviate these risks.**

Diseases among the homeless population are not a large problem in Sweden. The most risk filled illness is probably Hepatitis C and so there are special health rules in hostels and institutions to prevent the spread of contagious infection.

**1.3: Certain health conditions experienced by homeless people pose significant problems of treatment. (For example: tuberculosis treatment can be rendered difficult by a mobile and chaotic lifestyle and overcrowded conditions; there may be availability problems for mental health treatment and drug and alcohol treatment etc...) Treatment of mental health problems is evolving and deinstitutionalisation has taken/ is taking place in many countries, but this too has given rise to new challenges and problems. Multiple needs are another factor that can make treatment problematic. Please outline treatment problems encountered when trying to ensure access to health for homeless people.**

Homeless people do not often fit in the usual health care system in Sweden. They are nervous, drunk, find it difficult to keep and/or plan appointments. They are not able to pay the patient's fee and some have a strong aversion to the public authorities and they refuse to give their ID

number or even accept help from society. Occasionally they have a strong fear/fobia for health care and choose to not receive any medical help.

Some homeless people have no community registration and therefore cannot be part of normal health care centres. Undocumented migrants have no ID numbers and are therefore outside normal public care.

## **Q2: Social Protection: Healthcare entitlements of Homeless People**

**2.1: What are the healthcare entitlements of homeless people in your country (for nationals; for non-nationals, including asylum seekers and undocumented migrants)? What are the registration requirements etc.?**

Special health care for homeless people is needed, which can bridge the above mentioned problems.

**2.2: Has the health system evolved in such away that it is getting harder for homeless people to access their entitlements?**

Both yes and no. Psychiatry survey shows a large cut in mental healthcare places which has made the situation for many homeless with psychiatric problems more difficult. At the same time there are several examples in Sweden for new flexible healthcare pointed towards the homeless, substance abusers etc. Special health care centres (vårdcentraler) have been set up in the larger cities and made more available and accessible for the homeless.

**2.3: What do you consider to be the main barriers facing homeless people in your country when they try to access healthcare (stigma, financial barriers, administrative barriers, etc.)?**

See 1:3

**2.4: Have attempts been made to overcome these barriers? Have they been successful?**

See 3:1

## **Q3: Ensuring Access to quality healthcare**

**3.1: Are you aware of specialist and/or outreach healthcare centres that have been put in place specifically for homeless people? Do you consider that this is a good way to meet the health needs of homeless people? What are the costs and benefits of targeting homeless people in healthcare provision?**

Several specialist and outreach centres for the homeless have been put in place in Sweden both from authorities and NGOs. Amongst others the local authorities in south Stockholm have a specialist health care centre with 12 employees including a mobile team. The homeless can meet a psychiatrist and at the same time receive medical foot care and dental care. The clinic is free of charge for all homeless. The most common ailments are skin infections, Diabetes 2, liver disease and dental problems.

On the NGO side several clinics have been set up on a volunteer basis offering free foot and dental care for the homeless and in one city there is also a private clinic which accept certain homeless people who do not have to queue or pay for their care.

In some cities in Sweden the authorities and NGOs work together, where medical staff and dentists visit institutions to treat the homeless outside of normal working hours.

**3.2: Are you aware of any health promotion/ preventative health initiatives that are accessible to homeless people? Do you think that these impact positively on access to employment?**

No information available at the moment.

**3.3: Do you consider the healthcare received by homeless people in your country to be comparable, in terms of quality of care, to that received by the general public? In what health areas is there the greatest lack of access to care and why?**

Homeless people in Sweden receive the same quality of health care as do the general public.

**3.4: In some countries, a specific policy framework and action plan around health and homelessness has been put in place in order to ensure that homeless people can get full access to quality care. Has such an approach been tried in your country?**

No information available at the moment.

#### **Q4: Training of health professionals**

**4.1: Do you know of any such training courses (in all areas of healthcare – nurses and doctors, but also mental health workers, dentists, podiatrists etc.) or plans to put them in place, as part of medical training or as follow-up training?**

We know there are training courses in place as a follow-up training for medical staff organised by the different County Councils in Sweden.

#### **Q5: Interagency working**

**5.1 Are you aware of instances of this kind of networking in your country?**

To a certain extent yes. There are examples of hospital welfare workers who speak with Social Services and managed to reach very positive changes for the homeless person.

**5.2: Are health and social services supportive of this type of working? Have administrative procedures or agreements been put in place to facilitate transfer and sharing of information and cooperation between different services? What are the discharge practices from hospitals in your country?**

No information available at the moment.

**5.3: Have you encountered instances where there is an obvious breakdown in this kind of networking? (eg: homeless people being retained in hospital because no other option has been found for them to move on to other services).**

No information available at the moment.

## **Q6: Health indicators, data collection and research**

**6.1: Is data collected on any area related to the health of homeless people in your country? (such as the different illnesses suffered by homeless people, number of homeless people using specialist health services, number of people using general services, causes of death, life expectancy, etc.) If so, who collects it? (hospitals, homeless service providers, Accident & Emergency, youth care centres, psychiatric services, etc).**

**6.2: Do you know of any research undertaken on the health of homeless people by academic or other bodies? (eg: Government reports, NGO reports, scientific reports, etc.)**

The National Board of Health and Welfare has published a research report on Homelessness in Sweden 2005 which includes research on the health of homeless people.

**6.3: Do you know of data collection in the following areas that might be relevant in relation to the health of homeless people?**

- Health determinants including lifestyle factors, drug and alcohol abuse and smoking
- Environment and health
- Access to health

A project “Ill-health of the homeless” (Hemlösas ohälsa) in Stockholm has been started by a doctor and a senior researcher on social medical questions which will be very relevant to the health of homeless people.

## **Q7: The Right to Health**

**7.1: Do you know of any examples where a rights-based approach has been adopted in relation to health for homeless people or other vulnerable groups, whether in the form of court cases or campaigns?**

No information available at the moment.

**7.2: Is the health of homeless people a political issue in your country? Could it be a useful campaigning point? Why? Why not?**

No information available at the moment.