Using Information and Communication Technology in Addressing Homelessness

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Communication is paramount in our lives and the lack of it can be a major challenge for social and economic integration. Although face-to-face contact is very important, communication is increasingly conditioned by the development of technologies whose main success is to bridge geographical gaps between people. We rely on communication, amongst other things, to organise events, for daily interaction and social affairs, to look for a job or a place to live, to get information – which in some cases might turn out to be matter of life and death - to share experiences and participate in society.

For people living in precarious situations, access to information and the possibility to communicate can be very important. Homeless people on the one hand seek information in a variety of ways and on the other need to be directly contacted for, vaccine recalls, public health issues, changes in government programmes, to name but a few. A study pointed out how homeless people who perceive themselves as having greater access to their social support networks have better physical and mental health outcomes as well as lower rates of victimisation. Another study examined the effects of communication on attitudes towards homeless people, concluding that it is through communication that people develop positive changes in attitudes and intentions towards homelessness and homeless people. Indeed, interpersonal communication with people living in homelessness is a way of getting to know them as individuals rather than stereotypes.

In this context, making information and communication technology available to homeless people is fundamental. Mobile phones and access to the internet in particular can be very useful.

- **Use of Mobile Phones**

In the health sector, mobile phones can enhance communication between service users and their health care providers. The use of mobile phones to contact homeless people would provide a simple way to disseminate information, directly or through an automated system. For instance, through text messages, information about influenza vaccinations and vaccinations for other infectious diseases can be disseminated. Moreover, through this tool, prevention and intervention programmes can be delivered, as already tested and proven to be feasible and effective in various populations regarding treatment for HIV, tobacco use and encouraging adherence to a course of medication.

As well as for health issues, mobile phones are important in social relationships. They allow homeless people to keep in touch with family members, friends and social workers, to follow up on job applications by making and receiving calls to and from potential – or current – employers, to look for accommodation, to have access to peer support workers when trying to maintain sobriety, and so on. Through text messages, homeless people can also get information about locations where they can eat, sleep and acquire necessities during extreme weather conditions.

Furthermore, mobile phones can enhance the participation of homeless people who can use mobile phones to organise themselves around a common cause, such as to demand safe and affordable housing, jobs, health care and other such measures that allow for full participation in society.

- **Use of the Internet**

As with mobile phones, access to the internet can be very useful in the health sector. Online peer communication – such as support groups and discussion forums – could be used to enhance the health outcomes of homeless people by sharing information, providing reciprocal emotional support and linking others to material aid. Existing computer-mediated support groups combine online prevention and intervention programs delivered by health care providers with online peer communication in the form of discussion forums. This ‘hybrid’ model has been used to intervene with individuals who have breast cancer, chronic pain, depression, diabetes, eating disorders, heart transplants, HIV/AIDS, obesity, and nicotine dependence. A meta-analysis found that these computer-mediated support groups led to

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increased social support, decreased depression, increased quality of life, and increased ability to manage one’s health condition independently - all of great importance to those experiencing homelessness.

Access to the internet is very important for remaining socially connected with others but also to get information on employment, weather forecasts, affordable housing, medical conditions and medication, maps, locations of recovery meetings and many other types of information that can make homeless people’s lives easier and help them to find a way out.

To be socially connected for homeless people might also mean to have the opportunity to participate by sharing their experiences, coming together around common causes and requesting policy changes. Social media such as Twitter, Facebook, LinkedIn, Meetup - to name but a few - as well as blogs have become important tools for spreading messages and establishing links. These instruments not only give homeless people a significant chance to express opinions and feelings but also provide the audience with the perspective of someone who knows first-hand the problems faced by people who lack housing and helps fight prejudices, stereotypes and misconceptions.

Access to the internet might also allow for leisure by reading books, keeping up-to-date on the latest news, listening to music, watching videos and movies, locating free goods and services, playing games and so forth.

Recommendations

A number of projects and a few studies suggest that the use of information and communications technology (ICT) can increase homeless people’s self-esteem and help them begin to feel part of society. Accessing information and the opportunity to share experiences do not solve the housing problem but they are a sure-fire way to increase participation and address severe social exclusion. Of course, ICT cannot substitute face-to-face methods of communication and it is only successful if used as a compliment to other tools and if easily accessible. Making ICT available is indeed the biggest challenge. Moreover, the use of ICT requires training, technical expertise, time to plan with homeless people to test accessibility, staff time for design, analysis, consultation, feedback, etc.

In order to make ICT accessible and helpful as far as possible, the involvement of cities, service providers and of the EU is paramount.

- **The role of cities**

Cities should develop ways to use technology to disseminate information to homeless people. Where people live in a community setting, databases containing the email addresses of all people living there should be made available. With the collaboration of mobile phone providers, it is suggested to develop systems which would allow homeless people who voluntarily sign up to a telephone network to receive automated emergency notifications, regardless of whether or not they have paid for their mobile phone service. This system could be maintained by a charity organisation, rather than a law enforcement or government agency, to maximise participation in the programme. With regard to access to the internet, cities should develop ways to offer free access, for instance through partnerships with internet providers.

- **The role of homeless and health service providers**

Computers should be available in homeless services, such as day centers, night shelters and Housing First programmes. It is recommended that homeless service providers post information online about places at which homeless individuals can eat, sleep, and acquire emergency necessities. Information dissemination does not have to focus only on emergency situations: people who are newly homeless are unaware of the city’s shelter, food, clothing, personal hygiene facilities, postal services, and other resources for the population. A list of such resources could be posted online.

Health service providers could put educational health information online about the most common conditions homeless individuals suffer from, including physical (pneumonia, skin infections, diabetes) and mental health (depression, anxiety, psychosis) conditions. Data on substance use, service use, new problems, and achievements could be collected electronically from homeless individuals. Allowing people to enter their data at their convenience (i.e. when and where they choose) has the potential to yield better and longer-term follow-up data in a transient population.
**The role of the EU**

The EU should develop specific actions to address homeless people within the framework of the Digital Agenda for Europe, and in particular on the follow up of the inclusion of digital literacy and competences as a priority for the new European Social Fund regulation (2014-2020). EU action is indeed needed to enhance Member States to implement digital literacy policies.

It would be particularly recommended that the EU provides financial means, for instance through the proposed European Programme for Social Change and Innovation, to develop a pilot project in order to test in several European local contexts the impact of ICT on homeless people lives.

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References:

Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, A Digital Agenda for Europe, COM/2010/0245 final

A. Afridi, ‘Social Networks: their role in addressing poverty’ (2011) Joseph Rowntree Foundation Programme Paper


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