Rimbaud and Colette Medical and Social Care Outreach Services (PASS)

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Colette, The Healthcare Access Outreach Service (PASS) in Marseilles

In France, homelessness is a huge public health issue. And yet, the most recent attempt to count the number of homeless people dates from 2013 and covers the year 2012. In this study, INSEE (the National Institute of Statistics and Economic Studies) counted 141,500 homeless people in France, double the number counted in 2001.[1] It is very difficult to give an exact measure of the homeless population today, but it is estimated that it amounts to 200,000 people. The number of homeless people is increasing all the time, for women and men. In the words of French psychiatrist Dr Jean Furtos, placing people in an exclusionary system creates such mental suffering that they begin to exclude themselves as a means of protection.[2] Homeless women are exposed to different risks from those that homeless men face. Homeless women are subjected to different types of violence and face different realities. Because they are subjected to physical, psychological and sexual violence, they stay out of sight. Women involved in prostitution rings, for example. They can be seen at night when they are working but they disappear during the day. Some of them don't want to lose their source of income and others are threatened if they don't work.[3] For all these vulnerable women, their health takes a back seat. Their day-to-day priorities remain where they are going to stay, what they are going to eat and how they are going to maintain their hygiene, which means that access to physical and mental healthcare treatment is of secondary importance. Overcome by feelings of shame and worthlessness, they stay in isolation and do not prioritise their healthcare.[4]

In order to provide a response to these various and interconnected issues, Colette, The Healthcare Access Outreach Service (PASS in French) was set up in 2016, in Marseilles city centre. Funded by the Regional Health Authority (ARS), this is an outreach service that aims to "go to" women experiencing hardship and offer them health- and social-care support, using a van that travels around the city. The van offers a space where they can access care that is beyond the hospital walls. We want to make it easier for all these women, who because of their isolation and hardship forget about themselves and their health, to access care. We aim to meet them and to help them regain their lost trust in themselves and in institutions. Thanks to the converted van, a medical and social care team – made up of a nurse, a social worker, a GP and a gynaecologist – can provide care in the different spaces where our network has found homeless women staying. One common factor can be found in all these women's life stories: They have all experienced some form of breakdown. This could be losing their job, experiencing a breakdown in a romantic or family relationship, addiction, physical, or psychological trauma. Through these consultations, that are social first and medical later, we try to understand these breakdowns and allow the women to put them into words and regain their self respect.

To do that, we have set three main objectives for the Colette Outreach Service:

The first objective of Colette is to "go to".[5] As described in the 2013 policy bulletin, "a PASS must intervene inside and **outside** the institution, to make it easier to identify and offer care to these patients and to construct a wider partnership between services." We must be able to go to these women for whom health is not a priority. We must be where they are. By going to them, going to meet them in the spaces that accommodate them, we provide a service to the women who are furthest away from services and from care provision. These women, whose health does not come into their daily preoccupations, can meet healthcare professionals without having to ask why and how to come into contact with them. Thanks to our van, we can meet these women in a confidential space. This way they can feel able to confide in us and this creates trust. Positive initial contact is key to rebuilding, or in some cases, building, this lost trust in themselves and in care providers. In this first conversation we identify these women's needs. In another, lockable, adjoining room, there is an examination table which is used for gynaecological exams. This is where medical examinations are carried out. After a medical assessment, we can dispense medication free of charge, depending on the pathology identified.

We can illustrate the benefits of this approach through the case of a Nigerian woman who was 8 months pregnant when we met her. She had been in France for several weeks but had never seen a doctor. Her priority was to find accommodation and to register with the authorities so that she could start her asylum claim, before she could think about any arrangements for the birth. Meeting her at the emergency shelter sped up the process of getting her to the maternity ward as she would not have to worry about how her

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1 https://www.insee.fr/fr/metadonnees/source/serie/s1002
2 Jean Furtos, De la précarité à l'auto-exclusion (From Hardship to Self-Exclusion), Éditions Rue d'Ulm/Presses de l'École normale supérieure, 2009
3 Report no. 2017-05-29-SAN-027 published 29 May 2017, Danielle Bousquet, President of the High Council for Equality Between Women and Men, Geneviève Courard and Gilles Lazimi, rapporteurs, Margaux Collet, co-rapporteur
4 Improving Health Care Management in Primary Care for Homeless People: A Literature Review by Jego, Maeva; Abcaya, Julien; Ştefan, Diana-Elena; Plus... International Journal of Environmental Research and Public Health, 02/2018, Volume 15, No. 2
5 Bulletin No. DGOS/R4/2013/246, 18 June 2013

care was going to be organised. This allowed her to receive essential antenatal care in a timely manner.

The second objective of Colette is prevention. According to the WHO (World Health Organization), there are three levels of prevention.[6] Primary prevention means acting before disease occurs so its incidence is reduced. Secondary prevention means stopping a disease from getting worse. Finally, tertiary prevention means reducing the complications of a disease. Acting on these three levels is essential from a medical care point of view and from a public health point of view. By limiting the onset, progression, or complications of disease, we improve the global health status of this very marginalised population. We also reduce the risk of visits to hospital emergency departments. This way we can reduce the number of bills that are likely to remain unpaid, which have a significant economic impact.

In August 2019, we met a woman who had been raped eight days earlier. When she presented to the emergency department, she was given some medication to avoid the risk of sexually transmitted diseases but she was not given a long enough course of treatment. We managed to give her the rest of the medication she needed. In this way, we prevented the risk of infection, in particular HIV.

Colette's third main objective is to reduce the number of people foregoing care. One of the definitions of foregoing care was made by the anthropologist Caroline Desprès, and it articulates the fact "*that individuals […] only seek out care services and healthcare professionals when they experience a problem or notice a physical or psychological disorder, or do not receive the entirety of their prescribed treatment.*"[7] We can identify two types of foregoing care.[8] The first is *"barrier foregoing"*, which means not accessing treatment for financial[9] or, simply, geographical reasons. One of the emergency shelters in which we work is in a northern district of Marseilles. The journey to the hospital in the city centre is long and complicated; you have to understand the timetables and pay for bus tickets. The second type of foregoing care is *"refusal foregoing"*. This is a personal choice by which people reject health services and express a lack of trust in institutions. The result is that the indivual distances themselves from, or even shuns, these services and institutions.

For two years now, we have been visiting chosen partner organisations once or twice a week, including:

- Two emergency shelters: *Claire Joie*, a women-only service, hosting 18-25-year-old women in Marseilles city centre, and *Saint-Louis,* in the northern part of the city.
- Two charities that work with women involved in prostitution in Marseilles city centre: *l'Amicale du Nid* and *Autres Regards*.
- We have periodically visited the refugee platform (PADA) where all asylum seekers lodge their asylum claim.

Our work with women is being redefined in today's context. The current government wants to restrict asylum seekers' access to care, but needs will only increase in the coming years. This means we have to adapt the way we work: we will now take our van to the PADA once a week and treat men as well as women, without losing sight of our three main objectives. Colette's target group will therefore change from January 2020.

To ensure we are as effective as possible in our work, we have to adapt our approach to political decisions and to people's needs, which change over time. With what little financial, material, and human resources we have, we want to help as many homeless people as we can, to see these people in the best possible conditions. In Europe, only Finland is seeing a reduction in its homeless population, in part thanks to the *"Housing First"* program.[10][11] In France, public policy on health and homelessness is not in line with existing needs. Homeless people experience extreme vulnerability and it is our duty to do our utmost to make sure they are included in our exclusionary society.

6 Health Promotion Glossary, WHO, 1999
7 Desprès et al., 2011, « Le renoncement aux soins : une approche socio-anthropologique » (Foregoing Care: A Socioanthropological Approach), In Questions d'économie de la santé (Economic and Health Topics), n°169, p.3
8 Le renoncement aux soins : une approche socio-anthropologique (Foregoing Care: A Socioanthropological Approach), Questions d'économie de la santé (Economic and Health Topics), n° 169 - Octobre 2011, Caroline Desprès (Irdes), Paul Dourgnon (Irdes ; Université Paris-Dauphine, Leda-Legos), Romain Fantin (Irdes), Florence Jusot (Université Paris-Dauphine, Leda-Legos ; Irdes)
9 https://drees.solidarites-sante.gouv.fr/etudes-et-statistiques/publications/recueils-ouvrages-et-rapports/ouvrages-thematiques/article/renoncement-aux-soins
10 Combating homelessness turns to prevention – pilot for apartment insurance starts
Ministry of the Environment 10.10.2016 10.00 | Published in English on 10.10.2016 at 12.40
11 Housing First : le modèle finlandais (Housing First : The Finnish Model), Juha Kaakinen, in Vie sociale (Social Life) 2018/3-4 (no. 23-24), pages 167 to 174