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## Health and Homelessness

By **Dalma Fabian**, *Policy Officer, FEANTSA*

This year several important papers on health inequalities were published by major international organisations, such as the WHO and OECD, and the EU. Together with the recently adopted Council Conclusions under the Finnish Presidency on the Economy of Wellbeing, these reports call for more action to address health inequalities by improving access to health care for all and by addressing the wider social determinants of Health. The starkest manifestations of growing social inequalities with devastating health consequences are seen in the homelessness that is growing in all except one EU member states. It is in this context that we have decided to dedicate this issue of our magazine, "Homeless in Europe", to the realities of health and homelessness.

An important paradigm shift has been taking place over the past decade in the homeless sector. We are moving away from the approach of managing homelessness and toward the approach of ending it. It is very important that health gets a central place in this new understanding of our work because, quite simply, a good healthcare system can contribute to redressing health inequalities and, therefore, play an important role in ending homelessness. Sadly, all of the articles in the Magazine testify that the way health systems are currently organised is not delivering for homeless people. The data speaks for itself: in the UK, homeless women were twelve times more likely to die than other women of the same age in the general population; homeless men were eight times more likely. Zsuzsa Rákossy's article discusses the results of her research which demonstrates extremely poor health outcomes for homeless people and very low health care utilisation. This has been termed a long time ago as the 'inverse care law relationship', which means that those most in need are less likely to receive good quality health care. To address this problem, FEANTSA has been calling for an inclusive and integrated health care system. Pathway is a great example of such an integrated health care model. In his article, Alex Bax presents the key features of such a multidisciplinary approach, which provides care and support from the moment of hospital admission to avoid unsafe discharge to the street and to unhealthy shelters.

Mark Leonard shares his own journey out of homelessness to illustrate how opportunities for meaningful contribution, such as peer work, can be an empowering experience and make a difference in one's life. He gives some very useful examples of how the health system can benefit from learning from and working with people with lived experience of homelessness, to engage with others and

connect them to the health system. Priya Tamby describes the need for women-specific health services which target homeless women and bring, for example, their mobile outreach team to work with women who are hiding and not accessing services. Sari Rantaniemi discusses the factors that influence how women experiencing homelessness understand and experience their sexuality and how important it is that professionals recognise that.

Addressing access barriers and improving access to quality health care is key. But health is more than healthcare. We need to change the way we think about health, as the contributors from Neunerhaus argue. Housing is a key determinant of health and should be regarded as a health intervention. The article by Inês Almas and Teresa Duarte from Portugal makes the case for Housing First policy by sharing testimonies that show the transformative potential of a secure and stable home following the experience of homelessness.

Running through the magazine is evidence for feelings of stigma, shame and humiliation within the experience of homelessness. The negative attitudes and prejudices among health care professionals, that produce these feelings, are powerful access barriers to healthcare for homeless people. It is crucial that they are examined and changed. Education and experience of co-working with peer workers play an important role in changing these attitudes. Likewise, research, including peer research, can be influential and should inform policy and practice. For instance, growing evidence on the impact of adverse childhood experiences (ACEs) and the link to adult homelessness, as outlined in the article from Wales, can inform not only upstream prevention efforts, but also help professionals to understand an individual beyond their behaviour, and adapt their ways of engaging with the person accordingly. As Charlotte Obel from Copenhagen describes in her article, professionals working with homeless people need to be better equipped to recognise cognitive dysfunction and to understand the difficulties that stem from it.

The potential of the major international reports on health inequalities contained in this magazine must not be ignored. They should be a catalyst to action on addressing health inequalities through public policies. We hope this issue of the magazine will contribute to a growing understanding of homelessness as a public health issue and will move this change forward.

### LETTERS TO THE EDITOR

We would like to give you the chance to comment on any of the articles which have appeared in this issue. If you would like to share your ideas, thoughts and feedback, please send an email to the editor, [laura.rahman@feantsa.org](mailto:laura.rahman@feantsa.org)

The articles in *Homeless in Europe* do not necessarily reflect the views of FEANTSA. Extracts from this publication can be quoted as long as the sources are acknowledged.