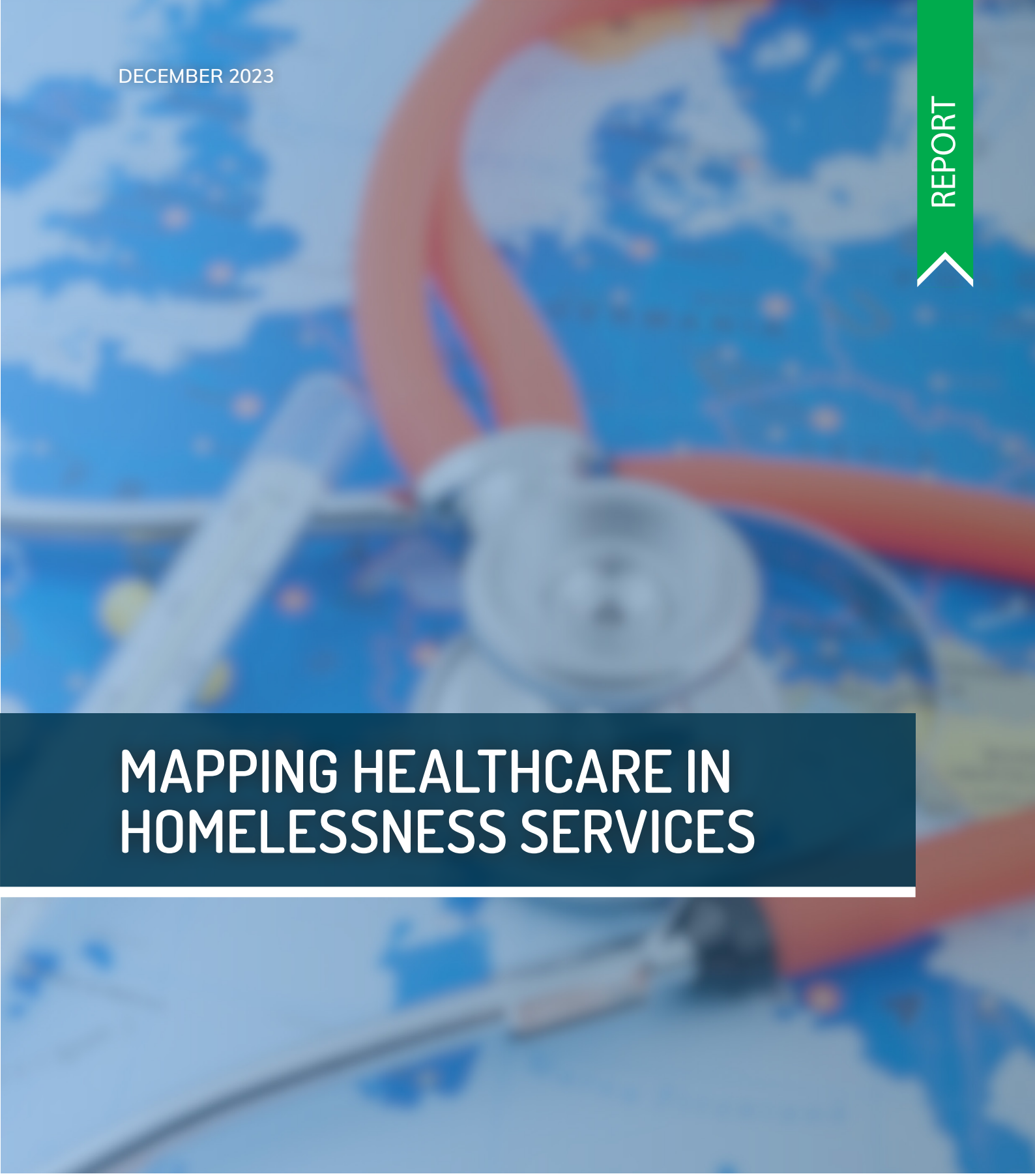

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REPORT

MAPPING HEALTHCARE IN HOMELESSNESS SERVICES

FEANTSA

European Federation of National Organisations Working with the Homeless

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Contents

1

Introduction to health and homelessness

The health and homelessness sectors are closely interconnected. Ill health can cause and contribute to homelessness, while simultaneously the lack of adequate housing has a significant impact on the physical and mental well-being of individuals. Homelessness comes with deep social exclusion and marginalisation which in turn have direct consequences on the health of those living in precarious housing, in emergency accommodation, or sleeping rough. Experiencing homelessness, even for a short period of time, translates into living under a great deal of physical and psychological stress, which has far-reaching health consequences.

Research into health and homelessness reveals that people experiencing homelessness have higher levels of physical and mental ill-health as opposed to people who are adequately housed. In 2022, Homeless Link published their report 'The Unhealthy State of Homelessness'[1] in which they evaluate, among others, the physical and mental health of people experiencing homelessness in the UK, their wellbeing and preventative healthcare, and the use of healthcare services. Included in the conclusion of the report was that 'Across all forms of healthcare needs, both physical and mental, as well as access to necessary support, people experiencing homelessness report poorer diagnoses and greater barriers to the healthcare needed than the general population.' Over half of the respondents reported being diagnosed with a physical health condition after they became homeless speaking to the negative impacts that experiences of homelessness cause.

The average age of death for people who experience homelessness is much lower compared to the general population who is adequately housed; in some countries, it is estimated to be up to 30 years lower.[2] In 2021, England and Wales reported an average age of death for men facing homelessness at 45 years old and for women even lower at just 43 years old. This is compared to 76 years for men and 81 years for women.[3] In Denmark, people who live on the street die an average of 20 years earlier than the general population.[4] People experiencing homelessness continue to die on the streets, often from preventable causes.

People who experience homelessness suffer more often from respiratory diseases and chronic illnesses. Additionally, people may resort to alcohol and substance use due to a complexity of reasons. High co-occurrence of addiction and other mental health diagnoses for people experiencing

1 https://homelesslink-1b54.kxcdn.com/media/documents/Homeless_Health_Needs_Audit_Report.pdf

2 Andrew Davies, Lisa J Wood, Homeless healthcare: meeting the challenges of providing primary care, Med J Aust. 2018 Aug 3;209(5):230-234. doi: 10.5694/mja17.01264.

3 Shelter UK, Two people died homeless every day last year, 23 Nov 2022 quoting Office for National Statistics Deaths of homeless people in England and Wales.

4 FEANTSA statement Average Age at Death of People Who Are Homeless, September 2016

homelessness are observed. Furthermore, this is often an additional barrier to accessing services as drug and alcohol services and mental health services may not work with people with co-occurring diagnoses (dual diagnosis). Self-medicating is also common while using toxic substances, which further exacerbate individuals' bad health situations. Dermatological and gastrointestinal diseases have been found to affect people who sleep rough, as well as those in overcrowded shelters with poor hygiene. Poor foot hygiene and exposure to moisture also means that podiatric problems are common, particularly among rough sleepers and those spending a lot of time in the streets. Most prevalent are superficial fungal and bacterial infections.[5]

Other serious conditions identified among people experiencing homelessness in a study dating back to 2009 in the UK were renal failure, osteomyelitis of the spine, acute bacterial endocarditis with septicaemia, necrotising fasciitis, jugular vein thrombosis, end-stage liver failure, MRSA infection, acute syphilis, pulmonary TB, and Wernicke's encephalopathy.[6]

Certain severe and contagious diseases are found to a higher degree among the homeless population than among the general population, for reasons related to inadequate access to healthcare, malnutrition, and unsanitary conditions. These include hepatitis B and C, HIV, and diabetes.[7] Dental health among homeless people also tends to be below the norm for the general population and research suggests that this type of care is particularly difficult to access when experiencing homelessness.[8]

More recently, during the COVID 19 pandemic people experiencing homelessness were considered one of the most at-risk groups, given both their social and clinical vulnerability to infectious respiratory disease. Evidence from this period show significant differences in the rate of infection of people experiencing homelessness in different settings, with shared airspaces and dormitories having worse outcomes than individual accommodation.[9] In the context of the COVID 19 pandemic, the poorer health status of those experiencing homelessness has been re-confirmed by bodies such as the European Centre for Disease Prevention and Control (ECDC).[10]

International studies conducted in the last 20 years have also found lifetime prevalence rates for mental illness for between 60% and 93.3% of people experiencing homelessness. Studies have reported a higher prevalence of mental health problems in the homeless population compared to the general population, including major depression, schizophrenia, and bipolar disorder.[11] In Germany, people facing homelessness are substantially more likely than the general population to suffer from mental illness that require treatment. A study from 2017 shows that mental health problems among those experiencing homelessness occurred at 3.8x the rate than in the general population.[12] Data from

5 Economic Evaluation of the Homeless Intermediate Care Pilot Project 2009 - Hendry

6 Economic Evaluation of the Homeless Intermediate Care Pilot Project 2009 - Hendry

7 "Medical and Cutaneous Disorders Associated with Homelessness" Alexander J. Stratigos, MD, Andreas D. Katsambas, MD, SKINmed 2(3):168-174, 2003. Abstract and Introduction: pg 4-6

8 Homeless Link: "Health Inclusion – The First Evaluation Report" June 2004, pg 7

9 COVID-19 Response and Homelessness in the EU, Ruth Owen and Miriam Matthiessen, FEANTSA, Brussels, Belgium in the European Journal of Homelessness, Volume 15, No. 1, 2021

10 European Centre for Disease Prevention and Control. Guidance on the .provision of support for medically and socially vulnerable populations in EU/EEA countries and the United Kingdom during the COVID-19 pandemic, 3 July 2020, Stockholm: ECDC; 2020 available at https://www.ecdc.europa.eu/sites/default/files/documents/Medically-and-socially-vulnerable-populations-COVID-19.pdf

11 WHO. (2014). Mental Health Atlas, available at

12 Schreiter S, Bermpohl F, Krausz M, Leucht S, Rössler W, Schouler-Ocak M,Gutwinski S: The prevalence of mental illness in homeless people in Germany—a systematic review and meta-analysis. Dtsch Arztebl Int 2017; 114: 665–72. DOI: 10.3238/arztebl.2017.0665

Spain also confirms the very close relationship between homelessness and mental health:[13] seven out of ten people facing homelessness surveyed in 2021 by FACIAM NGO were at risk of having their mental health affected, while 11.6% stated that they were diagnosed with a mental illness. In 2014, 80% of homeless people in England reported that they had mental health issues, with 45% having been diagnosed with a mental health condition.[14]

Among people who are facing homelessness, several demographics are affected the hardest. Several studies have identified the healthcare needs of children and young people experiencing homelessness. They have a higher risk of both physical and mental health issues compared to those who benefit from stable housing.[15] Furthermore, children and young people facing homelessness and mental health issues are often diagnosed late, or not at all.[16] In particular, rates of conduct disorder, post-traumatic stress disorder, major depression, anxiety, behavioural issues, suicidality, and stress are high among children and youth who experience homelessness.[17] For example, a study into the mental health of 90 young people facing homelessness in the UK, including 46 children under 18, found that 88% of them had a psychiatric disorder, compared to 32% in the age-matched general population.[18] Yet, only 31% of the young people in the study had accessed a form of mental health service. In France, the absence of housing and all the precarious situations that result from it has serious consequences on the mental health of children[19] given that childhood is an essential period of development during which the psychological, emotional, social, cognitive, and behavioural bases mental health are established. The same study confirms that in general, children and adolescents have great difficulty in accessing mental healthcare, due to an insufficient supply in this sector, which is sorely lacking in professionals. This difficulty in accessing care is particularly critical for children experiencing homelessness, who face additional obstacles such as their residential instability involving a discontinuity in care pathways, but also the impossibility of resorting to alternatives that are often too costly. In Spain, almost 80% of people surveyed in the 2021 FACIAM research who had a possible case of poor mental health were aged 30

13 Research report "Social exclusion and COVID-19: the impact of the pandemic on the health, welfare and living conditions of homeless people" December, 2021, Coordination: FACIAM Technical Secretariat Researchers: Esteban Sánchez Moreno, Doctor en Sociología (I.P) Iria-Noa de la Fuente Roldán, Doctora en Trabajo Social https://informecovidpsh.faciam.org/wp-content/uploads/2022/02/informe-Covid19_Faciam-EN-HR.pdf

14 WHO. (2011). Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level: Report by the Secretariat, available at www.apps.who.int/gb/ebwha/pdf_files/EB130/B130_9-en.pdf

15 Homeless children and young people A review of interventions supporting access to healthcare services, prepared as part of the European Platform for Investing in Children (EPIC) project, September 2021. Authors: Lucy Hocking and Emma Leenders

16 Crowley, 2012; Rosenthal & Lakhanpaul, 2020; Society for Adolescent Health & Medicine, 2018; Summerside, 2013 quoted in Homeless children and young people A review of interventions supporting access to healthcare services, prepared as part of the European Platform for Investing in Children (EPIC) project, September 2021. Authors: Lucy Hocking and Emma Leenders

17 Fazel et al., 2014; Leng, 2017; Morisseau-Guillot et al., 2020; Society for Adolescent Health & Medicine, 2018 quoted in Homeless children and young people A review of interventions supporting access to healthcare services, prepared as part of the European Platform for Investing in Children (EPIC) project, September 2021. Authors: Lucy Hocking and Emma Leenders

18 Hodgson et al., 2014, 8 quoted in Homeless children and young people A review of interventions supporting access to healthcare services, prepared as part of the European Platform for Investing in Children (EPIC) project, September 2021. Authors: Lucy Hocking and Emma Leenders

19 GRANDIR SANS CHEZ-SOI. Quand l'absence de domicile met en péril la santé mentale des enfants, UNICEF France and the Samusocial of Paris, 2022 - https://www.unicef.fr/article/lunicef-france-et-le-samusocial-de-paris-alertent-sur-la-sante-mentale-des-enfants-sans-domicile/

years or younger.[20]

In the aftermath of the COVID 19 pandemic, a WHO study found that refugees and migrants living on the street, in insecure accommodation, or in asylum centres were likely to be at high risk of experiencing mental health problems.[21] Primary reasons for anxiety among respondents were connected to uncertainty about their future, whether they or one of their family members or friends would get sick, or whether they would suffer serious financial consequences.[22] Among the WHO study participants, a large proportion reported a perceived worsening of mental health status due to COVID 19. They expressed feeling more depressed, worried, anxious, lonely, angry, stressed, irritated, hopeless, having more sleep related problems, and using more drugs and alcohol. Among the participants reporting worsening of their mental health, refugee and migrants living in asylum centres or on the streets were the ones who reported the greatest worsening. The study conducted in Spain among people facing homelessness confirms this trend,[23] showing that 41.3% of those surveyed who were either affected by or at risk of mental problems had foreign origins, compared to 25.6% of Spanish origin.

It is also important to note that people who face homelessness are exposed to a multitude of medical conditions while living rough or in shelters. Considering their difficult access to healthcare, most of these conditions remain chronically untreated and contribute to people's lower average age at death when they experience homelessness.[24]

20 Research report "Social exclusion and COVID-19: the impact of the pandemic on the health, welfare and living conditions of homeless people" December, 2021, Coordination: FACIAM Technical Secretariat Researchers: Esteban Sánchez Moreno, Doctor en Sociología (I.P) Iria-Noa de la Fuente Roldán, Doctora en Trabajo Social https://informecovidpsh.faciam.org/wp-content/uploads/2022/02/informe-Covid19_Faciam-EN-HR.pdf

21 WHO Apart Together survey, Preliminary overview of refugees and migrants self-reported impact of COVID-19, 18 December 2020

22 WHO Apart Together survey, Preliminary overview of refugees and migrants self-reported impact of COVID-19, 18 December 2020

23 Research report "Social exclusion and COVID-19: the impact of the pandemic on the health, welfare and living conditions of homeless people" December, 2021, Coordination: FACIAM Technical Secretariat Researchers: Esteban Sánchez Moreno, Doctor en Sociología (I.P) Iria-Noa de la Fuente Roldán, Doctora en Trabajo Social https://informecovidpsh.faciam.org/wp-content/uploads/2022/02/informe-Covid19_Faciam-EN-HR.pdf

24 FEANTSA Position - Average Age of Death of People Who are Homeless 2016

2

Homelessness services and healthcare

A. *THE UNWANTED ROLE* OF HOMELESSNESS SERVICES IN HEALTHCARE[25]

Due to extreme marginalisation and prior negative interactions within the healthcare system, people experiencing homelessness often only seek help in case of an emergency. Thus, their healthcare can be fragmented and lack coordination. This has an additional impact on health outcomes as people are late to receive treatment or lack access to preventative treatments and measures to stop their health from worsening. When trying to access health services, persons experiencing homelessness often face stigma and discrimination by medical staff. Overall, people's access to information and their health literacy may also be limited due to deep social marginalisation.

As explained above, people facing homelessness are also confronted with complex series of health needs – as well as administrative and financial challenges (for example, a lack of health insurance, ability to pay up front for medical costs, or language barriers). Most often, health services are unable to adequately address these complex challenges. Generally, mainstream health services are not adapted to the specific needs of people facing homelessness and have strict rules and conditions for accessing public healthcare. Health systems across Europe tend to be difficult to navigate, fragmented, and with little flexibility, which in turn creates health inequities for people in vulnerable situations.

The involvement of homelessness organisations in providing health services is often done as a response to society's failure to include the most marginalised people and respect their basic rights to health (and housing). It is an unwanted role that homelessness organisations are taking on to fill the gaps in provision for groups excluded from mainstream services. Following the development and implementation of health services within homelessness services, the homelessness sector has developed good practices on how to implement co-developed, accessible, participatory, holistic, multi-disciplinary, and integrated approaches that support people in vulnerable situations, that can be showcased and scaled up by authorities. The sector has also intensified its role in informing and educating the public and mainstream services on homelessness in general, as well as on existing entitlements, on the complexity of issues that need to be considered when providing healthcare for people experiencing homelessness, harm reduction approaches, providing evidence of cost effectiveness (social economics), and moving from the charity perspective to a rights-based approach.

Homelessness service providers have also been working to enhance collaboration between the homelessness sector and the mainstream health services, whereas communication and networking could be further improved. There is a need for education in both directions: for example, making doctors in offices aware of the complexity of problems faced by someone who experiences homelessness. This includes the barriers to accessing healthcare for people experiencing homelessness and how mainstream health services could become more accessible. Similarly, training opportunities on health should be provided for workers in the homelessness sector – facilitating effective communication between the two sectors. Another way to achieve this exchange is by bringing mainstream services into the homelessness sector. Training and sharing good practices are also necessary; this should already be included in the education of medical students, to better equip health systems to interact with people in vulnerable situations. Whenever possible, training opportunities should be done with the involvement of peer workers. Homelessness organisations should focus on promoting good practices and the multidisciplinary work that they have developed.

Furthermore, policy work must be conducted jointly by the homelessness and health sectors to bring homelessness into health policies and for closing existing gaps (e.g., providing step-down care, ensuring intermediate care for uninsured people, removing administrative barriers to access, and developing projects that support

25 Based on discussions from the study visit at the health clinic established by neunerhaus in Vienna, May 2023. Study visit report is available online at https://www.feantsa.org/en/newsletter/2023/06/19/health-and-homelessness-newsletter-summer-2023?bcParent=27

bridge-building between the two sectors with proper financing and resources). Advocacy is also conducted by homelessness organisations on the right to healthcare - including following up on existing entitlements in the legislation and raising awareness when this is not respected accordingly.

Finally, as the scope of homelessness services increases in connection to healthcare, the organisations working in the area identify the clear risk of creating a parallel health system, which provides high-quality care at a much lower cost. This is not the goal of the sector, since such a system would further contribute to increasing stigmatisation and exclusion of people experiencing homelessness (from healthcare and the general society). The goal of the work on health and homelessness is to ensure that the mainstream health system provides everyone with equal treatment in a qualitative and sustainable manner, especially to those in vulnerable situations. This needs to be addressed by ensuring that the focus of the homelessness sector remains on sharing expertise; on lowering barriers to access for people and supporting them to connect to and navigate the wider health system; on educating and challenging the mainstream services to become more inclusive and accessible; and creating a bridge between the social and the mainstream services.

B. TYPOLOGIES OF INTERVENTIONS DEVELOPED WITHIN THE HOMELESSNESS SECTOR

Throughout the years homelessness organisations have developed and implemented a wide range of health services starting from the identification of the complex and interdependent needs that people experiencing homelessness have in connection with healthcare, in an attempt to improve life quality of people they work with. The following breakdown of typologies of interventions developed aims at shedding light on the diversity of work thus far realised in the homelessness sector in connection to healthcare. This overview is not meant to be exhaustive; it is merely the start of mapping out this type of work within homelessness services. Understanding these typologies and scaling up support measures such as those presented in the sections III and IV of this paper, can contribute to further eliminating barriers to access healthcare encountered by people facing homelessness.

1. Primary care services

In order to improve access to primary care services, such as general health check-ups, vaccinations, and chronic disease management, homelessness service providers have incorporated healthcare in their offers. This is done either by setting up an office for General Practitioners in their premises and hiring medical staff, or by establishing collaborations with doctors and nurses who would regularly visit the day shelters and attend to those who need healthcare.

2. Mobile/outreach health services

People experiencing homelessness are severely marginalised and excluded from society, and subsequently often remain excluded from healthcare, preventing them from reaching out to services and often postponing until they are in emergency situations. To ensure that even the most marginalised people are reached, homelessness service providers have incorporated health services in mobile outreach units which can support healthcare to individuals where they are. It is important that health services are brought to the locations of people who need it.

3. Telehealth

In an increasingly digitalised world, and particularly evident during the COVID 19 pandemic, homelessness services have an important role in supporting beneficiaries to access telehealth services, ensuring that people experiencing homelessness can access healthcare remotely.

4. Mental health

As shown above, lack of safe shelter has a significant impact on people's mental health. To support those facing homelessness in improving their mental wellbeing, homelessness services work towards improving access to mental health professionals, counselling, and therapy for individuals experiencing mental health issues such as depression, anxiety, or post-traumatic stress disorder. Such services have been also organised within the structure of the day centres where psychologists have working hours and can counsel people.

5. Trauma-informed care

Implementing trauma-informed care in homeless shelters acknowledges the complex needs and experiences of individuals who have faced trauma, aiming to provide an environment that promotes healing, trust, and a sense of safety. Trauma Informed Care (TIC) and Psychologically Informed Environments (PIE) do not rely on either diagnosis or formal therapy, rather they provide a framework that emphasises the impact of trauma and encourages the development of strategies for better responding to the needs of trauma survivors. At the very least the overt and conscious aim is to "do no harm and to avoid retraumatisation or blaming clients for their efforts to manage their traumatic reactions". Such approaches have been continuously developed in the homelessness sector, including when healthcare services were being developed, and growing attention has been given to trauma informed care in connection with different groups of people pushed into homelessness.[26]

6. Harm reduction programs

Harm reduction programs focusing on reducing the negative consequences of drug/alcohol use without requiring abstinence can help reduce the health risks associated with substance misuse. Such programs have been implemented in the homelessness sector and further training and promoting of this type on initiatives are ongoing.[27] Examples of how these programs are typically implemented include: needle exchange programs, access to naloxone (shelters might provide training and access to naloxone, a medication that can reverse opioid overdoses), safe consumption spaces (individuals can use substances under supervision, reducing the risk of overdoses and providing immediate assistance if needed), and referrals to treatment and support services.

7. Palliative care services[28]

As shown above, people who experience homelessness are at a high risk of dying prematurely. At the same time, palliative care options are unfortunately limited and the needs of people who are terminally ill while facing homelessness remain often uncovered. To ensure that their beneficiaries can have a dignified end of life care, several homelessness service providers have started to implement support activities aimed at reducing symptoms and pain and to provide comprehensive care including physical, psychological, and/or spiritual care.

8. Dental care

Dental check-ups, cleanings, and treatment for dental issues to maintain oral health are also ensured for people experiencing homelessness, including by setting up dental offices within the homelessness services. Collaborations with dental clinics, individual dentists, or dental schools enable shelters to provide access to free or low-cost dental services, including check-ups and treatments. Providing information and educational sessions on oral health and hygiene is crucial. This includes guidance

26 For more resources on trauma-informed care within the homelessness sector you can consult FEANTSA's website here

27 For more resources on Harm Reduction programs within the homelessness sector you can consult FEANTSA's website here

28 For more resources you can consult FEANTSA's End-of-life Care for Homeless People policy paper here

on proper brushing, flossing techniques, and dietary habits that impact oral health. Shelters may also offer basic preventive dental care supplies such as toothbrushes, toothpaste, and dental floss. These supplies are often donated or provided through partnerships with local businesses or organisations.

9. Vision care

Access to eye exams and prescription glasses for those with vision problems can also be facilitated through the work of the homelessness services. Shelters may offer basic vision screenings to identify individuals who may have vision issues, conducted by healthcare professionals or volunteers with relevant training. Partnerships can be developed with eye care professionals, optometrists, or ophthalmologists who may volunteer their services or offer discounted rates for comprehensive eye exams. Furthermore, for individuals diagnosed with vision problems, shelters might provide access to free or subsidised glasses. Some organisations also accept donations of eyeglasses for redistribution, or refer individuals to eye care specialists for further diagnosis and treatment if required.

10. Reproductive healthcare

Reproductive healthcare encompasses a wide range of services and information aimed at ensuring the well-being of the reproductive system. It involves access to healthcare services that help individuals maintain their reproductive system's health, address reproductive health issues, and make informed choices about their sexual and reproductive lives. Homelessness service providers have worked with reproductive healthcare by implementing services related to family planning, contraception, prenatal care, safe and official abortion services, as well as prevention and treatment of sexually transmitted infections (STIs). Access to reproductive healthcare is vital for individuals who experience homelessness.

11. Vaccination and immunisation

Vaccination and immunisation efforts in homeless shelters have been conducted to ensure that individuals experiencing homelessness have access to essential vaccines and protection against preventable diseases. This is one through different actions, for example: community outreach and dissemination of information of vaccines and clinics for vaccination, and hosting or organising mobile vaccination clinics equipped with healthcare professionals and necessary vaccines. Such services are more accessible to people as they do not require them to travel to a distant healthcare facility. Coordination with local health departments is done to ensure that vaccines are available and that vaccination programs are appropriately organised.

12. HIV/AIDS and STI testing

Efforts to provide HIV/AIDS and STI (sexually transmitted infections) testing in the homelessness sector have been aimed at identifying cases as well as at providing necessary support and resources to individuals who may need further care and treatment. Testing, counselling, and treatment for HIV/AIDS and STIs have been implemented by and within the homelessness sector through on-site testing services (some shelters collaborate with healthcare providers or organisations to offer on-site testing making it more accessible for individuals without requiring them to visit external healthcare facilities); outreach work may also include efforts to raise awareness about the importance of getting tested for HIV/AIDS and STIs and information about the diseases, their transmission, and the available testing options. Counselling services are also ensured, before and after the testing process, to discuss concerns, provide information, and offer support. This is particularly important for those who may receive a positive diagnosis. In such situations, access to treatment and follow-up services will be facilitate by shelters with involvement of healthcare professionals or clinics for continued care.

13. Cancer prevention and care

Cancer is the second leading cause of death globally and cancer mortality among people

experiencing homelessness is double compared to an adult in the general population of high-income countries. Considering existing significant challenges that people facing homelessness experience when accessing healthcare systems, their access to cancer prevention, screening, diagnosis, and treatment is significantly lower than for the general population. The homelessness sector has worked to support care for people with cancer and for developing interventions and policies that would allow for improved access to treatment. One such intervention is the consortium initiative called CANCERLESS[29] which aims at preventing cancer and allowing for early diagnoses in the homeless population by delivering person-centred interventions to overcome health inequalities and facilitating timely access to quality cancer prevention and screening services. The CANCERLESS project aims to deliver an innovative solution as an aggregate intervention based on the combination of the tested Patient Navigator Model and Patient Empowerment Model to create the Health Navigator Model for Europe.[30] The Health Navigator Model is an evidence-based patient-centred intervention that develops patient empowerment through health education and social support, promoting timely access to primary and secondary prevention services. CANCERLESS includes partner organisations with long-standing experience in working in health and social care for people experiencing homelessness in the south, east, northwest, and central Europe, and academic institutions and local governments.

14. Covid 19 response and vaccination[31]

During the COVID 19 pandemic, the public health advice revolved around the notion of "home", with all guidelines published by governments encouraging everyone to #stayhome. For those who did not have a house, the next immediate support measure was to be housed in temporary, improvised accommodation. Shelters for people experiencing homelessness had an increased role in providing information about how people should protect themselves against the new virus as well as in supplying them with required protection equipment (masks, gloves, sanitisers, etc.). Testing for COVID 19 and quarantine spaces were organised within the shelters (or connection was made with state quarantine facilities where possible). After the development of the COVID 19 vaccine, shelters also had a crucial role in reaching out to people experiencing homelessness and implementing vaccination campaigns. At this stage, the homelessness sector has also made efforts across Europe to ensure that their beneficiaries were included as a priority group in the national vaccination strategies, as they were among those highly exposed to the virus.

15. Peer support in health settings[32]

Training and employing peers in health settings has been developed by organisations in the homelessness sector. Peers have a huge role to play in helping people to navigate the health system while acting as advocates for health access. They will also have a real understanding of the problems people face, better relating to those who are experiencing homelessness at the given time due to shared experiences, subsequently allowing them to work towards re-building trust between people and health systems. Peers bring an expertise which plays a huge role in making services across the board more accessible to people who need them. Peers working on the inside can better inform the system and help healthcare workers understand the precarious lives of people which will improve

29 Learn more about the CANCERLESS project here: CANCERLESS

30 For more information on the different models, please consult https://www.tandfonline.com/doi/full/10.10 80/10530789.2021.2021363 and https://cancerless.eu/wp-content/uploads/2023/04/CANCERLESS-D2.5.-HNM-for-Europe-Report_For-Submission.pdf

31 To read more about The Impact of Covid-19 on Homeless People and Services you can consult FEANTSA's Homeless in Europe Magazine Autumn 2020 - THE IMPACT OF COVID 19

32 Peer Support in Homelessness & Health Settings, FEANTSA webinar series, 2022

access to services. By bringing in a different type of expertise in the teams and services they support, peers can transform services making them more accessible and effective.

16. Information provision and raising awareness

As a first step to remove the barriers that people facing homelessness experience in accessing healthcare, service providers have intensified their role in providing information to people about health, both on existing entitlements and on health issues. Increasing health literacy and providing people with accessible information empowers them to be more involved in decisions about their treatment and maintaining good health. This is done through developing materials (leaflets, maps, digital campaigns, or databases) of available healthcare services and providers and by making the information easily accessible to service providers, case managers, and people experiencing homelessness. To ensure that information provision is done properly, capacity building and empowering of staff is also implemented within the homelessness services.

17. Adopting a multidisciplinary approach

Multidisciplinary approaches are implemented throughout the different measures to ensure that the complexity of social and health needs for people experiencing homelessness can be met in an effective and person-centred way. Such an approach ideally includes, among others, social professions (i.e., Social workers), health professionals (medical staff, mental health specialists), housing specialists, and outreach workers. Engaging a diversity of professionals and services can ensure a comprehensive and holistic answer to complex needs which people in vulnerable situations face in connection to health. Coordination among team members, clear communication, and a person-centred focus are all essential for the success of this approach.

18. Case management and continuous accompaniment

Services implement case management to support their beneficiaries in navigating the healthcare system, access necessary services, and follow up on their care. They also regularly review and update the healthcare plans/files and will closely accompany people in their recovery process.

19. Inclusion competency and anti-discrimination training

People experiencing homelessness can face stigmatisation and discrimination from healthcare providers and staff. There is a need for guided support to help healthcare become more inclusive and develop a stronger awareness on how to address the unique needs of those individuals facing homelessness. People facing homelessness may feel pre-judged and rejected by the health system, which often expects the individual to comply with the (inflexibility of the) system, but rarely tries to understand the trauma that people experience. This is a major factor preventing many people from accessing healthcare. To tackle these barriers, homelessness service providers have developed initiatives where they act as mediators in the relation between their beneficiaries and the medical staff; another way of combating stigmatisation and discrimination is by holding presentations, training sessions by involving peers, and organising visits at the shelters for the medical staff, to facilitate a better understanding of the challenges faced by those without housing.

20. Research and advocacy

Homelessness services have developed initiatives to advocate for policies and funding that support healthcare access for people experiencing homelessness. In support of their advocacy work, services collect and publish data to assess the health condition and healthcare needs of the people they support.

21. Building collaborative partnerships

To be able to offer increased access to healthcare, homelessness services have worked to establish partnerships with local healthcare

providers, including hospitals, clinics, and mental health facilities. Collaboration can help leverage existing expertise and resources in addressing healthcare needs among those facing homelessness. Furthermore, working in partnerships can facilitate knowledge sharing and work towards eliminating stigma and stereotypes about people experiencing homelessness while increasing the understanding of individuals' needs within the mainstream health sector.

22. Nutrition and food assistance

Homelessness services support their beneficiaries with access to nutritious meals and information on healthy eating habits. Nutrition and food assistance in homeless shelters are vital for providing basic sustenance and support to individuals experiencing homelessness as very often people do not have the means to provide for themselves the minimum necessary meals per day.

23. Hygiene facilities

Homelessness shelters have a crucial role in maintaining the minimum required hygiene for the health of individuals experiencing homelessness, as well as ensuring their dignity and overall well-being. Access to showers, bathrooms, and hygiene supplies to maintain personal cleanliness is regularly ensured in the shelters.

3

Case Study: neunerhaus, Vienna

neunerhaus was established over 20 years ago with the objective to enable people experiencing homelessness and people at risk of poverty to lead a self-determined and dignified life through access to medical care, housing, and advice. Every year, more than 1,100 people who experience homelessness are supported in either the three neunerhaus residential supported housing services, or in their own apartment through Housing First and floating housing support teams. neunerhaus has been at the fore of bold and innovative approaches to ending homelessness in Austria: in 2012, neunerhaus brought the successful concept of Housing First to Vienna; they founded the social property management subsidiary neunerimmo in 2017; and launched a certified training course for peer workers in homelessness services in 2019. A veterinary practice treats the four-legged companions of people experiencing homelessness.

"The special thing about neunerhaus is that here the doctors have the time to look people in the eye and listen to their problems. People are not just a number. And people feel when you are really interested in their problems." - Carmen Ploch, peer health worker.

neunerhaus has provided health services since 2006, the neunerhaus health centre opened in 2017, and a further much needed Praxis Psychische Gesundheit, the neunerhaus mental health service, was launched in 2021. neunerhaus primarily supports people experiencing homelessness and people without health insurance. The organisation works on two pillars: first, by providing quality health services, second, by cooperating with and advocating for mainstream services to become more inclusive for people who face different challenges around access (for example, due to a lack of social security entitlements, language barriers, social exclusion, complex health needs, etc.).

The centre offers health services to people experiencing homelessness or who do not have health insurance, free of charge. Around 5,800 people per year (60% of whom are uninsured) are supported through the neunerhaus health centre and the team of mobile doctors who provide outreach medical care in homelessness services across Vienna. The number of patients in the health centre increased by 32% between 2019 and 2022.

The team of the centre is multi-professional, formed of general practitioners, social workers, receptionists, peer workers, nursing staff, dentists, and dental assistants. The centre has the status of an 'ambulatorium', requiring facilities and standards similar to a hospital outpatient clinic. To overcome language barriers, a video interpretation service supports health and social staff to have conversations in more than 50 languages. This is an innovative method implemented by neunerhaus and provided by a social start-up (SAVD) in Vienna, which facilitates communication with the patients while considering culturally sensitive aspects. The services offered at the centre are:

- a doctor's surgery/general practice, including a nursing team,
- a dental practice,
- Praxis Psychische Gesundheit (PPG) – interdisciplinary mental health service,
- a social work team, including peer workers,
- and neunerhaus' mobile doctors (working in 29 homelessness services across Vienna, and available through a telephone hotline originally set up during the pandemic to answer specific questions regarding COVID19 - since January 2023 this is operating as a general health advice line for the homelessness sector)

Peer work in health services: Three peers are employed in the neunerhaus health centre as part of the multidisciplinary teams. Peers use their lived experience of homelessness to bring new expertise into the teams. They have an important role in building trust and relationships with patients, supporting patients to navigate the health system, providing accessible information about health and health systems and using their own experience to motivate, encourage or support patients.

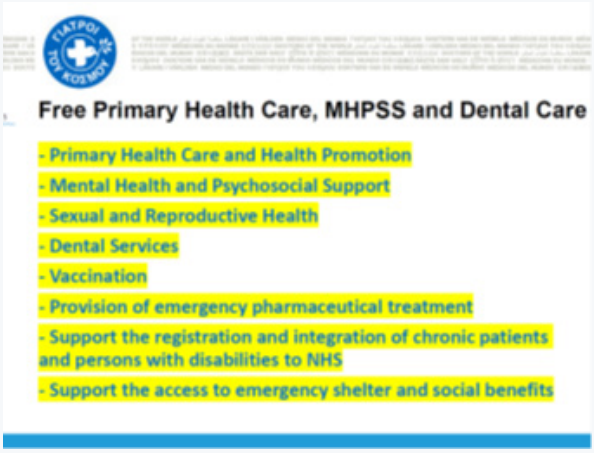
neunerhaus also has a further health service, 'dock', based in a different location. *dock* is a health and social service run in cooperation with the Vinzenz Gruppe, a healthcare provider in Vienna. It offers specialist medical care to people without health insurance. Medical specialities at *dock* include gynaecology and obstetrics, internal medicine, orthopaedics and pain medicine, urology, and ophthalmology. Doctors work on a voluntary basis and neunerhaus social workers provide additional support to patients as needed. The interdisciplinary team also includes midwives and physiotherapy.

4

Further examples of health services in the homeless sector

Doctors of the World Greece (MdM Greece)

Doctors of the World Greece (MdM Greece)[33] established Open Polyclinics as an entry point to housing and social care for people facing homelessness where they offer a warm welcome, respecting diversity. The main mission of MDM Greece is to provide healthcare services. However, activities extend beyond the scope of healthcare. The long-term goal of MDM Greece is to ensure unhindered access to healthcare as a basic human right. The provision of medical services is the justification of a need when violation of rights happens, and people do not have access to care. Half of beneficiaries are children, refugees, and Roma – in Greece the schools request a full vaccination certificate to enrol children. MdM Greece operates with 60 places in their centre to support 1,600 homeless people, through an intercultural, person-centred, and community-based approach with comprehensive case management (led by the beneficiary) and medical digital data; the cycle closes when people have access to housing.



Infirmiers de Rue (IdR, Street nurses), Belgium

In Belgium, **Infirmiers de Rue (IdR, Street nurses)**[34] work with the vision that housing promotes wellbeing and is itself a health treatment. Successful integration of people experiencing homelessness is achieved through sustainable health, hygiene, and talent development. Infirmiers de Rue work to build relationships of trust with patients and for developing networks – raising awareness through presentations in hospitals and in various organisations that work with the public that IdR supports. Developing tools is also part of the work: prevention and information tools on the importance of hygiene; maps of drinking water fountains and toilets; hypothermia prevention and warmth; BCB, a tool to assess vulnerability from a distance; and Hestia, an assessment of the risk of housing loss. The IdR advocacy team mobilises public authorities, organisations, and citizens to design sustainable solutions together.

33 https://www.mdmgreece.gr/

34 https://www.infirmiersderue.be/fr

Hogar Si, Spain

Hogar Si[35] is a social initiative entity from Spain working with housing for health recovery as a solution to homelessness. The housing for health recovery program ensures access to shared housing and 24 hours support, specialised response, combining social intervention and healthcare support. The program also works for prevention and health promotion, with a focus on adherence to treatment, and coordinates directly with the national medical system for treatment, the final goal being the normalised use of the public health system. Person-centred planning and individual evaluations (every 6 months) are conducted on the impact of the program and on what objectives people want to follow. Services offered focus on recovery, chronic diseases, and palliative care.

Saint Brother Albert Aid Society, Poland

Saint Brother Albert Aid Society[36] in Poland provides medical care for people in street homelessness. The most common forms of street medical services are: joint patrols of street workers with doctors; outpatient clinics for homeless people, mobile or stationary (Gdansk - occasional, Wroclaw and Warsaw - permanently); ambulances dedicated to people in the homeless crisis patrolling non-residential places (Warsaw, Bialystok); and paramedics in various types of mobile forms of assistance (e.g., Mobile Counselling Point, SOS Bus, Winter Police Car - Gdansk, Wroclaw, Warsaw, Bialystok) – seasonally in winter. The entity providing long-term care consisting of providing 24-hour health services that cover care and rehabilitation of patients who do not require hospitalisation, and providing them with medicinal products and medical devices, rooms, and food appropriate to dietary requirements, as well as guidance in health education for patients and their family members.

TOWARZYSTWO POMOCY
IM. ŚW. BRATA ALBERTA

35 www.hogarsi.org

36 https://www.bratalbert.wroclaw.pl/about-us-in-english

Budapest Methodological Centre of Social Policy and its Institutions (BMSZKI), Hungary

In Hungary, the **Budapest Methodological Centre of Social Policy and its Institutions (BMSZKI)**[37] operates in 19 premises in Budapest. Health services are provided through the coordination of one hospital for people experiencing homelessness, featuring a department of internal medicine with 53 beds and a nursing department with 20 beds. Two General Practitioners work in the 24-hour Health Centres for people experiencing homelessness, which include convalescent rooms and staff dedicated to following the situation of rough sleepers. Other health services developed are related to psychiatric support, dermatology, and trauma-conscious gynaecological service – a service for which BMSZKI won the Sozial Marie Prize for Social Innovation in 2023.

Proximity social services, Italy

Proximity social services in Modena,[38] Italy works with an outreach unit for people experiencing homelessness who use drugs. The service was born in 2008 and it is called "the camper". The services offered are mostly sanitary, low threshold, and based on harm reduction. Proximity is in the street seven out of seven days as a multidisciplinary team made up of an educator and psychologist, nurses, doctors, and cultural and linguistic mediators. The focus is to provide support to people using drugs in the form of syringe exchanges; providing medication, painkillers, and antibiotics; and screening tests for HCV, HBV, and HIV. Migration flows changes many things in Modena, which is a crossroads for migration and drug trafficking. Given the high number of beneficiaries coming from Arab countries, Arab cultural mediators are engaged in the services offered, who are essential to have credibility and open communication. Collaboration with public services is developed when needed, and when possible. For people without documents a dedicated clinic allows everyone to visit daily. People without documents may request temporary health insurance, which is necessary to book exams in hospitals or to enter rehab centres.

37 https://www.bmszki.hu/en

38 https://www.caleidos.mo.it/

Homeless Link

Homeless Link[39] have implemented the 'Bridging the Health Gap project' in the UK under which they have produced a suite of resources aimed at supporting staff and volunteers to have conversations about health with their beneficiaries. The conversations frontline homelessness workers are having with the people they support, encouraging use of primary health and social care services, are vital. People experiencing homelessness are disproportionately more likely to access emergency healthcare and have extremely poor health outcomes and mortality rates. There are wider systemic barriers that contribute to this, however it is clear that frontline homelessness workers can, and often already do, play a key role in encouraging the people they support to engage with more upstream healthcare.

The '*Bridging the Gap. Understanding the healthcare support and training needs of frontline workers supporting people experiencing homelessness*'[40] paper sets out the findings of a consultation with frontline homelessness workers and people experiencing homelessness. It explores the barriers to and opportunities for more effective health and social care conversations and what training and wider support mechanisms are already available to frontline workers to help them facilitate health-related conversations, with a view to understanding what gaps there are in the current offer.

39 https://homeless.org.uk/knowledge-hub/holding-conversations-about-health/

40 Bridging the Gap. Understanding the healthcare support and training needs of frontline workers supporting people experiencing homelessness, Homeless Link and Groundswell, as part of the Homeless Health Consortium of the Health and Wellbeing Alliance, Published June 2022, available online here

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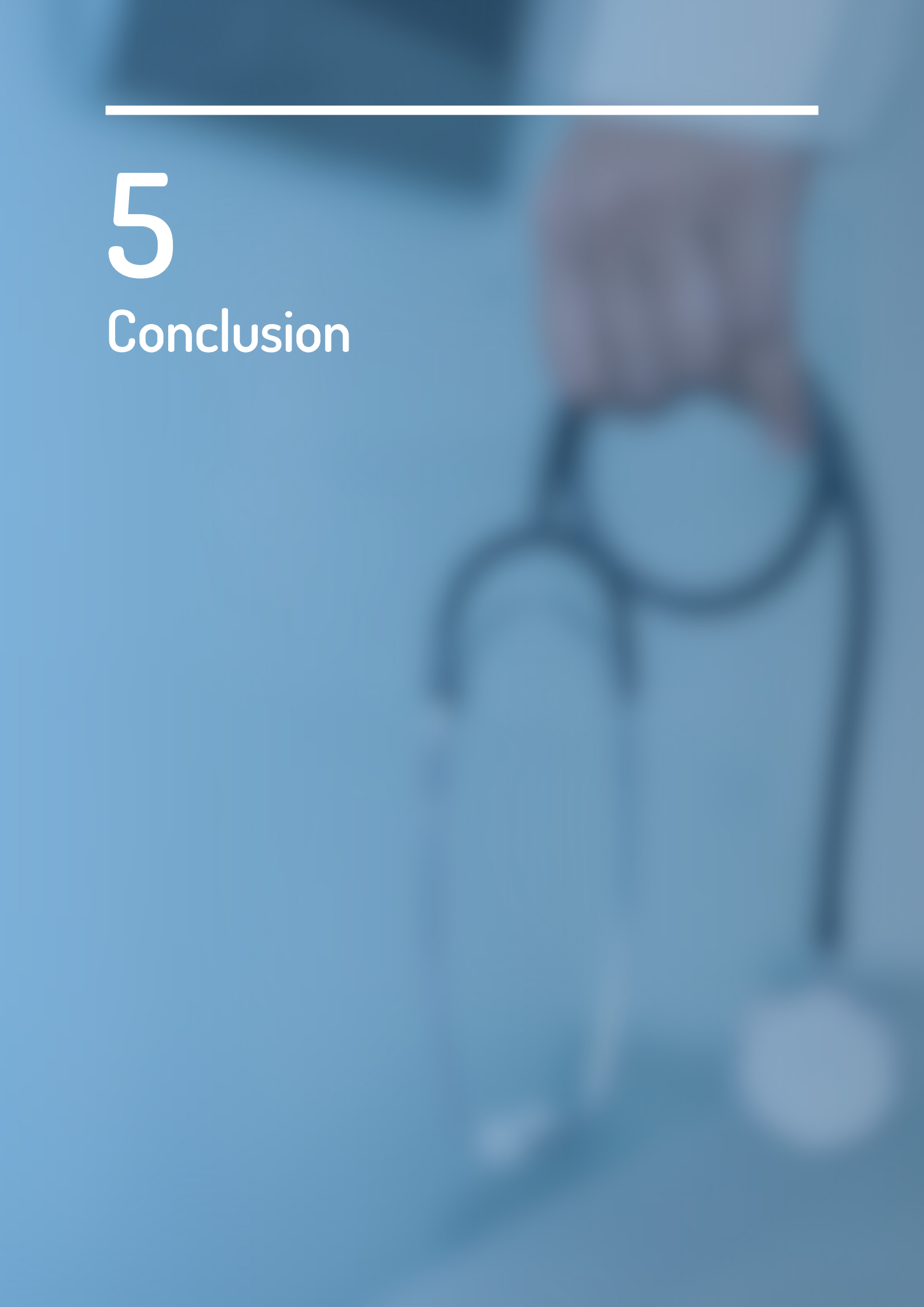
Conclusion



Making mainstream healthcare available to everyone remains the primary health goal of the homelessness sector. Advocating to relevant authorities and working to eliminate the existing barriers preventing equal access to healthcare for those living in deep marginalisation, has been conducted intensively. Simultaneously, homelessness service providers have developed a wide range of health services and health related activities, which have contributed to improving access to healthcare for beneficiaries they support. Given the importance of housing as a social determinant of health, the final goal is of course to ensure that everyone can access adequate and independent housing. However, this is not a straightforward process and can take a long time, therefore ensuring access to healthcare for people who continue to live in homelessness remains a pressing need.

The interventions developed within the homelessness sector cover a variety of health services, from basic information provision and improving health literacy among people experiencing homelessness, to telehealth, harm reduction and trauma informed care, primary health care or cancer prevention and screening. To be able to implement these services, homelessness service providers have built collaborative partnerships while increasing their own capacity to work on health. Training and experience exchange activities are organised for the staff supporting excluded individuals to access healthcare. The expertise gathered along the years by the homelessness sector is extremely important for informing policy work and for bringing homelessness into health policies with an aim of closing existing gaps.

While the role of the homelessness sector in the health area has increased over the years, organisations remain aware of the danger of creating a parallel health system for marginalised people, which provides high-quality care at a lower cost. To avoid creating a parallel system, thus reinforcing the marginalisation and exclusion people living in homelessness from the healthcare system, homelessness service providers have continuously worked with advocates and developed collaborations with authorities in the mainstream health sector. Sharing expertise, working to lower access barriers, and supporting people to connect to and navigate the wider health system are some activities that need to be scaled up to achieve a healthcare system which is equally available to everyone. Raising awareness, education and challenging the mainstream services to become more inclusive and accessible are actions required on an ongoing basis. Health professionals must also inform themselves better about the special health needs of people facing homelessness and work towards helping these needs to be met.

FEANTSA highlights that in order to meet the health needs of people facing homelessness the following fundamental elements must be implemented: promotion of a greater understanding of the complex and interdependent nature of the health needs of homeless people; developing integrated and accessible health services; and working with a broad rights-based approach to the provision of health services that incorporates a holistic notion of care that goes beyond simple health needs to a greater conception of general mental, physical, and social well-being. Targeting health problems is a starting point from which the person can be supported through a transition to a more stable lifestyle. Ensuring the individual's holistic wellbeing through mental and physical good health, but also access to adequate housing, access to work or to meaningful occupation, and a stable income should be the ultimate goal of health policy.[41]

41 FEANTSA POLICY STATEMENT, How Health Professionals Can Work Towards Meeting the Health Needs of Homeless People.

Acknowledgement

FEANTSA would like to acknowledge the support of our member at neunerhaus in Vienna who has hosted us in May 2023 for a study visit where discussions on the role of the homelessness sector in relation to health have been held together with FEANTSA members from at least 8 different countries. This debate was the basis for this report on mapping health services in the homelessness sector. We are particularly grateful to Paula Reid, health lead in the research and innovation department at neunerhaus, who has gracefully supported the organisation of the study visit and provided with comprehensive feedback to this paper.

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