

Commentary

Integrated care for homeless people—sharing knowledge and experience in practice, education and research: Results of the networking efforts to find Homeless Health Workers

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‘Everything we do, is a drop in the ocean. But, if we don’t do it, that drop will be lost for ever’

Mother Teresa

Over the last dozen years, as doctors for homeless people in Pittsburgh, USA and Amsterdam, the Netherlands, we have been networking internationally and travelled the streets to find social and medical workers who bring care to homeless people. We felt the need to reach out on the streets to meet homeless people and their problems, and to reach into mainstream services, academic centres and research institutes, to meet the needs of professionals in housing, social and medical work to deliver integrated care.^{1,2} We sought knowledge and experience to be integrated in practice, education and research, to better serve homeless people.^{3–6}

Networking for homeless people

The networking efforts resulted in several meetings in the USA and Europe. In the USA, in 2005, the inaugural International Street Medicine Symposium was held in Pittsburgh, the second in Santa Barbara in 2006, and the third in Houston in 2007, www.streetmedicine.org. In Europe, a ‘Doctors for Homeless’ workshop was organized in cooperation with homeless health workers from Oxford University, Harvard University and the US Street Medicine Network, during the fifth International Conference on Urban Health in Amsterdam, www.icuh2006.com

Building on the strength and goals of FEANTSA, the European Federation of National Organisations working with the Homeless www.feantsa.org, meetings were held to integrate social and medical care for homeless people, which resulted in the European Network of Homeless Health Workers (ENHW). The efforts of FEANTSA’s policy officer Dearbhla Murphy have resulted in a seasonal ENHW newsletter and launch of the network at the 2nd Oxford Health and Homelessness Conference at 24 September 2007.⁷

The Oxford Health and Homelessness Conferences have found their roots in the networking efforts of Dr Angela Jones, and have become part of the Oxford online curriculum

Key Concepts in Provision of Health Care to People Experiencing Homelessness, which is available for people from all medical and social work/support disciplines who work with homeless people and want a better understanding of the interplay of social and medical issues that affect their clients.⁸ At the 2nd Oxford Health and Homelessness Conference members of the US and European Network were present to further explore a global mission.⁹

Integrated care for homeless people

To echo the unheard voice of homeless people in our societies, we wish to unfold the mission of our network. Before we describe our mission, we will try to answer three questions. Why do we need a network of homeless health workers? Why do we need to share our knowledge and experience in practice, education and research? Why do we need to *reach in*?

In daily practice we are confronted with homeless people in extremely ill health who are in need of two sorts of care. These are *social care* for housing, income and activities, and *medical care* for addiction, mental and physical health problems. These six problem areas are to be addressed simultaneously, while making rules and infrastructure for integrated care for those in highest need.^{10,11}

As homeless health workers, we are all aware of the complexity of rules, infrastructure and budgeting of services to support homeless people. Services are organized and managed in such a complex manner that policy makers and managers tend to think that homeless people do have complex needs. This is not true. Needs are not complex at all. Tackling the health issues of the homeless requires a systematic approach by dedicated homeless health care professionals.

Regardless of whether practice or evidence based, the amount of attention paid to homelessness and health in practice, academic centres and research institutes can be considered as marginalized as the attention paid to homeless people in general.^{5,4,12,13} Consequently, among service providers, homeless health workers are the homeless professionals in highest need for support. Our situation mirrors that of our homeless patients. For re-socialization and recognition, we ourselves are in need for an identification card, benefits and health insurance, in order to deliver state of the art integrated care.^{14,15}

Helping homeless people is helping policy makers and managers

To provide care for prevention of homelessness and interventions to improve health of homeless people, the integrated

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knowledge and experience of a network is needed.^{4,10,15} As homeless health workers, we need to show *how* to disentangle the assumed complex needs of homeless people. We need to help policy makers and managers to ask simple and clear questions. Based on our knowledge and experience we need answers to the following questions:

- (1) What do we need to know to find people in highest need?
 - How do people become homeless? We need to look for pathways to find people at risk.
 - Who are at risk to become or remain homeless? To reach out, we need to know who to find to target our activities.
- (2) What knowledge and experience do we need once we find people in highest need?
 - What are the problems of people at risk to become or remain homeless? We need to bring the right tools to gain access and trust, and we need to be able to assess multiple and interacting problems.
 - What integrated data should be collected during the first contact? We need to know what problems we are looking for to target services.
- (3) How do we organize care?
 - What pathways should be taken to organize problem oriented care? We need an effective network, we need to know how to reach mainstream services and how long it takes before help arrives.
 - Who are our friends in our care network? We need to know the attitudes, rules and red tape, to be able to achieve help for our patients.
- (4) How can social and medical outcomes be measured?
 - What common data do all services have to monitor? For a baseline, we need to define and collect a simple and clear set of data of people and their social and medical problems, and record the amount of time needed before help is realized.
 - What data does a central monitor need to measure outcomes? For follow up, we need to provide a simple and clear set of data on people, problems, the timing in the care process and the effect of help.
- (5) How much do poor and homeless people cost?
 - What knowledge and experience is needed to take the shortest pathways to find people in highest need and the shortest pathway to realize effective help? For efficiency and cost saving, we need to minimize the number of steps in an integrated care process, as (waiting) time is money.
 - What political instrument is needed to measure costs? We need simple and clear financial pathways for provision of integrated social medical care, we need to show data of effective help and cost saving that points towards an integrated Ministry of Social Medical Affairs.¹¹

Mission to reach out and reach in for homeless people

As homeless health workers, we actively have to reach out for people in highest need and we have to reach into mainstream services to make many friends in practice, education and research to better deliver integrated care.^{4–6,10,15} As a global

network, *our mission is to improve the social and medical condition of people with none or insufficient social and medical basic needs provided.*⁹ Together we can keep and bring more people home. We stay close to the mission and aim for basic help: integrated, simple and clear. Just for what poor and homeless people need us most. Let us join our hands. We have work to do.

Health and homelessness information

For Europe: To receive the ENHW newsletter contact Dearbhal Murphy, policy officer at FEANTSA: e-mail: dearbhal.murphy@feantsa.org. For online education on 'health and homelessness' at Oxford University visit <http://cpd.conted.ox.ac.uk/healthsciences> or contact Dr Angela Jones, e-mail: angelajones@doctors.org.uk

For the USA: The street medicine network can be visited at www.streetmedicine.org, the National Health Care for the Homeless Council at www.nhchc.org and Medical Advocates for the Homeless at <http://medadvocates.org/marg/homeless/main.html>

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