

# Priority Healthcare Needs Amongst Individuals Experiencing Homelessness & Addiction in Dublin 2023

**SERVICE PROVIDER PERSPECTIVES**

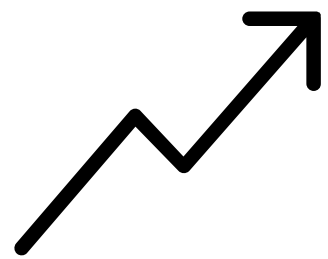


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# Context



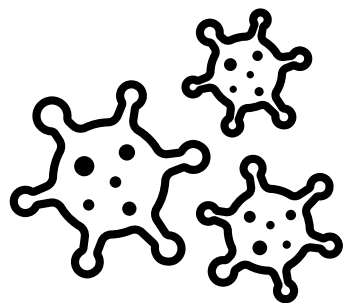
# In autumn 2022, multiple factors highlighted a need to identify priority healthcare needs amongst people experiencing homelessness in Dublin



Severe increases in homelessness over the last decade



Evidence that housing-related disparities in mortality are worsening



Changes in harm reduction implemented during Covid-19 pandemic demonstrate policymakers can facilitate change in response to a strong public health argument



# Aim

To explore the perspectives of experts working in homeless health and addiction services on priority healthcare needs amongst people experiencing homelessness in Dublin, Ireland.

The views of **service users** were also explored and will be reported in just a few minutes...



# Methods



# Study setting



Dublin city (population 588,233)

Approximately 6,300 adults and 3000 children currently in emergency accommodation

~80 rough sleepers

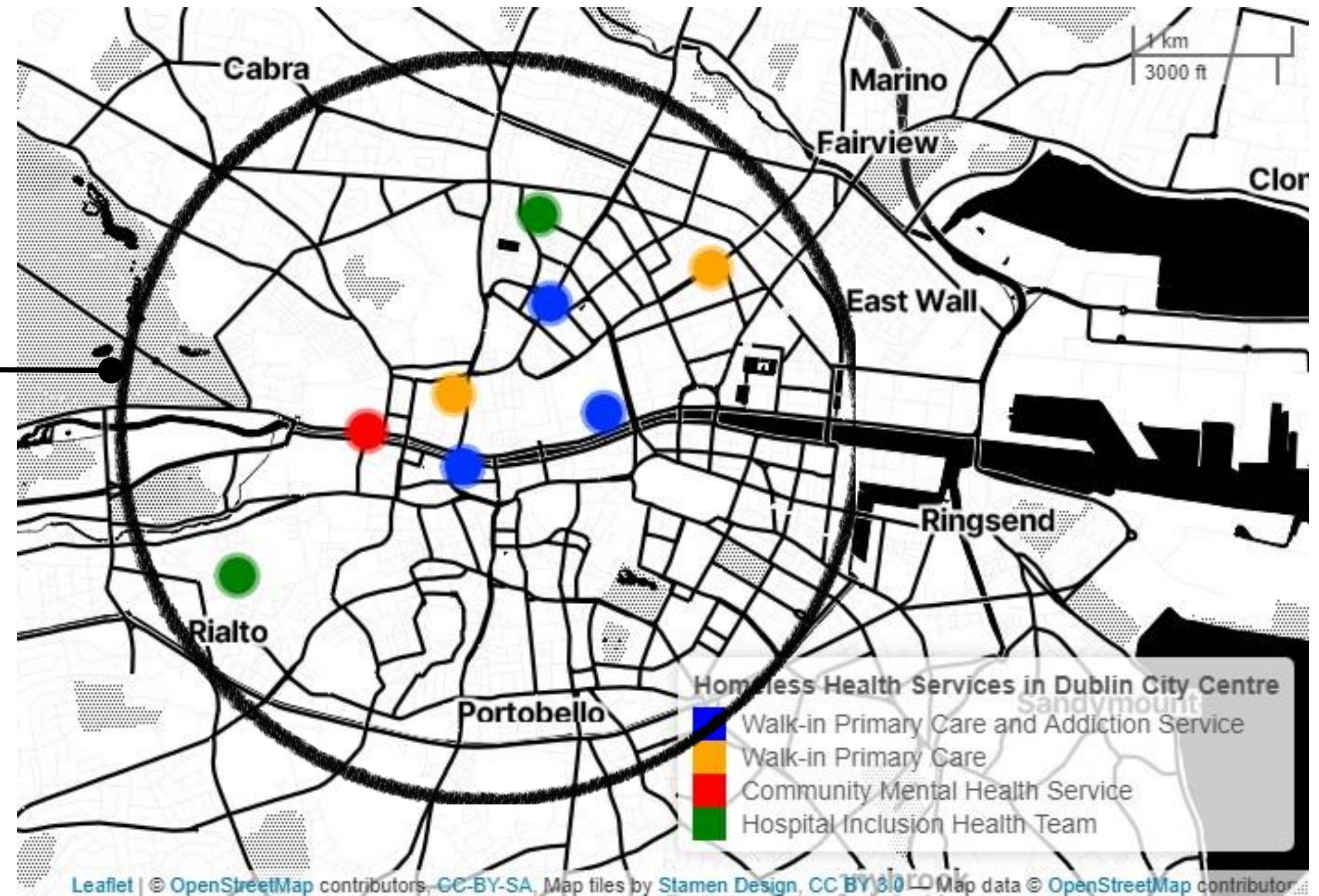
6% of residents experiencing hidden homelessness (e.g., squatting, sleeping in car...)

Drug and alcohol use is the leading cause of death within homeless population



# Study setting

Target area



# Sampling, Data Collection, Analysis

Purposive & snowball sampling of experts working in homeless health/addiction services (30 contacted, 19 recruited)

Semi-structured interviews over Zoom, the phone, or in person from Sept - March

## Guiding Questions

Priority Areas of Action	<ul style="list-style-type: none"><li>• What programmes do you see working well? Or less well?</li><li>• What changes would you make if you could?</li></ul>
Healthcare Access & Use	<ul style="list-style-type: none"><li>• Have you spotted any gaps in services?</li><li>• Are most homeless people using provided services?</li></ul>
Understanding the Community	<ul style="list-style-type: none"><li>• Which health issues are of most concern to the communities you work with?</li><li>• What are the strengths and assets in these communities?</li></ul>
Gaps in Research	<ul style="list-style-type: none"><li>• Where do we need more evidence?</li></ul>

Inductive thematic analysis of interview transcripts



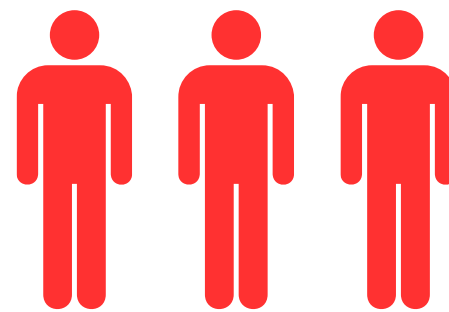
# Results



# Participants



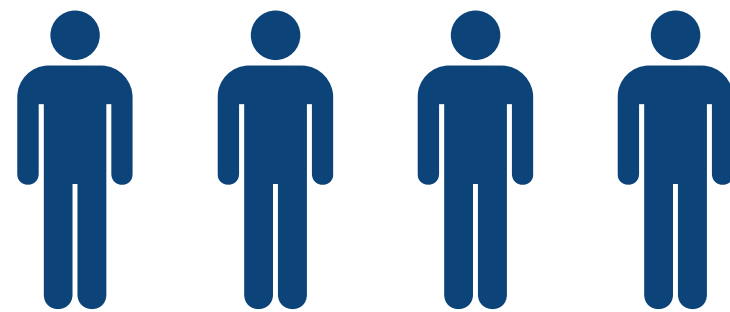
**Social care**



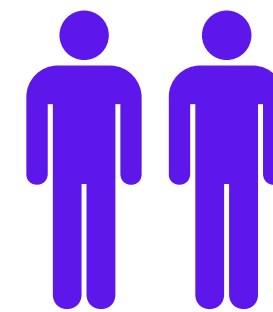
**Hospital**



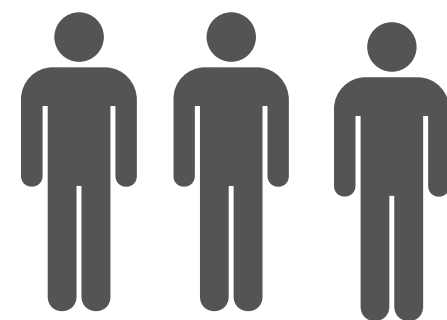
**Psychotherapist**



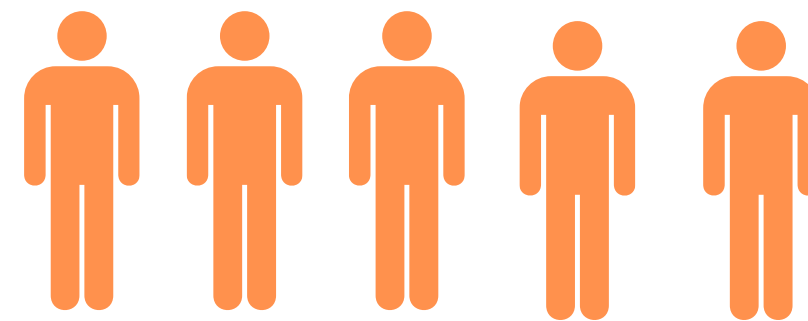
**Addiction  
Services**



**Health Service Executive**



**Researchers**



**Homeless Health  
Services**

# Participants

What did they say?



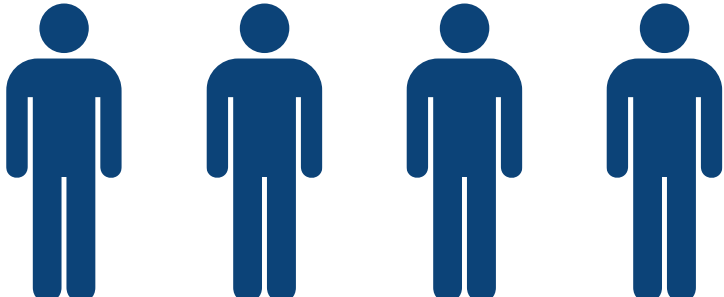
Social care



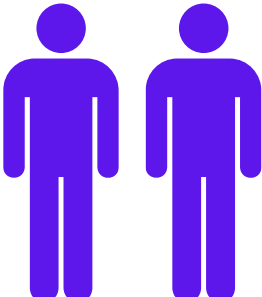
Hospital



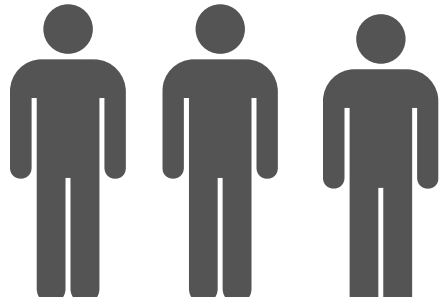
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Addiction Services



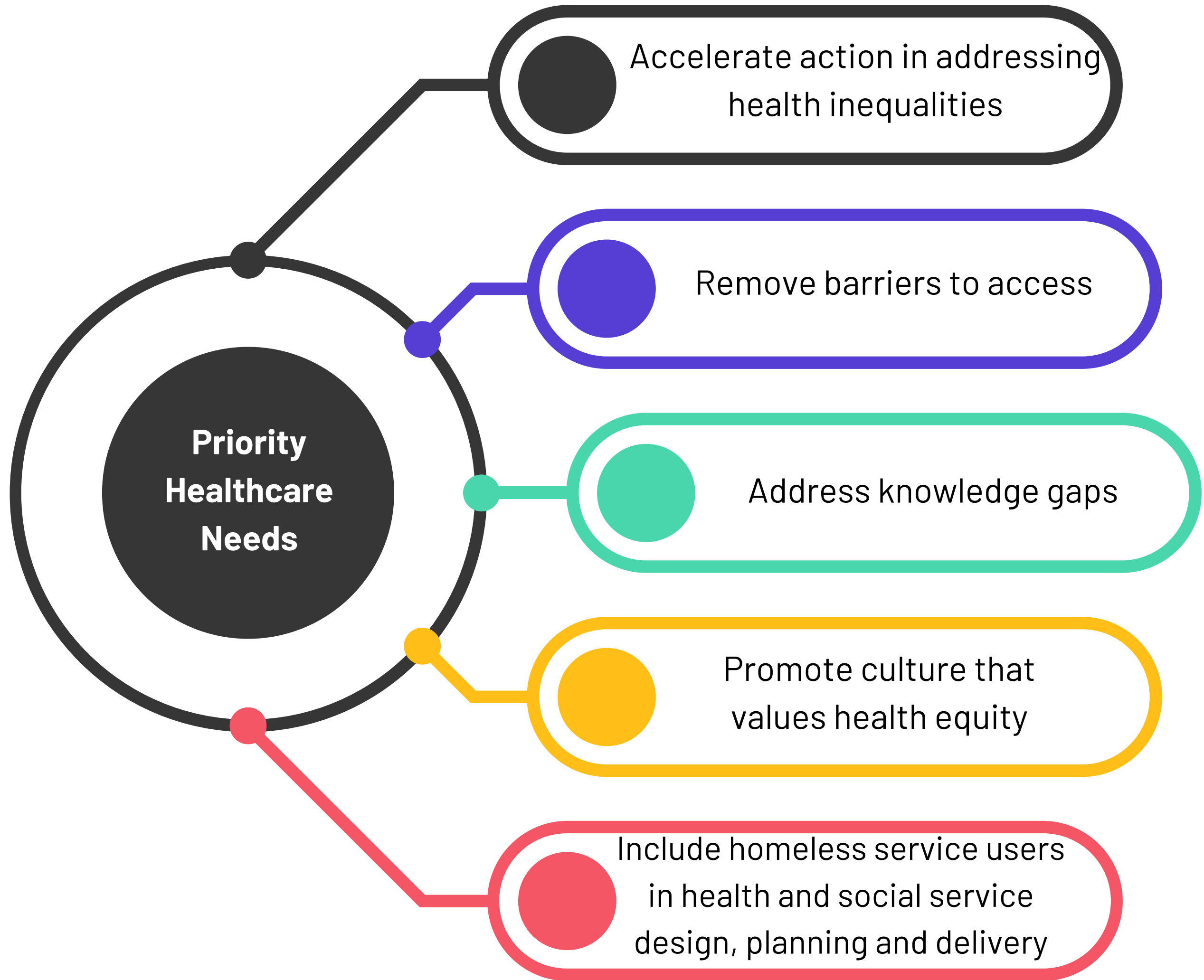
Health Service Executive



Researchers



Homeless Health Services



**Strategic planning**

**Interagency collaboration**

**Data sharing and linkage**

**Auditing**

**Housing First**

**Social support options**

# **1. Accelerate action in addressing health inequalities**

**Strategic planning**

**Interagency collaboration**

**Data sharing and linkage**

**Auditing**

**Housing First**

**Social support options**

## **Need for strategic, evidence-based approach**

Ireland tends towards reactive, 'crisis' responses

Factor in vulnerabilities specific to youth, women, migrants, and ethnic minority individuals

## **Mental health, addiction, housing, & healthcare still operating in silos**

Solutions: comprehensive case management, routine interagency meetings

**Strategic planning**

**Interagency collaboration**

**Data sharing and linkage**

**Auditing**

**Housing First**

**Social support options**

## **Slow rollout of individual patient identifiers**

Frequent re-starting of the wheel

Primary - acute care not linked

++ Homeless health services share a system

## **Little standardisation/accountability across services**

Clients aren't always receiving the services recorded (e.g., case management, progression in housing)

**Strategic planning**

**Interagency collaboration**

**Data sharing and linkage**

**Auditing**

**Housing First**

**Social support options**

## **Positive results with Housing First *but***

Need for more extensive wraparound supports

Daily living skills training

## **Overmedicalised response to homelessness & addiction**

Need to address underlying causes: loneliness, neglect...

Redirect funds --> community development, social support

Focus on community strengths: Resilience, creative problem solving, humour, altruism...



**More Services**

**Safe Services**

**Resolved care pathways**

**Trauma-informed training**

**Inclusion Health**

**Outreach programmes &  
Peer Support**

## **2. Remove barriers to access**

**More Services**

**Safe Services**

**Resolved care pathways**

**Trauma-informed training**

**Inclusion Health**

**Outreach programmes &  
Peer Support**

## **Critical shortage of beds and professionals**

Mental health (hard to get diagnosis)

Residential stabilisation & treatment (for pregnant women)

Mainstream GPs in the Dublin area

## **Safety imbedded into low-threshold services**

Women-centred services

Experienced operations staff

*And for individuals trying to manage their addiction?*

**More Services**

**Safe Services**

**Resolved care pathways**

**Trauma-informed training**

**Inclusion Health**

**Outreach programmes &  
Peer Support**

## **'Crisis points' go undetected**

After experiences of sexual or gender-based violence

Repeat overdose

Women whose children are taken into care

## **Need to better educate & prepare our health workforce**

Trauma-informed training for *all* staff

Add trauma-informed curriculum to medical education

**More Services**

**Safe Services**

**Resolved care pathways**

**Trauma-informed training**

**Inclusion Health**

**Outreach programmes &  
Peer Support**

## **Expand services/programmes that are working**

Hospital-based Inclusion Health teams

Hepatitis C outreach programme

Feasibility and acceptability of outreach programmes for:  
Epilepsy? Diabetes? Respiratory?

# 3. Address knowledge gaps

## Optimal addiction care and support?

*"I'm fascinated at the gap in knowledge or belief between doctors and those in addiction, and maybe we don't actually have the same aim in mind. Are patients seeking stability... would they ultimately like to be drug-free, or something else? Are we having honest conversations with patients in which they feel they can share what their treatment goal would be?" (Homeless Health Services1)*

**Many complex questions:** methadone, sleeping difficulties,...

# 4. Promote culture that values health equity

**Need for societal shift in our understanding of homelessness and addiction**

*"The priority is not for our guys...The policymakers, the parties in charge, wider society... we tend to prioritise the most wealthy. We have to start prioritising those most in need." (Addiction Services 2)*

# 5. Include homeless service users in health & social service design, planning and delivery

**Create opportunities for exchange between policymakers, service providers, and service users**

*"We really don't have any data that looks at how people who are in homelessness, or in socially marginalised groups would like their healthcare, or think is the best way for their healthcare to be delivered. So that obviously we're not just making all the decisions for them." (Hospital2)*

# We'll pick back up with...

**How do people in homelessness and addiction view their own health and healthcare?**



Article coming soon to  
PLOS ONE

<- Link to preprint



Questions

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