European Network of Homeless Health Workers (ENHW)

Issue N°1 - March 2007

Editorial

Welcome to the very first issue of the ENHW Newsletter!

The ENHW is the newly created *European Network of Homeless Health Workers*. It is intended to bring together health professionals working with people who are homeless across the EU. It is a multi-disciplinary initiative, aimed at all persons working with homeless people in a health capacity, across all areas of mental and physical health. Nor is it necessary to be working full time with people who are homeless: people working on a part-time or volunteer basis with homeless clients may also be interested in networking around this part of their work. The momentum for the present network has arisen from the networking efforts of Dr Igor Van Laere and Dr Angela Jones and from the interest generated among health professionals working with homeless people across the EU during FEANTSA's year on health and homelessness in 2006. The network will take form through a newsletter and an online discussion forum. Full details on the ENHW online forum are available in the Forum section below. A health and homelessness conference in Oxford in the autumn will also incorporate an initial ENHW event and will be open to all those who wish to attend it. Some initial details of the conference are available in the Events section below. However, the May issue of the ENHW newsletter will look at the conference and the activities in Oxford in much more detail. Further ENHW events are planned for the coming years.

The aims of the ENHW:

The ENHW is underpinned by two aims. The first is to be a forum for exchange and mutual learning among healthcare professionals working with people who are homeless in Europe, and to contribute in this way to continued professional development and the emergence of new initiatives and strategies and improved service delivery and outcomes. The second is to foster support and solidarity among healthcare professionals working with people who are homeless, whose work may sometimes be undervalued in the health profession.

The values that underpin the ENHW:

- The ENHW strongly upholds the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;
- The ENHW embraces the definition of health outlined in the World Health Organisation constitution, that "health is a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity";
- The ENHW values multi-disciplinary working and the contribution of all disciplines to good overall health and calls for participation of health professionals from all disciplines in the network;
- The ENHW recognises the importance of professional and interprofessional education and training in forming and underpinning appropriate knowledge, attitudes and skills among all professionals who come into contact with people experiencing homelessness
- The problems faced by people living in poverty are the result of poverty, not the cause. It is easy to think that the health problems of people who are homeless are largely their own fault and this is often the perspective of the general public. The ENHW wishes to clearly distance itself from such prejudices which blame people who are homeless for their own health situation. We wish to approach the theme homelessness and health from a perspective that holds society responsible for the wellbeing of all;
- The ENHW will seek to be inclusive towards the voice of homeless people themselves and hear their own explanations of their health needs and their experience of service and healthcare delivery;
- The ENHW recognises the close link between the right to housing and the right to health. A lack of safe and stable housing has a very negative impact on a person's mental, physical and social health. Equally, bad health can make it hard for a person to sustain a tenancy;
- The ENHW works from a broad understanding of homelessness, as outlined in the FEANTSA typology of homelessness and housing exclusion (ETHOS).

Play an active role in the ENHW!

The ENHW needs input from healthcare professionals across Europe in order to be a

meaningful initiative. We would ask all interested people to pass on information they would like to share – whether about their own work, about new publications or about upcoming events - so that the network can be informed. In this issue, health professionals from Romania and from Denmark share their experiences of working with people who are homeless. Maybe you would like to write a similar article about your work for a future issue?

We would also ask you to pass on the newsletter to colleagues who you think might be interested so that they can sign up themselves to receive it in future, if they wish.

If you would like to sign up to the ENHW newsletter, publish an article or pass on information for inclusion in it, please contact:
dearbhal.murphy@feantsa.org

News from the ENHW

Taking on board some old lessons for 'social casework and the practice of medicine' for homeless people

Dr Igor Van Laere
Doctor for homeless people in Amsterdam

In 1952 Dutchman Dr Arie Querido, became a professor of social medicine at the University of Amsterdam. In his inaugural speech '*medicine in transcendence*' he said:
"The medical student must not only be confronted with disease and laboratory methods, but above all with human beings, in their relationships with others...Social medicine is the meeting of a doctor and society in a patient…Practicing medicine is not determined by a field or specialisation, but in the ability to embrace the social element…The enormous medical system, her possibilities and technique offers roads to improvement of the well being of a population, but it will need a perfect organisation to reach effectiveness, without losing the human being in the doctor as well as in the patient."

In 1956 professor Querido wrote an article called '*social casework and the practice of medicine*' in which he presented the history of social work and medico-social work related to the medical profession. In Boston, internist Dr.Richard Cabot (1868-1939) felt that his prescriptions were of no use when the patient could not afford the prescribed or follow his advice. In 1905 his first social worker, Ida Cannon, brought him information of the social background of the patient, to use for his further diagnostic and therapeutic decisions. Miss Cannon went out to find means to realise care after discharge from the hospital. One of the first medico-social teams was formed. Dr.Cabot and Miss Cannon were exceptions, because doctors irresistibly were carried away by the speed of biological, physico-chemical and technical development, that characterise modern medicine. Querido said:
"Modern medicine, entering into the understanding that it has to deal with persons and not with organs, that the person is indivisible and inseparable from his relations and allegations, comes to the recognition that it has to be comprehensive, rational and humane. Therefore it is impossible to cut away one part of the problem and to leave it to experts who work independently from the physician. If medico-social work has remained undeveloped or is developing separately from medicine, the fault may be laid at the doctor's door, but there is no reason to accept this situation".

As we all know, a growing population of poor and homeless people is hardly accepted for education and practice. They are invisible, excluded from and by the mainstream population. They have to beg for money and help, in a continuous struggle to proof what they have and what they can.

Today, fifty years later, Querido's words still resonate loudly in the hearts of health workers who embrace integrated social medical support for under-served poor and homeless people. Today, these invisible and professionally 'poor and under-served' health workers get lost in their quest to find and beg the mainstream assistance, to help their homeless patients.

As a European Network of Homeless Health Workers, we do not accept this situation any longer. We have learned our lessons. Together we show what we have and what we can. We unite for friendship, to be visible and integrated. We share practice, education, research and policymaking. Only together we can bring back the human being in health workers and in our homeless patients.

Medical services provided by the Samu Social Romania: Between Possibilities and Limitations

Samu Social Romania

The Samu Social Romania (Mobile outreach support service for homeless people) has NGO status under Romanian law and was created in January 2004. It is a system of emergency outreach services which try to engage with the most marginalized homeless people, who have been reduced to simply trying to survive. These people have become victims and are no longer able to benefit from social welfare services or who don't know how to go about it. The principles of the Samu Social Romania are rooted in the philosophy of the Universal Declaration of Human Rights: dignity, solidarity and citizens' rights.

General Context:

In Romania, access for adult homeless people to healthcare services is dependent on whether they are covered by health insurance; generally this is the case if they are working or retired. In the case of life-threatening medical emergency, any person may be hospitalised for up to 72 hours, but this type of treatment doesn't solve the problems of long-term homeless people who have been surviving in the street.

There are two significant factors which impact on the work of those offering services to homeless adults. First of all, there is the lack of motivation of the people concerned to address their state of health: after many years of life in the street, they are often not conscious of their medical problems and no longer ask for any help. It seems that their survival instinct is affected. The second factor is the relationship that these homeless people have with their surroundings. Due to their neglected appearance and the specific pathologies which they have (scabies, pediculosis, after effects of injuries and traumas), people who are street homeless are rejected by the community and also unfortunately by the staff of public services and hospitals. In some cases the refusal to engage with them is based on their behaviour, sometimes as a result of alcohol abuse. Thus in conclusion, it is clearly necessary to understand the psychology of people in this situation of homelessness and support them to engage with medical services in order to facilitate their access to care.

The medical services provided by Samu Social (both mobile and stationary) also seek to have an educational dimension to their activities. They inform the service users about the health risks arising from life in the street. However, it is difficult to convince a person who regularly drinks large quantities of (bad quality) alcohol to cease to do so, even for a day in order to be able to take medication; or for example to go immediately to seek medical help following an injury (attack, accident, self-harm…). In the majority of cases, people who are homeless only use the Samu Social services when the situation has greatly deteriorated and the chances of recovery are greatly reduced (highly infected wounds, ossified fractures, frostbite that has turned gangrenous).

For those that work on a daily basis with these people who are homeless, the situation described above is nothing extraordinary – just a part of daily working. For those that work only occasionally with people who are homeless, it is hard to avoid making value judgements: "it's their own fault, they have to make an effort to improve their own situation". But in fact it is very difficult to ask this of people who are homeless, once they have reached a point where they want nothing more than to simply survive another day – just getting through today has become the guiding principle of their lives. The attitude to their own state of health is closely related to their image of themselves. The structure of the personality can break down, arising from a loss of the values of social life and a sense of the behaviour that is socially acceptable.

Medical services for homeless people provided by Samu Social Romania are structured around three complementary axes :

1. Direct medical assistance – the provision of medical care as such
2. Provision of information to health professionals outside the organisation on the health needs of people who are homeless and raising awareness among the relevant authorities on these issues.
3. Carrying out of studies and research on the health of people who are homeless.

The aim of the *direct medical assistance* is to offer services in a clinic setting or through mobile outreach. In this way, the Samu Social seeks to respond to the needs of the greatest number possible and above all to the needs of those who are

most isolated and who are no longer able to ask for any help. In the clinic setting, prevention has a very important role. People are informed about the medical risks attaching to their lifestyle (eg: the association between malnutrition and the excessive consumption of alcohol) and how they might protect themselves. Direct medical assistance is primary care: consultations, bandaging and the prescription of medication, which may be picked up free of charge at the pharmacy of the organisation. The spectrum of medication available is reduced, however, and responds only partially to treatment needs. Certain service users are therefore directed to the Caritas-run pharmacy, which distributes medication free of charge to people without an income or on a very low income. Emergency cases are referred to the emergency hospital Floreasca or to other doctors in the public health network. These latter belong to a network of professionals, who, following an initiative by the Samu Social's doctors, agreed to offer services to homeless people without any health insurance. Mobile services provide medical assistance in the street, mainly bandages, distribution of medication and referral to the Samu Social clinic or to hospitals.

The network of partners is a very important component of the medical service; it is based on awareness raising work that has been carried out by the Samu Social doctors. These latter have managed to bring together specialists in different areas (psychiatry, surgery, TB, dermatology, neurology, obstetrics – gynaecology) who have got involved (most on a voluntary basis) in providing treatment to people who are homeless. Given that most homeless people don't have health insurance (apart from those who are retirement age), taking them on as patients within the public health system is theoretically impossible. What makes the difference is the tolerance of people who understand that marginalized people who have no legal right to medical care still get sick and need help.

There is also another dimension to this problem – even homeless people who are entitled to use services are often turned away or marginalised due to their neglected appearance. It often happens that when they arrive in emergency services (with wounds, trauma injuries or chronic infections that have reached acute levels) they are avoided or even refused treatment. *Awareness-raising in the local medical community* is a way of reducing the scale of this problem. Through a consistent media campaign, meetings and the dissemination of information (studies, reports, leaflets) the Samu Social informs health professionals in order to drive a change in attitudes. In fact, it's not enough to turn your back on an unpleasant reality in order for it to disappear. Acknowledging that excluded people are a part of society is a first step. After that one must encourage a public-spirited attitude that recognises that above and beyond the institutional boundaries, there are unmet needs and that any person can have the misfortune to homeless. To withhold value judgements about the person's responsibility for their situation is already a good first step.

It is very important to put in place a legal framework that allows a minimum set of medical services to be offered to people who have no insurance and very little income. We know that the Romanian healthcare system is in a permanent state of financial crisis. Very high maintenance costs for the infrastructure reduce the budget for direct care. Healthcare professionals (doctors, nurses, other auxiliary personnel) complain about their situation and their strikes often make media headlines. Given this context, one cannot expect "tolerance" from the system, and one has to take account of both the decision-making bodies (health authorities, the ministry) and the people working in the sector (staff in hospitals and clinics). It is very difficult to convince anyone that a street homeless person has the right to the same quality of care as a worker paying in to a medical insurance scheme, when the whole system is flawed.

Work to provide services and raise awareness about the needs of this group must take account of the general context. The local community and medical sector are determining factors in relation to the accessibility of healthcare services to people who are homeless. "Forcing the system" on the grounds of the human right to access to healthcare is not the most effective solution. It mustn't be forgotten that the health professionals with whom the Samu Social is in contact have their own frustrations arising from their profession (working conditions, pay etc.) and that their comprehension towards the situation of people who are homeless is necessarily reduced by that fact. In order to transform indifferent people into partners, the right information, based on serious studies and requests that take account of the realistic possibilities, are essential tools. It is certainly true that establishing partnership working (through projects funded from different sources) which includes doctors working in the mainstream public health system, constitutes a real chance to resolve some of the problems that social medicine is

confronted with (TB, mental health problems, AIDS, addiction).

Finally, it is necessary to redefine the term « social case » which is commonly used in hospitals. Health professionals are accustomed to patients who cannot be discharged in the absence of any solutions following their release from hospital. The reduction of hospital beds has had the consequence that these "chronic" hospitalised people have ended up in the street, without housing, without medication, without medical follow-up, without much chance of surviving in fact. The services for emergency social and medical assistance (such as the Samu Social) look after them, but can only offer temporary solutions to their problems. People with chronic illness are in a particularly problematic situation due to the cost of treatment, of accommodation, of care etc.

Thus the question of responsibility for the siuation of these people who are homeless is raised: does it lie with the mainstream public health system or with humanitarian organisations? Referring back to the issue of responsibility, whatever the arguments employed, is the simplest, but also the most inhuman, solution. The "social cases" are people that life has not treated kindly and this institutional "ping-pong" is a masked form of social euthanasia. Would anyone recognise it as such? No! A minimum of humanity requires that we consider people who are homeless as like ourselves. However, we will make a whole series of excuses and invoke the limits of the system of which we are a part. And so the following question must be asked: do we want to change that system? Because in the final analysis the system is the product of people who are able to make decisions.

Health-Team, City of Copenhagen: joining up outreach social and medical care

Dr Henrik Thiesen

The City of Copenhagen project "Health-Team" comprises four nurses and a physician. Health-Team is a part of the outreach work in Copenhagen Community and offers joint social and health initiatives directed at citizens that want, and need, help for complex problems, but are not able to seek it out.

Background

A project researching the health, and need for health-care, among people who are homeless in Copenhagen, was implemented in 2000 and evaluated in 2004. The project integrated social outreach services and outreach healthcare. It was shown that there was a need for both health and social outreach working in close connection, but it also seemed clear that the two kinds of professionalism would have the best synergy from close co-operation between different teams.

A structured interview of 122, and a thorough medical examination of 75, homeless substance and alcohol misusers showed a large degree of somatic and psychiatric health problems and a large number of drug-related problems. It was also shown that there was a frequent use of emergency wards for all kinds of problems: acute, as well as infectious, diseases and psychiatric and drug-related problems.

There was a massive alcohol misuse in the opioid-misusing group and most of the opioid misusing was in a methadone program, though their profile of drug-use was not different from those who were not in any program. The major somatic illnesses in the group as a whole were alcohol related, with liver diseases and neurological disturbances ranking highest. HIV is, in effect, systematically isolated in Denmark, but Hepatitis C is rampant in the homeless substance using group, with 85% of all opioid misusing infected. Anxiety and depression were found among 60%.

It seemed clear that the contact with the emergency system wasn't optimal in relation to better general health-status, because the emergency system wasn't set up to coordinate care for the many chronic diseases found on closer examination. The result was, in general, a massive degradation of general health. To address these problems a new city-wide health initiative was implemented in Copenhagen in 2005

"Health-Team"

Health-Team is a part of the outreach work in Copenhagen Community which is joint social- and health initiatives directed at citizens that want and need help for complex problems but are not able to seek it out.

Health-Team (HT) is an extensive way of getting in contact with people who do not – for various reasons – get in proper contact with the healthcare system. HT is based in the social system but works with the rights of an ordinary GP-service. This means that HT can access all parts of the hospital system and begin long-term collaboration with specialist and rehabilitation services, the substance treatment system as well as psychiatric in-patient and outreach services.

On the other hand, the location inside the social system gives quick access to the whole system of shelter and social services. In addition to the direct outreach work, HT has been assigned to carry out some prevention activities, such as detection of infectious diseases and vaccination for hepatitis, among special groups and among people living in contact with homeless substance users in general.

We have now been working for almost 2 years and our report for the second year has just been finished. It has been a goal from the beginning to try to blend the best from social outreach and contact, such as a broad approach and acceptance; with the best from medical practice, such as evidence base and focus on the best available treatment.

In Copenhagen we're lucky to have 3 low threshold nurse-stations, serving many people who are homeless or people who are more or less marginalized every day, so Health-Team's primary goal is to help the people who don't even get access to these clinics.

Target group

It could be said that the most marginalized in relation to access to health are the target group of HT, but we have found that many people actually fluctuate in and out of homelessness and related problems. As a consequence, we have defined the target group in relation to the availability of health-services, so that in fact our target group is homeless citizens with health-problems, where contact has failed with what would normally be the appropriate health-system. It can be people who do not have contact with a general practitioner or people who would be uncomfortable in the normal hospital framework.

As mentioned previously, the work of Health-Team is similar to the work done in an ordinary primary healthcare service, with some exceptions. The team is organized in the framework of a primary healthcare service. The exceptions are more a matter of degree than a matter of different offers of treatment. There is also a need for x-rays and anti-hypertensive treatment, but most problems relate to extensive substance use which needs to be considered over time. The fact that the team works as a general practice means that Health-Team has the same possibilities as any general practice in Copenhagen, concerning treatment and referral to the secondary health-system.

Health-Team bridges the gap between lack of accessible health-service and the individual. Health-Team does not work from a stationary clinic, which means that work is done where the patients are. Transportation is by bicycle - the fastest method in modern city traffic. Health-Team attempts to attain contact with the citizen as fast as possible, but giving priority to the most urgent needs. The citizen will always be offered contact within 7 days.

What we do

- Health-Team has a broad range of possibilities for direct action:
- We take blood-samples
- We refer to further medical examination.
- We follow up on hospitalization and help with medication if needed.
- We treat conditions that do not require hospitalization.
- We prepare the citizen for planned hospitalization.
- We work as liaison between the health-system and citizens with whom it is difficult to maintain contact.

All contact, planning and treatment is carried out in close co-operation with the citizen. Health-Team can always be contacted concerning advice in health problems. Referral to Health-Team is extremely simple, as we're supposed to offer access to health-service to people who have problems accessing other health-services. Referral is straightforward: just a contact by telephone from almost anybody, for instance police, hospitals, drop-in centres, outreach workers etc. These days we also see a rising number of referrals by other homeless patients.

The model developed by Health-Team will be implemented as an evaluation project in 4 different settings in the coming years.

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(an English section will be developed.)

Message of Support from the US Street Medicine Network to the ENHW

Dr Jim Withers

I would like to take this opportunity to commend you on the initial progress you have made in establishing the European Network of Homeless Health Professionals (ENHW). Building on the strengths of FEANTSA, your focused attention to the health care needs of the homeless promises to not just improve the health of the homeless throughout Europe, but also to create a forum in which health care professionals can advocate for those who are homeless. I believe we are facing a global crisis in which our brothers and sisters on the streets are not just suffering from a lack of housing and health care access, but from an increasing dehumanization which crushes their very souls. If we are, in the deepest sense, healers, then it is to us that the responsibility falls to be leaders in "re-humanizing" our society. Your well considered efforts are really a light in the growing darkness.

Here in the United States we have been struggling with the lack of health care equity in many sectors. Nowhere is this more profound than with our homeless citizens. Many programs such as Operation Safety Net (www.operationsafetynet.net) here in Pittsburgh have challenged our medical colleagues to action by going directly to where the homeless live – under bridges, along river banks and in abandoned buildings. In the process we have not only found profoundly grateful homeless persons, but also a new source of meaning in our own lives. As students have joined us in walking the streets to make "house calls", the vision of a new medical community – in fact a new *human* community – has emerged. Similar programs throughout the US and other countries are now joining together in the practice of Street Medicine (www.streetmedicine.org)– as much a reclaiming of the spirit of health care as a direct service to the rough sleepers of our cities.

As you move forward in your pioneering work, I would like to extend the support and comradeship of all of us who practice Street Medicine. Be assured that you are not alone. I am hoping that in the years to come we can directly work with you on your streets and at meetings. I know that together we will be able to do much more than we could accomplish alone. Much is at stake. As our fellow physician Che Guervara urged us long ago, "Let's be reasonable. Demand the impossible"

Sincerely,

Jim Withers, MD
Founder and Medical Director
Operation Safety Net Pittsburgh USA
www.streetmedicine.org

Forum

Have your say: the ENHW online Forum!

The European Network of Homeless Health Workers is also launching its online discussion forum this month. We hope that this will be a meeting place as well as a valuable resource for health professionals working with people who are homeless across Europe.

The basic structure of the ENHW forum will be a standard discussion forum, where you can post topics or questions and respond to those already posted. There is also an "Articles" section, where forum members can post articles that they think would be of interest to other forum users. There is a links section, where members can add links that they find useful. There is even a chatroom, if members wish to chat in real time. There is also the possibility of sending messages to other forum users, using a mailbox system.

If you have never used a forum before, you may find it a bit unclear at first, but in fact the system is very simple. You visit the forum page, where you will be asked to log-in or to join the forum by creating a profile, if it is your first visit. On your first visit, you create a profile with your name and email

address and you choose a username and password. The information submitted is absolutely confidential and will not be used for any other purposes than having a profile in the forum. Only your username is visible to other users – they will not be able to access your profile or email address. Once you have created a profile, there may be short delay before the forum administrator authorises your profile. You will receive an email confirmation and then you can log-in and visit the forum.

Once inside, you will see the most recent topics and posts on the homepage. You can join in the discussion by replying or adding a new post yourself. You can use the links at the top of the page to navigate around the forum and visit the other sections.

Some of the present discussion threads are:

- Has anyone come across any longitudinal studies of homeless people in contact with healthcare services showing outcomes over time?
- Is there any good economic evaluation data out there for any aspects of homeless health care?

Why not join now and have your say!

Resources

FEANTSA Annual Theme 2006 - The Right to Health is a Human Right: Ensuring Access to Health for People who are Homeless

FEANTSA is the European Federation of National Organisations working with People who are homeless (www.feantsa.org). It is the only European network focussing exclusively on homelessness. FEANTSA's members are regional and national umbrellas of homeless service provider organisations. It has over 100 members in thirty countries. In 2006, FEANTSA had its annual theme on access to health for people who are homeless. This meant that the theme was at the core of FEANTSA's work for the year. The organisation undertook an indepth examination of this theme through a research project with its members. A questionnaire was circulated and national reports were sent from the member organisations. On this basis FEANTSA drew up a European Report examining the health situation of homeless people across the EU. It covers the following areas:

- Health profiles of people experiencing homelessness
- Social protection: healthcare entitlements of people experiencing homelessness
- Access to quality healthcare for people experiencing homelessness
- Training courses to equip professionals to better meet the health needs of people experiencing homelessness
- Networking, cooperation and inter-agency working
- Data Collection on the health situation of people experiencing homelessness
- Some reflection on the right to health for people experiencing homelessness

You can read FEANTSA's European Report (in English or French) on the organisation's website in the Annual Theme Section. The national reports and the resources from FEANTSA's conference on the same theme are also available on the same page. Together these reports provide a comprehensive overview of the health situation of people who are homeless in the EU.

University of Oxford: Online Postgraduate Certificate in Provision of Health Care to People experiencing Homelessness

Dr Angela Jones

This unique academic qualification may well be of interest to health professionals working with people who are homeless across the EU, as much of the course is delivered online and allows for long-distance learning. It is an interdisciplinary training course for people involved in providing healthcare to homeless people. As the course is nominally at postgraduate level, any person with an appropriate degree is eligible. However, we are also able to take students who have not obtained a university degree but who have at least 5 years experience in working

with homeless people, subject to them being able to satisfy us of their ability to study on the course.

The content of the course arose from interviewing people who had experienced homelessness and various professional groups about the kind of education that they felt would be helpful and worthwhile in this area. This information was collated and combined into a curriculum delivered via six modules.

The first module covers the key concepts of healthcare provision for people experiencing homelessness. It is delivered online, requiring about 10 hours work per week over 10 weeks, including reading and fieldwork for the assignment. Topics covered include:

- Definition of homelessness
- Causes and consequences of homelessness
- Stigmatisation
- Health needs of homeless people
- Health promotion for homeless people
- Keys to engagement
- Significant event analysis
- Confidentiality and consent
- Complex and multiple needs
- Clinical risk management
- Case management and coordination
- Self care as a professional
- Harm minimisation
- Enablement
- Values-based practice

We feel that this module functions well as a stand-alone short course, suitable for people staring out in the homelessness field to orientate them to the issues, and also for people who meet homeless people occasionally in their work such as ambulance staff, casualty staff, pharmacists and so on as well as a starting place for the deeper academic study of the topic of health and homelessness for us all. There is a strong emphasis on reflective practice, as an important discipline and tool in ongoing learning and professional practice and development.

This first online module "Key Concepts in Provision of Health Care to People Experiencing Homelessness" **is having its first run starting on 29th May 2007 at a special (not to be repeated) reduced rate. It runs for 10 weeks and is suitable for participants from any country (taught in English).**

You can read a more detailed article by Angela Jones on the background and content of the course on FEANTSA's website. You can contact her by email at: angelajones@doctors.org.uk.
Practical details are available on the Oxford University Department for Continuing Education website.

Events

For your Diary: Oxford Health and Homelessness Conference – including an ENHW event

Date: 25th September 2007

The University of Oxford Department for Continuing Education is pleased to announce that it plans to hold a Second Health and Homelessness Conference in September 2007. The conference theme this year is: *"Planning together, working together: delivering health and well-being for homeless and insecurely housed people"*

It will update practitioners on approaches to the clinical challenges facing them as they care for homeless and insecurely housed people in the current environment. The conference in Oxford will also host a small European Network of Homeless Health Workers event, which will be an initial opportunity for interested health workers to meet. This will be open to all who are interested in attending, however, they will have to cover their own expenses.

Full details about the conference, including programme, costs and the ENHW event, will be provided in the next issue of the newsletter, which will focus in detail on this conference and on the academic and other activities on provision of healthcare to people who are homeless coordinated through the University of Oxford. You can also consult the conference webpage.

Your comments and questions about the ENHW are welcome!
Send them to: dearbhal.murphy@feantsa.org