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HOSPITAL DISCHARGE AND HOMELESSNESS IN EUROPE

FEANTSA

AUTHOR:

Raquel Carvalheiro, Health Policy Assistant,
FEANTSA

DESIGN BY:

James McQuade, Communications Assistant,
FEANTSA

IMAGES:

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1. Introduction

The importance of hospital discharge planning should not be underestimated, especially in cases of people experiencing homelessness. A well-coordinated discharge plan can significantly reduce both hospital admissions and healthcare costs while allowing hospitals to play an important role in addressing homelessness more systematically.[1]

However, many hospital discharge policies and guidelines are not designed for patients who experience homelessness, leading to inappropriate discharges and the exacerbation of health inequalities. FEANTSA emphasizes the need to consider the specific needs of people experiencing homelessness in such policies, with housing as a crucial social determinant of health which should be central to effective and integrated discharge planning.

In an attempt to raise awareness of the importance of discharge planning, this paper will explore the complex relationship between hospital discharge and homelessness. Exploring the intersection between homelessness and hospital discharge involves understanding how the two topics interact and impact health outcomes, social services, and broader health systems. Furthermore, we take this opportunity to explore the challenges met on the ground both by service providers and people impacted by the lack of a proper discharge plan when they experience homelessness.

We begin by discussing the current context on how the discharge of people facing homelessness occurs and the extent to which this is being researched. Next, we further analyse the main challenges and impacts that the lack of a discharge plan which considers housing situations may have on people experiencing homelessness. We also look at relevant EU frameworks that should be considered when developing hospital discharge policies for people experiencing homelessness. We outline what an effective hospital discharge plan should entail, before concluding by providing recommendations that encourage both European policies & EU Member States to recognise health systems, including hospital discharge policies, as a critical component in addressing and ending homelessness.

This brief offers useful insights, but it has some limitations. First, it provides only a short overview of the topic, without a deep analysis of hospital discharge practices and policies across Europe and EU Member States. Additionally, there is limited information on the experiences and perspectives of people with lived experience and/or experiencing homelessness who have gone through hospital discharge processes. Another important topic which was identified but could not be explored in the paper is the high rate of self-discharge among people experiencing homelessness. This can occur as a result of preventable factors such as inadequate management of drug and alcohol withdrawal, unaddressed mental health issues, and insecure accommodation, which may lead to the loss of tenancies.

Considering the impact that hospital discharge has, not only on exacerbating health inequalities, but on creating additional pressure on healthcare systems, this paper aims to explore existing gaps in hospital discharge policies for people experiencing homelessness. The goal is to bring attention to this often-overlooked issue and to raise awareness on the further need for research on the subject.

1. *Backer, T. E., Howard, E. A., & Moran, G. E. (2007). The role of effective discharge planning in preventing homelessness. The journal of primary prevention, 28(3-4), 229–243. https://doi.org/10.1007/s10935-007-0095-7*

2. Homelessness & Hospital Discharge

2.1 Contextualising hospital discharge of people experiencing homelessness

The relation between homelessness and ill-health is complex. People who experience homelessness face profound social exclusion and marginalization, leading to significant barriers within the social and health systems, which contributes both to growing health disparities and the worsening of health outcomes. Research indicates that people who are homeless are more likely to suffer from physical and mental health issues, as well as an increased risk of premature death[2]. Many face life-threatening physical health conditions, mental health issues, and complications of substance misuse.

These health disparities can be attributed to behavioural and environmental factors. However, research has increasingly emphasised the role of social determinants in these disparities, highlighting the structural barriers faced by people experiencing homelessness in accessing healthcare services.[3] Access to preventive and primary care is often limited for people experiencing homelessness due to a variety of factors, such as a lack of money, transportation, awareness of available healthcare services, and long waiting times for appointments. Basic needs like food, shelter, and clothing often take priority over health. Additionally, inflexible and fragmented systems further exacerbate the issue. For instance, the low tolerance for missed appointments and the requirement of having a fixed address, proof of address, or a form of identification to register with a general practitioner (GP), often prevent people experiencing homelessness from accessing these services.[4] Finally, many have also faced negative experiences within the healthcare system, including trauma and stigma, which further discourages them from seeking medical assistance. As a result, people experiencing homelessness often only seek emergency care when their symptoms become severe and more complex.[5]

Evidence has shown that people experiencing homelessness use the acute healthcare system at higher rates than the general population. Once hospitalized, they have longer lengths of stay, which have higher associated economic costs.[6] The hospital setting is crucial not only for addressing medical conditions but also for offering an integrated approach to their psychosocial needs. This approach should consider the period following hospital stay, to ensure that people will have follow-up care. A discharge plan seeks to effectively facilitate a patient's transition from the hospital to the community, addressing the interdisciplinary care needs for the patient's recovery[7].

However, hospital discharge is too often a traumatic experience for people experi-

2. *FEANTSA statement. (September 2016). Average Age at Death of People Who Are Homeless.*
3. *Stafford A, Wood L. Tackling Health Disparities for people who are Homeless? Start with Social Determinants. Int J Environ Res Public Health. 2017. https:// doi.org/10.3390/ijerph14121535.*
4. *Carmichael, C., Schiffler, T., Smith, L., Moudatsou, M., Tabaki, I., Doñate-Martínez, A., Alhambra-Borrás, T., Kouvari, M., Karnaki, P., Gil-Salmeron, A., & Grabovac, I. (2023). Barriers and facilitators to health care access for people experiencing homelessness in four European countries: an exploratory qualitative study. International Journal for Equity in Health, 22(1), 206. https://doi.org/10.1186/s12939-023-02011-4*
5. *Becker, J. N., & Foli, K. J. (2022). Health-seeking behaviours in the homeless population: A concept analysis. Health & Social Care in the Community, 30. https://doi.org/10.1111/hsc.13499*
6. *Hwang, S.W., C. Chambers, S. Chiu, M. Katic, A. Kiss, D.A. Redelmeier et al. (2013). A Comprehensive Assessment of Health Care Utilization among Homeless Adults under a System of Universal Health Insurance. American Journal of Public Health 103(2). doi:10.2105/AJPH.2013.301369.*
7. *Jenkinson, J., Wheeler, A., Wong, C., & Pires, L. M. (2020). Hospital Discharge Planning for People Experiencing Homelessness Leaving Acute Care: A Neglected Issue. Healthcare policy = Politiques de sante, 16(1), 14–21. https://doi.org/10.12927/hcpol.2020.26294*

encing homelessness, as many times they are being discharged from the hospital to unstable accommodation or to the streets. This instability negatively impacts recovery and increases the likelihood of readmission. Various factors, including the unavailability of food and resting places, unsanitary conditions for medical recovery, the compromise of medication compliance, and difficulty in maintaining communication with health professionals (e.g., due to the absence of a phone number or fixed address) further complicate their ability to receive the necessary follow-up care. A study in England found that hospital inpatients experiencing homelessness had a significantly higher risk of emergency readmission and Accident and Emergency visits compared to housed patients. The results found that the difference cannot be explained by an individual's health, suggesting that their post-discharge needs were not satisfied. To address this disparity, other factors, such as housing and social care needs must also be addressed.[8]

The literature on hospital discharge planning and homelessness is scarce. When it has been referenced, it has often been in the scope of discharge planning of psychiatric facilities. A study by the UK's National Health Service found that 70% of homeless individuals admitted to hospitals were discharged back into homelessness.[9] In more recent studies, data from Homeless Link's audit (2018-2021, third wave) revealed that respondents used emergency care services three times more frequently than the general population. Among these, 11% had accessed emergency care more than three times in the previous 12 months. Alarmingly, nearly a quarter (24%) of respondents were discharged directly onto the street, while 21% were discharged into accommodation that did not meet their needs. Additionally, around 26% were readmitted to a hospital within 30 days.[10]

Similarly, in the United States, 70.3% of hospitalizations led to either readmission or an emergency department visit (visit and treat) within 30 days of discharge. Usually, the readmissions involved the same or similar diagnoses revealing a "revolving door scenario".[11] A qualitative study in Canada highlights structural issues behind inadequate hospital discharge planning for homeless populations. While discharge planning starts in hospitals, it reflects a broader, complex system that fails to provide adequate support, with barriers to accessing social services and shel-

8. Lewer D., Menezes D., Cornes M., et al. (2020). *Hospital readmission among people experiencing homelessness in England: a cohort study of 2772 matched homeless and housed inpatients. Journal Epidemiol Community Health, 75, 681–688.*
9. Cornes M., Aldridge R., Biswell E., Byng R., Clark M, Foster G, et al (2021). Improving care transfers for homeless patients after hospital discharge: a realist evaluation. *Health Serv Deliv Res,9*(17).
10. *Hertzberg, D., & Boobis, S. (2022). The Unhealthy State of Homelessness. Homeless Link. https://homeless.org.uk/news/the-unhealthy-state-of-homelessness/*
11. Doran K., Ragins K., Lacomacci A., Cunningham A., Jubanyik K., Jenq J.(2013). The revolving hospital door: hospital readmissions among patients who are homeless. *Med Care.*51(9):767–73.

ters post-discharge and poor coordination between healthcare and social sectors.[12]

To the best of our knowledge, no comparative statistics exist on hospital discharge or readmission rates among people experiencing homelessness within Europe. However, some countries may have conducted national internal evaluations, but they were not identified, nor is it the focus of this paper to systematically review them.

2.2 Exploring the challenges and impacts of a lack of discharge planning on people experiencing homelessness

Since much of the existing literature focuses on the North American context, and with limited research and data on this topic in Europe, we have included an introductory exploration of hospital discharge processes in different countries. This exploration draws on insights from two interviews: one from a FEANTSA member in Greece - Emfasis Non Profit, and the partner organisation Pathway, from England.

Even though the problem of inadequate discharge might vary across member states these examples help to further explore the challenges faced in the field and the impact that an inadequate discharge plan has on people experiencing homelessness. Simultaneously, they emphasise the need for further research that can guide future policies to ensure safer hospital discharge policies for all.

The English example stands out for its established policies and strong research on hospital discharge and homelessness. In 2013, 70% of people who were homeless on admission to the hospital were discharged back onto the street without having their care and support needs addressed. In response, the UK government provided funding for 52 voluntary sector organizations working in partnership with the National Health Service (NHS) and local governments to develop and foster new forms of integrated care services. The NHS introduced the "Homeless Hospital Discharge Fund"[13], which aimed to develop hospital discharge protocols tailored to people who experience homelessness, to avoid people being discharged onto the streets or to inadequate accommodation. Hospitals are encouraged to work closely with housing providers and local authorities to secure appropriate accommodation and follow-up care. The NHS works alongside non-profit organizations to develop methods to support hospital discharge.[14] However, many of the services that were originally funded have now been reduced in scale or closed. Emily Page from Pathway cites some of the main barriers to adequate hospital discharges as being the allocation of funds, and services and programmes only being funded for short periods of time before terminating, without ensuring sustainability.

Following the Homeless Reduction Act from 2017, a "duty to refer" was introduced. This established that public services have a legal duty to refer individuals they consider at risk or experiencing homelessness to relevant local authorities. The study conducted by Pathway underlined that (...) the Duty to Refer has a key role to play in the prevention of homelessness, a referral mechanism is only as good as the systems into which an indi-

12. Jenkinson, J. I. R., Hwang, S. W., Strike, C., & Di Ruggiero, E. (2022). "We don't have a good system for people who don't have a home and don't need a hospital": Contextualizing the hospital discharge process for people experiencing homelessness in Toronto, Canada. SSM - Qualitative Research in Health, 2, 100056. https://doi.org/10.1016/j.ssmqr.2022
13. GOV.UK Press Release. Fund to help end cycle of homelessness and hospital readmissions. Retrieved from: https://www.gov.uk/government/news/fund-to-help-end-cycle-of-homelessness-and-hospital-readmissions
14. Cornes M, Aldridge RW, Biswell E, Byng R, Clark M, Foster G, et al (2021). Improving care transfers for homeless patients after hospital discharge: a realist evaluation. Health Serv Deliv Res 9(17)

vidual is referred. The implementation of the duty, therefore, acts as an indicator for the overall health of the system at large.[15] This underscores that the effectiveness of such policies relies on the availability of services and strong collaboration between them.

The Pathway Partnership Programme from Pathway has gained national recognition as a model for effective care coordination, with strong evidence-based interventions and innovations in homeless healthcare delivery. This program supports the NHS to create specialist homeless hospital teams, improving both care quality and discharge planning. The Pathway Teams are clinically led, multi-disciplinary Teams that provide holistic support for patients experiencing homelessness. Teams are typically comprised of some combination of GPs, Nurses, Housing Workers, Social Workers, Occupational Therapists and Care Navigators. Pathway Teams are NHS employed staff who work with their patients to bridge the boundaries between health, housing and social care. The Pathway Partnership Programme has demonstrated success in reducing hospital readmissions, improving health outcomes, and fostering better collaboration between healthcare and social care providers.[16]

Insights from Greece indicate a tendency to prioritise quick discharges due to significant pressures on healthcare systems and the heavy workloads of hospital social workers. Added to this, there is often a lack of services, especially tailored to people experiencing homelessness, with existing ones often difficult to access, with long waiting lists. Developing an effective discharge plan is challenging because many individuals experiencing homelessness struggle to get admitted to hospitals in the first place, primarily due to the stigma they may face within healthcare systems. As experienced in Greece, Maria Karra from Emfasis Non-Profit explains that people experiencing homelessness are frequently denied their right to medical attention in emergency settings because healthcare professionals often dismiss or underestimate their symptoms.

For people experiencing homelessness, hospitals and emergency departments often serve as their primary point of entry into the healthcare system. Maria Karra emphasises that these moments represent crucial opportunities to connect them to the care they need and, potentially, to create a significant

15. Page, E., & Hicks, C. (2024). *Beyond the Ward – Exploring the Duty to Refer in Hospital Settings – Pathway.* https://www.pathway.org.uk/resources/beyond-the-ward-exploring-the-duty-to-refer-in-hospital-settings/
16. Pathway. (June 2024). *The Pathway Partnership Programme Annual Report: 2022-23 Breaking the Cycle: Improving Hospital Care and Discharge for Patients Experiencing Homelessness.* https://www.pathway.org.uk/resources/breaking-the-cycle-improving-hospital-care-and-discharge-for-patients-experiencing-homelessness-the-pathway-partnership-programme-annual-report-2023-24/

turning point in their lives - 'Adequate hospital discharge saves lives, but it also provides new opportunities—a turning point. We should make use of this moment'.

One of the main difficulties encountered in the field is the lack of communication and collaboration between different services, particularly those working under confidentiality agreements. This lack of collaboration between services often worsens outcomes for the individuals involved, hindering the ability to provide continuous and effective support.

An example of this lack of communication impacting fieldwork teams concerns a very sensitive issue - the death of people who have been cared for by social workers for a long period of time but are not then informed of their death. As mentioned in the interview with Maria Karra: 'We are asked to take care of them, and then we are denied the privilege of knowing about their death'.

Furthermore, both the desktop research and the interviews conducted for this paper have shed light on a number of challenges and impacts which need to be closely considered in the discussions regarding the intersection of homelessness and hospital discharge.

Challenges in addressing Hospital Discharge and Homelessness

1. Poor Collaboration and Communication:

Fragmented care and support systems resulting from inadequate collaboration and communication among medical staff, social workers, NGOs, mental health and drug use services, among others. This often adds pressure to already strained services.

2. Undermined Patient Autonomy:

Many individuals experiencing homelessness are denied their right to a comprehensive medical briefing at discharge, which undermines their autonomy and understanding. Post-discharge treatments and medications are frequently poorly explained, making it difficult to adhere to necessary care. Additionally, there is often a downscaling of the importance of post-discharge care, particularly regarding hygiene and resting needs.

3. Pressure for Rapid Discharges:

The urgency for quick hospital discharges, often due to the need to free up hospital beds/spaces for other patients, leaves little time to plan appropriately. Many times, housing situations are assessed only upon discharge rather than upon admission. Often this results in individuals being discharged onto the streets or into inadequate accommodations.

4. Limited non-holistic Patient Assessments:

Assessments are often only focused on medical needs, neglecting the psychosocial needs of individuals. This leads to incomplete care plans which ultimately hinders recovery.

5. Short-Term Funding Allocations:

Funding is typically allocated for short periods, hindering the continuation of services and the establishment of standardised care systems.

6. Housing Crisis:

The ongoing housing crisis limits the availability of accommodation, even when referrals are made, impeding the possibility of adequate discharges.

7. Stigma:

The persistence of stigma within healthcare systems fosters a culture of misunderstanding and lack of awareness regarding the needs of individuals experiencing homelessness, thereby exacerbating health inequalities.

Impacts on people experiencing homelessness:

1. Frequent Hospital Readmissions:

When psychosocial needs are overlooked during discharge, individuals often experience a decline in their health, as they lack a suitable environment for recovery. This oversight can lead to repeated hospital readmissions.

2. Missed Opportunities for Support:

Inadequate hospital discharges create missed opportunities for connecting and linking people experiencing homelessness to essential support systems, ultimately missing an opportunity to end their homelessness.

3. Inappropriate Prescriptions and Treatments:

Post-discharge medications and care plans frequently fail to take into account the financial limitations of individuals experiencing homelessness. As a result, they may find it impossible to access the necessary treatments, jeopardizing their health and recovery.

4. Increased Risk of Life-Threatening Outcomes:

This is particularly concerning for elderly individuals experiencing homelessness, as inadequate care and insufficient follow-up contribute to deteriorating health and higher mortality rates.

5. Violation of Patient Rights Due to Stigma:

Individuals experiencing homelessness often face violations of their rights as patients, further marginalising them from healthcare services. For example, they may be denied the opportunity to sign their discharge plans, a legal right that is frequently overlooked. This not only exacerbates their exclusion from the healthcare system but also reinforces the stigma they face.

2.3 EU Contextualization

While the EU provides frameworks and funding, the implementation of policies related to homelessness and healthcare often falls on the Member States. Nevertheless, within the broad EU framework, we emphasize key principles that should be considered and adapted when addressing hospital discharge and homelessness.

EU Health Policy plays a crucial role in safeguarding and enhancing public health across its Member States. As stated in **Article 168** of the **Treaty on the Functioning of the European Union (TFEU)**[17], the EU ensures that a high level of human health protection is integrated into all its policies and activities. Additionally, **Article 35** of the **EU Charter of Fundamental Rights** affirms the right of everyone to access preventive healthcare and benefit from medical treatment under national laws.[18] Through fostering cooperation, harmonizing standards, and addressing cross-border health challenges, the EU contributes to a safer, healthier, and more resilient Europe. Designing health policies that meet the needs of marginalized and excluded populations, such as people experiencing homelessness, is essential to fully realizing their right to healthcare.

The Lisbon Declaration on the European Platform on Combatting Homelessness, signed by all EU Member States in June 2021, commits to working towards the goal of ending homelessness by 2030. One of the five key principles outlined in the decla-

17. EUR-Lex - 12008E168 - EN - EUR-Lex. (2020). Europa.eu. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A12008E168
18. Article 35 - Health care. (2015, April 25). European Union Agency for Fundamental Rights. https://fra.europa.eu/en/eu-charter/article/35-health-care

ration is that no one is discharged from any institution (e.g. prison, hospital, care facility) without an offer of appropriate housing.

Furthermore, **Principle 19 of the European Pillar of Social Rights** states that: *a) Access to social housing or housing assistance of good quality shall be provided for those in need; b) Vulnerable people have the right to appropriate assistance and protection against forced evictions and c) adequate shelter and services shall be provided to the homeless to promote their social inclusion.*[19]

As signatories of these EU frameworks on health inequalities and homelessness, EU Member States must address the urgent need to strengthen support for people experiencing homelessness who are discharged from hospitals. This can be achieved by developing hospital discharge protocols specifically tailored for people experiencing homelessness. Such protocols should focus on ensuring access to adequate housing solutions as part of a comprehensive and integrated approach that ensures that no one is discharged from a hospital to inadequate housing and/or to the streets, therefore setting a clear agenda on the right to health and housing for people experiencing homelessness.

19. The European Pillar of Social Rights Action Plan (2021). European Commission.

3. What is an Effective Hospital Discharge Plan?

The relationship between hospital discharge and homelessness appears to have been mostly researched in North America, where nonetheless, scholars emphasise the need for further exploration of the links between hospital discharge and homelessness across various fields of study.

Following acute care at the hospital, recovery and follow-up treatments are typically managed in outpatient clinics. However, people experiencing homelessness often struggle to access these services. Additionally, alternatives for their follow up care are limited, leading to a deterioration in people's health, maintaining the "revolving door" of hospital readmissions[20]. For example, those with chronic conditions or requiring ongoing care (such as cancer treatments or haemodialysis) face significant barriers to obtaining these treatments as well as following their treatment plan as they often do not have safe spaces where they can recover or even store their medicine. Lacking the means to ensure their follow up care, their situation worsens, and in many cases they end up back in the hospital, quite often in the emergency unit. This highlights the critical importance of a comprehensive hospital discharge plan tailored for people experiencing homelessness.

When addressing healthcare access for people experiencing homelessness, it is crucial to foster a positive patient-professional relationship, based on a **person-centered approach** following **trauma-informed care principles**. People experiencing homelessness have likely experienced forms of trauma, including homelessness which can be seen as a source of trauma in itself.[21] Thus, hospital discharge plans should be tailored to people's needs and circumstances and avoid re-traumatisation and stigmatisation. It is also crucial to involve the patient in the discharge process, taking into account the challenges they may face and working collaboratively to find practical solutions based on their circumstances[22]

The SAFE DC framework, introduced in 2009 in the US, provides a comprehensive approach to hospital discharge planning for people experiencing homelessness. It focuses on four key areas: Safety, Access to care, Follow-up, and Efficiency. The model highlights that care for homeless patients must extend beyond immediate hospitalization, **addressing broader health and social needs to prevent rehospitalization and improve overall health outcomes.** [23]

Notably, one study found that 56% of the participants were not asked about their housing situation during hospitalization, underscoring the need for more comprehensive and personalized discharge planning.[24] **A housing needs assessment upon hospital admission** is essential, ensuring that patients

20. *Improving hospital admission and discharge for people who are homeless analysis of the current picture and recommendations for change.* (2012). https://www.housinglin.org.uk/_assets/resources/housing/otherorganisation/improving_hospital_admission_and_d
21. *Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings. The Open Health Services and Policy Journal, 3(2), 80–100. https://doi.org/10.2174/1874924001003020080*
22. *Carmichael, C., Schiffler, T., Smith, L., Moudatsou, M., Tabaki, I., Doñate-Martínez, A., Alhambra-Borrás, T., Kouvari, M., Karnaki, P., Gil-Salmeron, A., & Grabovac, I. (2023). Barriers and facilitators to health care access for people experiencing homelessness in four European countries: an exploratory qualitative study. International Journal for Equity in Health, 22(1), 206. https://doi.org/10.1186/s12939-023-02011-4*
23. *Best, J.A. and Young, A. (2009), "A SAFE DC: a conceptual framework for care of the homeless inpatient", Journal of Hospital Medicine,4 (6) 375-81.*
24. *Greysen, S.R., Allen, R., Rosenthal, M.S., Lucas, G.I. and Wang, E.A. (2013), "Improving the quality of discharge care for the homeless: a patient-centred approach". Journal of Health Care for the Poor and Underserved,24, 2, pp. 444-55.*

are treated with respect and understanding, without stigmatization. **After discharge, continued support is critical**, including assistance with managing complex medical needs, medication, basic needs, and transportation. Achieving this requires a **collaborative approach**, with coordination between various services to provide comprehensive post-discharge care.[25]

The delivery of these services can take various forms, ranging from outreach and case management, where individuals are referred to other services and receive follow-up care post-discharge, to integrated models that provide both housing and healthcare services. Examples include Housing First programs, transitional housing, respite care, and access to affordable, sustainable accommodation. Research has shown that housing and case management programs for people experiencing homelessness who are chronically ill have led to a 29% reduction in hospital stays and a 24% decrease in emergency department visits.[26]

A recent study analysing the data on hospitalization and emergency department visits by people experiencing homelessness across three cities in Czechia from 2014 to 2021, confirmed the efficiency of nurse-led outreach services in reducing hospitalizations of people experiencing homelessness and lowering the frequency of emergency visits.[27]

Housing First and **Respite approaches** that prioritise safe **housing as a prerequisite to discharge** have shown promising results in readmission rates and cost-efficacy. However, these transitions are dependent on the availability of services, which is frequently identified as a significant limitation. Nevertheless, the results show positive outcomes on the implementation of such services, with shelters presented as short-term solutions that fail to accommodate the medical needs of recovery.

Such programs prove not only to be cost-effective, through reduced hospital admissions and healthcare utilization but also play a key role in reducing health inequalities and in promoting long-term well-being. Ultimately, by addressing both medical and housing needs, these interventions help bridge gaps in care and foster better health outcomes.

This paper highlights the need to see housing as a social determinant of health which should be taken into consideration within a hospital discharge plan. We will hence now explore the various results of different post-discharge services.

Respite Care *

**Depending on the study and the country in which it was conducted, the term may distinguish between respite care and intermediate care. While both share similarities, they may differ in specific conceptualisations.*

Medical respite care provides a safe place for people experiencing homelessness to recover after being discharged from a hospital, as they often face challenges in healing due to unstable living conditions. A study conducted in Denmark aimed to evaluate the effectiveness and cost-utility of post-hospital medical respite care specifically tailored for people experiencing homelessness. The trial investigates whether this intervention improved health outcomes and reduced

25. *Canham, S. L., Davidson, S., Custodio, K., Mauboules, C., Good, C., Wister, A. V., & Bosma, H. (2018). Health supports needed for homeless persons transitioning from hospitals. Health & Social Care in the Community, 27(3), 531–545. https://doi.org/10.1111/hsc.12599*
26. *Canham, S., Humphries, J., Seetharaman, K., Custodio, K., Mauboules, C., Good, C., Lupick, D., & Bosma, H. (2021). Hospital-to-Shelter/Housing Interventions for Persons Experiencing Homelessness. International Journal on Homelessness, 1–16. https://doi.org/10.5206/ijoh.2022.1.13455*
27. *Šimon, M., Barbora Latečková, & Oto Potluka. (2024). Health and healthcare use of homeless population: Evaluation study of joint social work and healthcare provision. International Journal of Nursing Studies, 104929–104929. https://doi.org/10.1016/j.ijnurstu.2024.104929*

healthcare costs compared to standard care. The project Bridge Copenhagen–medical respite care, shows significant improvements in cost-effectiveness after 6 and 12 months, an improvement in health outcomes, and a decrease in hospital readmissions.[28] These findings are consistent with previous research showing that discharge to a medical respite facility was associated with significantly lower rates of hospital readmission than discharge to "own care" (such as shelters).[29] The results also suggest that providing tailored post-hospital services for people experiencing homelessness can improve health outcomes and offer a cost-effective solution, leading to long-term savings by reducing healthcare utilization.[30]

Housing First

Housing First takes a holistic and integrative approach to addressing the needs of people experiencing homelessness, with substantial evidence showing its positive impact on health outcomes. Research also suggests that Housing First can reduce the use of acute-care services by providing a stable environment for recovery and treatment that incorporates psychosocial needs. This, in turn, improves health outcomes and reduces the need for future hospitalizations.[31]

A study from the French 'Un Chez-Soi d'Abord' Housing First program found that, in the six months prior to entering the program, people experiencing homelessness spent an average of 18.3 nights in the hospital. After 12

28. Bring, C., Kruse, M., Ankarfeldt, M. Z., Brünés, N., Pedersen, M., Petersen, J., & Andersen, O. (2020). *Post-hospital medical respite care for homeless people in Denmark: a randomized controlled trial and cost-utility analysis. BMC Health Services Research, 20(1). https://doi.org/10.1186/s12913-020-05358-4*
29. Kertesz, S. G., Posner, M. A., O'Connell, J. J., Swain, S., Mullins, A. N., Shwartz, M., & Ash, A. S. (2009). *Post-hospital medical respite care and hospital readmission of homeless persons. Journal of prevention & intervention in the community, 37(2), 129–142. https://doi.org/10.1080/10852350902735734*
30. Biederman, D. J., Gamble, J., Wilson, S., Douglas, C., & Feigal, J. (2019). *Health care utilization following a homeless medical respite pilot program. Public Health Nursing, 36(3), 296–302. https://doi.org/10.1111/phn.12589*
31 Srebnik, D., Connor, T., & Sylla, L. (2013). *A Pilot Study of the Impact of Housing First–Supported Housing for Intensive Users of Medical Hospitalization and Sobering Services. American Journal of Public Health, 103(2), 316–321. https://doi.org/10.2105/ajph.2012.300867*

months of participation in Housing First, the average time spent in the hospital over the previous six months decreased significantly to 8.8 nights. Additionally, both the frequency of hospital stays and contacts with hospitals were markedly reduced.[32]

A collaborative approach between hospital professionals and Housing First programs can significantly lower hospital admissions and healthcare costs, while ensuring a dignified discharge and follow up care for people facing homelessness. This approach addresses the social determinants of health while prioritizing person-centred care.[33]

Shelters

Developing an effective discharge plan is often challenging due to access to and availability of services for people experiencing homelessness. Many shelters only offer temporary accommodation that is not well suited to the medical needs of people who are medically stable enough not to be hospitalized, but are still in need of a continuation of care.

A study conducted in Canada highlighted the challenges in developing effective discharge plans for people experiencing homelessness. Hospitals are under pressure to discharge patients as soon as they are medically stable, yet they often struggle to release these patients to shelters. Many shelters have implemented strict exclusion criteria and eligibility rules to avoid taking in individuals whose post-hospitalization needs they cannot meet.[34] Such individuals include older people experiencing homelessness who have unique vulnerabilities upon hospital discharge, in which common shelters are shown to be inadequate to accommodate their complex needs. [35] This gap between hospital discharges and shelter capabilities emphasises the need for systemic changes to improve healthcare coordination and support better discharge planning for people experiencing homelessness.

32. *Pleace, N. (2019). Housing First Guide Europe. https://housingfirsteurope.eu/publication/publication-housing-first-guide-europe/*
33. *Wood, L., Wood, N. J. R., Vallesi, S., Stafford, A., Davies, A., & Cumming, C. (2019). Hospital collaboration with a Housing First program to improve health outcomes for people experiencing homelessness. Housing, Care and Support, 22(1), 27–39. https://doi.org/10.1108/hcs-09-2018-0023*
34. *Jenkinson, J. I. R., Strike, C., Hwang, S. W., & Di Ruggiero, E. (2021). Nowhere to go: exploring the social and economic influences on discharging people experiencing homelessness to appropriate destinations in Toronto, Canada. Canadian journal of public health/Revue canadienne de sante publique, 112(6), 992–1001. https://doi.org/10.17269/s41997-021-00561-0*
35. *Canham, S., Custodio, K., Mauboules, C., Good, C., & Bosma, H. (2019). Health and Psychosocial Needs of Older Adults Who Are Experiencing Homelessness Following Hospital Discharge. The Gerontologist, 60(4). https://doi.org/10.1093/geront/gnz078*

4. Conclusions & Recommendations

This paper marks the first time FEANTSA has explored the critical link between homelessness and hospital discharge, under our commitment to shed light on the broader issue of health inequalities. Inadequate hospital discharges can have devastating consequences for people experiencing homelessness by failing to address their holistic needs. This cycle of hospital readmissions not only strains healthcare systems, but can further marginalize individuals who experience hospital stays as traumatic. This is due to the vulnerability of hospitalization itself but also due to the stigma frequently faced by people experiencing homelessness.

Hospital discharge should not be overlooked, as it represents a crucial opportunity to connect people experiencing homelessness to essential services, providing a pathway to the care and support they need. Effective hospital discharge planning is crucial in reducing health inequalities among people experiencing homelessness.[36] Health policies should address the psychosocial needs of people experiencing homelessness, ensuring the effective delivery of services and an inclusive approach to health.[37]

This paper strongly calls on the EU Member States to address hospital discharge policies, offering recommendations to guide future action. Additionally, the goal of this brief is to encourage further research, especially by including the perspectives of people experiencing homelessness, which is crucial for future studies and policy development to ensure their needs are fully addressed.

Drawing on the data analysed as well as on the interviews conducted for this paper, FEANTSA puts forward seven recommendations which, were they to be implemented at national level, should ensure that progress is made towards achieving a dignified and safe hospital discharge of people who lack adequate housing. As highlighted before, this would in turn ensure that the use of emergency services will be reduced and would significantly shorten the admission period and lower costs.

Recommendations:

1. Early Identification and Individual Assessment upon Admission:

Hospitals should implement standardised screening and assessment procedures at the point of admission to identify individuals experiencing or at risk of homelessness. This assessment must be conducted by trained professionals to address any potential feelings of fear or stigma that may hinder individuals from disclosing their housing situation.

2. Integrated and Collaborative Discharge Planning:

Hospitals must establish clear protocols for coordinated service delivery and referral processes for patients who are at risk of or currently experiencing homelessness. Effective collaboration with partners- including NGOs, local agencies, mental health and substance use services, and other relevant stakehold-

36. Cornes, M., Aldridge, R. W., Biswell, E., Byng, R., Clark, M., Foster, G., Fuller, J., Hayward, A., Hewett, N., Kilmister, A., Manthorpe, J., Neale, J., Tinelli, M., & Whiteford, M. (2021). Improving care transfers for homeless patients after hospital discharge: a realist evaluation. NIHR Journals Library.

37. Luchenski S, Maguire N, Aldridge RW, Hayward A, Story A, Perri P, et al. What works in inclusion health: overview of effective interventions for margin alised and excluded populations. The Lancet. 2018;391:266–80. https://doi. org/10.1016/S0140-6736(17)31959-1.

ers- should be formalized. Additionally, hospitals should establish communication channels and protocols for secure and efficient information sharing among partners.

3. Evaluation and Needs assessment:

Member States should develop needs assessments on existing services and identify potential gaps. This includes gathering data on admissions, discharge rates, and the availability of post-discharge care, support and services specifically tailored for people experiencing homelessness. Such assessments are crucial to developing realistic and effective post-discharge care protocols.

4. Establishment of Safe Discharge Policies:

Hospitals should adopt clear, person-centred discharge policies that account for the psychosocial and holistic needs of people experiencing homelessness, ensuring they are not discharged into the streets or unsafe accommodation. Safe discharge practices should include comprehensive de-briefing sessions, which provide accessible information on follow-up care, treatment, and medication, through understandable and clear communication.

5. Funds allocation:

Additional funding should be allocated to create tailored out-of-hospital services for people experiencing homelessness, such as street doctors and mobile outreach clinics. These services would facilitate post-discharge care continuity and support the recovery of people that experience homelessness. Further investment should be directed toward expanding intermediate care services and Housing First programs, and finally, towards peer led services within the healthcare systems.

6. Training:

It is recommended that hospital staff receive specialized training on homelessness-related issues to foster sensitivity and awareness. Such training can reduce stigma and judgment, ensuring compassionate, non-discriminatory care for patients experiencing homelessness.

7. Evaluation and Research:

Regular evaluations of discharge protocols and programs tailored for people experiencing homelessness should be conducted. This includes developing and enhancing information systems to generate accurate data on admission and readmission rates. Finally, further research should be conducted on the intersection between hospital discharge and homelessness, improving access to care and ultimately decreasing health inequalities.

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European Federation of National Organisations Working with the Homeless

194 Chaussée de Louvain, 1210 Brussels, Belgium
T +32 (0)2 538 66 69 • information@feantsa.org

www.feantsa.org

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