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Needs of the hidden homeless – no longer hidden: a pilot study



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ABSTRACT

Objective: The purpose of this pilot study was to describe the health, housing and social service needs of the hidden homeless. It has been estimated that 80% of all people experiencing homelessness are hidden homeless, and because they remain 'hidden', resources are not allocated to provide this vulnerable population with support.

Study design: This was a descriptive, case series research design.

Methods: Participants were recruited through agency referral and snowball sampling. Research ethics board (REB) approval was granted. Using descriptive statistics, information obtained from participant surveys was analysed using SPSS version 19.

Results: Thirty-four participants met the inclusion criteria and ranged from 15 to 69 years. Fifty percent of the participants reported first being homeless between 14 and 18 years of age. Participants had several comorbidities, including mental health challenges, dental and respiratory problems, and sleep disorders. Participants described several challenges with accessing adequate nutrition, and finding adequate transportation and finances, and did not list housing as a priority need. The most frequent barriers to accessing health and social services identified by participants included their personal challenges with addiction, lack of transportation, and the perceived stigma they experienced when they sought help from health and social service agencies.

Conclusions: Findings from this study can contribute to the development of best practice guidelines and policies that specifically address the needs of this unique population. Improved allocation of resources and coordination of health and community services are cost-effective, and advance the overall health of the hidden homeless.

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Introduction

It has been estimated that 80% of all homeless people are hidden homeless.¹ Community planners remain challenged to

identify the actual numbers and health needs of this unique, 'hidden' population. The hidden homeless may be described as individuals 'provisionally accommodated', including, 'those whose accommodation is temporary or lacks security

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of tenure.² The hidden homeless are also referred to as, 'concealed homeless', 'couch-surfing', or being 'doubled-up'.³ While all peoples experiencing homelessness may share common health and social challenges, the hidden homeless encounter unique adversities that are not identified. The hidden homeless are not visible to the public as they may have temporary housing, but they lack the stability of having a permanent address and they are not staying with family or friends out of choice.²

The Canadian Homelessness Research Network describes homelessness as, 'the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it'.² People experiencing homelessness may vary from those individuals visibly living on the streets, also called the absolute homeless⁴ or unsheltered,² to people living in precarious situations whereby an unexpected financial or life event may cause homelessness.² Canada boasts 'universal health care for all', yet many individuals in Canada face barriers when seeking health and social services.⁵ Challenges for those experiencing homelessness include, the difficulty for government organizations to accommodate them with appropriate resources,⁴ varying definitions or categories of homelessness,⁴ and the fluidity of homelessness, in that individuals often move in and out of homelessness,² thus making it a challenge to count the numbers of people experiencing homelessness.¹ It has been suggested that for every visible person who is homeless, there are four people experiencing hidden homelessness.⁴

Knowledge is lacking about the unique needs of the hidden homeless, but there is growing literature on homelessness and people who are visibly homeless. Homelessness may be caused from individual factors such as, adverse childhood experiences, low educational attainment,⁶ and mental illness, and societal factors such as, poverty, racism and market labour conditions.³ It has been said that adequate shelter should be a basic prerequisite for health.^{7,8} The majority of people experiencing homelessness are male⁹ and their life expectancy is approximately 39 years of age, which is half of the average life expectancy in Canada.¹⁰ Many individuals experiencing homelessness in Canada are without a home due to the lack of a national housing strategy¹¹ and the dwindling resources from the federal and provincial governments to help local municipalities provide social services.¹² A reduction in services provided at the local level and the restrictions placed on the social safety net, ensures that individuals and families are not eligible to access needed funding, programmes and support,¹² thus leading to homelessness. The Canadian homeless population is increasing in size and is predominantly male and single.¹³ When compared to previous decades, there are higher numbers of teenagers, and women and their children.^{11,14} Older adults living on fixed incomes, newcomers to Canada including immigrants and refugees, the working poor, Aboriginal people, and women and children living in abusive relationships are only one pay check or chronic illness away from becoming homeless.¹⁴ Advocates for homelessness have estimated that there are approximately 300,000 homeless individuals living in Canada,¹¹ however, this number is said to be low and conservative.¹⁵ It has been estimated that it costs Canadian citizens \$30,000–\$40,000 per year to care for a homeless individual. If

the individual is placed in permanent, supportive housing, it is cost effective and only costs taxpayers approximately \$22,000–\$28,000 per person per year.¹⁵

Individuals experiencing homelessness have numerous health concerns, including; arthritis and other musculoskeletal disorders; hypertension, respiratory tract infections, skin and foot problems, venous stasis disease, scabies and body lice. Other health concerns include; foot disorders such as tinea pedis, usually caused from prolonged exposure to moisture, inadequate footwear and long periods of walking and standing.⁷ Homeless individuals have an increased risk of contracting tuberculosis, HIV/Hepatitis C and other sexually transmitted diseases.¹³ Unintentional injuries and deaths due to substance abuse, mental illness, and other psychosocial concerns are common.^{3,16} People experiencing homelessness have poor nutrition and often lack nutrients essential for growth and development.¹⁷ Homelessness has a detrimental effect on existing comorbidities; causing decreased quality of life, increased disability burden, and increased healthcare use and costs from higher mortality rates.¹³

Adults who are homeless often obtain their care in emergency departments and are admitted to hospital up to five times more often and remain in hospital longer than the general population.¹⁶ When people experiencing homelessness are admitted to hospital, often it is due to mental health concerns or problems with substance abuse.⁹ Many people experiencing homelessness report difficulty in accessing healthcare services and report being denied access to competent, compassionate treatment.¹³ The homeless and hidden homeless have unique needs and interact with the healthcare system differently than other groups. Healthcare for this population is a challenge.

While research has been published describing the experiences for those living in absolute homelessness⁴ research is lacking regarding the hidden homeless. Within the local community, accurate numbers of individuals experiencing homelessness are difficult to ascertain, however, local health and social service agencies supported this study in the hopes that it would provide greater insight into this population. The purpose of this pilot study was to complete a needs assessment to describe the health, housing and social service needs of the hidden homeless.

Methods

A descriptive, case series research design¹⁸ was utilized to examine 'informant expressed needs' and to situate those needs in research participants' lives.¹⁹ The Homeless Coalition of Windsor-Essex County (hereafter referred to as Homeless Coalition) – Health Sub-Committee, consisting of community agencies, recruitment sites, and community partners acted as a Community Advisory Board overseeing the development and completion of this needs assessment.

Participants were recruited through agency referral and snowball sampling. Snowball sampling is helpful when trying to access members of populations who are vulnerable, hard to reach or traditionally underserved in terms of their participation and sharing of expertise in research studies.²⁰ Individuals for the study met the inclusion criteria if they were

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