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How did homeless people experience the pandemic in Austria and what can health care systems do to protect them?

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neunerhaus...

...is a social organization that enables people who are homeless, precariously housed and people at risk of poverty to lead a self-determined and dignified life through housing, health services and social participation.

Housing

neunerhaus operates three residential houses and two mobile services (Housing First and a mobile social work team) in Vienna. neunerhaus also founded a subsidiary social housing agency, neunerimmo in 2017.

Health

neunerhaus offers health services to people who are homeless or precariously housed, regardless of health insurance status. Over 5.800 people received medical care in 2020 in the neunerhaus health centre and through our mobile team of doctors.

Social participation

Social workers offering low-threshold advice and support are available in both the neunerhaus health centre and the adjoining neunerhaus café. The café offers a space offering healthy food on a donation basis and where people can socialise without the pressure to buy.

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Homelessness and health - context



22.038 people registered
as homeless in Austria in
2019

12.593 people in Vienna
(57%)

Source: Statistik Austria 2019

- Infrastructure for people who are homeless is comprehensive, but there are still gaps and challenges
- Access to residential homelessness services subject to requirements (residency status, income)
- At least 10,000 people in Austria without health insurance
- Others with entitlement but barriers to access (language, navigating system, stigma, negative experiences)
- Not enough low-threshold health and accommodation services to meet need

Impact of COVID-19 - health

- Homelessness as a health risk
- Many low-threshold health services closed or reduced opening times/changed modes of access
- Access to health information (speed of changing information, accessibility, languages)
- Tangible increase in isolation, loneliness, anxiety, mental distress and substance use
- Decreased motivation to look after own health and attend appointments through fear of infection
- Health complications arising from delays and reduction in health services



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Impact of COVID-19 – housing and social participation

- Impact of lockdown and restrictions on entering public spaces on people without adequate accommodation
- In Vienna, emergency winter accommodation was extended through the summer and open all day
- For people in residential services, visitor bans and cancellation of group activities within services led to isolation and growing frustration and distress
- Reduction in low-threshold services for daily living (clothes, food)
- Unemployment or precarious employment situations
- Difficulty accessing authorities as services were reduced or moved online

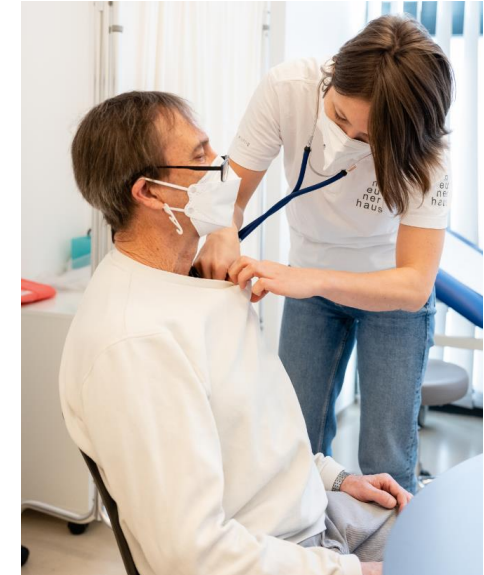


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How did neunerhaus respond?

- ‘Wir sind da’ – we are here
- neunerhaus health centre stayed open throughout, adapted to new safety measures and our **general practice saw a 32% increase in patients**
- neunerhaus together with the city of Vienna developed a pandemic-specific phone line to provide health advice and information to colleagues in services supporting other vulnerable groups – homelessness services, domestic violence services, refugee services and services for people with disabilities. **The telephone line received 6.312 calls between March 2020 and April 2021.**
- neunerhaus café switched to **providing warm takeaway food through the lockdown periods**, with social workers available to provide information and advice (25% increase in appointments with social workers in 2020)



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Recommendations and lessons learned

- Break down formal and informal barriers in health systems to ensure access for all, regardless of insurance or residency status, particularly in times of crisis
- Housing as a health intervention – need a year-round accommodation offer accessible to everyone, no-one should have to sleep on the streets
- More concentrated targeting of resources to vulnerable groups facing multiple disadvantages (poor health, precarious employment, insecure housing) and are more starkly affected by crises. Focus on interdisciplinary approaches and personal contact where possible.
- Increased focus on vulnerable groups needed as we move on from crisis too – access to vaccinations and tests critical to social participation and other services
- Low-threshold access to psychosocial support and mental health services is always urgently needed.



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