

When health isn't a priority; working to improve the health of those who are homeless.

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Homelessness in Ireland 2019

- Current figures **9,987** (adults 6363, children 3624).
- Change in profile over the last 6 years more families in emergency accommodation.
- Rough sleepers still a concern (peak 184 winter 2017, winter 2018 156).

Rae and Rees (2015) found that

“The priorities of the homeless in their daily life altered the importance they attached to their health and well-being and therefore their healthcare seeking behaviour. When they had fewest resources (shelter, money, food) they frequently neglected themselves until crisis point.”

When health isn't a priority

- While there may be recognition of health problems, priorities depend on the immediate situation and needs (John & Law 2011, Bigelow & Stepka 2012)
- Rae and Rees (2015) priorities in 2 main areas
 - finding shelter, food and stability
 - escapism from the reality of their lives through alcoholism and drug addiction
- Swigart and Kolb (2004) found that fear and apathy prevented engagement with mobile tuberculosis services in the USA
- Health care may not be sought until the impact is severe (Cocozza-Martins 2008, Hill & Rimmington 2011).

Barriers to Health seeking/inclusion among Irish homeless population (O'Reilly et al 2013)

– Previous Negative Experiences	79%
– Service(s) not open when needed	42%
– No Medical Card	41%
– Too Expensive/Cost	36%
– Long waiting	23%
– Can't get required treatment	13%
– Other Things more Important	12%
– Difficulty getting a GP	10%
– Experienced HRC/not legally resident	4%
– Other	27%

Participant comments (Rae and Rees 2015)

“When people are homeless they don't really want to see doctors. It's only if they're really bad. Then they go to hospital.” (M49).

“There would be days I would be on a period, instead of buying tampons or towels, I'd use tissue because every penny I put together I'd use for alcohol and drugs.” (F44).

“I haven't done any other sort of sexual examinations, which I know I should do. And I probably will, now I've been put in a hostel. All these things are a bit more concerning, ... when I've been clean and been able to think.” (F44).



WHO YA
GONNA
CALL?



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Keyworkers

When formalised health care services seem inaccessible and Healthcare practitioners have difficulty accessing these 'hard to reach' populations for health promotion/early intervention, keyworkers are often the:

- First responders
- Health assessors
- Referrers
- Advocates
- Brokers/negotiators
- Health promoters

Keyworkers

- Keyworkers/case managers/case workers usually have no health professional qualifications and typically receive little specific training for their work.
- Role is open to interpretation, defined in terms of several functions, including establishing a working relationship with the client, drawing up and monitoring individual care plans, maintaining records, and ensuring support is in place
- Level of engagement in health care assessment and provision? Scope becoming increasingly blurred with increasing need/drive for community/primary healthcare provision for people complex care needs/chronic illness (Lambert et al 2019)



The Context of Keyworkers in the Dublin Homeless Sector

- At least 100 agencies delivering services to approximately 4,262 people (Census 2016) who are homeless in Dublin.
- Workers at the interface of homeless service provision are keyworkers or case managers, depending on the intensity of service required by the service user and the necessity for co-ordinating interagency collaboration.

(Dublin Region Homeless Executive 2008)

- Approximately 750 workers in the Dublin homeless sector services, with a range of vocational and educational profiles.
- Many have worked in the sector for over 20 years and have a wealth of practice knowledge/skills but little or no formal education/qualifications.
- Those coming into the sector in the last 10 years have 3rd level qualifications/ training and working backgrounds in social care, social work, nursing, addiction, counselling and psychotherapy.



Working in current homeless service provision demands knowledge concerning a range of welfare, health and socio-cultural issues/rights as well as skills in effective assessment and support planning/case management and interagency working. (Martin et al 2012)

Various sectorial services have made substantial investments in on-the-job training; however the nature of this training has not been consistent across the sector.

Key workers perceive that they have a lack of knowledge, confidence and competence in dealing with the physical and mental health needs of homeless clients (Mullen and Leginski 2010).



Undergraduate Certificate in Homeless Prevention and Intervention

- Developed in partnership with Dublin Region Homeless Executive and School of Nursing and Human Sciences DCU
- Aimed at providing education and training for key workers/case managers in the homeless sector in Ireland
- Undergraduate certificate
- 30 Credits
- 3 X 10 Credit modules
- Level 8 (NFQ) Honours Bachelors Degree level

Programme Aims

To enable key workers/case managers in homeless sector services to develop a range of knowledge and skills that equips them for effective assessment, support planning and support interventions with individuals and families at risk of or experiencing homelessness.

3 modules

Delivered over 3 semesters

1. Assessment and support planning: process and practice
2. Socio-economic contexts of people in homelessness
3. Health, illness and addiction in homeless contexts

Health, Illness, Addiction and Homelessness Module

Learning Outcomes

1. Analyse the relationships between homelessness, health, mental/physical ill health and addictions
2. Employ strategies that enhance the health and wellbeing of homeless persons and encourage people to safely manage their own health.
3. Recognise and respond appropriately to the signs, symptoms and exacerbating factors associated with common health problems, addiction, mental distress and disorders
4. Respond appropriately in situations where health is at immediate risk of being compromised
5. Establish positive and productive relationships with service users who may exhibit difficulties with communication and behaviour
6. Demonstrate working knowledge of the roles of general and specialist health services and assist service users to access appropriate health service provision



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Health, Illness, Addiction and Homelessness Module- Assessment

Students are required to develop, implement and evaluate a ***health promotion initiative*** based on their assessment of a health problem or health risk factor that is prevalent in the service user group with whom they work and

To prepare a ***poster*** suitable for display in a residential or 'drop in' facility that conveys a clear health promotion message and ***present*** this project and poster to the class.



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Health Promotion Projects 2012-2019

Aspects of health address in CHPI health promotion practice projects 2012-2019 n=213

	No.	%
General physical health (including foot and skin care, health screening, eye care, smoking cessation, dental care, pregnancy care, managing illness, accessing health services	75	35%
Mental health promotion and mental illness	44	21%
Drug/alcohol abuse and harm reduction	40	19%
Nutrition	27	13%
Blood borne disease	13	6%
Domestic violence	6	3%
Sexual health	8	4%



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Health Promotion Projects 2012-2019

Strategies employed in the projects:

- Group health education
- Staff up-skilling
- Addressing health promotion issues through individual key working
- Involving service users in project design
- Improving access to health care entitlements
- Awareness raising



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Examples

Eric

**EVERYBODY CAN
SEE & FEEL BETTER**



**CONTACT
YOUR
KEYWORKER
TO HELP
MAKE THAT
APPOINTMENT**



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Joe



AFRAID TO SMILE?



**The Dental Treatment Services Scheme (DTSS)
provides access to dental treatment for
adult medical card holders.**

EVERYONE DESERVES TO SMILE.

**Services are provided by dentists employed by Local Health Offices
in your area and by private dentists who have contracts with the HSE
to provide certain services
www.hse.ie**



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Marjoke



*Looking for teeth!
How're yours
doing?!*

Dental care, The Basics

*CLEAN YOUR TEETH AT LEAST **2x** DAILY,
USING A SOFT BRUSH (KIND TO GUMS)*

*USE MOUTHWASH FOR AN EXTRA
CLEANSE AND A FRESH BREATH*

*VISIT YOUR DENTIST REGULARLY
FOR A CHECK-UP*

*CHECK IF YOUR
MEDICAL CARD
IS IN DATE*

If living on the streets, drinking or drug use may make your teeth look unhealthy, do not let it effect your confidence to step out into the world. Ask your key worker to help you find a dentist to get it fixed

Get it done!



Edel

What Causes Scabies?



Scabies is an infestation caused by the scabiei mite also known as the human itch mite

The Different Types of Scabies



Typical scabies, Nodular scabies, Infantile scabies, crusted scabies complicated scabies

Scabies Treatment and Holistic Remedies



Topical Cream (Permethrin)
Lotion (Eurax)
Oral (Ivermectin)

IT STARTED WITH AN ITCH AND NOW I'VE GOT YOU UNDER MY SKIN

If you think you have scabies please visit our Nurse or Doctor

Nurse Opening Times 9:30am - 5pm
Doctor Opening Times 2pm - 5pm
Doctor Opening Times 11pm - 12pm

Monday-Friday
Tuesday - Friday
Friday

MERCHANTS QUAY IRELAND

13-14 Riverbank
Merchants Quay

Web: www.mqi.ie

Email: info@mqi.ie
Phone: (01) 524 0160
Fax: (01) 524 0946

MQI

Merchants Quay Ireland
Homeless & Drugs Services

DCU

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LETS BREAK THE BENZO BUZZ!! A journey towards better health



Could tablet
abuse be part of
your problem?



- Nausea?
- Headaches?
- Dizziness?
- Always Tired?
- Dependence?



- Suffering from any of the above?
- Time for Change?
- Need help?



- Talk to your keyworker
- Talk with your GP
- Reduce/Detox



Cathal



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SMoKer



or

NON-SMoKer?



Get help to QUIT SMoKING - LiFe WiLL be better

Evaluation of engagement with health promotion initiatives

Reported benefits (CHPI students)	Observed changes (managers)	Reported impact in practice
Increased knowledge and skill level.	Improvement in competencies of staff after course participation. – evident in practice.	Improved service delivery. Raised professional/quality standards.
Relevant to the work. Useful for linking theory to practice.	Using frameworks/ reference points to help service users work on their health issues.	Practice informed by evidence/research. Development of practice knowledge
Insight into emotional psychological needs, empathy.	Making reference to “therapeutic relationships”.	Move to more holistic models of practice.
Professional/ career development.	Interest/ willingness to update skills and obtain a recognised qualification for career.	Transferability / consistency of skills across sector. Development of learning culture
Motivation, sense of purpose, clarity.	Has become more aware of what is involved in case management.	Enacting support plans. Consistency of service, clarity for service users.
Advocating for physical/ mental health needs (increased knowledge)	Have noted increased confidence among staff who have completed the training.	Change management. Advocating for change.
Hearing the experiences of others.	Networking/sharing with other services. Unifying effect on service when all staff participate.	Role clarification, Recognising other’s skills, Improved teamwork, interagency working.

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