

Inclusion Health Medical Social Work

IASW CONFERENCE, 20/10/2022



Who we are

Laura Feely, Senior Medical Social Worker,
Rotunda Hospital

Rachael Kelly, Senior Medical Social Worker,
Mater University Hospital

Gretchen McGuirk, Senior Medical Social
Worker, The Coombe Hospital

Sinead Stakelum, Senior Medical Social
Worker, The National Maternity Hospital

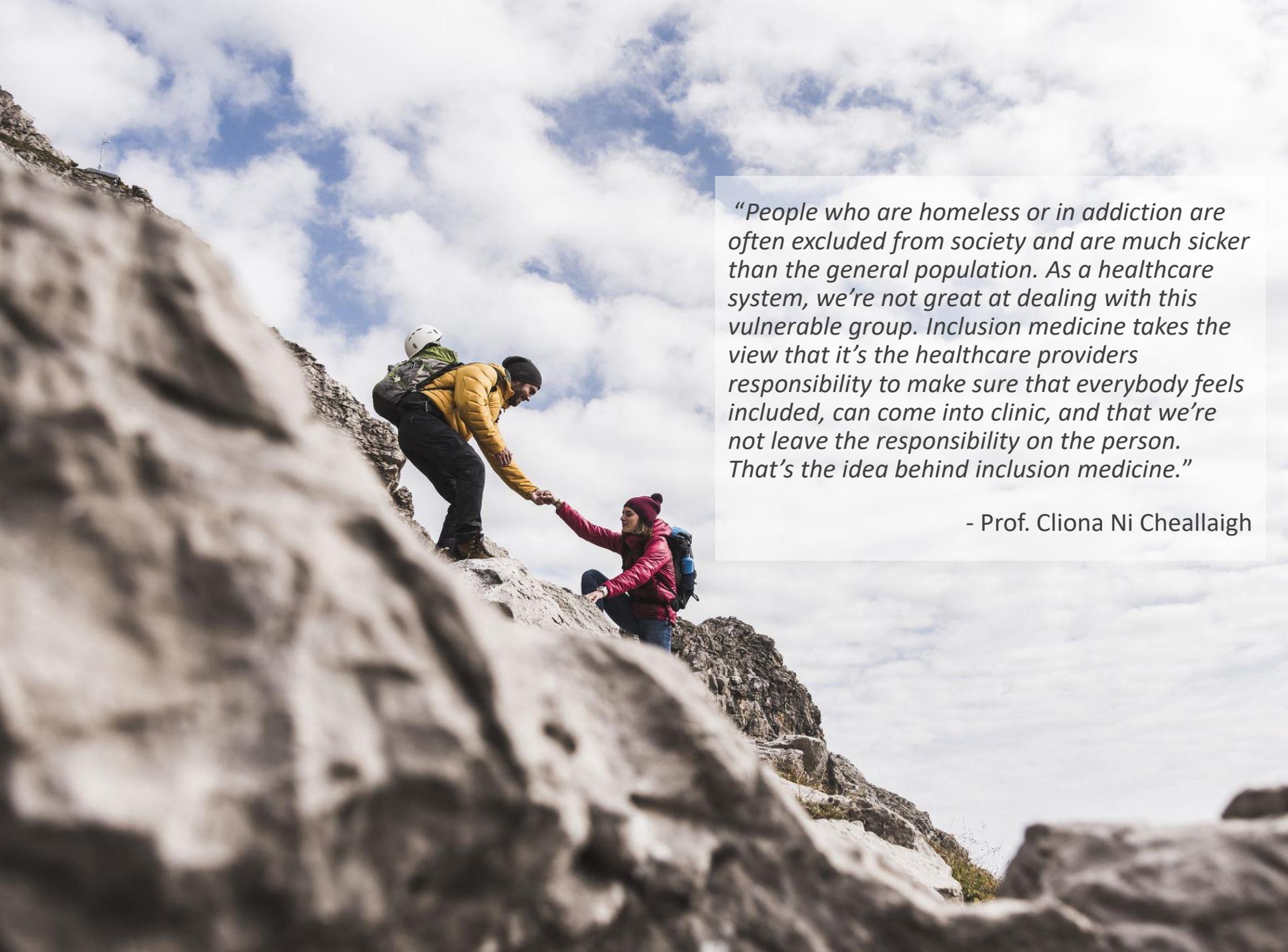


Overview

- Inclusion Health and the Social Work Role
- Establishment of Inclusion Health in Irish Healthcare
- Social Determinants and Detriments of Health
- Structural and Systemic Barriers
- Health Implications of Marginalisation
- Support Needs of Inclusion Health patients
- Interagency Working
- Case Studies
- Future of Inclusion Health Social Work

Inclusion Health

- Aim to reduce inequities in health and improve access to mainstream and targeted health services for vulnerable and excluded groups in Ireland
- Recognise the need for integration between health and social services to provide person-centered coordinated care
- Work closely with different sectors and organizations to improve health of these populations



“People who are homeless or in addiction are often excluded from society and are much sicker than the general population. As a healthcare system, we’re not great at dealing with this vulnerable group. Inclusion medicine takes the view that it’s the healthcare providers responsibility to make sure that everybody feels included, can come into clinic, and that we’re not leave the responsibility on the person. That’s the idea behind inclusion medicine.”

- Prof. Cliona Ni Cheallaigh

Why do we need Inclusion Health in Irish hospital care?

Often our sickest patients with complex medical and social needs

Increased use of unscheduled care services

Often lost to follow-up care

Link with community

Complex interagency discharge planning role

Admission avoidance

Inclusion Health Model of Care



Integrated Care
and supporting
collaborative
engagement

INTEGRATED

Working together across disciplines, sharing knowledge, innovation and advocacy to deliver high value care



Trauma
Informed
Approach

INFORMED

Many patients needing a IH service experience significant trauma



Flexibility and
willingness to
adapt and
improve service
provision

FLEXIBILITY

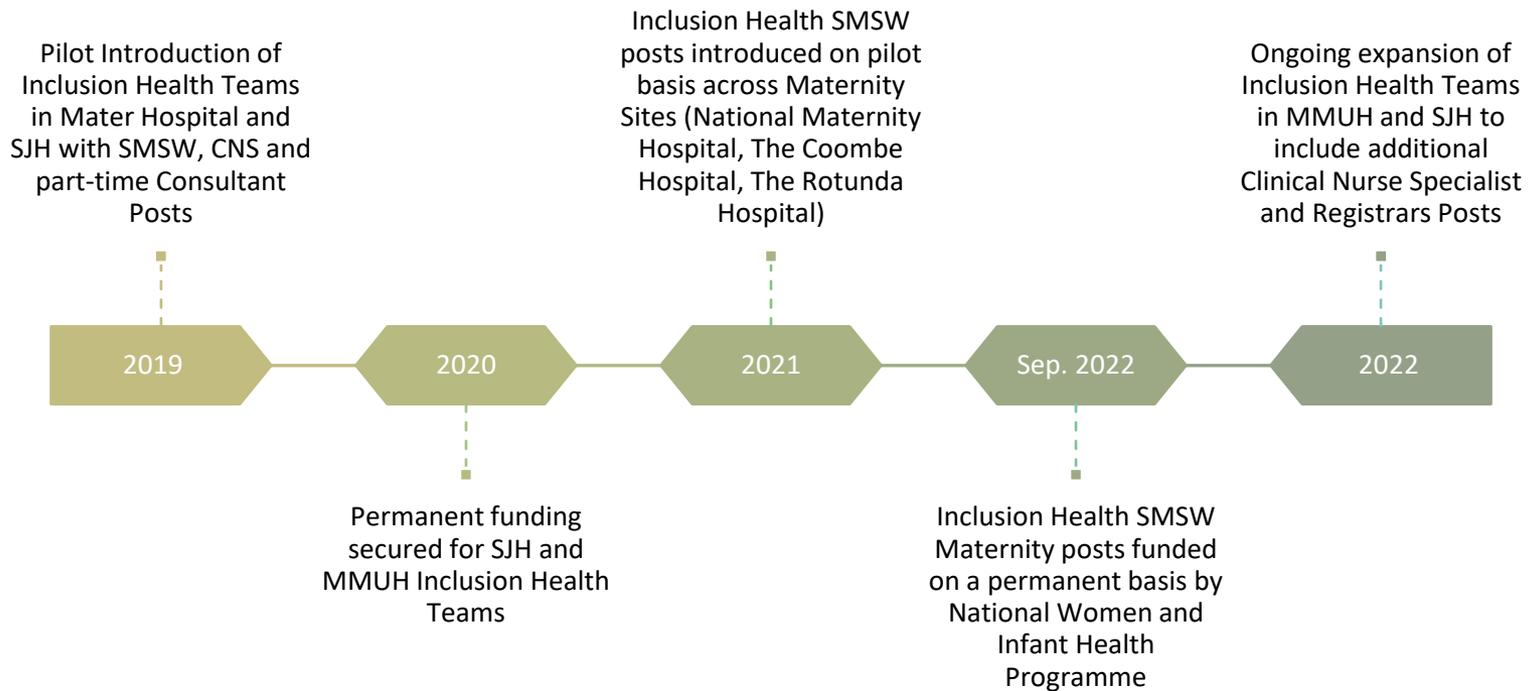
Ensuring there is equitable access to healthcare services



Partnership with
patients

PARTNERSHIP

Seeking and acting on the view of socially excluded patients and their support networks as to how to better meet their needs and expectations



The Journey of Inclusion Health

Social Work and Inclusion Health



Referrals received as early as possible



Comprehensive psychosocial assessment complete with patient, collateral from community as needed



Patient is the expert in identifying support needs- IH SMSW acts as the bridge between the patient and the hospital MDT, community services



Scaffolding approach- ultimate goal is to empower patients to access services and work to the point where IH SMSW is no longer required, reintegration to community



Education to SW, MDT colleagues and community stakeholders



Identify gaps in service and advocate for accessible, streamlined processes



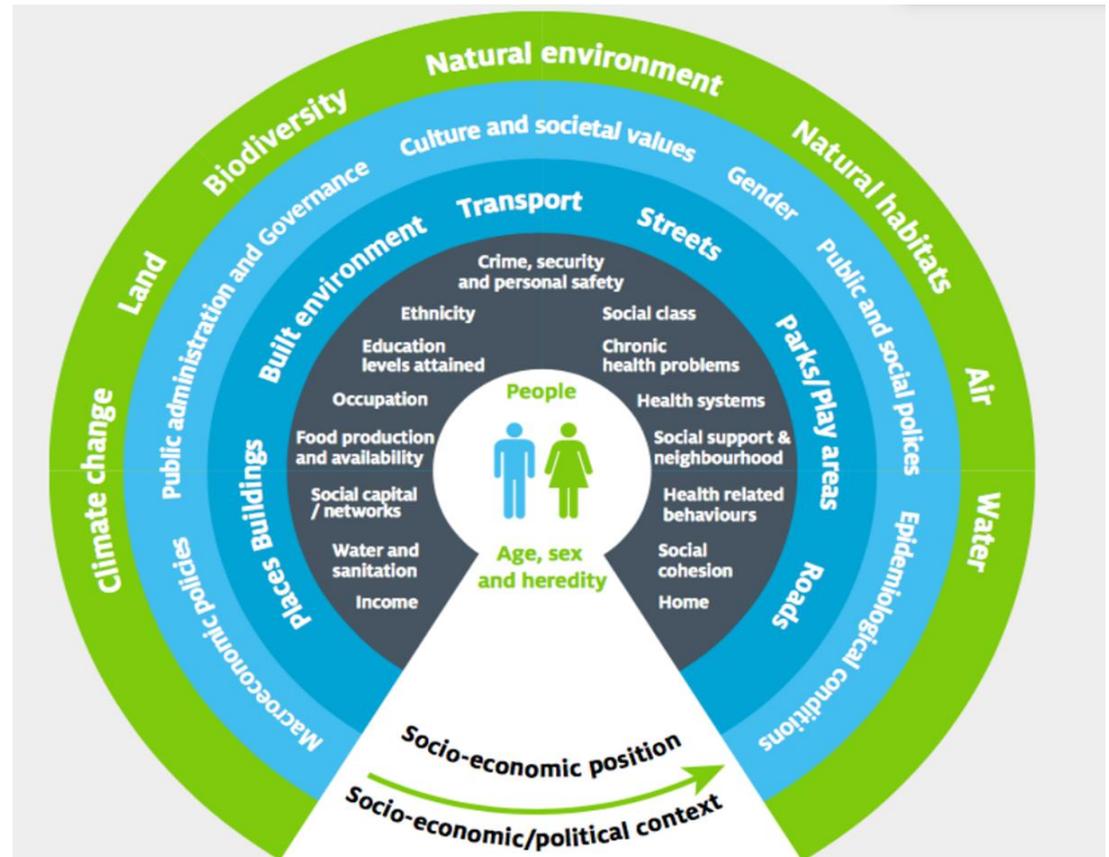
Support MSW colleagues in co-working cases



Service development, guided by lived experience



The Social Determinants of Health



When are we going to do something about this crisis?
Won't someone help us?

HOTEL

THOUSANDS
WAITING FOR
HOUSING.
FAMILIES
IN HOTELS
CHILDREN
HOMELESS

Don't ask us, we've been
waiting for months...

OUT PATIENTS

NEWS PAPER
THOUSANDS
WAITING FOR
APPOINTMENTS
MONTHS ON WAITING
LIST FOR APPOINTMENT

4-16
Elliott

Structural and Systemic Challenges

Structural and Systemic Challenges

- Housing crisis: Lack of Homeless Placements, increase in private emergency accommodation, Extensive waiting lists for social housing
- Increased Cost of Living
- Lack of Access to Translators and written information in patients spoken language
- Inflexible Hospital Systems & Rigid Referral Pathways
- Impact of Adverse Childhood Experiences
- Presence of Domestic Violence
- Mistrust and fear of Social Work Services
- Shame, stigmatisation
- Literacy, Language, Cultural Norms
- Discrimination by health and social care professionals

Health Implications of Marginalisation

- Median age at death of a homeless person in the Dublin Region over 10 year period was 42 years old (Barry et al, 2015)
- Average 56 year old homeless person exhibits frailty markers comparable to that of an 89 year old in the general population (Rogans-Watson et al, 2020)
- Homelessness in pregnancy was associated with adverse perinatal outcomes including increased odds of preterm delivery, increased risk of neonatal intensive care unit admission and low birth weight independent of preterm delivery (St Martin, Brad S et al, 2021)
- Black women are five times more likely to die in pregnancy, childbirth and six weeks post partum than a white woman (Black Maternity Scandal UK, 2021)



Support Needs

- Emotional support including trauma informed response
- Timely access to PPSN
- Practical support such as Transport, Childcare, Access to Formula and Baby Items
- Links to community, statutory and voluntary organizations to support reintegration
- Access to GP and Prescription Medications (in real time!)
- Co-ordinated, interagency discharge Plans
- Access to appropriate accommodation and homeless services

"We build too many walls and not enough bridges." - Isaac Newton

Interagency Working

- IH MSW well established working group
- Weekly interagency meetings
- Strengthened co-ordinated care between acute and community services
- Involvement of community services in discharge planning
- Implementation of the Dublin Hospital Homeless Discharge Protocol

Rusha's Story

Rusha was referred to Inclusion Health MSW in April 2022.

Rusha is from Nepal and lived in Portugal for 10 years before coming to Ireland. The couple came to Ireland for work opportunities. Rusha was two months pregnant when she came to Ireland and has a six year old son.

This family became homeless shortly after arriving to Ireland.

We are now going to hear from Rusha...

Identified Needs and Role of Inclusion Health MSW:

Housing

Childcare & Finances

Mental Health Support

Ongoing Emotional Support

Links to Postnatal Follow Up

Rusha's Story

Where is Rusha and
her family now?

A Tale of Two Pregnancies...Cristina's Story

2020

- Not referred to MSW Department until multiple DNA's for antenatal care
- No coordinated approach to support patient with childcare (main barrier to accessing hospital)
- No antenatal education
- Crisis management at time of delivery re: purchasing practical items for the baby.
- Patient discharged home on Innohep medication, no medical card and not able to afford prescription.
- Baby brought back to Baby Clinic at 2 and 6 weeks, appointments DNA due to change in homeless accommodation that hospital were unaware of.
- Appointment letters sent in English, with no alternative contact methods employed.

2022

- Referred <12 weeks gestation to Inclusion Health SMSW, full booking assessment and bloods completed.
- No DNA's
- 1:1 Antenatal Education with Romanian Interpreter
- Coordinated care plan between hospital and Homeless Healthlink to ensure transport and childcare not barrier to antenatal care
- Scheduled plan for delivery
- Practical items arranged and delivered to Family Hub- reduces crisis management at time of delivery.
- Medical Card obtained
- Contact is maintained with patient via Romanian translated Whatsapp and messages.



Future of Inclusion Health MSW

Continued Education & Training

Increased Attendance & Engagement of Inclusion Health patients with hospital care

Integrated Care Pathways between hospital and community stakeholders

Improve data collection & advocate for expansion of IH service across more acute and maternity hospital sites

Co-ordinated discharge plans & wraparound support for all IH patients

Establish Peer Support Service across adult & maternity settings

Improve overall social determinants of health for Inclusion Health patients

Continue to identify & remove barriers within the health service for marginalized groups

Inclusive Practice as a Profession – What Can I Do?

Remember	You are in a unique and privileged position to work with marginalized groups.
Promote	Culturally informed practice within your SW team or MDT.
Identify	Barriers in accessing your service. How can these be addressed, and what can I do in my role?
Consider	Literacy levels, language, cultural norms, technical literacy, capacity and ability to attend your service.
Look, Listen, Link	Never underestimate the power of practical support- The Small Things Become The Big Things.
Challenge	Challenge discriminatory practice or stereotypes perpetuated about marginalized groups.
Pause	Where is the patient voice? What does the patient see as their most pressing support need?
Consult	Consult Inclusion Health – the sooner we are involved the sooner we can work together!

“My work with the poor and the incarcerated has persuaded me that the opposite of poverty is not wealth; the opposite of poverty is justice.”

Bryan Stevenson (Social
Justice Activist)





Please feel free to contact any of the Inclusion Health MSW's via relevant hospital switch in the future with advice, questions or suggestions – we welcome your insight and thoughts.

THANK YOU