
CONFERENCE ABSTRACT

Barriers and facilitators of an integrated, interdisciplinary Inclusion Health service in Dublin, Ireland.

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Homelessness is caused by a complex interaction between structural, societal and individual factors. People experiencing homelessness encounter high levels of social exclusion. Homelessness has become a national crisis in Ireland. Homelessness is associated with dramatic health inequities and poor health outcomes, including younger onset of chronic disease, multi-morbidity and other geriatric syndromes as well as a reduced life expectancy.

Homelessness creates barriers to accessing scheduled healthcare and increase the need for unscheduled emergency healthcare. In previous research, we have demonstrated a 20-fold increase in use of unscheduled hospital care by adults experiencing homeless in the same Dublin catchment area as the current study.

The pilot Inclusion Health Service is a multi-component intervention designed to improve outcomes adults experiencing homelessness accessing hospital care. We sought to provide person-centred, integrated, psychologically informed care to homeless adults in Dublin. Stakeholders included homeless people; addiction, accommodation and primary health care providers and acute hospitals. The service started in August 2016 and continues to expand.

This service is the first dedicated Inclusion Health service internationally. Facilitators have included a clear need for integrated care for homeless adults; commitment and enthusiasm from front-line health and social care providers in hospitals and community; an ethos of interdisciplinary and interagency respect and collaborative learning; and support from local and national healthcare planners. Barriers have included the lack of an integrated IT system, the lack of existing models of governance and insurance and the lack of appropriate accommodation locally

The service has expanded to the other large inner city hospital, and directly funded staff now include two consultant physicians, two nurse managers, two senior social workers and a programme manager embedded within a network of existing staff. A homeless health peer advocate training programme is in place and peer advocates are now integrated into the service. It is hoped that strong support within the Irish Health Service Executive and Department of Health will lead to sustainable funding and expansion of the

service within the two hospitals already involved as well as to other cities which have expressed interest. We also hope to expand coverage to non-homeless individuals from overlapping socially excluded groups including people who inject drugs, people with severe and enduring mental illness, Irish Travellers and refugees/undocumented migrants.

This approach is transferable to other countries in which there is a similar model of public health care. The approach is also transferrable to other populations with high levels of psychosocial complexity and multimorbidity.

Key learnings have been the benefits of interdisciplinary and interagency integrated working, the value of a psychologically informed approach to care and the need for models of integrated IT and governance for effective integrated care.