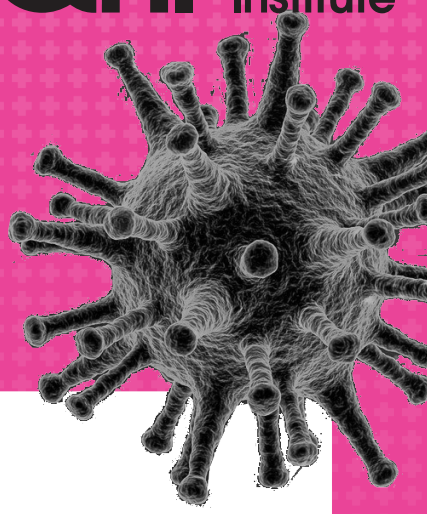
The Queen's Nursing Institute

Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

Working with people experiencing homelessness in Norwich during the pandemic



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Personal details
Name: Jenny Walker
Job title: Homeless Outreach Advanced Nurse Practitioner
Employer: Norfolk & Suffolk Foundation Trust

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Please describe your practice innovation.

I was in a privileged position where my colleague, a mental health nurse and I, were allowed to continue working on the frontline during the COVID lockdown alongside two colleagues from Shelter and YMCA. At the onset of COVID we very quickly arranged our available staff into two teams of Outreach Workers (to avoid cross contamination and burnout) working on alternate days and planned long days of outreach.

We worked quickly and closely with the Homelessness Lead at the City Council to prioritise our patients, categorising them in terms of self-isolation and shielding and quickly created a spreadsheet of patients using a 'RAG' rating system identifying patients who should be 'shielding and isolating' but also importantly considering additional risks such as domestic abuse, specific vulnerabilities, substance misuse, physical and mental health concerns.

This very much felt like getting back to basics, starting at the beginning, often with some of our most at risk patients, many of whom we had struggled for years to settle into accommodation due to the 'perceived complexities of individuals' needs and a high level of risk. Very sadly this has often resulted in those with the higher level of social care needs, significant mental health difficulties and those whom may have a more difficult offending history who 'fall through the gaps' and become a 'hot potato' where organisations see the responsibility as 'sitting with somebody else' and where services are often keen to pass on or quickly close the patient, particularly if engagement is considered to be poor and risks are left being held by tertiary sector services.

What was different about COVID was that we could start with the basics and 'wrap packages of care around people'. Within this period we very much became 'holistic practitioners'. Considering 'Maslow's Hierarchy of Needs,' our initial priority was to start with the basics, arrange a bed for people and very quickly we began to think about the additional things people needed, starting with food. There were no cooking facilities in the available accommodation so regular meals needed to be provided. We then began thinking about providing fresh clothing, toiletries and sanitary products - things that we take for granted as being available within our homes. We considered whether people had substance use needs, needed mental health support and physical health needs for which prescriptions may have been required. We also considered occupation, for on gentleman a guitar was obtained, a radio and books for another. We provided clothing; however also very quickly realised we needed a process for washing of clothes and for some people, a package of care from Social Care was needed.

The most important factor in all of this was about relationships… we could offer any degree of accommodation, support but we were working with a group of individuals who had been let down repeated by services in the past and struggled to trust others. For many in society the lockdown period enabled a period of reflection and this was equally the case for our patients, many perceived this as an opportunity and this period really allowed us the freedom to build these relationships and provide an accessible, reliable and consistent approach that so many needed.

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How has this enabled you to treat/support patients / residents/families/carers more effectively and safely?

Definitely, increased patient contact really assisted us to have good knowledge, build relationships and have frequent 'eyes on' contact with our patients.

4/

How has this enabled you to work more effectively with colleagues/partner organisations?

We are a multi-agency team so we are lucky to be able to participate everyday with inter-agency working but also were able to engage and support other services who were not able to have face to face contact.

5/

Do you see this new way of working as a temporary adaptation to current conditions, or a permanent/evolving change?

I would suggest that huge amounts of learning took place during this period and more than anything the importance of relationship building, getting back to basics and importance of accessibility and face to face contact we will continue to take forward.

6/

Please describe any particular challenges you had to overcome.

Managing individuals with multiple needs and complex situations together in shared housing was a challenge. However, the provision of regular support, moving people on and supporting people to smaller accommodation units really helped.

7/

Please describe any continuing challenges you would like to address.

The ongoing work to support and continue to move people into accommodation is a significant challenge. Preventing 'burn out' in staff, the work has been mentally and physically very tiring and supporting staff to look after themselves and each other has been extremely important.

8/

What are the main pieces of IT or other equipment you need (e.g. digital camera, phone, laptop, iPad).

Phone & laptop

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>
> Staff feedback