

# Stablising More than Blood Sugar: Effective use of Sector Partnerships and Collaboration

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With a significant proportion of Australia's homeless population being aged under 25 it is vitally important that community services respond cooperatively to effectively address individual needs and prevent long-term homelessness. Early life experiences of homelessness coupled with the adverse effects of family conflict, violence and developmental neglect have a significant impact on a young person's physical, psychological and social maturation. With physical and mental health issues having a pervasive detrimental influence on many aspects of a young person's existence, it is imperative that the homeless service system engages all young people in conversations about their health and wellbeing needs.

Hope Street Youth and Family Services (Hope Street) provide a range of programs and services to young people and families who are at risk of, or experiencing homelessness. The BOOST program was developed as a part of the Enhanced Youth Refuge Response, aiming to improve early intervention, service integration, worker skill-base and intensity of support. As well as supporting a large number of clients through an outreach model, the BOOST program also operates as a seven night high needs bed with a rotating roster of case management support including night staff until 11 pm.

The presence of BOOST staff within the refuge environment allows for appropriate support of high needs clients alongside those of the seven other residents who all require daily assistance, individual support, living skills enhancement and housing case management from the Residential Program.

The case managers from both Youth Residential and BOOST programs work closely with Hope Street's Youth Reconciliation Program's specialist counselling practitioner to explore personal issues and family difficulties impacting on young people, supports clients to explore positive strategies to strengthen relationships, resolve conflicts and enhance personal growth, utilising each young person's existing strengths and abilities. Homeless young people live constantly with feelings of grief, loss and guilt the result of family conflict, disconnection and social isolation, and it is important to provide them with the opportunity to explore these issues while residing in a safe, secure and nurturing environment.

In addition to the Hope Street support programs provided to young people, significant partnerships with the health organisations, North Western Mental Health and Royal District Nurse Service elevate the specialist response provided to individuals in relation to drugs and alcohol, mental and physical health needs.

The Homeless Youth Dual Diagnosis Initiative (HYDDI) provides both individual and group primary and secondary consultation support relating to issues young people may be experiencing with their mental health and substance use. The HYDDI worker provides case management support and advice concerning mental health and substance use assessments, engagement and response strategies, specialist treatment referrals, clinical problem solving and effective coordination of services.

The Royal District Nursing Service, Homeless Persons Program (RDNSHPP) provides a specialist

youth outreach nurse to Hope Street clients. Expert assistance from the RDNSHPP youth nurse ensures issues relating to a young person's health and wellbeing are prioritised through the provision of guidance and tangible support around all aspects of health including dental, optical, pre and post-natal, as well as general medical and other specialist services. The assertive outreach model underpins service collaboration, and as with HYDDI, this value-adds to both services and offers young people a coordinated, holistic, multi-disciplinary response.

The following case study highlights the importance of specialised youth focussed services and the significant impact a collaborative and consistent support structure can have on the life of a young person.

## John's Case Study

*Twenty four year old John was referred to the BOOST program's short stay bed with a recent history of transient accommodation, an array of legal issues, substance use, untreated type 1 diabetes and a relationship breakdown with his partner leading to disconnection from his daughter.*

*Initial assessment and engagement of John revealed that the referrals cursory mention of past drug use did not reflect the entrenched history of daily Ice use over a substantial period of time which had a significant effect on his ability to manage his diabetes and therefore his capacity to take control of his life. Although the interaction between his untreated diabetes and regular Ice use had ripple effects throughout all areas of Johns' life, particularly sleeping, eating and self-care, his overwhelming motivation to create a*

nurturing and safe environment for his daughter provided a focal point for him.

BOOST case managers were able to initially explore aspects of John's life that he wished to prioritise and make early connections with the RDNSHPP youth nurse, Youth Reconciliation counsellor and seek secondary consultation from the HYDDI worker. John was then referred into Hope Street's Youth Residential Program allowing continuity of case management support and coordination.

Although John stated he had never seen a counsellor before and initially presented both physically and psychologically erratic with limited attention abilities, he was able to articulate his desire to become a successful father. He explained to the Youth Reconciliation counsellor that he realised that his daughter could sense when he was 'using' and she wouldn't fully engage with him; this reminded him of his own childhood history which he did not want to repeat with his own child. Regular discussions with John allowed him to

explore and start to understand his strengths and abilities. These were coupled with his ongoing verbal acknowledgement and detailing of how he would physically care for his daughter and build quality time for her through making himself available and becoming the father he wanted to be.

The consistency of focus by all workers on John's stated goals and motivations allowed other services to engage with him to effect ongoing behavioural change. When John first engaged with the RDNS HPP youth nurse he described himself as a person with type 1 diabetes and an Ice user with a very expensive weekly habit. Ice was his drug of choice as he felt it gave him more control over his diabetes, compared to when he used other drugs. Initially interventions needed to be brief due to his erratic behaviour however he remained focussed on wanting to 'get my diabetes checked out and get my daughter back'. He also felt unfairly treated by other medical professionals' stating that 'I hated how the ambos treated me when I was really sick with hyperglycaemia

(high blood sugar). They thought I was just a junkie and wouldn't believe me that I have type 1 diabetes'.

Recognising the need for more specialised diabetic support the RDNSHPP youth nurse made a referral to the RDNS Diabetes Clinical Nurse Consultant (CNC). In consultation with the CNC it was determined that in John's acute stage the key issue was his safety and not the development of a perfect diabetes control plan. It was also recognised that John could not cope with a hospital admission to stabilise his blood glucose/sugar levels and therefore Hope Street staff would have to be responsible for his management plan.

John's erratic behaviour and willingness to engage were unpredictable; determined by his drug use, irregular sleep, food intake plus amount of exercise. These in turn impacted on his diabetes control and potential health complications due to unstable blood sugar levels. To improve John's engagement in his management plan it was important to deliver practical supports which



Photograph taken by Evolution participant Caitlin





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highlighted Hope Street and RDNSHPP's commitment to delivering positive outcomes. Tangible supports were provided in the form of diabetes supplies and a medical identification bracelet. The bracelet offered John confidence that should an ambulance be called the 'ambos' would have evidence of his diabetes and treat him accordingly. This gave him a renewed sense of self-respect and hope that health services would respond to him appropriately.

Although John spoke honestly with Hope Street staff and the RDNSHPP youth nurse about his drug he had difficulty acknowledging the potential of any underlying mental health issues that were potentially being masked or created by his Ice use. He was also apprehensive regarding any engagement with a drug specialist organisation. The HYDDI clinician had provided a pre-consultation with the Hope Street case manager and RDNSHPP youth nurse providing support and guidance around John's substance use and issues of paranoia. However, John's mistrust of certain services meant that it was difficult to progress any drug intervention strategies.

John agreed to reluctantly meet with the HYDDI clinician while supported by his case manager. During this initial assessment John voiced concerns that he could not remember things over recent months while also

discussing symptoms of paranoia, low mood, visual hallucinations and lack of energy. It also became clear that he had limited insight into any early warning signs or the degree to which his Ice use triggered these symptoms. John disclosed that he had presented at other youth homelessness and health services however lack of engagement and coordination (from John and those services') meant that he had not received follow up from either sector.

The HYDDI clinician's ability to provide a supported assessment with John's case manager not only provided invaluable insight into navigating the drug and alcohol, and mental health service systems, it also provided the care team with a better understanding of prioritisation goals to focus on. In collaboration the HYDDI clinician and RDNSHPP youth nurse could explore the interplay between John's Ice use, mental health symptoms and impact of his type 1 diabetes. Allowing Hope Street to develop safety and management plans while working with John on his own management techniques.

After the initial few weeks of engagement with these wrap around supports the Clinical Nurse Consultant was able to refer John to a young people's diabetes clinic at the Royal Melbourne Hospital. This allowed John to realise he was not alone with his disease and that he

could be honest about his Ice use and still work towards managing his diabetes. The hospital also assisted John to have his dislocated shoulder repaired; another health issue neglected due to his chaotic lifestyle. Similarly he was connected to other youth friendly health services such as podiatry, physiotherapy and dentistry.

Although there were the inevitable set-backs along the way including an escalation in his drug use after a period in detox, John returned to his family home under strict conditions. John gained more control over his life with a key factor being his ability to take responsibility for his diabetes. Six months from the RDNSHPP youth nurse becoming engaged with John his diabetes is stable, he is no longer using Ice and now with support from his family has his daughter in his care full-time. He is engaged in training while managing his health appointments independently. Instead of 'chasing' drugs he enjoys spending time with his daughter and so much of his life has stabilised; not just his blood glucose levels.

Without the existence of youth focussed specialist services such as those highlighted by John's story and the ability of organisations like Hope Street to prioritise and address the needs of young homeless people and their families, beneficial outcomes would be more difficult to achieve. Hope Street's commitment and ability to reduce long-term homelessness through the development and delivery of innovative service responses will be severely compromised without the government's recurrent obligation to funding the National Partnership Agreement on Homelessness (NPAH). The NPAH finances the provision of increased family reconciliation services (Youth Reconciliation Program), expanded youth refuge services (BOOST Program) and youth focussed dual diagnosis practitioners (Homeless Youth Dual Diagnosis Initiative); all integral to a holistic homeless support service response that enables young people to achieve successful and meaningful life changes.

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