

Health counselling in the emergency shelter and warming room for homeless people

1. Innovation of the project's idea - a novelty

Is the project dealing with a new social approach to the solution?

From experience we know that it is the small afflictions (i.e. little bruises or a tiny respiratory tract infection) which can cause serious health damage if not treated. To play down such small health matters, which became standard within our society, can be very risky for our target group of homeless people. The lack of interest, timidity, hard accessibility of help (i.e. local distance, language barrier or a non-existent health insurance) and mediocre hygienic standards are often leading to severe and chronic issues.

Our project is offering a low-threshold possibility for our clients (also people, who are not sleeping at the emergency shelter but visit the warm room during daytime) to non-bureaucratically get first aid and further aid, counselling and clarification right on the spot.

An experienced nurse, who will be available to the clients alongside the trusted advisors, attends to following tasks:

- Clarification of the health condition
- Inform affected people about their situation and further steps
- Provision of medical care or forwarding the patients to other medical facilities if necessary or alarming rescue workers in case of emergency
- Documentation and administration (documentation of every case, covering letters for other medical facilities, appointments, communication with the hospital, etc.)
- Supply of dressing material and over-the-counter medicines
- Clarification of employees about agreed measures

Is the problem dealing with new social problems?

Through founding the winter measure of the Viennese assistance for homeless people there is a local concentration of people who are homeless. Observations of regular clients show an increasing trend regarding to the field of health care, which correlates directly to the length of homelessness.

The standing and very professional infrastructure of medical facilities for homeless people or rather people without health insurance is overloaded during winter time. Clients say that there are long waiting periods, which means that they won't always enlist the treatment programmes- especially when they play down small health matters.

Is the project paying attention to a target group which received little notice?

The political and social perception of the difficulty of the target group in Vienna is, in the last few years, leading to the creation of more care facilities in different ways. The project is taking care of a well observed target group, but it's focus is on its problems from a low-threshold perspective.

VOLKSHILFE WIEN GEMEINNÜTZIGE BETRIEBS-GMBH

Notquartier und Wärmestube NORD, Dr. Otto Neurath Gasse 1, 1220 Wien

Tel.: +43 67687844550, E-Mail: winterpaket@volkshilfe-wien.at

FN 443962 k; UID: ATU70085739; Erste Bank, IBAN: AT66 2011 1000 0515 4235, BIC: GIBAATWW

www.volkshilfe-wien.at / www.facebook.com/VolkshilfeWien

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2. Innovation at the access to the target group-participation

Which specific and sustainable advantage has the project for the target group?

The project's specific and sustainable advantage is a better health condition of our clients and to overcome the hurdle of further health care services. Informing people about their medical situation, regular health checks and subtle counselling are bound to prevent the development of severe and chronic issues through early detection. Medical trivialities can be treated early which means that complex treatments can usually be avoided. That, on the other hand, will be relieving for the clients.

Will potentials of the target group be supported?

There we will appeal to the personal responsibility for one's health. The clarification about the necessity to tackle with the own health and the possibilities and consequences of appropriate first aid should contribute to make the target group aware of the subject of their own health.

How is the target group going to be included in the project?

Clients who already enlisted our service are furthermore an important party and in that they will be supported by our employees. Own experiences and word of mouth are an essential factor they motivate and encourage new clients to take advantage of the project. The party's meaningful role is honestly being held in high regards.

Is the project contributing to general appreciation due to majority?

The output of the project is in its contribution to more self-confident communication to the health staff. There is an enjoyable discussion, at the end with a positive influence on the view point of the majority concerning the target group.

3. Innovation in the implementation

Is the implementation resourceful, creative and courageous?

The idea of a help to self-help is the fundamental principle of the project implementation. Our approach is the role change in consideration of own health condition. The switch from the role of a passive consumer of the later costly health services to the self-confident and proactive attitude to own health matters.

We use the given resources (like the presence and interest of the target group, availability of the health staff – nurse and the attendance staff, suitable rooms and a network with other organisations) and the potential of the target group to take the new role.

What results and for whom are considerable within this social innovation?

It is definitely the target group on its own, that profits from the project. Unfortunately, there is not enough evidence in the form of data evaluation and comparison to the previous season at the moment available to make further conclusions (such as reduction of the emergency calls etc.) able.

*Does the project react on changing requirements of the target group, problems or settings?
Is there a collaboration of variety disciplines, competencies or professional groups?*

There is a functional and essential collaboration between the nurse and the attending staff. The punctual collaboration with the other professions (like social workers, doctors, psychiatrists, release management in hospitals etc.) results over and above that.

4. Innovation in the outside effect

Is there an integration of the project in the local and regional environment considerable?

It was up to now not possible to integrate the project out of the shelter and the warming room.

Are other institutions and organisations involved in the dialog or collaboration?

The dialog and the cooperation with other institutions and organisations results from the daily routine. The donation calls and the reports from the shelter and the warming room on the different impact levels initiate the discussion about the project and its implementation