

BLUEPRINT MODEL OF CARE TO SUPPORT VACCINE HUBS FOR PEOPLE EXPERIENCING HOMELESSNESS



PURPOSE

The purpose of this document is to offer guidance to other agencies in the development and delivery of vaccine hubs for people experiencing or at risk of homelessness. The model of care described here is also relevant to vaccination efforts targeting other hard to reach or marginalised people and communities.

The contents of this blueprint are based on the experiences of those involved in the Inner City COVID-19 Vaccine Hub at the Ozanam Learning Centre, St Vincent de Paul Society NSW. A summary of the key aspects of the Vaccine Hub are provided below including the stakeholders involved, the model of care, and the equipment and training required.

Associate Professor Jane Currie, Queensland University of Technology, is leading a research collaboration with St Vincent's Hospital Network Sydney, to establish an evidence base to underpin the model of care developed for the Vaccine Hub.

The research findings will be available in 2022.

DEVELOPMENT OF THE VACCINE HUB

The Inner City COVID-19 Vaccine Hub was established in May 2021 to improve access to vaccination for people sleeping rough, people in specialist homelessness services and people at risk of homelessness, such as those living in social housing or temporary accommodation (NSW Health & St Vincent's Health Network Sydney, 2021). The Vaccine Hub was initiated by stakeholders at St Vincent's Hospital Sydney, Matthew Talbot Primary Health Clinic (located within the Matthew Talbot Hostel crisis accommodation service), South Eastern Sydney Local Health District Homeless Health Program Manager, and the Kirketon Road Centre (a walk-in primary health care service in Kings Cross). Engagement was sought from health and non-health partners within inner city Sydney to establish a collaborative approach. This included partners delivering health, social, and community services to people experiencing poverty and other forms of vulnerability. The St Vincent de Paul Society's Ozanam Learning Centre — a community centre located next to the Matthew Talbot Hostel, Woolloomooloo, which ordinarily provides opportunities for people in the target client group to connect, learn, participate in activities, and access support — was identified as a suitable location for the hub.

A process for the sharing of resources, such as Accredited Nurse Immunisers, consent forms and a common approach to messaging was established. Stakeholders committed to the Inner City COVID-19 Vaccine Hub included St Vincent's Health Network, South Eastern Sydney Local Health District, Kirketon Road Centre, Matthew Talbot Primary Health Clinic, Sydney Local Health District, City of Sydney Council, Department of Communities and Justice, Neami National and St Vincent de Paul Society NSW. The first Vaccine Hub was implemented on Thursday 20th May 2021, at the Ozanam Learning Centre, and has run weekly since. As at mid-September 2021, more than 5000 people had been vaccinated against COVID-19 via the Vaccine Hub.

STAFF MEMBERS INVOLVED IN DELIVERING THE VACCINE HUB

The Inner City COVID-19 Vaccine Hub involves a broad spectrum of staff members.

Key clinical personnel included Registered Nurses who are Accredited Nurse Immunisers (and who had completed the online training requirements) to administer the vaccines, and a General Practitioner to discuss the vaccines, assist people to complete the vaccination consent form and support any potential adverse reactions.

Peer Support Workers and Aboriginal Health Workers promoted a culturally appropriate environment.

Administrative support staff logged patient attendance and collated consent forms on the day, and sent texts and made follow-up calls during the week.

Members of other services were in attendance at the Inner City COVID-19 Vaccine Hub to provide support with housing and access to social services.

MODEL OF CARE

The Inner City COVID-19 Vaccine Hub hours of operation are every Thursday between 10am-2pm. The Vaccine Hub adopted the following practices:

- **Person-centred**

A high degree of flexibility meant the experience could be tailored to an individuals' need, especially where people experienced barriers to access.

- **Trauma informed**

The partners' prior experience working with people experiencing homelessness meant they were trained to recognise the signs and symptoms of trauma, could respond appropriately, and ensure the experience was not retraumatising.

- **Collaborative care**

The model valued the provision of both health and social care, delivering the vaccine as part of a service that recognised the broader context of people's lives.

- **No wrong door**

Anyone who presented at the Vaccine Hub was provided with information they needed to access a vaccine, even if a vaccine could not be provided via the Hub, on the day. On some occasions this included supporting people to navigate the online booking system or connect to another service.

FLOW OF VACCINATION

1. Clients arrive at the Inner City COVID-19 Vaccine Hub and are met outside by Ozanam Learning Centre employees, who speak with all clients to ensure adherence to COVID-safety guidelines, determine eligibility, and check-in using laminated QR codes or paper-based sign-in forms.
2. Eligibility screening provides an initial opportunity to identify additional support needs and make referrals.
3. As people join the queue, they are provided with information about the process including expected wait times, and given the opportunity to ask questions.
4. As people wait in the queue, they are provided with access to water and healthy snacks (where Covid restrictions allowed) and masks. The availability of employees from the Ozanam Learning Centre and other partner agencies gives people additional opportunities to ask questions and connect with services.
5. As people move toward the front of the queue, staff are present and available to support clients receiving their first dose to complete their NSW Health consent forms; particularly people with low literacy or from non-English speaking backgrounds.
6. When clients reach the front of the queue they enter the waiting room. A medical practitioner from the Matthew Talbot Clinic is available to answer questions and assist clients receiving the first dose of the vaccine to finalise their consent forms.
7. Once paperwork is complete and a client's name called, they are greeted by a nurse and invited into one of the vaccination areas.
8. After receiving the vaccination, they move to a recovery area for the required observation period (15 or 30 minutes), where they are supervised by a doctor in this context.
9. Clients then leave the premises via a separate exit.

DIAGRAM OF INNER CITY COVID-19 VACCINE HUB



EQUIPMENT REQUIRED

The clinical equipment required included the COVID-19 vaccinations, which were supplied by the St Vincent's Hospital Sydney Pharmacy in temperature-controlled esky bags with thermometers to ensure cold chain is maintained. Emergency resuscitation equipment is available from the Matthew Talbot Health Clinic adjacent to the Ozanam Learning Centre. An anaphylaxis kit was also available on site.

To facilitate the flow within the Vaccine Hub, NSW Health COVID-19 vaccination consent forms were readily available and laminated check-in QR codes were displayed throughout the entry area. COVID-safety marshal vests were worn by key members of staff responsible for client flow, and of course face masks were made readily available to ensure compulsory mask wearing was adhered to. Other key equipment were bollards and signs to indicate the flow of movement through the Vaccine Hub.

SUCCESS FACTORS

Below the factors that appear to be facilitating the success of the Vaccine Hub are listed.

- **A common purpose**

All partners contributing to the Vaccine Hub shared a common purpose; the wellbeing of people experiencing or at risk of homelessness. The majority had extensive experience working with the target client group and were focused on maximising access for people who would otherwise be likely to encounter barriers. No single agency had ownership of the Vaccine Hub.

- **Shared resources**

All partners contributed resources including time, skills, the venue, and equipment. Mutual agreement that vaccines were critical to protect people during the pandemic, and should be made available as quickly as possible, made it easier to mobilise or redirect internal resources towards a collaborative response.

- **Respect**

The collaboration was premised on mutual respect for the skills, resources and experiences each partner brought to the table.

- **Communication**

Clear and direct lines of communication were established and maintained between decision-makers in all partner organisations, making it possible for quick decisions and adjustments to be made in what became a fast-changing environment.

- **Continuous improvement**

Mini-debriefing sessions were held at the end of each day on which the Hub operated, with larger debriefs held weekly. This gave all partners the opportunity to reflect on their experiences, identify issues, and refine the model accordingly.

- **Promotion**

The Vaccine Hub's reach and impact was enhanced by using established networks and interagencies to promote the opportunity, and by leveraging existing branding and promotional tools. Promotion was ongoing and supported by strong buy-in from local services working with vulnerable people and/or communities, who then extended invitations to current and/or recent clients.

- **Media**

Expecting that the media would be interested in this initiative, they were proactively invited to attend. Positive coverage helped raise the Vaccine Hub's profile and promoted the opportunity to a broader audience.

- **Consistency**

Clear and consistent messages about the availability of the vaccine at the Vaccine Hub — run at the same venue on regular days (weekly), with consistent hours and staffing — made it easier for people to understand the opportunity and how to access it. Over time, stories shared by people who had accessed the clinic helped build trust and confidence amongst others in the community who were initially reluctant to attend.

- **Relationships**

Promoting the Vaccine Hub in partnership with local community service providers meant potential clients received an invitation to be vaccinated from a source with whom they already had a relationship of trust. This helped build confidence that the process would be manageable, and that any additional support needs could be addressed. On the day, the familiarity and comfort of staff with people accessing the service (and vice versa), and their capacity to respond flexibly to client needs, helped ensure clients felt safe and supported during the experience.

- **Assertive outreach**

Direct approaches were made to people sleeping rough or living in social housing communities. This extended the Vaccine Hub's reach to people not already linked to a service and presented an opportunity to allay concerns about the vaccine during one-on-one conversations.

- **Person-centred approach**

The partnership between health and social services made it possible to identify and address barriers to accessing the vaccine. Staff at the Ozanam Learning Centre and/or case workers from local service providers were able to identify barriers (e.g. barriers experienced by people with mental health issues, social anxiety, cognitive impairment, backgrounds of trauma, physical disability, and low literacy levels) and work collaboratively with health professionals to address these barriers (see box 1 for examples).

- **An experience not just a service**

Partners focused on ensuring the Vaccine Hub would deliver a positive experience for people accessing the service, maximising the likelihood people would return for their second dose. Considerations included music and atmosphere, comfort, and most critically, the mindset of all employees working in the Vaccine Hub. When COVID restrictions allowed, personalised touches such as a welcome barbeque, colouring-in activities for children, or the provision of gift bags made by members of the community were included as part of the experience.

- **An opportunity for connection**

Time spent at the Vaccine Hub — waiting for the vaccination or during the post-vaccine observation period — created opportunities for staff to check-in with clients, speak about their experiences during COVID and offer additional support and services. Some additional services were offered on site, although these varied over time and in response to COVID restrictions. (See box 2 for examples).

CHALLENGES AND CONSIDERATIONS

The establishment of the Vaccine Hub encountered a series of challenges, some of these were short-lived and were resolved through the dynamic development of the model of care, others were enduring, as follows:

- **Resources**

The Vaccine Hub consumed considerable time and resources. Where employees were redeployed to work at the Vaccine Hub, for some partners this necessitated reprioritising existing workloads. Should these efforts be replicated in other jurisdictions or locations, they would be enhanced by access to additional resourcing and/or a commitment to flexibility in the delivery of contracted services from funding bodies.

- **Queue management**

Ensuring people maintained social distancing while waiting in the queue was challenging, particularly in the initial weeks when there was high demand. Ensuring employees were able to engage with people in a friendly and positive manner, and providing them with COVID-safety vests as a visual cue, made this task easier. Employees were also able to identify people whose mobility, health, anxiety or behavioural issues made waiting challenging, and fast-track these individuals.

- **Community impact**

Lines of people queuing along the street as they waited for a vaccine had a significant impact on residents and others in the community. Concerns could have been alleviated earlier with proactive communication prior to establishing the Vaccine Hub.

- **Signage and information**

Ample signage was needed to ensure information was available to people wherever they were in the queue. Where possible, signs were marked out the day prior to each Vaccine Hub to accommodate people arriving early. When necessary, to help ensure people did not spend unnecessary time waiting in the queue, a loudspeaker was used to make announcements about eligibility.

- **Clarity of messaging**

It was important that information promoting the Vaccine Hub and on signage used at the venue was clear and unambiguous — particularly in relation to eligibility criteria — to minimise the potential for misinterpretation.

- **Translations and access to interpreters**

Ensuring translated versions of communication materials were readily available, and ensuring access to interpreters onsite, would have improved accessibility for people from non-English speaking backgrounds.

- **Eligibility screening**

In the early weeks of the Vaccine Hub, when demand for the Pfizer vaccine exceeded supply, limiting access to the Vaccine Hub to people who met the eligibility criteria was challenging. Ensuring employees were equipped with information and strategies to politely decline people who did not fit the eligibility criteria was important.

- **Minimising wastage**

To avoid wastage, all Pfizer doses had to be used by the end of each day. As it was not possible to accurately predict how many people would attend the clinic, where excess doses were available employees reached out to eligible people in nearby communities, inviting them to the clinic.

EXAMPLES

In Boxes 1 & 2 below, we provide examples of how the model of care optimised access to the COVID-19 vaccination and to other services.

BOX 1

Flexibility from all parties meant the experience at the Vaccine Hub could be tailored to individual needs. Examples include:

- Making arrangements for people with significant anxiety or trauma backgrounds to bypass the queue, including setting aside specific times early in the day or during the quieter lunch period.
- Making separate waiting area available to people for whom the main waiting room presented challenges. At different times this included people with mental health issues or trauma backgrounds, people with young children, people concerned about their safety (for example, women who had left violent relationships), and people with significant disability who were unable to sit or wait for any period of time.

Further, working in partnership with local service providers allowed for the provision of additional supports. For example:

- A service supporting people with significant disability shared easy-read social stories with clients prior to vaccination. These stories were then provided to nurses at the Vaccine Hub to ensure consistency and familiarity.
- Some services provided transport for clients where this was otherwise not available. Where needed, case workers accompanied clients to the Vaccine Hub, providing social support.
- Where people required a friend or pet for comfort, this was able to be accommodated.

BOX 2

As clients queued for the vaccine, this presented an opportunity to connect with clients and offer other services, referrals and supports. For example:

- Existing clients who had become isolated during Covid were able to reconnect with services, receive up-to-date information about programs running during Covid (for example, social connection programs, narcotics anonymous), and be assisted to access these programs (e.g. shown how to use zoom).
- People who had not previously visited the Ozanam Learning Centre were offered information about the programs on offer, as well as appropriate referrals. We expect that for some people this experience will make it easier for them to visit the service in the future.
- When speaking with people to determine eligibility, people who had recently become homeless or who were at risk of homelessness were asked what supports they had in place. When Department of Communities and Justice was in attendance, they were able to offer supports such as access to Temporary Accommodation or assistance completing housing applications.
- On several occasions, the Kirketon Road Centre set up a pop-up clinic offering onsite dried blood spot testing for Hepatitis C.

CONCLUSION AND POINT OF CONTACT

The model described here has facilitated access to the COVID-19 vaccine for people who are marginalised and often considered hard-to-reach. Elements of the model will be useful in ongoing efforts to increase vaccination rates in response to the COVID-19 pandemic, administer booster shots, and in the roll-out of other vaccination initiatives.

Further, the relationships forged between partners involved in delivering the hub will have benefits for client care beyond the life of the project.

If you have any questions relating to the model of care at the Vaccine Hub, please contact:

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