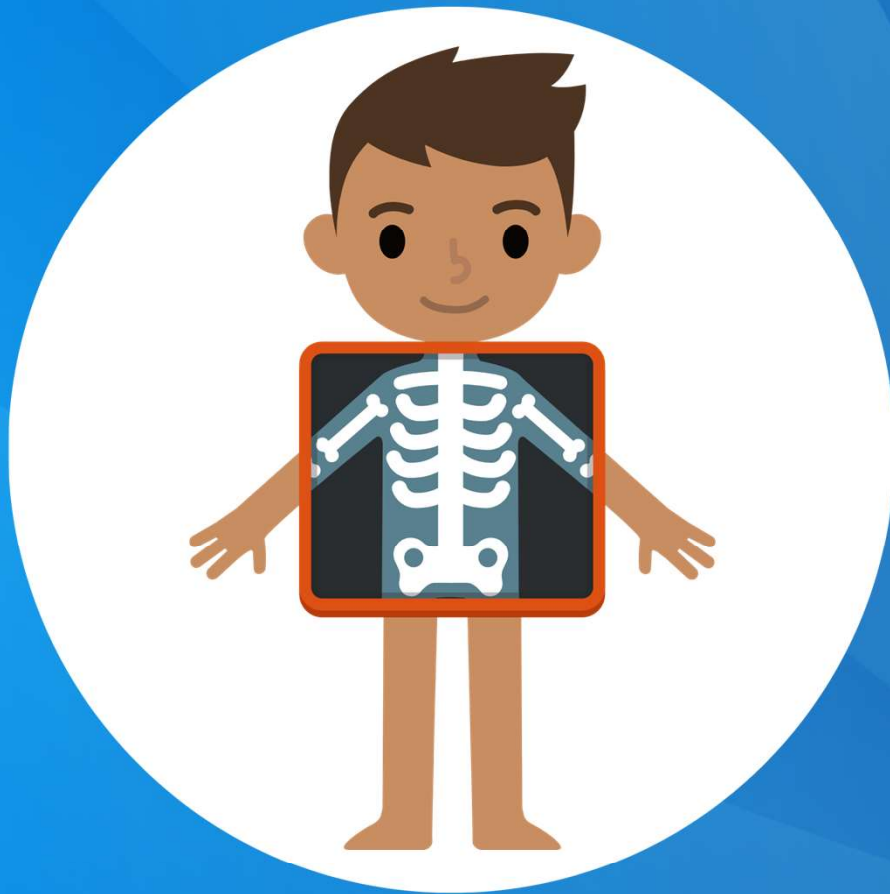


“Reducing health inequities and improving health for all requires cross-sectoral work and a strong local and regional engagement.”*

Paediatric Inclusion Health

Equitable healthcare for children experiencing social adversity

Dr. Aoibhinn Walsh

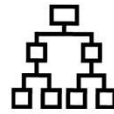


Domestic, Sexual and Gender based violence
Direct Provision
Climate Change
Incarceration
Poverty
Unemployment
Healthcare
Conflict
Trauma
Inflation
Numeracy
Homeless
Far Right
Health Literacy
Protests
Resources
Energy Crisis
Cost of Living
Food Insecurity
Language
Mental Health
Literacy
Addiction
Forced Migration
Education
Adverse Childhood Experiences
Historical Trauma

Key Concepts in Paediatric Inclusion Health



Social Exclusion



Intergenerational Disadvantage



Trauma Informed Care



Social Determinants of Health



Intersectional Marginalisation



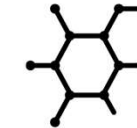
Social Prescribing



Adverse Childhood Experiences



Allostatic Load



Integrated Care

Integrated Care



Exponential need

Global & Local Geopolitical factors



Structured Integrated Care

Horizontal & Vertical
Cross-sectional



Holistic and child centred focus

Community and family focus
Comprehensive bridge of care



Overcome inequitable access...



Outreach

Local primary care centre



Direct Referrals

Based on presence of
adverse SDH



Liaison

Proactive liaison and
logistical support



Community

Integrated care with
community HSCPs

Clinical & Operational Pathway

Paediatric Inclusion Health



Referral

- GP
- Emergency Dept
- Internal / Cross site
- SafetyNet
- HSPC
- Primary Care Services

Pre-clinic liaison

- Robust registration
- Informed Triage
- Proactive liaison
- Telecommunication
- Supported attendance

OPD review

- Comprehensive assessment
- Trauma informed
- Cultural competency
- Opportunistic health promotion
- Dental review

Post clinic support

- Community health referrals
- Intra-agency care
- Resource signposting
- Active follow-up
- Social prescribing

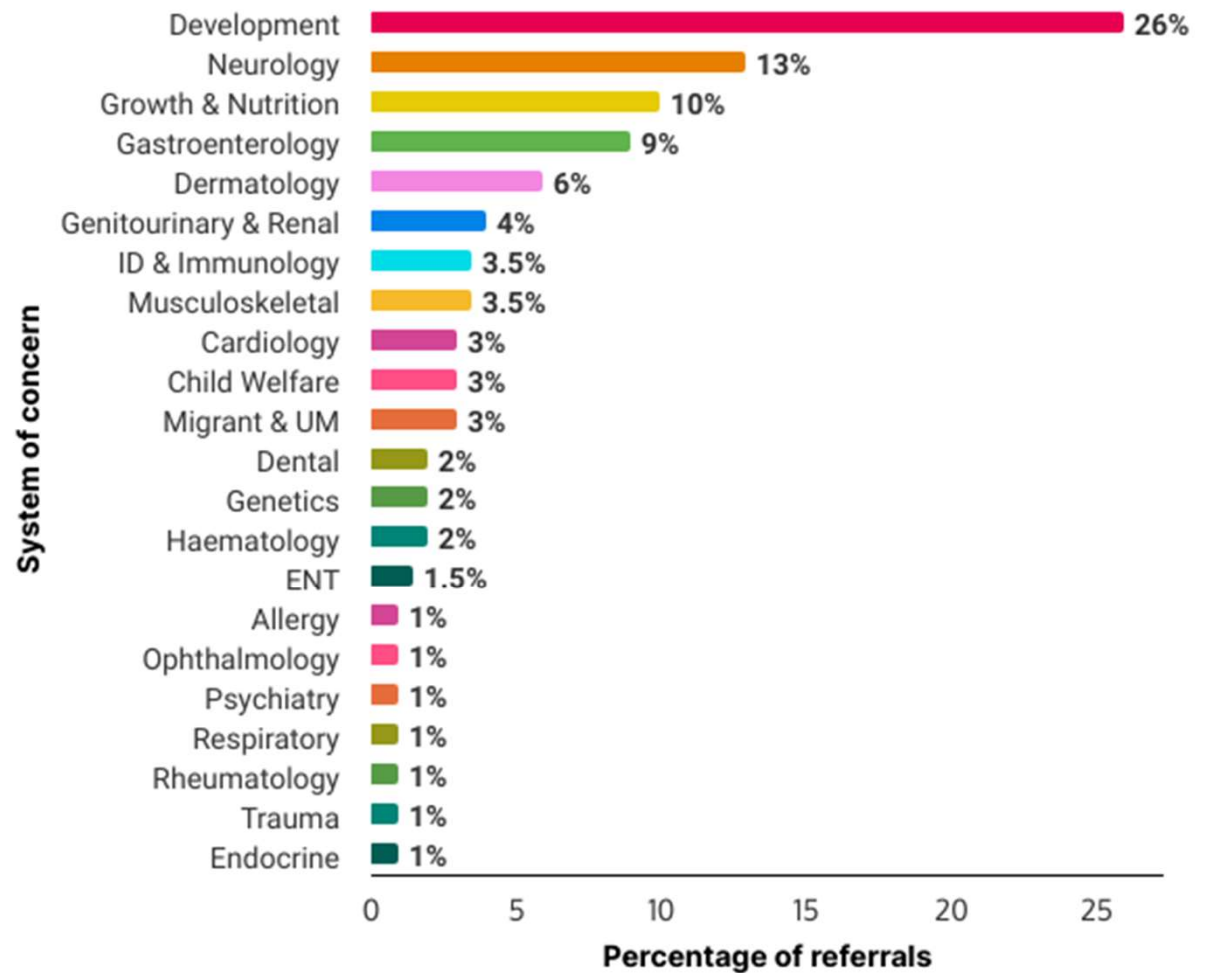
Follow-up care

- Transfer of care
- Repeat investigations in absence of GP
- Low threshold for DOT
- Co-ordination of engagement

Pathology



Referrals by system of concern



47.7%

< 4 years old

73.3%

Emergency /
Insecure
accommodation

52.4%

Referred children
have up to date
vaccinations

5.5%

TUSLA

56%

No medical card
or GP

65%

Require
interpreter

38.3%

IPA / Refugee

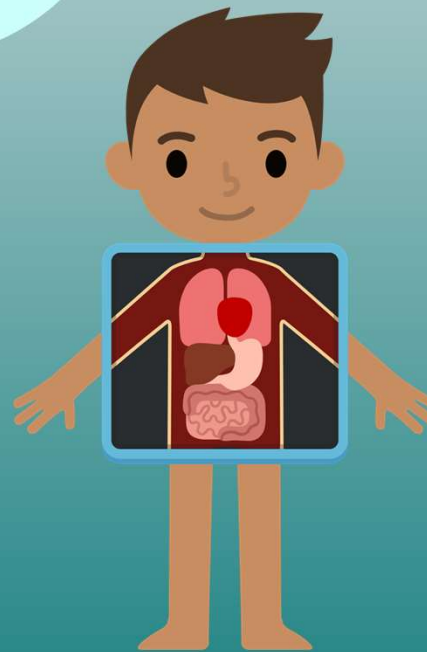
High
prevalence of
micronutrient
deficiencies

22.1%

Roma Community

18.5%

Ukrainian BOTP



Lynn Clinic Health & Social Metrics

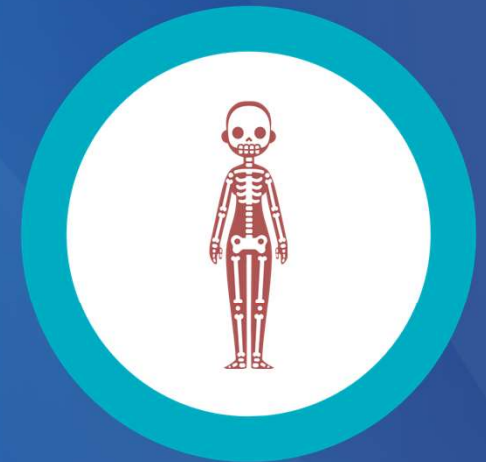
Common Paediatric Clinical Scenarios...



Anaemia

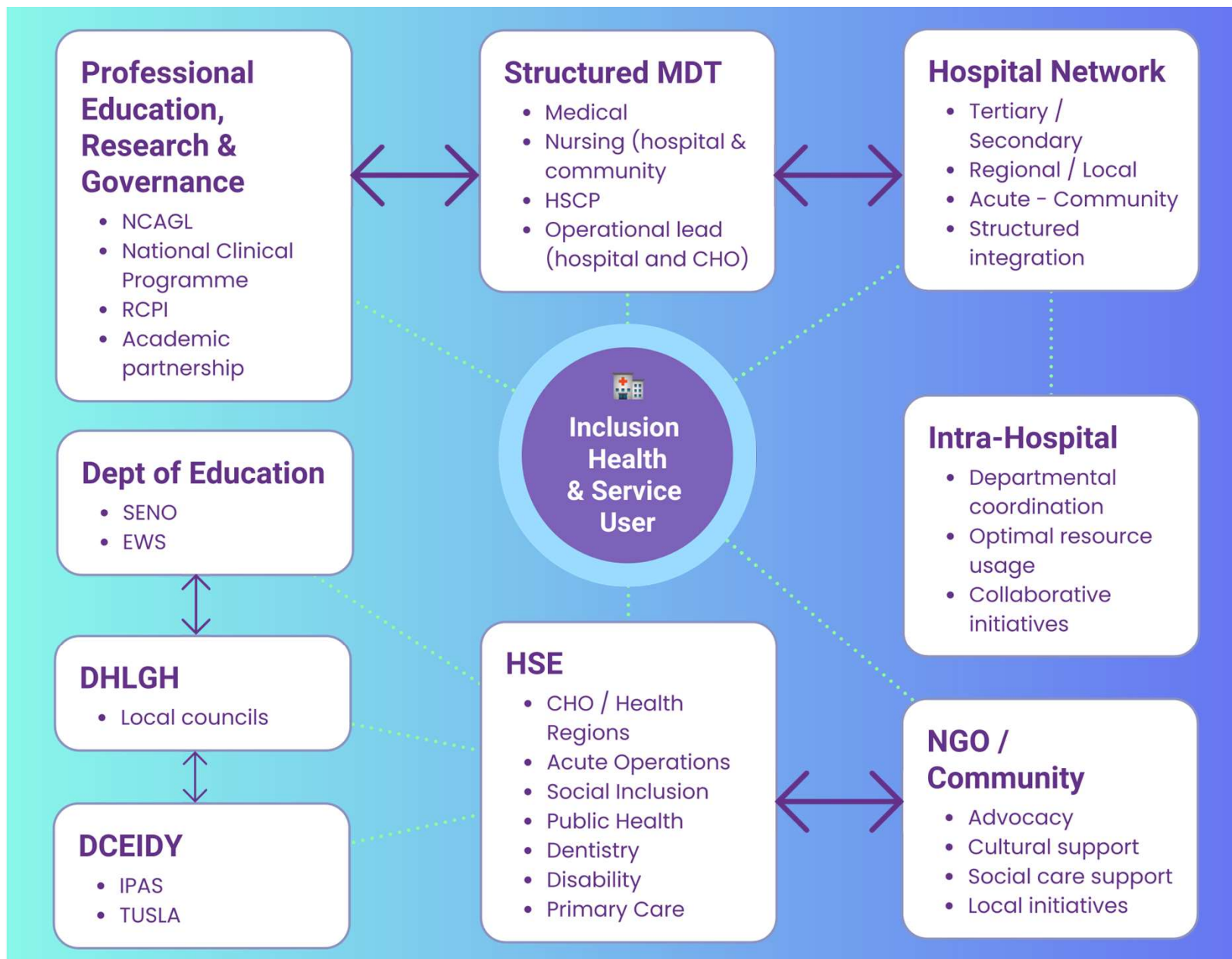


Disability



Faltering
Growth

*Health policy ... more than the provision and funding of medical care -
Social Determinants of Health: The Solid Facts*



Testimonials:



“The Lynn Clinic understands the challenges that our patients face such as homelessness and unstable housing, food poverty, poor health literacy, intergenerational trauma, family background of addiction, incarceration, or major mental illness”

“They know that some parents can’t offer their child a certain diet, or manage a behaviour in a certain way, because the entire family is living in one hotel room where all food is provided for them. They tailor the service so that the children who are most disadvantaged in our society can access and benefit from the same health care that their classmates can”

“There is no other service providing similar guidance and contact for these cases with complex social and medical backgrounds”

“Without this service, I have no doubt that the children who have been helped by the team would have “slipped through the cracks”, leading to much lost potential later in life”

“They are understood and welcomed at the Lynn clinic unlike hospital clinics which can be quite intimidating to patients who do not speak English or who have poor health literacy”

Lessons learned & Future planning...



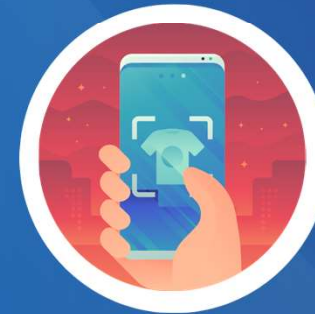
- Global challenges
- Local context
- Housing crisis
- Forced migration
- Cost of living



- Integrated care
- Hospital and community coordination
- Effective pathways of care
- Proactive communication



- Valuable insight
- Clinical applicable findings
- Representation in literature
- Education & Training



- Needs based response
- Service user input
- Identified subgroups: Nutrition, migrant health



- Full Service
- Transferable templates of care
- Trauma informed care
- Cultural context



Key Current Priorities



**Structured
Service
Development**



**Expansion of CHI
team
Building of regional
regional hubs**



**Research and
Evidence based
based practice
practice**



**Service User Input
Roma Peer Support
Expansion of integrated
integrated services**



Thank you.

Questions?