



Operational Guideline

Population & Public Health Complex Housing Response Protocol

Approved by:

Program and Community Directors

Pages:

1 of 3

Approval Date: Jan 2018

Supersedes (if applicable)

Target Review Date:

Jan 2021

1. PURPOSE

The purpose of this response protocol is to provide guiding principles for the Public Health Nurse regarding the role and recommended approach to support clients in addressing complex housing situations. This response protocol supports the Public Health Nurse to provide outreach and engagement to determine the individual's service needs. Consent will be requested to engage other resources for follow up. These situations have historically been met with resistance due to varied factors, and therefore, the PHNs will utilize a trauma-informed approach for assertive engagement. The Public Health Nurse provides public health nursing services and functions within the scope of their core competencies. The intent of this response protocol is not to encourage PHN's to inspect clients' homes.

2. BACKGROUND

- 2.1. Complex housing situations for example, hoarding, squalor, lack of utilities, or structural concerns, poses significant health and safety risks for individuals, families, and communities. These individuals are at risk for homelessness, falls, accidents, or other health impacts. These complex housing situations are often indicative of longstanding neglect of other personal needs and these clients frequently are not connected to care or services.
- 2.2. Public health inspectors, bylaw, police, and fire departments can provide expert guidance and, in some situations, they can provide enforcement. Housing providers, health and social services (HOCS, HART, MH, Primary Care, ACCESS Centre's) and other community agencies also provide support services as needed.
- 2.3. By-laws and regulations related to housing do not apply to clients who reside in their own home and who are living with health risks to themselves. When these individuals are referred to programs or agencies and decline support a door maybe closed leaving the individual at further risk. The engagement of clients through Public Health is a preferred response. The use of enforcement should be a last resort and is only applicable in certain circumstances.
- 2.4. Public Health Nurses have a unique opportunity to mitigate these risks by promoting the empowerment of individuals to take care of their own health. Public



Operational Guideline

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Approved by: Program and Community Directors	Pages: 2 of 3
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2.5. Health Nurses strengthen communities by developing a relationship of trust and supporting individuals to access resources to live safely within the community.

2.6. Referrals for Complex Housing can come from a variety of sources and/or agencies are generated via a Community Health Services PPH Complex Housing Referral.

3. **PROCEDURE**

3.1. In the event of a Complex Housing Situation whereby a homeowner is not connected to community supports or agencies, a coordinated response plan of care is required to address health risks. By reviewing these situations with an integrated community area services group, a shared plan of care can be developed to engage and broaden support resources, identify a lead to coordinate services, and determine communication plans to ensure coordination of care.

3.2. The PHN responders core function are to: respond to the referral by connecting with the individual to evaluate a situational awareness, identify an individual's priorities and needs for community area support resources, and to obtain consent to communicate these priorities and needs to the integrated community area services group.

3.3. Public Health Nurse responder responsibilities include:

3.3.1 Receives the PPH Complex Housing referral form and meets with the Team Manager to discuss the referral. The Team Manager consults the Community Area Director ensuring the individual is not connected to Regional services.

3.3.2 Initiates first contact via a door step visit or telephone call. To promote engagement and build a relationship, the nurse may have to go multiple times, and use multiple forms of creative engagement strategies such as meeting the client outside of the home.

3.3.2 Ensures personal safety and depending on the situation, the Public Health Nurse may request HART, bylaw, or Public Health Inspectors, or others to a joint visit.

3.3.4 Connects with the client to identify health risks for the individual, documents the individual's identified priorities and perceived needs



Operational Guideline

Population & Public Health Complex Housing Response Protocol

Approved by: Program and Community Directors	Pages: 3 of 3
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for community area resources, and obtains consent to communicate these priorities and needs to the integrated services group.

- 3.3.3 Documents direct and indirect contact with the individual involved and completes documentation using designated documentation forms (Single Issue Form).
- 3.3.4 Communicates documented information to the community area Team Manager who will update the Community Area Director. The Public Health Nurse may attend an integrated services group meeting along with other members of the integrated services group to provide a synopsis of the findings.
- 3.3.5 Files the documentation with all other 'Single Issue Forms' within the respective PHN Community Area for storage.

4. SOURCE/REFERENCES

- 4.1 [Complex Housing Situation Response Protocol](#)
- 4.2 [Complex Housing Situation Response Algorithm](#)