Health

3.8 Support implementation of proven outreach-based family support program

Nurse-Family Partnership (NFP)
Nurse-Family Partnership is a free home visiting program run by the Middlesex London Health Unit (MLHU) where public health nurses visit young, first-time moms during their pregnancy and the first two years of their child's life. This program can help women have a healthy pregnancy; have healthy children; and meet school and/or work goals.

Outreach Team ("Street Nursing")
The Middlesex-London Health Unit's Outreach Team participates in locating, engaging, educating, and ultimately linking people to care, treatment and basic needs programs (i.e. housing, London InterCommunity Health Centre, Infectious Diseases Care Program, etc.). The end goal of the team is to help decrease the spread of disease and support clients through their continuum of care. The team creates an environment where clients feel supported enough to reach their treatment goals.

Substance Abuse Outreach Program
The Substance Abuse Outreach Program run by Addiction Service Thames Valley (ADSTV) meets clients within the community, in a mutually agreed upon location, that is comfortable and easily accessible for the client. SA Outreach counsellors will primarily provide brief solution focused therapy with a goal of minimizing or eliminating a client's barrier(s) to attending services.

Community Health & Harm Reduction Outreach Program
The Community Health and Harm Reduction program run by the London InterCommunity Health Centre (LIHC) is a relational engagement strategy to connect priority populations with health education, social services and community resources. This program provides outreach, education and support to populations whose health is at risk due to multiple barriers. Activities include street level engagement with target populations, with a focus on community building and establishment of rapport.

Financial Empowerment
The Health Centre run by the London InterCommunity Health Centre (LIHC) is currently developing a strategy to more intentionally support those living in poverty and on low income to become more financially empowered. The objectives for clients are to increase access to reliable financial information, education, and counselling; to increase uptake of income-boosting benefits and tax credits; to increase savings and asset-building knowledge and opportunities; and to increase access to safe and affordable financial products and services.

Health in Housing Initiative
The Health in Housing Initiative (HiHI) recognizes the need to bring Health Centre programs and services to reach people where they are at in their communities. The Health Centre's services benefit those who might feel isolated, marginalized, and vulnerable due to poverty and other health related factors. HiHI is a weekly program run by the London InterCommunity Health Centre (LIHC) in partnership with housing complexes that focuses on health promotion, health services, and a sense of community belonging. The program goal is to increase overall health and wellness outcomes of residents in select housing complexes. The program vision is that residents will have increased control over, and ability to improve, their health through ongoing access to supports and services.

Integrated HIV/AIDS (Mycare)/Hepatitis C Care Programs
Registered Nurses, Outreach Workers, and Social Workers provide street level and agency outreach, and onsite nursing/social support to people at risk or living with HIV/AIDS/HCV who are facing barriers to access to treatment and are significantly marginalized by poverty, drug addiction, mental health, and housing instability. This program is run by the London InterCommunity Health Centre (LIHC).
The teams proactively locate clients and meet them in streets, shelters, their homes, detention centres, etc. They provide housing, income, and food security support as well as education regarding their diagnosis and treatment options. Clients are supported throughout their treatment with case management, care coordination, and networking supports, as appropriate to their circumstances.

North East London Community Engagement
Supported by the Health Centre, the North East London Community Engagement (NELCE) is a resident-based, action-oriented community group focused on strengthening and improving the community of Northeast London. Through this work, they promote and develop a strong sense of community pride and participation, provide opportunities to develop personal growth and leadership within the community, encourage involvement across the diverse community and support community

partnership within North East London. NELCE is committed to the values and practices of equity and inclusion within a safe environment to foster leadership.

Psychology Services
Psychologists offer psychometric testing and psychological assessment to people with intellectual/cognitive/adaptive impairment. This is an important class of assessment as many Health Centre clients have some form of complex challenges and may need social assistance. The London Inter-Community Health Centre facilitates seamless access to benefits which eligible clients are entitled too.

Seniors Wrap-Around Program
This program, run by the London InterCommunity Health Centre (LIHC), supports isolated Canadian-born, immigrant, and francophone seniors. Many seniors in the community are living in poverty with mental illnesses and chronic conditions. The Seniors Wrap-Around Facilitators bring together a supportive team of family members, community members, and professionals to help to ensure a better quality of life and improve overall health of vulnerable seniors in the community. The goal of this program is to keep seniors healthy and living in their own home.

Social Work Services
Social Workers provide services to individuals, couples, families, and groups in the form of instrumental supports, counselling, crisis intervention, therapy, advocacy, and coordination of resources. By working within the framework of health and well-being, tackling the determinants of health, our Social Workers make the necessary links between the physical, social, emotional, and economic impacts of health. The team of Social Workers from the London Inter-Community Health Centre meet clients where they are at: in the street, shelters, their home, and in collaboration with care provided in hospitals.

System Navigation Services
System Navigators offer intake services for new clients and provided a comprehensive assessment of their strengths, capacities and needs across the social and physical determinants of health. They assist clients in navigating the broader health and social systems by providing information and supports to access resources that they need. The System Navigators meet clients at the London Inter-Community Health Centre as well as out in the community.

Youth Outreach Services
In various community settings in North East and East London, the Youth Outreach Workers (YOW) work together with youth, ages 12-21, to build their resiliency and skills.

They provide direct support by helping youth access services and resources such as primary care, recreational activities, income supports, sexual health, legal services, mental health and addictions, education, volunteering, parenting, employment, and basic needs or housing. Workers build trust with youth, families, and the community, and support them to find appropriate programs and services. The YOW team enhances and promotes the development of community based services and leadership opportunities for young people in the community.