

121 acute care social workers responded to our province wide survey exploring outcomes for vulnerable, homeless people being discharged from hospital

95% of respondents had been involved in the discharge of homeless patients during the past 3 months



“Many come to the ER as their health needs are not being managed at the shelters or outdoors. They need to have secure housing to access some of the supports such as wound care”

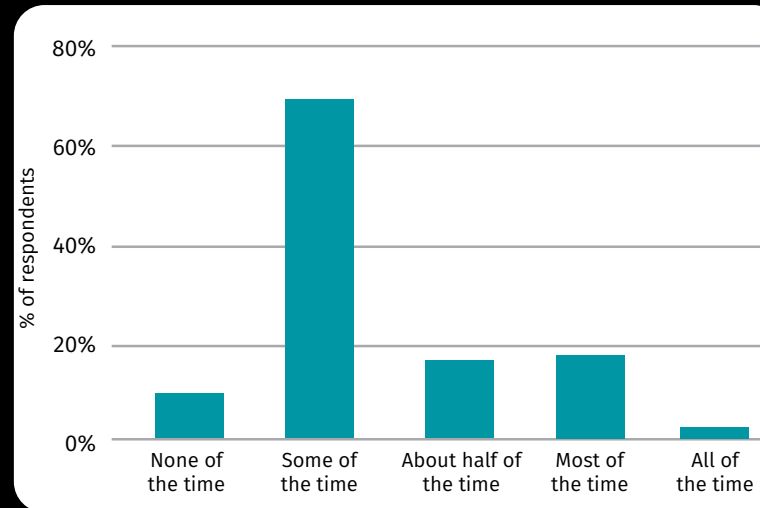
50% said that **most** of the homeless patients they were involved with had either mental health conditions, addictions or concurrent disorders

20% said that **all** of the homeless patients they were involved with had concurrent disorders

“Without proper follow-up in a supportive setting, there (is a) high probability of a person coming back to the ER”



Portion of time that social worker’s **advocacy efforts** resulted in a homeless patient being able to stay longer in hospital.



81% of respondents knew of homeless patients discharged and returned to hospital within 48 hours



80% of respondents were involved with patients who were discharged to locations where necessary health care services could not be provided



35% of respondents reported that the majority of the homeless patients they were involved with had mobility impairments



Respondents reported that Discharge of Homeless Patients is challenging due to:

- The complexity of clients’ conditions including concurrent disorders
- Systemic obstacles including:
 - lack of shelters or affordable housing
 - a focus on medical rather than social conditions
 - a lack of coordination of care, and
 - pressure to discharge patients
- Social workers experiencing moral distress, stress and frustration, hopelessness, and a lack of support and resources