

Kathleen York House: ADFNSW emergency response to COVID-19

Kathleen York House is a small abstinence-based residential drug and alcohol rehabilitation service for women who are working to overcome substance dependence problems. It has operated since 1991 and run by the Alcohol and Drug Foundation of NSW (ADFNSW). KYH is located in the inner west of Sydney.

Kathleen York House (KYH) is one of the few services where women can live in with their children or baby, in a welcoming, safe and home-like atmosphere. It can accommodate seven women at any one time and up to four children under 11 years of age. The service addresses individual client needs including physical and mental health, housing, parenting, relationships, legal and social needs through a six-month residential program, and a twelve-month aftercare program. The general goal of the KYH Aftercare program is to support clients with the transition into housing, education, and finding work in order that they are better equipped to re-enter the community in a positive way.

COVID-19 Context

Kathleen York House (KYH) responded to the outbreak of COVID-19 with its strong commitment to client centred best practice. The pandemic required KYH to continue service delivery through the lockdowns. While many AOD services had closed down, KYH continued providing services with significant additional work for the small team.

The timely and informed responses in the structure of service delivery meant that KYH staff were able to undertake their roles whilst maintaining highest standards of safety for both clients (including their children) and clinicians. NSW Health directives around disease control and sanitation were incorporated into their service delivery.

Service Delivery

By adhering to protocols placed by NSW Health and making adequate modifications, KYH was able to maintain service delivery in unique and innovative ways. An individual COVID-19 plan was developed for each woman to manage the risk in case an individual acquired COVID-19. A pathway to admission to Royal Prince Alfred Hospital was established as a backup option should anyone become COVID-19 positive, given the bathroom facilities were inadequate for social isolation.

The program rapidly pivoted to a hybrid model as some women chose to leave the service as it was difficult for them to maintain contact with their older children who they weren't able to visit because of COVID restrictions. These clients were supported remotely using video-conferencing technology. KYH developed online telehealth resources to support women during the COVID period whilst still out in the community and relevant policy and procedures were written as the pandemic evolved.

The intake process was adapted to apply control protocols for new clients. KYH networks provided assurance of quarantine for women prior to admissions. All potential clients on the waitlist were provided extra telehealth support based on KYH's bio-psycho-social model of treatment.

For those women remaining within the KYH facility, social distancing was an issue and staff numbers were restricted. The priority was to keep clients kept safe, with staff were moving between home and workplace. For this reason, only limited staff members were rostered on premises to reduce the risk of infection. Staff stepped up, moving to online food ordering, taking clients for outdoor activities, establishing activities for children as day care centres and schools were closed.

A positive outcome of the hybrid model was the ability to provide telehealth support on a much more extensive regional outreach basis to people living at a distance from the facility, especially for the aftercare clients. KYH telehealth processes continue to be utilised post-pandemic to engage wait-listed women in care and, where, applicable commence treatment prior to admission. This has increased the reach and effectiveness of the service.

Challenges - during lockdowns and ongoing

However, the impact of the pandemic also resulted in serious challenges for KYH and its service delivery. There was staff turnover as some individuals chose to leave due to mandatory vaccination requirements and others due to the increased stressful working environment. The pandemic seriously impacted hospitals' capacity to support detoxification. St Vincent's Hospital Gorman Unit was closed during the first wave of the pandemic, and during other periods in 2021 meaning potential clients were not able to access the medical support required for admission to KYH, slowing down their access to treatment.

Access to GP care and timely addressing of medical needs was difficult during the lock down periods as local GP practices required patients to have PCR tests prior to appointments. This meant KYH staff had the additional load of having to provide transport for clients to and from testing, and them supporting them through the period of isolation until the results came through. The need for regular visits of pregnant mothers to hospitals (exposing them to potential infection) and access for significant support person during delivery were all additional challenges for KYH.

The continued pressure brought on by not only COVID but a highly virulent influenza season has meant that staff must continue to be able to be very flexible in their roster. This also has meant that at times the service continues on minimal staffing. Another significant post-COVID-19 (and post-bushfires) impact on the organisation's indirect costs has been a substantial growth in premiums for insurances. The organisation reported that not only had costs escalated but securing insurance was also challenging.