

# Transforming Healthcare for Homeless People: The Value of Occupational Therapy

Sophie Koehne  
Dan Lescure  
John Sapani

KHP Pathway Homeless Team



# Session outline

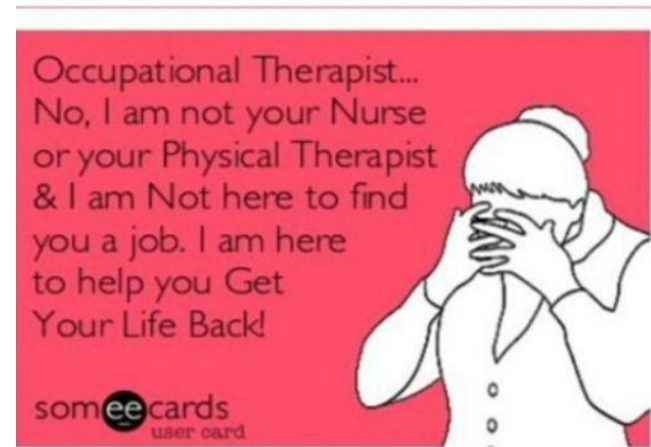
- KHP Pathway Homeless Teams
- What is Occupational Therapy?
- Why OTs?
- Experience of establishing roles
- Case studies

# KHP Pathway Homeless Teams

- King's Health Partners (KHP) include 3 hospital trusts in South London: KCH, GSTT and SLaM
- Across Acute and Mental Health care
- KHP Pathway Homeless Teams since 2014 at KCH & GSTT and 2015 in SLaM
- Teams made up of:
- GPs, Nurses, Occupational Therapist, Social Worker, Mental Health Practitioners, Housing workers (from 3 housing charities) and a Peer Advocate (from Groundswell)



# What is Occupational Therapy?



# What is Occupational Therapy?

‘the use of particular activities as an aid to recuperation from physical or mental illness’  
(Oxford Dictionary)

‘Occupational therapy is a client-centred health profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.’ (WFOT 2012)

**‘Occupational therapy aims to improve your ability to do everyday tasks if you're having difficulties.’**  
([www.nhs.uk](http://www.nhs.uk))

‘Occupational therapists work with adults and children of all ages with a wide range of conditions; most commonly those who have difficulties due to a mental health illness, physical or learning disabilities. They can work in a variety of settings including health organisations, social care services, housing, education, voluntary organisations or as independent practitioners.’ (RCOT)

<https://www.rcot.co.uk/about-occupational-therapy/what-is-occupational-therapy>

# What is Occupational Therapy?

## Places you might see an OT

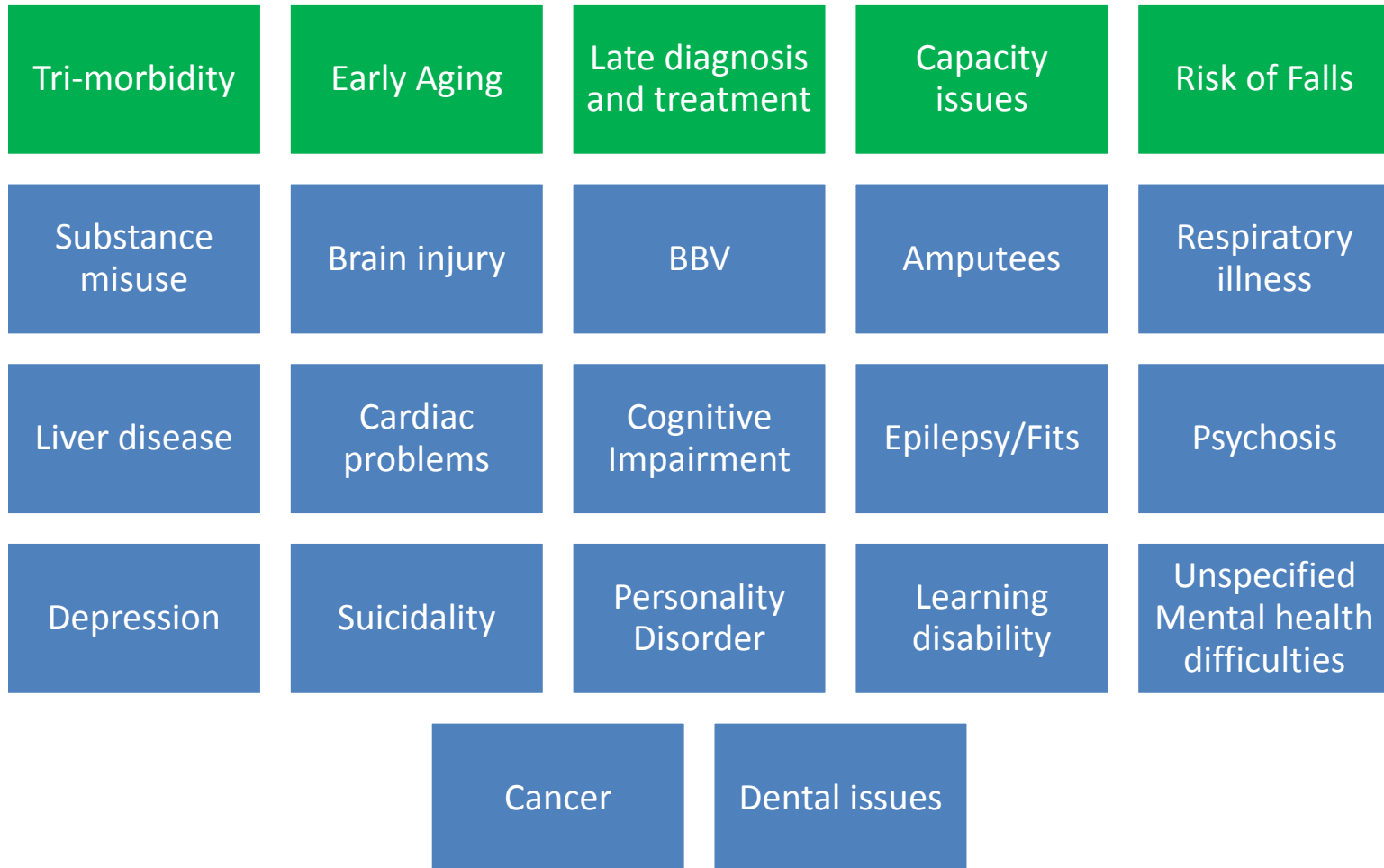
- Child and Adolescent Mental Health
- Adult Mental Health
- Old Age Psychiatry
- Alcohol and Addiction Services
- Neurology
- Stroke Rehab
- Brain Injury Rehab
- Hand Therapy and Rehab
- Older Persons Healthcare
- Paediatric Healthcare
- Learning Disability
- Palliative Care and Oncology
- Orthopaedics
- Musculoskeletal Disorder
- Rheumatology
- Pain Management
- Housing Adaptations
- Specialist seating
- Ergonomics
- Vocational Rehabilitation
- Acute Hospital Healthcare
- Nursing Home and Residential Care
- Primary and Community Care
- Private Healthcare
- Schools and Universities
- Healthcare Management
- Supported Housing



# What is Occupational Therapy?



# Health Issues







# Social Issues



# Why OTs?

Lack of structured occupation

Unstable living Environment

Tri-morbidity

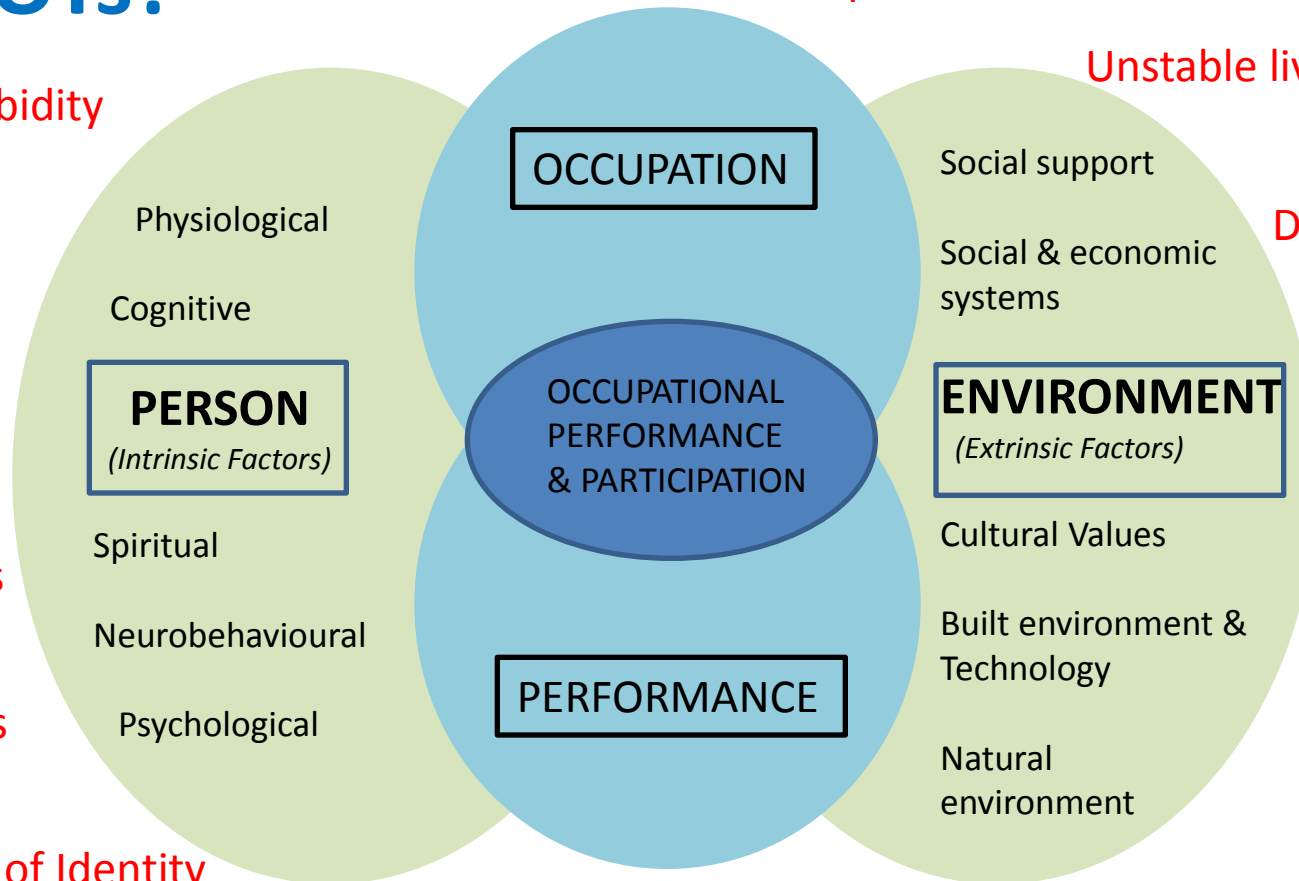
Trauma

Loneliness

Loss of skills

Loss of roles

Loss/change of Identity



WELLBEING

QUALITY OF  
LIFE

(Christiansen et al., 2005), (Chard et al, 2009; Illman et al 2013), (Grandisson et al, 2009)

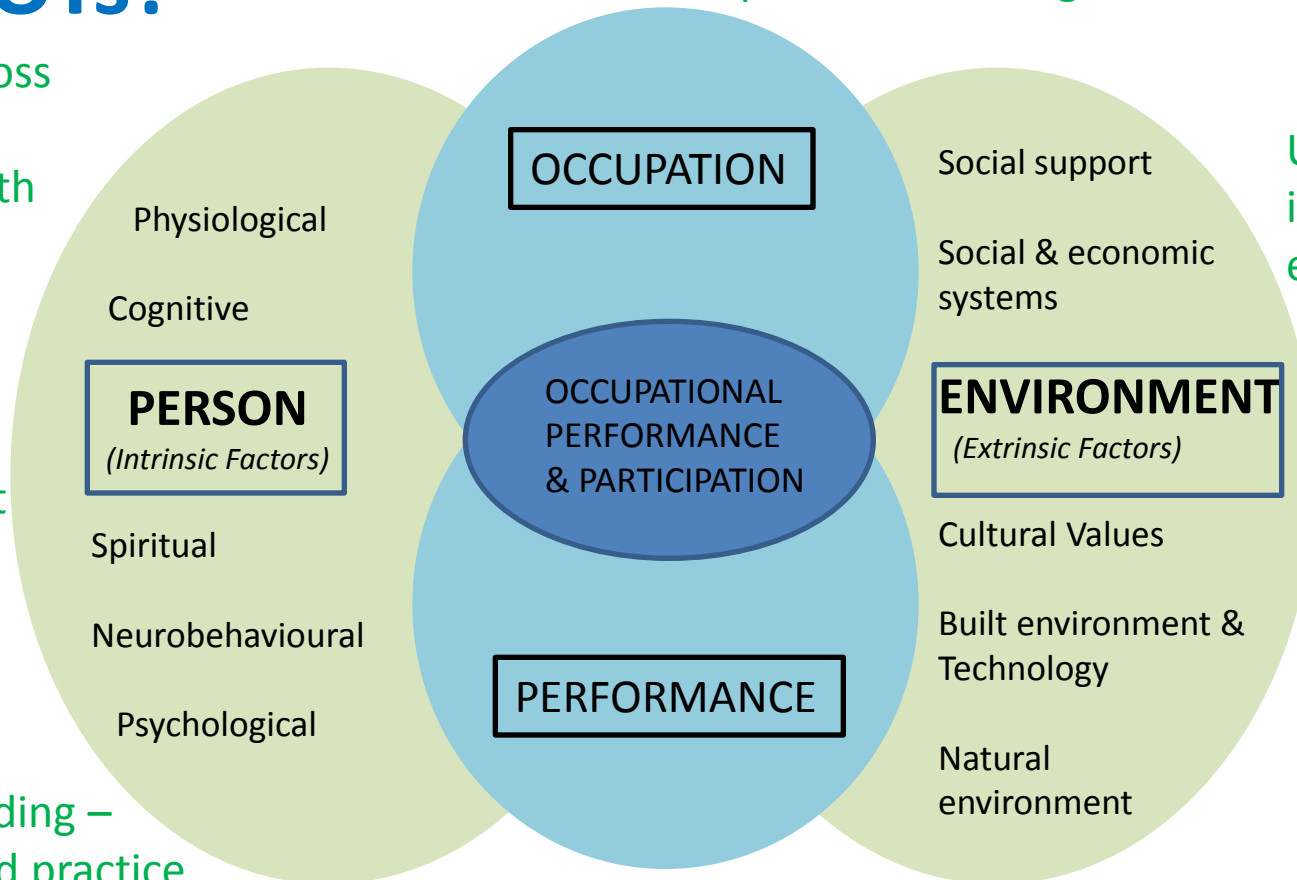
# Why OTs?

Creative use of occupation – enabling

Training across  
physical and  
mental health

Skill / role  
development

Rapport building –  
client centred practice



Understanding  
impact of  
environment

Advocacy

Empowerment

WELLBEING

Transferable skills  
Versatility/adaptable  
Outcomes orientated

QUALITY OF  
LIFE

# Experience of establishing our roles

## OT role in MDT

- Allocation of case load
- OT ax (appro, added value)
- Using specific OT skills – (Joint working)
- Establishing working interface with wards/ward based OT's

# Experience of establishing our roles

## Maintaining OT identity in generic role

- Setting up service – OT focus in team initial assessment
- Writing housing support letters with OT focus
- Providing training to OTs within Trust
- Peer Support
- Establishing an OT Network – national interest

# Experience of establishing our roles

## Transitional work

- Discharge doesn't mean resolved
- Linking in
- New challenges
- 10 day post-discharge



# Case study

**Background:**

Rough sleeper – Evicted from flat

No GP

No benefits

**Health:**

Multiple Physical health

Cognitive impairment (Suffered an RTA)

**Discharge outcome:**

Nursing home

**Challenges:**

Advocacy

Safe discharge

Interface of working with ward OT's

**OT assessments and interventions:**

- MoCA (Montreal Cognitive Assessment)
- Assessment of functioning

**Patient goals:**

- Having somewhere safe to live and support
- Engaging in music
- Employment (customer service)

# Lorna's story

# References

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# Any Questions?

[Sophie.koehne@slam.nhs.uk](mailto:Sophie.koehne@slam.nhs.uk)

[Daniel.lescure@nhs.net](mailto:Daniel.lescure@nhs.net)

[John.sapani@gstt.nhs.uk](mailto:John.sapani@gstt.nhs.uk)