

HOMELESSNESS:  
EMERGING ROLES FOR  
SOCIAL WORK AND  
OCCUPATIONAL THERAPY

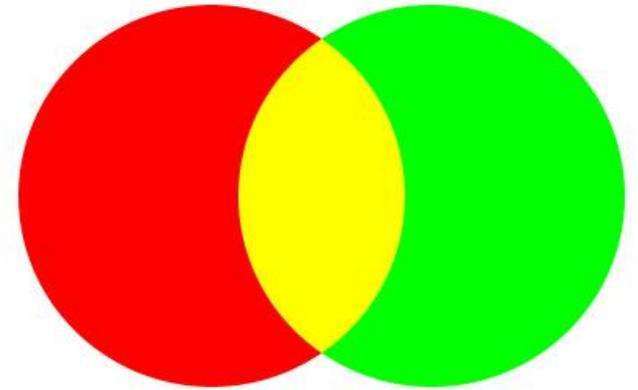
Karl Mason, Lilli Haig-Wood, Ben Cheney

# KHP Homeless Team composition



# Occupational Therapy and Social Work

- Both disciplines represented
  - ▣ OT x 1 + 2 (MHPs)
  - ▣ SW x 1 + 1 (Manager)
- Novel and new for Pathway
- Holistic Care
- Adding something different
  - ▣ Different to housing and health
  - ▣ Different to each other with some overlapping mutual interests



# Literature Review:

## OT and Homelessness

- ▣ Limited literature to support OT in homelessness
  - OTs in homelessness is an emerging role (Grandisson *et al.*, 2011)
  - Primary Health Care occupational therapy shows a positive impact on individual and population based targets for health within this demographic (Marvel and Townsend, 2013)
  - Seven quantitative articles reviewed suggests that occupational therapy has an appropriate and effective role with people experiencing homelessness and improves their self care, productive and leisure occupations (Thomas *et al.*, 2011)
  - An OT service evaluation in Bristol - Service users demonstrated some improvement in personal skills through individual/group work (Fieldhouse *et al.*, 2011)
  - Some qualitative evidence of OTs' perception of their role in homelessness (Grandisson *et al.*, 2011)
- ▣ OTs work with those to assess and treat of issues arising from illness or disability and homeless population experience high levels of both
- ▣ OT is person centred, culturally sensitive and holistic

# Literature Review

## Social Work and Homelessness

- Neglected constituency in SW (Whiteford, 2011)
  - ▣ 'Absent presence' in SW – subsumed under 'housing'
  - ▣ Needs re-definition: 'multi-faceted expression of housing insecurity, psychosocial distress and welfare need'.
  - ▣ Collides with existing areas of specialty (substance misuse, family breakdown, care leavers, domestic abuse)
  
- Excluded from SW (Manthorpe et al, 2013)
  - ▣ Multiple and complex needs but not given access to SW
  - ▣ Enhance people's ability to survive adverse circumstances
  - ▣ Respond to possible need/entitlements for social care
  - ▣ Hidden due to most occurring in vol sector – needs better articulation

# Case Study

- John 50 years old
- Frequent Attender
- long term gastritis, abdominal pain and PR bleeding, cellulitis and leg ulcer
- Substance Misuse (Long-Term)
- Poor engagement with Primary Care
- Poor medication concordance
- Unkempt and continence issues
- No family network
- Has hostel place but not using it and sleeping rough

# Occupational Therapy Perspective

- Model of Human Occupation (MOHO) to explore the case study (Keilhofner, 2008):
  - ▣ volition (motivation for occupation)
  - ▣ habituation (pattern of occupation, time use and roles)
  - ▣ skills (communication/interaction, process and motor)
  - ▣ and the environment

# Social Work Perspective

- Systems Theory Approach
  - ▣ No family
  - ▣ Interprofessional planning
  - ▣ Role of primary and secondary health care in system
  
- Human Rights Approach
  - ▣ Safeguarding and Self-Neglect
  - ▣ Mental Capacity
  - ▣ His Wishes
  
- Social Justice
  - ▣ Policy Context
  - ▣ Anti-Oppressive Practice

# References

## Occupational Therapy

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## Social Work

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