Department of Occupational Therapy

MSc Occupational Therapy

Module: OT6054

Occupational Therapy Project 4

Module Leader: Dr. Judi Pettigrew

Research Supervisor: Tanya McGarry

Student Number: 0687286

Year 2

Abstract: 244

Word Count: 4964

Due Date: 23/04/2014
Title: What impact did an occupational therapy intervention have on customers attending the Focus Ireland service?

Authors: Melissa Treacy; Tanya McGarry

Background

Focus Ireland is a service that provides a range of supports for homeless people. Its aim is to end homelessness in Ireland. Research shows a majority of homeless people experience mental health issues and historically occupational therapists have played a key role in helping individuals with mental health issues.

Objectives

The purpose of this study is to evaluate the impact an occupational therapy intervention had on customers attending the Focus Ireland service. To increase evidence based research on occupational therapy and homelessness in Ireland.

Methods

A qualitative study was carried out using semi structured interviews, involving six participants. Thematic analysis was used to code the interviews into synthesised themes.

Findings

The descriptive accounts of the participants experience in the interviews generated four main themes: engagement in occupation, the importance of individual client centred therapy, sustainability of the intervention and the importance of communication.

Conclusion

The study showed that occupational therapy input enabled the customers to engage in occupations and identify new occupations they wished to engage in. At the time of interview the customers were continuing to engage in some of the occupations. The importance of individual client centred therapy highlighted the benefits of the occupational therapist working with people who are homeless. The importance of
effective and clear communication will inform future studies that will be carried out.

**Introduction**

The 1988 Housing Act, declares a person homeless when they do not have the resources to provide accommodation for themselves and are living in a hospital, shelter or other such institutions (Housing Act 1988). According to Focus Ireland (2013) the cause of homelessness is due to poverty, unemployment, eviction, crime, anti-social behaviour and debt. Individual causes are addiction, family breakdown, domestic violence, leaving an institution such as state care or prison and mental health issues. The World Health Organisation (WHO) describes mental health as “A state of complete physical, mental and social well-being, and not merely the absence of disease”. According to the WHO it is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders (World Health Organisation 2014).

Focus Ireland is a service that provides a range of supports for people who are homeless. Its aim is to end homelessness in Ireland (Focus Ireland 2014). At present there is no occupational therapist working in Focus Ireland’s Limerick service. The purpose of this study is to evaluate the impact an occupational therapy intervention had on customers attending the Focus Ireland service. The aim of the research was to engage the customers in meaningful occupations. Focus Ireland refers to their service users as customers. There is limited research on occupational therapy and people who are homeless in Ireland. According to Lloyd and Bassett (2012) there is an unmet need for occupational therapists working with people who are homeless. The lack of evidence based research carried out in Ireland on the role occupational therapy has within the homeless population, justifies the need to carry out this study.
Literature Review

The primary goal of occupational therapy programs for people, who are homeless, is to enable the homeless individual to return and participate in their community and society as a whole (Petrenchik 2006). A central aim of occupational therapy in any setting is to engage and empower people to participate in the occupations that can help them to achieve healthy, meaningful lives (Townsend and Polatajko 2013). According to Griner (2006) the occupational therapy profession evolved from working with people with mental illness. This paper reports that homeless people have a history of mental illness, and occupational therapists hold an underutilized role when working with people who experience homelessness. Evidence suggests people who are experiencing homelessness have been recognised as being systematically deprived from occupational engagement, due to limited opportunity to engage in meaningful occupations (Thomas et al 2011; Tryssenaar et al 1999). Lilman et al (2013) found that service providers have a poor understanding of the homeless as occupational beings. Grandisson et al (2009) propose that occupational therapists have a unique approach in providing client centred care because occupational therapists have an understanding of the individual’s needs and occupational performance issues. This study ascertains that there are a minimal number of occupational therapists working in homeless services, however it has identified that occupational therapists have a number of potential roles within homeless services. These include the traditional roles in assessment and screening of functional capacities, cognitive abilities and environmental resources. Also in treatment, occupational therapists facilitate pleasurable occupations through vocational interventions. A systematic review was carried out on occupational therapy interventions with the homeless; it found limited evidence of occupational therapy practice. It also highlighted a gap in research in relation to the relationship between occupational engagement and the well being of people who are homeless (Thomas et al 2011).

Heubner and Tryssenaar (1996) carried out a fieldwork study on an occupational therapy practice in a homeless shelter. They found that a therapeutic relationship of mutual trust and positive regard between client and therapist enhanced the outcome of treatment. Engagement in purposeful activity enabled the clients to remain motivated
and engaged. The intervention was limited due to a lack of resources however it enabled the therapist to build on the therapeutic relationship with the participants. Heubner and Tryssenaar (1996) has prompted other researchers to focus on purposeful activity and therapeutic rapport of occupational therapy interventions within the homeless population (Lloyd and Bassett 2012, Bradley et al. 2011, Grandisson et al. 2009, Chard et al. 2009, Griner 2006 and VanLeit et al. 2006). Parmenter et al (2012) evaluated an occupational therapy intervention in a homeless hostel that took place over a period of seven months. The intervention was individualised and provided a person centred approach on the complex needs of the client group. This promoted self efficacy and motivation for change among the participants. It reported that collaborative work between the occupational therapist and the hostel staff was an important aspect to the intervention process, emphasising the importance of investing time in establishing collaborative relationships across agencies. This working practice provided better support for both staff and service users. The study also recognised the importance of working at a community level which reduced stigma and promoted social inclusion. Christine Helfrich has participated in many studies involving life skill interventions with people who are homeless (Helfrich et al. 2006, Helfrich et al. 2007, Helfrich et al. 2011 and Helfrich et al. 2013). The quantitative research was repeated to determine the success of occupational therapy intervention, efficacy and the need for variation with different groups of the homeless population in other settings. Her most recent study in (2013) involved 73 participants and took place over a period of six months and included teaching the participants four modules in the areas of self care, money management, food management and safe community participation. As in the previous studies, the study was positive with the participants increasing in competency in setting goals and in life skills. Limitations to the research include the small sample size and the absence of a control group to measure what portion of changes are due to the intervention versus the natural course of recovery in the two housing programs, where the participants lived.

The research carried out in Ireland profiled the expectations of men who are homeless with Schizophrenia. In this study the majority were unemployed; however half of the participants expressed an interest to work in the future. They also identified the need of supports in the development of self confidence, stress management, social skills,
interview skills and support on the job. This author ascertained that occupational therapists can enable participants to develop these skills and explore vocational work. This research was limited in that its focus was on a small sample of people who attended a mental health service in Dublin. This may differ from homeless populations in other geographical regions. The study also reported that the participants found it difficult to verbalise goals and the result were dependent on the memories of the respondents to recall details such as educational and work histories (Boland 2002). The literature review established that occupational therapy has a role in working with the homeless population. It has found that occupational therapy have unique skills in providing client centred care and have an understanding of the individual’s needs and occupational performance issues. There is limited evidence documenting occupational therapy practice within this client group. The only known research to be carried out in Ireland is by Boland (2002) which further acknowledges the need for this study.

**Methodology**

This study was carried out using qualitative analysis because it gave the researcher detailed descriptions of the participant’s experience of the occupational therapy intervention. The disadvantage to using qualitative analysis is that the research is interpreted subjectively by the researcher (Burns and Grove 2003). The data was collected using semi structured interviews. The semi structured interviews consisted of open ended questions. Semi structured interviews are effective because the interviews conducted are flexible and allow the interviewer to build up a rapport with the participants (Stein et al 2000).

The interviews were between twenty and forty minutes long. Five of the interviews took place in the Focus Ireland service, while the final interview took place in the participant’s home. Prior to the interview, time was taken to explain the purpose of the research and establish therapeutic rapport. I used a Dictaphone to record the interviews. I transcribed and analysed the data using thematic analysis (Braun and Clarke 2006). Thematic Analysis “is a method for identifying themes and patterns of meaning across a dataset in relation to a research question” (Braun and Clarke 2013, p.175). There are six stages in thematic analysis. **Stage one**: the researcher familiarised themselves with the data. **Stage two**: initial codes were generated. **Stage**
Themes were identified. **Stage four:** Themes were reviewed. **Stage five:** themes were defined and named. **Stage six:** The report was produced (Braun and Clarke 2006). On reflection if there was less of a time restriction, it would have been beneficial to interview the participants at three months, post intervention and at six month post-intervention to monitor the interventions sustainability.

**Participants**

Purposive sampling was used in this study, as a small sample of participants was targeted within the Focus Ireland Service. Purposive sampling provides insight and an in-depth understanding of the topic of interest. Purposive sampling can be highly prone to researcher bias, however it focuses on particular characteristics of a population that are of interest, which will enable the researcher to answer their research question proficiently (Braun and Clarke 2013). The study consisted of three customers, attending the Focus Ireland Service and their three key workers. The project leader of Focus Ireland acted as a gate keeper to reduce researcher bias. The participants were identified based on their needs and the potential benefit they would receive from occupational therapy input. Inclusion criteria for the study were that; the participants had to be over eighteen, they needed to be current customers of Focus Ireland, and willing to engage with the occupational therapist. The study had no gender limitations.

**Ethical Considerations**

Full ethical approval to conduct this study was obtained from the Faculty of Education and Research Health Science Ethics Committee of the University of Limerick. The ethical issues considered were that of consent and confidentiality. As some of the customers had literacy difficulties, the aims and objectives of the study were explained verbally to the customer. This was to ensure informed consent. All six participants signed consent forms. Participants were informed that they could avail of the intervention programme and would be under no obligation to participate in the research study. They were also reminded that they were free to ask any questions, and also withdraw at any time throughout the interview or research process without fear of repercussion. To protect the identity and privacy of the participants, pseudonyms were assigned and as a result identifiable information was changed when analysing the data.
and reporting the findings. The participants in the study are known as Customer 1, 2 and 3 and key worker 1, 2, and 3.

Findings

The planned intervention included the following:

- An initial assessment period of three weeks
- Intervention duration of six weeks
- Re-assessment period of three weeks.

Each customer met with the occupational therapist once a week. The assessments used were the Canadian Occupational Performance Measure (COPM) and the Quality of Life Questionnaire (QoL) (Law et al 1990; Evans and Cope 1989). Some of the initial assessments were completed and the intervention was implemented. However it is not clear from the participants if the re-assessments were carried out. The intervention was completed earlier than expected as the occupational therapist had to leave the organisation. Through further discussion with the key workers it materialised that some of the key workers had not seen the occupational therapy reports. It is also not clear from discussions with the participants what the intervention outcome measures were. Interviews were carried out three weeks after the intervention was completed. Through thematic analysis of the data, it revealed the participants experiences of the occupational therapy intervention. The descriptive accounts of their experience in the interviews generated four main themes: engagement in occupation, the importance of individual client centred therapy, sustainability of the intervention and the importance of communication.

Engagement in occupation

Throughout the intervention, each of the customers engaged in chosen occupations because they wanted to improve their daily routines and develop new skills and interests. The occupational therapist taught the customers skills to enable them to engage in the chosen occupations. The occupational therapist facilitated customer 1 in keeping a diary, to maintain her appointments. According to customer 1’s key worker, this was very beneficial. “It got her into a better routine and it developed that... habit,
of writing down her appointments.” Customer 2’s ability to manage his time and maintain his routine was poor. The Occupational therapist introduced a wall timetable that acted as a daily reminder of his schedule and provided him with the skills to manage his time effectively. Customer 3 said, “The wall planner, yeah it’s working out good... I am doing more work now and I am leaving messages on it daily.”

During the intervention the occupational therapist enabled the customers with coping skills to improve their occupational performance in carrying out their meaningful occupations. All three participants reported an increase in confidence, while one said her self esteem had improved and she felt she was able to carry out tasks. Customer 2 said, “Just to learn to be more relaxed about life”. The sub themes describe the customer’s engagement in leisure occupations and employment.

**Sub Theme- Engagement in leisure interests**

During the assessments, customers identified that they wanted to explore leisure interests. Customer 2 completed a scrap book of her motivation weight loss and accompanied the occupational therapist on social outings. “She might bring me for a walk... slowly but surly she would get me out more and more every week…. We did a scrapbook…on…. how I got through my experience and motivation” Customer 1 accompanied the Occupational therapist to the local library. Customer 3 participated in cooking classes with the occupational therapist, as he enjoyed cooking. Customer 3 said, “It was to enjoy doing and to help me with the time…. it was to cook for myself”

The exploration of leisure interest has opened up the customers minds to new occupational leisure interests that they would like to pursue in the future. When asked if there was anything new that he would like to do, customer 3 replied “Yeah play soccer”. Customer 1 spoke about improving her skills in cooking and expressed she would also like to learn to play the piano. According to customer 2, the occupational therapist enabled her to engage more in the community, which she would not have done previously. “We often go to town now for a hot chocolate at the weekend and sit out”.

0687286
Sub theme- Exploration of employment

Each of the customers had not worked in a number of years. Customer 2 has successfully gained employment, “I just wanted to get a job and back into a routine again. According to her key worker it is a “major achievement”. Prior to the intervention customer 2 would have spent a lot of her time at home and was reluctant to leave the house. Following her weight loss and occupational therapy input, customer 2 felt she was able to seek employment.

In the interviews Customer’s 1 and 3 following the intervention expressed that they would like to pursue employment. Customer 3 reported that he had previously looked for a job and now felt he was ready again to pursue employment. Following the completion of customer’s 1 computer course, she reports that she is confident in doing other courses, which she hopes, will lead to employment. “I’m trying to get work now... if I got one or two days of work a week and two days of school..., that is what I plan to do if I could do it.” Customer 1’s key worker identified the benefit of the customer working with the occupational therapist. “Working with her actually attending classes. “She was able to attend classes and complete the course.

The importance of individual client centred therapy

Sub theme- Goal Setting

The customers received individual client centred therapy. From the assessments, the customers reported that they were able to set goals in collaboration with the occupational therapist. According to all three key workers and the participants, these goals were achieved, which had a positive impact on the customer’s quality of life. Customer 2’s key worker said, “They were achieved so that would have been a benefit” Customer 1’s key worker said, “She went in very clearly stating that she wanted to improve her computer skills.”

Sub theme- The intervention process

Each participant reported that the length of intervention was too short. Key worker 2 said, “I mean...... you’re not even touching the surface in eight weeks... This has been her way of life for the last maybe twenty years.... To think she (occupational
therapist) can come in and make a change.... in three months. It is unrealistic”. Key worker 2 felt that, building up therapeutic rapport with customers could be a long process as many customers would have “trust issues”. Customer 1 felt she was just “getting to know the occupational therapist and then it was over”. Customer 2 felt that she would benefit from ongoing occupational therapy support. “Sometimes I wish the occupational therapist would come back”. Customer 3’s key worker; felt that the intervention was carried out in an inappropriate environment. Customer 3 did not attend all of the sessions with the occupational therapist. She felt he would have engaged better in his home environment. “It would be better...if the occupational therapist did the... activities... in the home. Especially at the initial stages... when you’re building a relationship with somebody and you’re trying to engage somebody....in a certain activity.”

Sub theme- The role of the occupational therapist

In focus Ireland the key worker has a dual role of looking after the customer psychosocial needs as well as looking after their housing needs. The key worker’s role entails liaising with private landlords in private rental accommodation, being a rent collector and following up on maintenance issues. Customer 3’s understanding of his key worker role was “She helps me out with the bills and all that, to do forms and she contacts the landlord if something goes wrong with the flat or something like that”. The key workers found that the occupational therapist had more time to facilitate customer’s to participate in occupations. Customer 1 key worker said, “the occupational therapist can come in and just solely focus on.... developing a plan, focus on spending time with the person, to let them dialogue about their goals”

Customer 2 speaking about the occupational therapist “no she had a different role altogether. She came down and supported me.” Customer 3 reported that the occupational therapist role involved “helping you get through everyday life.” Key worker 3 also reported that customer 3 developed therapeutic rapport with the occupational therapist. “He built up a relationship with somebody else”.  

0687286
11
**Sustainability of the intervention**

The aim of the research was to engage the customers in meaningful occupations. Customer 3 has continued to engage in all of the occupations carried out with the occupational therapist. He continues to cook at home, “I do it loads of time by myself” and he continues to use the wall planner which he devised with the occupational therapist. The remaining two customers continue to participate in some of the occupations. Customer 1 is no longer attending the library to work on her computer skills, however is hoping to begin a course in September. She implied that she would attend the library “If the occupational therapist was with me again.” Customer 1 has lost the motivation to keep a diary to track her appointments at the time of interview. ‘‘I’m sick of writing now I’m not doing that anymore’’. Customer 2 no longer participates in scrapbooking. “No very hard” however she continues to engage in the community with her partner.

**The importance of communication**

Throughout the intervention the occupational therapist and the key worker communicated the progress of the intervention through team meetings. The occupational therapist provided reports on the interventions and assessment findings. Through further discussion with the key workers in the interviews, it materialised that some of the key workers had not seen the occupational therapy reports. So it is unclear whether the occupational therapist was able to complete the re-assessments following the intervention.

Key worker 3 was unsure what the occupational therapy intervention entailed, “the occupational therapist was doing it but I didn’t really know”. She reported receiving minimal feedback from customer 3, “I’m getting on fine with the occupational therapist. That would be it…oh yeah it’s grand it’s good.” Key worker 1 said that she was not asked to provide input during the intervention. “No there was no involvement. It was completely separate to us. No, I don’t have an opinion on the assessment process because I wasn’t involved in it.” Key worker 2 reported that she felt customer 2 was becoming more dependent on the service. “It seemed to increase her need... of support..Her attendance to the office became a daily routine”. It is unclear whether this was communicated to the occupational therapist and whether the occupational therapist was able to complete the re-assessments following the intervention.
therapist could have helped with this.

Discussion

According to Thomas et al (2011), people who are homeless experience occupational deprivation because homeless people have limited opportunity to engage in meaningful occupations. The participants in the research struggled with engaging in occupations and the occupational therapist enabled them to do this. The impact the occupational therapy intervention had on the participants was positive in terms of engagement in occupations. The participants engaged in purposeful activity and built therapeutic rapport which enabled them to engage in more meaningful occupations because they had developed a trusting relationship with the therapist, key worker 3 said, “He built up a relationship with somebody else”. This coincides with (Heubner and Tyssenarr 1996). Lllman et al (2013) emphasised that service providers should view people who are homeless as occupational beings. When designing interventions, it should facilitate their unique occupational needs. This coincides with the theme; the importance of individual client centred therapy, as each intervention in the study was tailored to the customer’s needs and goals. Parmementer et al (2012) in their study developed individual client centred plans and this also corresponds to Grandisson et al (2009) recommendations of occupational therapists unique role in providing client centred therapy. During the interviews the participants identified that an occupational therapist is beneficial because they can provide “ongoing support”. The need for an occupational therapist was also highlighted in the theme: the importance of individual client centred therapy specifically in the sub theme; the role of the occupational therapist. The key workers role is primarily in the area of housing needs and providing support is secondary to this. Occupational therapists, as one customer discussed an occupational therapist is to “provide support with every day life” and as the key workers identified, have more time to facilitate the customer’s to participate in occupations, without having to adhere to housing issues and anti social behaviour.

During the intervention the occupational therapist enabled the customers with coping skills to improve their occupational performance in carrying out their meaningful occupations. They also learnt new skills to engage in occupations. This supports Grandisson et al (2009) and Boland (2002) recommendation of the roles occupational therapist can have when working with the homeless population. Furthermore the role
of the occupational therapist is unique in that it is not confined to a particular work setting. They can adapt and apply their skills in various environments. Key worker 3 suggested that the occupational therapy intervention should have taken place in customer 3’s home environment because it would have enabled the therapist to build effective therapeutic rapport in a familiar environment and as a result would have enabled customer 2 to have engaged more in the intervention process. It was discussed in the interview that Derek only engaged in half the occupational therapy intervention sessions. “All I can say was it was great he attended 50% of the time”. Helfrich et al (2013) reports that following occupational therapy intervention, participants had learnt life skills and were more proficient in setting goals. The participants engaged in the occupational therapy process by involving themselves in the assessment process and setting goals for themselves.

Parmenter et al (2012) identified that effective working practice and collaboration with staff is important for effective intervention delivery. The occupational therapist had to complete the intervention earlier than expected. The key workers were not able to meet and discuss the findings of the study. Key worker 3 said, “I went on holidays and then I came back and the occupational therapist said she was leaving in a week” Key worker 2 reported that she felt that customer 2 was becoming more dependent on the service as she frequently called into the service looking for support. It is unclear whether this was communicated to the occupational therapist and whether the occupational therapist could have helped with this. Key worker 2 also reported the intervention was “very separate” to the key worker and there was limited communication between the occupational therapist on the progress of the intervention reported in team meetings. In the interviews it was reported by two key workers that they had not read the occupational therapy report on their customer’s intervention. It is recommended that in future studies that the key worker is directed to the occupational therapy reports so they are informed of the findings of the study. In future studies it is recommended that the lines of communication be clearly outlined between the key workers and the occupational therapist. Key workers should hold set weekly meetings with the occupational therapist to discuss the progress and the challenges of the intervention. As was reported by the participants the length of intervention was too short. From my literature review the interventions in previous studies lasted approximately 14 weeks to two years. Although length of intervention
was not commented on in the literature, in the research it was emphasised by every single participant. It is understood that this study could not increase its length of intervention. However in future studies, longer interventions could have an impact on the sustainability of the intervention and customer participation. To make this study more rounded, it is recommended that the occupational therapist be interviewed in future studies to gain an overall perspective of the occupational therapy intervention and the outcome of the intervention. It would also be beneficial to document the use of the assessments, specific goal setting and outcome measures in the research.

Limitations

The research study consisted of a very small sample size and while it was important to examine the experiences of the six participants, their input is not considered representative of all people participating in the Focus Ireland Service. It evaluated the impact of an occupational therapy intervention on customers attending the Focus Ireland Service. As a result this study was confined to clients to one service and did not include other services. The intervention was also conducted by the same occupational therapist; the therapeutic rapport may have been affected positively or negatively if the intervention was conducted by a different occupational therapist. The study was confined to one geographical location. If the study was carried out in other parts of Ireland, different findings could have emerged. The participant’s could also have been influenced by the interviewer and the questions.

Conclusion

The research evaluated the impact an occupational therapy intervention had on customers attending the Focus Ireland service. The study found that the customers actively engaged in occupations and following this have identified new occupations they wish to explore. This coincided with Boland (2002), Grandisson et al (2009) and Helfrich et al (2013) recommendations for occupational therapy roles within homeless populations. The study also highlighted challenges within the study that can be improved upon in future studies. This includes communication and collaboration between the occupational therapist and key workers which according to Parmenter et al (2012) allows for identifying shared agendas and enables the team to work towards these shared goals. As a result it provides better support for both staff and customers.
Highlighted across the study was the dissatisfaction the participants had with the length of the intervention. All participants felt the intervention was too short and felt they would benefit from further occupational therapy input. This will inform future studies and enable them to carry out longer interventions to test the benefit and sustainability of occupational therapy intervention among people attending Focus Ireland. The role of the occupational therapist is very different to those of the key worker in Focus Ireland. This study highlighted the important role occupational therapy has within Focus Ireland and through discussion with the participants the benefit occupational therapy input has on individual client centred therapy.

Grandisson et al (2009) also argues that occupational therapists have a unique approach in providing client centred care because occupational therapists have an understanding of the individual’s needs and occupational performance issues. There is a gap in research carried out in Ireland involving occupational therapists and people who are homeless. This research reinforces the value of occupational therapy in services for homeless people. To make this study more informed, it is recommended that the occupational therapist be interviewed in future studies to gain an overall perspective of the occupational therapy process and the outcome of the intervention. This would allow the occupational therapy process to be documented and it would also provide the occupational therapists perspective on the effectiveness of the intervention. Limitations to the study include the size of the study and that it was confined to one particular homeless service which did not represent participants in other studies. The participant’s could also have been influenced by the interviewer and the questions.

Acknowledgements

The author would like to thank her supervisor for her guiding her through this research project and the team leader of Focus Ireland for acting as a gatekeeper. I would also like to thank the occupational therapist who carried out the intervention and the customers and key workers for their time and contribution to this research.
References


