



LEEDS
BECKETT
UNIVERSITY

Citation:

Coan, S and Woodall, J (2017) An Evaluation of St George's Crypt's Occupational Therapy Pilot. Project Report. Leeds Beckett University.

Link to Leeds Beckett Repository record:

<https://eprints.leedsbeckett.ac.uk/id/eprint/3580/>

Document Version:

Monograph (Published Version)

The aim of the Leeds Beckett Repository is to provide open access to our research, as required by funder policies and permitted by publishers and copyright law.

The Leeds Beckett repository holds a wide range of publications, each of which has been checked for copyright and the relevant embargo period has been applied by the Research Services team.

We operate on a standard take-down policy. If you are the author or publisher of an output and you would like it removed from the repository, please [contact us](#) and we will investigate on a case-by-case basis.

Each thesis in the repository has been cleared where necessary by the author for third party copyright. If you would like a thesis to be removed from the repository or believe there is an issue with copyright, please contact us on openaccess@leedsbeckett.ac.uk and we will investigate on a case-by-case basis.

An Evaluation of St George's Crypt's Occupational Therapy Pilot

Susan Coan, Dr James Woodall

February, 2017

www.leedsbeckett.ac.uk



Key findings summary

Background and context:

A great demand for full-time Occupational Therapy (OT) provision at St George's Crypt was identified from anecdotal evidence and student research findings.

St George's Crypt have been funded for one year to have an OT onsite to address the needs of their homeless population and Leeds Beckett University were commissioned to evaluate this pilot service.

Methodology:

Semi-structured interviews were conducted (**n = 11**) with service users of St George's Crypt who had been referred into the Occupational Therapy Pilot Service and critical listening summaries were produced.

Five case studies were gathered by the OT based at St George's Crypt.

The Occupational Therapist compiled data on demographic information, client history and recorded pre and post EQ-5D and TOMs (Therapy Outcome Measures) scores. The data were analysed using SPSS.

Key findings:

Client scores for EQ-5D showed statistically significant improvement in all 5 areas (Mobility, Self-care, Usual activities, Pain/Discomfort, and Anxiety/Depression).

The clients' TOMs scores showed statistically significant improvement in all areas (Impairment, Activity, Participation, and Wellbeing).

Clients reported increased confidence and self-worth, and increased engagement in productive/meaningful activities which helped them to reduce negative behaviours. They also experienced improved mental health.

A number of key mechanisms of success were identified. One significant mechanism was the approach of the OT who was described as supportive, genuine, non-judgemental and approachable. Clients cited advocacy, flexibility and the onsite location of the service at St George's Crypt as being central to its success. The clients felt a real investment in them as individuals as a result of the consistency of the service which meant that they engaged with the programme and were able to make progress.

Recommendations:

Commissioners and decision-makers, based on the evidence gathered here, can be confident that the OT service at the Crypt has made a tangible difference to those clients that were referred. The data suggests that re-commissioning the service would continue to show positive outcomes for this marginalised population. Expanding the service may be beneficial to support other individuals who require occupational enrichment and support.

Table of Contents

1: Introduction	4
2: Methodology.....	5
3: Service User Profile	6
4: Quantitative Findings.....	9
5: Client Perspective	12
6. Summary of the evidence	21
References	22
Appendix A.....	23

1: Introduction

Occupational therapy (OT) is a client-centred health profession concerned with promoting health and wellbeing through occupation. "Occupation" means the daily activities a person undertakes that are meaningful and important to them. They include necessary tasks and routines such as looking after yourself and your family, engaging in enjoyable leisure activities and achieving productive goals within employment and education. Our daily occupations help create our roles, routines, purpose and sense of identity. An individual experiencing homelessness may find it difficult (due to their circumstances and health) to do what is important to them, achieve a balance of occupations or realize their true potential. Occupational therapists (OT) work with people to enhance their ability to engage in occupations that matter to them or by modifying the occupation or the environment to better support their needs (COT, 2011 and WFOT, 2012). St George's Crypt have been funded for one year to have an OT onsite to address the needs of their homeless population. Professional supervision was provided by a senior lecturer in Occupational Therapy at Leeds Beckett University. In spring 2016, Leeds Beckett University were commissioned to evaluate the effectiveness of the service and to gather learning for future service delivery and commissioning.

Anecdotal evidence and student research and observations, following a Role Emerging Placement at St George's Crypt, identified great demand for full-time OT provision with an emphasis on the emerging roles required of the OT, such as: advocacy, liaising with other healthcare professionals, and supporting clients to safely move on from the hostel situation.

In the Model of Human Occupation (MOHO), Kielhofner (Kielhofner, 2002) describes becoming homeless as an example of 'catastrophic change' which will 'dramatically alter one's occupational life situation'. According to this theory, it is critical to therefore begin to rebuild individuals' 'occupational identity'. Chard noted that the Occupational Therapist has a key role in supporting this reconstruction of an individual's identity in a homeless shelter environment as 'the effects of substance abuse, mental illness, domestic violence and low self-esteem are prevalent' which can prevent their engagement in meaningful occupation (Chard et al, 2009).

Trysenaar et al (1999) see the presence of OTs in homeless shelters as an extension of their traditional role in supporting people to overcome barriers to participation in society, although there needs to be a strong understanding of the specific needs and barriers that the homeless population face. Indeed, Grandisson et al (2009) put forward the case for OTs being based in the community as the bureaucracy and strict time limitations of traditional service provision are significant barriers for the homeless population to access services. In addition to this, from a productivity point of view, the OT would be able to see a higher number of clients if based in a community setting where homeless people congregate.

Further evidence for an intervention of this nature comes from a systematic review of occupational therapy interventions with homeless people (Thomas et al, 2011a) which identified four areas of occupational need in the homeless population – money management, coping skills, employment & education, and leisure activities. The review found a clear need for productive occupations in homeless populations and described Occupational Therapists' skills as being important in 'working toward the employment and educational goals of homeless clients.'

2: Methodology

2.1 Qualitative data collection and analysis

Semi-structured interviews were conducted (n = 11) with service users of St George's Crypt who had been referred into the Occupational Therapy Pilot Service. The Occupational Therapist invited clients to speak to the researcher and they were given the opportunity to self-select to participate in the evaluation.

An interview schedule was developed in line with the objectives of the evaluation and broadly covered the following key areas: how people became involved in the service; what support they received through the service; positives gained through the therapy; negative issues experienced; potential to develop/improve the service (see appendix A for the interview schedule).

Critical listening summaries were produced from the interviews, and thematic analysis was conducted which identified themes that answered the initial research questions. Themes were agreed by members of the research team.

In addition, five case studies were gathered by the OT based at the Crypt and shared with the consent of the service user. These professional reflections provided further insight into the service and the outcomes achieved with clients.

2.2 Quantitative analysis

The Occupational Therapist compiled data on demographic information, client history and occupational self-assessment measures (pre and post) which are gathered routinely as part of OT practice. The researchers received an anonymised aggregated report at the end of December 2016. The data were analysed using SPSS.

2.3 Research Ethics

The evaluation was given ethical approval through Leeds Beckett University ethics procedures after consultation with the Clinical Commissioning Group and NHS on research governance processes.

The following practices were adhered to to ensure ethical rigour:

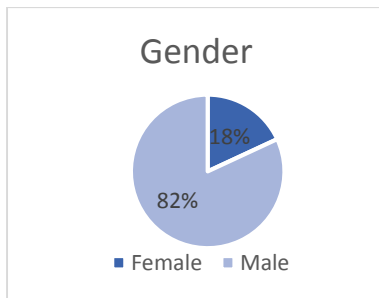
- Informed consent – written consent was obtained from all participants in the interviews;
- Right to withdraw at any time up to the point of analysis
- Confidentiality and anonymity – no personal identifying information has been used in the reporting the data;
- Secure information management – security was maintained through password protected university systems.

3: Service User Profile

From April 2016 to December 2016, 94 clients were referred to the Occupational Therapist at St George’s Crypt. The following charts illustrate the demographic characteristics of the clients who were referred to the pilot project.

The majority of the clients referred into the service were male (82%) and this is consistent with the proportion of general service users at St George’s Crypt.

Figure 1: Gender of the clients referred to the OT service



Figures 2 and 3 illustrate the age and ethnicity profile of those engaging in the OT service. Almost 60% of those accessing the service were aged between 26-45 years of age and the vast majority of clients described themselves as White British.

Figure 2: Age ranges of those referred into the OT service

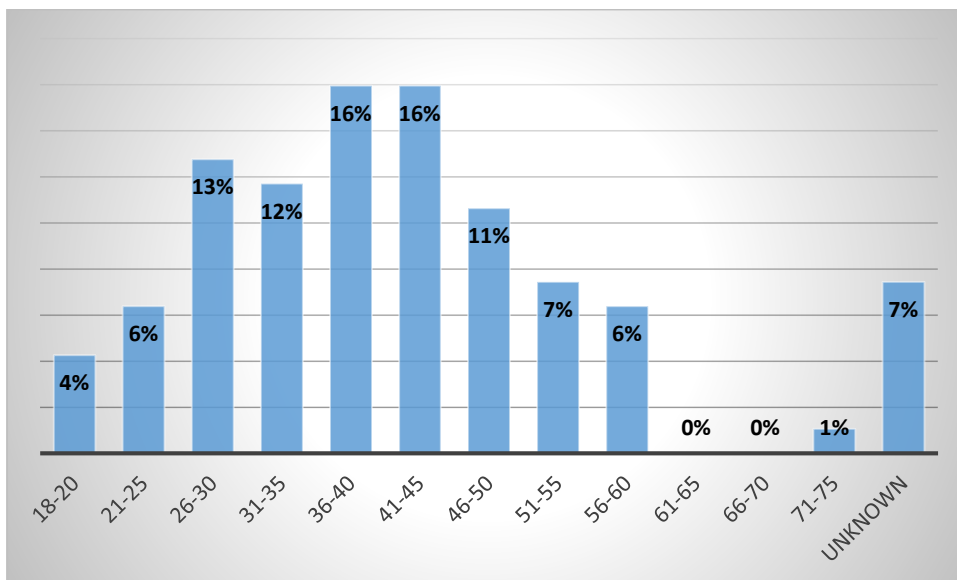
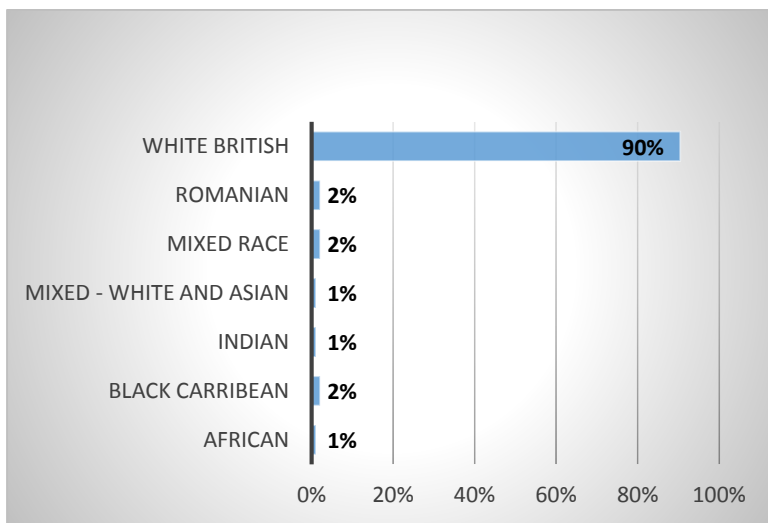
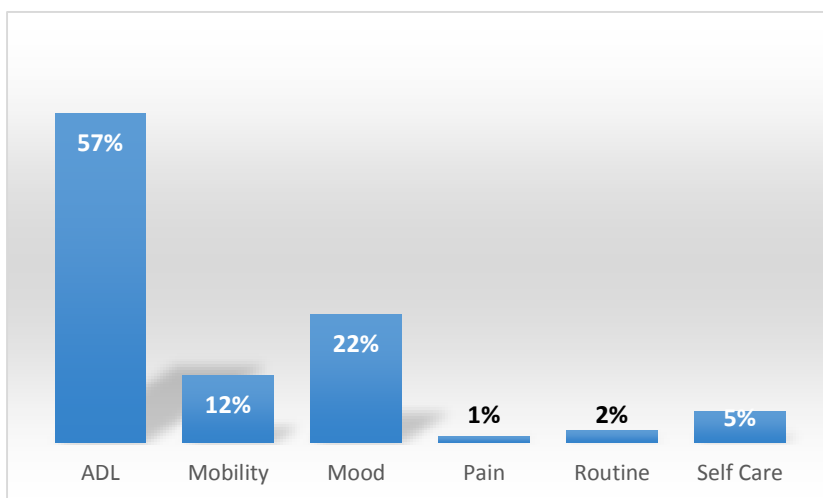


Figure 3: Ethnicity of clients referred into the OT service



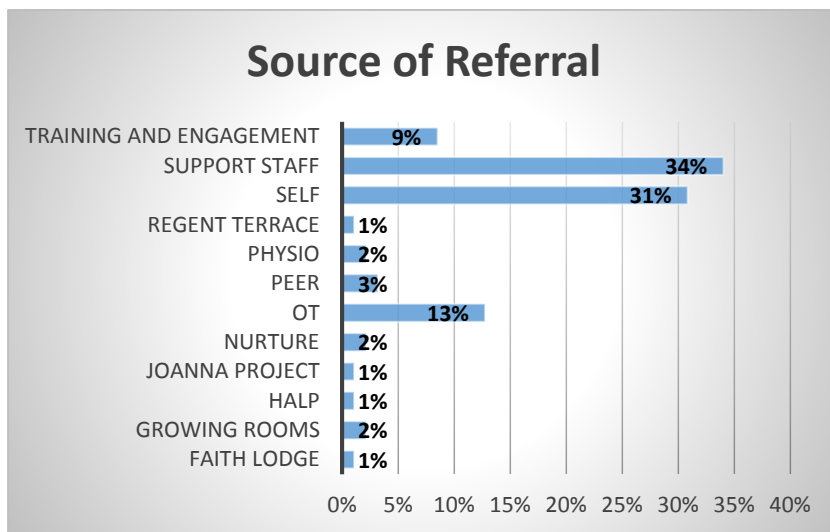
In over half of cases, clients were referred into the OT service as they required support with Activities of Daily Living (ADL). Almost a quarter (22%) were referred due to mood and others had difficulties with mobility, self-care, routine and pain (see Figure 4).

Figure 4: Reason for Referral



Over a third of referrals for the service came from support staff (34%) and almost a third (31%) were self-referrals (see Figure 5). The OT made 13% of the referrals into the service, following interaction with service users at St George's Crypt. The Training and Engagement team made 9% of referrals and the others came from a variety of projects connected to the Crypt.

Figure 5: Source of Referral



The most common diagnosis reported in clients (see table 3.1) was depression (31%), followed by anxiety (11%). There were 40 different diagnosed medical conditions in the client group, many having multiple diagnoses.

Table 3.1: Most common diagnoses

Diagnosis	Percentage of clients
Depression	31%
Anxiety	11%
Bipolar Disorder	7%
Stroke	6%
Personality Disorder	5%
Schizophrenia	5%

4: Quantitative Findings

A total of 94 clients were referred to the OT service. Of those, 8 did not attend any intervention sessions. The remaining 86 attended between 1 and 29 sessions with clients attending 3.2 sessions on average. Out of 355 sessions arranged for clients, 301 were attended, on 45 occasions the clients missed the sessions and 9 were declined.

4.1 Standardised Measures

The Occupational Therapist used two standardised tools to measure the health and wellbeing status of the clients at the initial assessment and again at discharge. EQ-5D (EuroQol, 1990) scores measure health in terms of five dimensions (5D): Mobility, Self-care, Usual activities (e.g. work, study, housework, family or leisure activities), Pain/Discomfort, and Anxiety/Depression. In this tool, a score of 1 means that the individual has no problems in that area and a score of 5 means they have severe problems.

Therapy Outcome Measures (TOMs) (Enderby and John, 2015) were also completed at first contact with the client as part of the initial assessment and repeated again at the point of discharge. The TOMs scales address four dimensions of an individual: Impairment, Activity, Participation, and Wellbeing.

- Impairment describes the severity of the presenting difficulty/condition. This domain does not look at functioning per se, but can show the impact of intervention on progress and reducing or maintaining the severity of the difficulty (score 0 – the most severe representation of this impairment, score 5 – no impairment).
- Activity looks at the impact of the difficulty on the individual's level of independence (score 0 – totally dependent/unable to function, score 5 – independent/able to function).
- Participation looks at levels of social engagement and autonomy in recreation, work, and education (score 0 – no autonomy, isolated, no social/family role, score 5 – integrated, valued, occupies appropriate role).
- Wellbeing refers to the levels of distress, anger, withdrawal, depression or ability to express emotions appropriately (score 0 – high and constant levels of the above, score 5 well-adjusted and able cope emotionally with most situations).

EQ5D, a self-report tool completed by the client, was used alongside TOMs, a tool completed by the professional, to allow both client and therapist perspectives to be measured pre- and post-intervention to track the effectiveness of the therapy. The measures are quick to administer which is useful when working with people who are often difficult to engage and who are generally discouraged by a lengthy assessment process (Bullock, 2014).

Wilcoxon Signed Rank tests were used to assess whether there was statistically significant change in EQ-5D & TOMs scores from initial assessment to discharge of clients who engaged with the pilot service. Analysis found a statistically significant improvement in scores between initial assessment and discharge for all the areas measured by both TOMS & EQ5D, see Tables 1 and 2.

Table 4.1: Statistical analysis of TOMs Scores

TOMS Impairment	Z = -2.98	P=.003
TOMS Activity	Z = -6.49	P<0.001
TOMS Participation	Z = -6.38	P<0.001
TOMS Wellbeing	Z = -2.87	P=.004

Table 4.2: Statistical analysis of EQ5D Scores

EQ5D Mobility	Z = -3.47	P= 0.001
EQ5D Self Care	Z = -2.86	P= 0.004
EQ5D Usual Activities	Z = -6.74	P<0.001
EQ5D Pain	Z = -2.68	P= 0.007
EQ5D Anxiety	Z = -4.12	P<0.001

Figure 6 show a decrease in the mean EQ-5D scores from the initial assessment to the point of discharge in all areas. A decrease in these scores means improvement for the clients.

Figure 6 Mean EQ-5D Initial and Discharge Scores

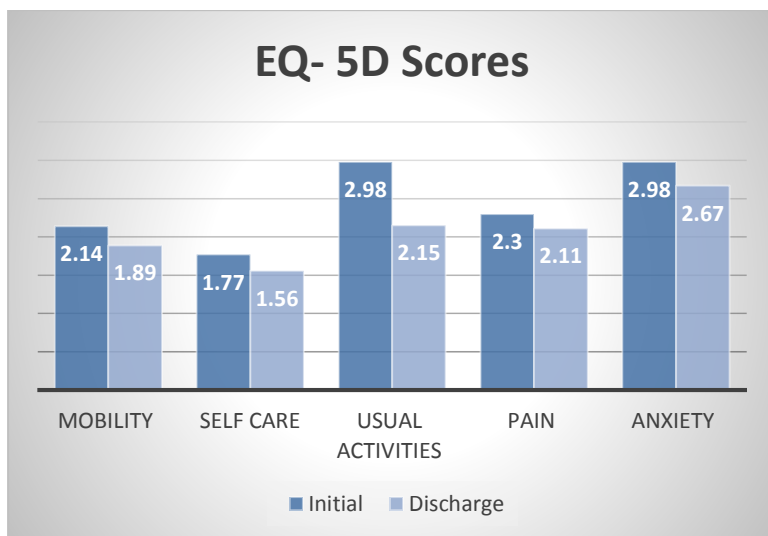
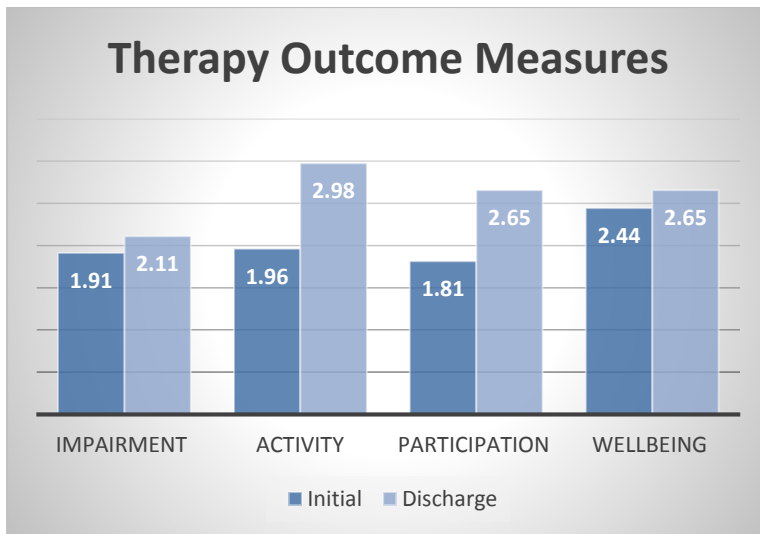


Figure 7 shows an increase in mean TOMs scores from the initial assessment to the point of discharge in all five dimensions. An increase in these scores means improvement for the clients.

Figure 7 Mean TOMs Initial and Discharge Scores



5: Client Perspective

5.1 Outcomes

This section reports the qualitative data gathered from clients. It illustrates several thematic areas relating to outcomes achieved as a result of engagement with the service and the factors that contribute to the success of the OT service.

Case Study 1

Marcus was referred to the OT service because he was finding it difficult to cope with moving from a group home to independent living and was at risk from giving up the tenancy and becoming homeless again.

He has learning difficulties and was struggling to manage activities such as shopping and cooking for himself. He was depressed and socially isolated.

The OT supported Marcus with education around budgeting, meal planning and basic food preparation. She also helped him to find local groups that would provide him with meaningful activity with the intention of working towards independence in attending them. Marcus joined an art group and by the third session he was able to travel on the bus independently using bus cue cards. Marcus will gradually increase his involvement in similar groups to bring further structure to his routine and allow him to integrate into the local community.

Marcus now feels able to cope at home and look after himself, reducing the likelihood of homelessness. He also has structured activities to look forward to throughout the week which have improved his mood and social integration.

Accessing the OT service at St George's Crypt meant that Marcus did not need a referral to the Community Learning Difficulty team, which would have led to having daily carers to support with meal preparation. His improved mental health also means he doesn't require support from the Community Mental Health team.

- **Meaningful Occupation**

The OT supported clients in a wide range of areas depending on their needs and interests. Table 5.1 shows a summary of the main areas in which clients were supported.

Table 5.1: Identified areas of need

Area of Need	Examples of Outcomes from OT Pilot
Access to courses	Literacy; Personal Training; Horticulture
Aids and adaptations for disabilities	Plate guard; Kettle tipper; Memory aids; Shower chair
Advocacy/accompanying clients to meetings	Benefits; Registration on courses; Health appointments
Hobbies/activities	Physical activity; Music; Creative pursuits
Improving function	Activities of Daily Living; Social; Self-care
Productive Occupation	Volunteering; Study; Physical activity;
Mental health	Anger management; Reducing social isolation; Increased self-esteem
Skills	IT skills; Cooking; Time management; Budgeting
Social	Attending social groups; Increasing social interaction; Reducing anti-social occupations

The population served by St George’s Crypt have a great need for meaningful occupation. The people interviewed talked of a lack structure and sense of purpose in their lives or, in a number of cases, they structured their day around negative behaviours that they would like to stop:

“Where would you be if you didn’t come here and do that? You’d be sat at home or, you know what I mean, drinking or summat like that and it just keeps you thingy, doesn’t it? Where you don’t wanna be in trouble, you don’t wanna be drinking cos you’re coming here.” [SU1]

Activities such as volunteering and educational courses, which the OT facilitated, help to fill clients’ time, with many reporting that they drink less and/or use their time more positively as a result. Courses can also help people back into employment and to get their lives back on track:

“I don’t drink as heavily as what I was through boredom [...] When I’m on my medication, my mood’s fine because I’ve got things to do, I’m kept busy. And if my mood is low, I’ve got someone to talk to that I can trust which is, which is amazing, I’ve never had that before.” [SU5]

“[the course will] keep me out of trouble and stuff so I can live a normal life.” [SU8]

Case Study 2

Jeremy lives at a homeless hostel. He has a longstanding history of substance misuse (cannabis and alcohol) and suffers from depression and anxiety. He has cognitive difficulties as a result of a brain injury sustained 20 years ago and also experiences difficulties with anger management.

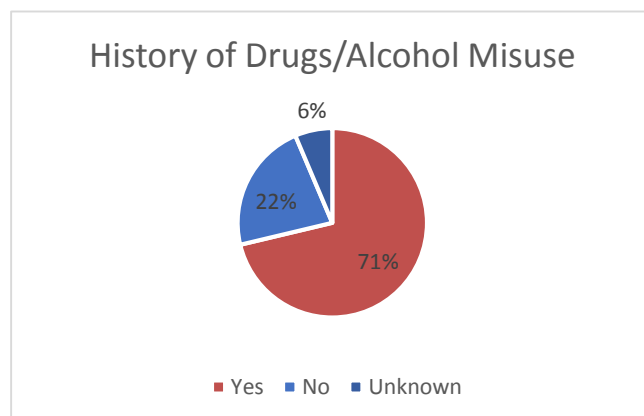
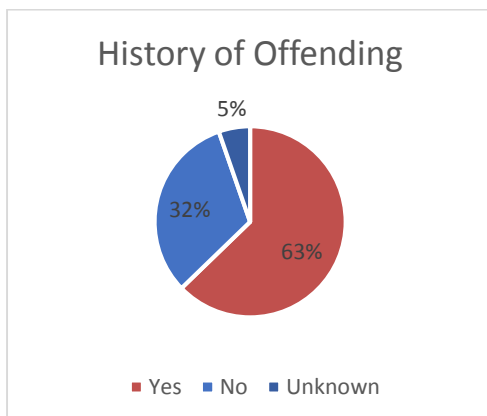
Jeremy used an interest checklist (Heasman & Salhotra, 2008) to choose a number of leisure activities that he wanted to be involved in, both inside and outside the hostel, such as using the Play Station, practising mindfulness, and playing golf.

Occupational Therapy has helped Jeremy to increase his social interaction and has promoted abstinence from substances as he is now engaged in a meaningful, pro-social routine which includes physical activity and visiting cafes. He reports that his quality of life has improved.

In Jeremy's own words: 'I have something to look forward to even though I'm sober'

Without this type of support it is highly likely that Jeremy would be socially isolated, and depressed due to a lack of meaningful routine. Based on previous experience, it is probable that he would return to using substances. The OT intervention also meant that he didn't need to access other services such as: Forward Leeds, Community Mental Health Team and the Brain Injury Rehabilitation Trust

The data collected on the clients using the OT service at St George's Crypt show that a high proportion have a history of offending (63%) and/or a history of substance misuse (71%). From the sample interviewed, clients spoke openly about wanting to move towards more meaningful and productive occupations and away from addictions and getting into trouble.



- **Confidence/Self-worth**

The support and expertise of the OT have helped to increase clients' confidence allowing them to make progress in the areas they identify as important. This theme came up repeatedly, whether clients were talking about signing up to a course, dealing with welfare bureaucracy or attending social groups for the first time. This is closely linked to advocacy and accompaniment as having a trusted professional who had faith in them and who could also be physically present to support them in difficult situations increased their self-esteem and confidence. Clients also attributed an increased sense of self-worth to the therapy they received through the OT service:

"It's given me confidence, you know [...] [the OT] is like the person who you can go to and, you know, instead of being messed about, she sorts it out for you." [SU1]

"When I was at a very, very low ebb, she helped me to see that things weren't as black and that I am a worthwhile person which I haven't felt for the majority of my life." [SU11]

- **Mental health**

Social interaction is an essential part of life and can have a huge impact on people's mental health. When asked what difference the service had made to them, clients frequently responded by explaining the difference it had made to their mental health, either as a result of socialising or having more occupation.

"Being able to get out [...] this year I'm not doing owt, but I'm still out every day, do socialising." [SU3]

"These things just keep my mind busy, then I don't think, like, down, I don't get down." [SU4]

"She just takes me out of the darkness with these things and, and helping me to improve my life in ways that I probably wouldn't be able to do on my own." [SU4]

5.2 Mechanisms of Success

There are many factors which clients identified as contributing to the success of an Occupational Therapy service in this environment.

- **Characteristics of the OT**

Almost all of the clients interviewed highlighted specific characteristics of the OT that contributed to the positive impact of the therapy sessions. The OT was described as nice, supportive, genuine, non-judgemental and approachable. For one interviewee, it was difficult to separate what were the qualities of a good OT and what were specific to this therapist. The 'quirky' nature of the OT and her approachability, or her down to Earth manner (as discussed in the communication section), also made clients feel at ease and able to open up to her more.

"Another good thing about her, she's always smiley, so you know, it's hard to stay depressed when you're around someone who's smiling." [SU4]

“It’s something that’s quite surprising as I don’t open up to people very easily [...] she’s so genuine, there’s nothing false about her [...] I found that [the OT] was very, very approachable, she’s very easy to talk to, she’s non-judgemental, she is such a lovely person to deal with.” [SU11]

Clients could see that the OT provided the stimulus to get people engaged in different activities that they didn’t do previously, in addition to their personal experience of the service:

“She gets people up doing all sorts that wouldn’t normally do anything [...] she gets them motivated.” [SU4]

- **Accompanying clients in new situations**

For a number of clients, the fact that the OT was available to go along with them to sign up for a course or to attend a social group was something that made a great difference to them. They described the barriers they had encountered, or potentially could encounter if they went alone, such as, feeling intimidated, lacking confidence and being scared. This was cited as one reason why some clients had not tried things before or why they had given up before they had really begun.

One client really appreciated that the therapist went with him to sign up to a Skills for Life course. Filling in forms is daunting for someone who has literacy difficulties (as you would expect), and other clients spoke about their anxiety when they had to go to enquire about things alone:

“Cos you have to fill in a load of forms but they don’t, like, help you there. So she came in and did all t’reading [...] and not just left me, cos it’s right scary when you don’t know what you’re doing, innit?” [SU1]

“I get tongue-tied a lot, me, I get anxiety, I suffer bad with anxiety, I panic, sometimes I feel like I’m put on t’spot. If I’m asked a question, I’m alright with it, but when there’s loads of them, I feel like I’m being interrogated and it just causes me to seize up a bit.” [SU9]

- **Advocacy**

Some clients also talked about the weight that the OT’s recommendation carried when supporting them to sign up for a course or making a referral. A number of clients had found that they were often not trusted or dismissed when trying to engage with services, some acknowledged that this was because they had not persevered with things in the past. The OT was able to vouch for them and they felt they were taken more seriously:

“With, like, [the OT] going in, it was like you weren’t going in to mess ‘em about, you know, and leave it [...] That [the OT] carries a, you know, like, a big name. If [the OT] took you, it means you’ll stay and get it done.” [SU1]

- **Flexibility**

People with complex needs of the kinds seen at St George’s Crypt often struggle to access services delivered in the rather rigid, traditional way. The service was praised for its flexibility, both in terms of when clients accessed it and also what they did during their sessions.

“Provision but not under the normal rules, if you know what I mean [...] It didn’t take a long time to access.” [SU6]

- **The therapy dog**

The clients spoke warmly of the registered Pets as Therapy dog (PAT), an added bonus to the OT service, which was found to be good therapy for clients. The dog was seen to bring a lot of happiness to people, particularly for those who have challenges with communication:

“There’s a lass with autism upstairs, loves this dog and it takes her from this other person she is normally.” [SU4]

- **Unique service provision**

There are areas of people’s lives that aren’t covered by the other types of support available at St George’s Crypt. Clients felt that they could approach the OT with any problems they were having, confident that she would be able to help directly or signpost them to the appropriate service:

“...and it’s good just to know you can go and ask, like, somebody like [the OT], you know, with owt, just even stupid problems, look, she can go, do you know, and look with you.” [SU1]

In most cases, people did not know what Occupational Therapy offered and therefore before the referral, they had no way of knowing that that was what they needed. The fact that the OT was mixing with the service users at St George’s Crypt on a daily basis meant that she could identify individuals that were in need of OT support and other members of staff could make immediate referrals:

“I didn’t know that I wanted an OT so I didn’t go to the doctor about it [...] If I hadn’t lived in the Crypt, I would never have found out even that I wanted OT.” [SU2]

All of the clients interviewed felt that they had benefited from this type of therapy and that it was different to previous support provided. One client reflected on the causes of homelessness, after having being surprised by the number of disabled people she had come across in the Crypt. Homelessness, of course, can be the cause of ill health and disability but in some cases, it is possible that being disabled is a significant contributory factor to a person becoming homeless (Thomas et al 2011b; Lloyd and Bassett, 2012; Parmenter et al, 2013):

“I think it depends on why people are ending up homeless, doesn’t it? [...] I wouldn’t be surprised if research revealed, because autism affects communication and trying to sort out housing when you are autistic is a ‘mare because you’re trying to deal with people you don’t know who want to make sure, just want to make sure you’re a safe bet basically and aren’t that bothered about you, and it’s not easy to do. I’m really very bad at it, which is an additional reason, I think, why I ended up in here for 2 weeks.” [SU2]

Another client described the tensions and difficulties for people with serious mental health problems accessing the appropriate services. Individuals have to be very unwell to be referred to mental health services, but they also have to be well enough to attend appointments at a specific time on a specific day. If a patient misses a certain number of appointments, they are often removed from the service and would need to be referred again from the GP. For this person, the flexible nature of OT provision at the Crypt meant that he could access the service when he was feeling up to it at a location where he was going to be for other reasons anyway, primarily to eat and be in company.

“It’s great to have these sort of things out in the community in places that people actually go to, rather than having it in a concrete place that only does that if you know what I mean [...] It’s a pity more services couldn’t be like that really.” [SU6]

- **Rapport building and professional consistency**

By having regular contact with the same healthcare professional, strong rapport is developed and trust is built up which means the clients are willing to try things that they may have found too overwhelming before. Rather than going to different people each time who don’t know the clients, the onsite OT can really get to know them and people felt understood on a more personal level.

“Do you know when you’ve seen her a couple of times, it isn’t like you’re going to different people, you know, she knows you, do you know what I mean, personally.” [SU1]

As the OT is based on site, she follows up to see if the person is carrying on with the activity on a regular basis. The follow up conversations might take place around the communal areas of the Crypt or in planned sessions:

*“And then every day when you see [the OT], she’ll ask you if you’ve been and talk to you about it, you know, and it makes you, you know, cos **you don’t want to let her down** cos she’s gone out of her way for you.” He added but *“not bullies you or owt!” [SU1]**

As part of the consistency, the sessions are something clients look forward to and can structure their week around. Many clients felt a real lift in mood associated with attending the OT sessions.

“Knowing that’s [the OT session] coming is good and having that is good.” [SU2]

- **Investment and Reciprocity**

Many clients felt a duty to continue with activities as they felt the OT was invested in them and they didn’t want to let her down. For some of the individuals interviewed, it was the first time they had experienced this level of investment and it was a great source of motivation to not abandon activities as they may have done in the past. This, in combination with being at the right point in their lives, meant that the clients could see real progress being made or at least the potential to progress.

*“Because I **don’t want to let [the OT] down**, so really I don’t want to let myself down, do I, if you think about it.” [SU4]*

*“**Just not wanting to let her down** and actually wanting to get on in life now.” [SU5]*

Another client described this as *“friendly accountability.”* She felt that seeing the OT regularly meant that: *“you can have an accountability without pressure.” [SU2]*

- **Communication**

The clients appreciated the friendly, informal way the therapist communicates with them. They compared her manner to other people they had come into contact with and found her to be less intimidating and easier to relate to. Clients expressed a great deal of respect for the OT as a

professional whose judgement they valued, but at the same time as someone who was able to talk to them as an equal.

“She talks down to, you know, down to earth to you ...like what you understand. Cos them other people [at the reading centre], they right big words and that, and you haven’t got a clue what they’re even saying to you.” [SU1]

“Some people speak to you like [...] headmistress demeanour, you know what I mean, and that gets you defences up a bit as well [but she’s] all round pleasant.” [SU9]

- **Environment**

Onsite provision

Many clients thought that the fact that this service was delivered at the Crypt was a key factor in its success. The Crypt is a safe space where the clients go on a regular basis and are therefore exposed to other services offered there. In addition to feeling secure at the Crypt, some clients had a very strong aversion to accessing OT support in a clinical setting and would not have even considered attending an OT clinic in a hospital, for example. It is not uncommon for the service users at the Crypt to have difficulty trusting new people based on previous experience and the fear of the unknown. The fact that they do feel safe at the Crypt makes this a good space to offer other services

“This is where everybody comes what needs help, isn’t it? Do you know what I mean? So what’s t’point in having her at t’other side of Leeds where, you might as well just keep her here, haven’t you? [...] I don’t know what they did without her!” [SU1]

“I wouldn’t have gone anywhere else other than the crypt [...] cos Crypt is close to me is the Crypt, you know what I mean, it’s been here since I was 16 so, I don’t know, it’s like a second home to me.” [SU7]

“if it was on the ward in t’hospital, don’t go to t’hospital, don’t go to t’hospital. So if someone wanted to see me at LGI, I wouldn’t go [...] I just don’t like it. I just don’t like it.” [SU3]

“I’m really weird about meeting new people. So if she hadn’t been based in [the manager’s] office and I hadn’t sort of met her on that basis, I’d have found it a bit hard to like just turn up and say like, well, I’m here. I’ve always had problems with meeting new people and trust.” [SU5]

“If you feel secure and you feel that somebody’s there to help you then yes, I would do that, but having said that, [...] you need some support from somebody that actually you recognise and you know, which is half the battle [...] but I wouldn’t go to the unknown, no.” [SU10]

As the OT is based at the Crypt full time, she is able to talk to service users informally in the communal areas and can approach people to suggest an assessment session if she feels there is need. This appeared to be a much more relaxed way for people to be introduced to Occupational Therapy than via a more traditional, formal referral route.

“She just popped up [...] she came and spoke to me.” [SU3]

“She came over to talk to me and see, see what’s going on and then told me that she can help me with certain things” [SU4]

A smaller number of clients would have accessed an OT service elsewhere but the Crypt was a convenient location and they trusted a referral from the staff there.

- **Developing the Service**

None of the clients interviewed identified any negative aspects of the service and very few thought the service could be improved. Several clients did make suggestions for how the service could be even better. The OT's role in supporting clients to access education was referred to a number of times and one client thought it would be helpful for her to have more information to work with from different institutions, and potentially direct links to colleges. Several clients felt that the only way the service could improve was to employ more Occupational Therapists so that more people could benefit from the service.

Another suggestion was for an individual office for the OT so that people could have more privacy:

"It's hard to sit down and talk about stuff unless the office is empty." [SU8]

6. Summary of the evidence

The broader evidence base suggests the value of occupational therapy services for the homeless population and yet, relatively little is known about the critical ingredients that make a successful and effective service. This evaluation of the OT service at St George's Crypt adds to existing understanding – complementing the evidence showing that OT services are effective in this population and highlighting mechanisms that foster success.

The scale of the service, operating with a single OT, should not be underplayed. Figures presented here show that over 350 OT sessions were organised for individuals who demonstrate particularly high levels of social and health inequalities. This suggests two things; first, a clear demand for the service and second, the ability to access a marginalised population that can otherwise be difficult to engage in traditional primary care or social services.

Although the evaluation was relatively small-scale and did not follow client outcomes longitudinally, the data does show statistically significant improvements in all domains that were measured. Broadly speaking, this illustrates that the service is improving people's health, well-being and occupational engagement. This data is extremely positive and promising and suggests further research to track individuals' outcomes would be highly beneficial to show the *true* impact. Qualitative data, gathered predominantly through interviews with clients, complemented the quantitative measures but added richness in terms of understanding social context and other improvements that may have been too nuanced to be picked-up by the EQ-5D and TOMs tools. For example, clients talked about how the service had bolstered their sense of self-worth and identity. Moreover, other interviewees discussed how they had become occupationally enriched as a result of engaging with the service.

The evaluation sought to determine the mechanisms that contributed to the successful outcomes with clients. This information we feel is particularly useful in relation to any future attempts to replicate or expand the service. Critically, the service was underpinned by an OT professional who engaged effectively with the client group. The OT's personal and interpersonal qualities were clearly a key factor contributing to success. Her willingness to build trusting relationships and to accompany individuals to services and appointments was a salient thematic category emerging from the data. Linked to this, the on-site service provision was highly beneficial in providing a service in a 'safe' and familiar environment, thereby reducing barriers to access. The increased accessibility of this type of service provision is highlighted by the fact that nearly a third of clients self-referred into the programme. While both of these issues are contextual in nature, it does indicate the importance of effective OT recruitment processes and the importance of place-based service delivery.

We have alluded to some of limitations of the evaluation, including the lack of opportunity to track outcomes with individuals longitudinally. Nonetheless, commissioners and decision-makers, based on the evidence gathered here, can be confident that the OT service at the Crypt has made a tangible difference to those clients that were referred. The data suggests that re-commissioning the service, should resources be available, would continue to show positive outcomes for this marginalised population. Indeed, expanding the service may be beneficial to support other individuals who require occupational enrichment and support.

References

- Bullock, A. (2014) Assessment and outcome measurement. In: Bryant, W. Fieldhouse, J. and Bannigan, K. (eds.) *Creek's occupational therapy and mental health* (fifth edition). Churchill Livingstone Elsevier.
- Chard, G. Faulkner, T. & Chugg, A. (2009) Exploring occupation and its meaning among homeless men. *British Journal of Occupational Therapy*, 73 (3) March, pp.116-124.
- College of Occupational Therapists (COT) (2011) *Definition of Occupational Therapy*. COT, London.
- Enderby, P. and John A. (2015) *Therapy outcome measures for rehabilitation professionals 3rd edition*. Guilford: J7R Press. Available from: <http://tinyurl.com/n7kzc2k> [Accessed on 19/01/17].
- EuroQol (1990) EQ-5D – a new facility for the measurement of health related quality of life. The EuroQol Group. *Health Policy*, 16, pp.199–208.
- Grandisson, M. Mitchell-Carvalho, M. Tang, V. & Korner-Bitensky. (2009) Occupational therapists' perception of their role with people who are homeless. *British Journal of Occupational therapy*, 71 (11) November, pp.491-498.
- Heasman, D. Salhotra, G. (2008) *Interest Checklist UK v6.1*. Available from: <http://www.cade.uic.edu/moho/productDetails.aspx?aid=39> [Accessed on: 30/08/16]
- Kielhofner, G. (2002) *The Model of Human Occupation*. First Edition. Illinois: Lippincott Williams and Wilkins.
- Lloyd, C. and Bassett, H. (2012) The role of occupational therapy in working with the homeless population: An assertive outreach approach. *New Zealand Journal of Occupational Therapy*, 59 (1), pp.18-23.
- Parmenter, V. Fieldhouse, J. and Barham, R. (2013) An Occupational Therapy Intervention Service to hostels for homeless people: an overview. *British Journal of Occupational Therapy*, 76 (5), pp.242-245.
- Thomas, Y. Gray, M. McGinty, S. (2011a) A systematic review of occupational therapy interventions with homeless people, *Occupational Therapy in Healthcare*, 25 (1) August, pp.38-53.
- Thomas, Y. Gray, M. McGinty, S. and Ebringer, S. (2011b) Homeless adults engagement in art: First steps towards identity, recovery and social inclusion. *Australian Occupational Therapy Journal*, 58 (6), pp.429-436.
- Tryssenaar, J. Jones, E. J. Lee, D. (1999) Occupational performance needs of a shelter population. *Canadian Journal of Occupational Therapy*. Oct 1999, Vol. 66 Issue 4, p188, 9 p.
- World Federation of Occupational therapists (WFOT) (2012) *Statement on occupational therapy* [online]. WFOT. Available from: <http://www.wfot.org/Portals/0/PDF/STATEMENT%20ON%20OCCUPATIONAL%20THERAPY%20300811.pdf> [Accessed on 24/02/17].

Appendix A

Interview Schedule

Can you describe how you become involved in the OT program at the Crypt?

What type of things did you do on the OT program at the Crypt?

How were you supported on the OT programme?

What are the positive things for you that have gained from the OT programme?

Was there any negative issues that you experienced while on the OT programme?

In what ways can the OT programme improve and develop?