FIGHTING FOR OCCUPATIONAL JUSTICE- A COMMUNITY DEVELOPMENT APPROACH TARGETING MULTI-CULTURAL POPULATIONS

Presented by Hannah Adewale
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To learn about a student experience on a role emerging placement working within a community development approach.

To see how this can link to wider occupational therapy approaches and models:
- Occupational justice
- Kawa river model

To discuss the sustainability of the project, and future occupational therapy work.
“Occupational therapy is the art of and science of enabling a *just* and *inclusive* society, so that *all* people may participate to their potential in the daily occupations of life” – Townsend and Polatakjo (2007)
• Disadvantage of traditional placements, predominant focus on enabling opportunities for clients who have suffered disease, illness or injury (Hammell 2008; Molineux and Baptise 2011; )

• Role emerging- presents opportunities to find alternative ways in which OT can contribute to its mission of enabling a just and inclusive society for all.

• Support the diversity of contemporary practice, and enable preparation of various roles post graduation (Fortune and McKinstry 2012).
Community based regeneration charity

Services a economically disadvantaged area

Social mode of health approach – enables populations who have suffered deprivation to re-build their communities

Developing an OT role within the service

Talked to SOAR staff and community group leaders – identified large BME population, who were not currently engaging with SOAR services

WHY NOT?

Visited several conversation clubs targeted at BME populations in the area to discuss needs
CLIENT GROUP IDENTIFIED

- Burngreave community – Area of high economic deprivation
- Large Black multi-ethnic community (BME)
- Area of Sheffield with a high proportion of refugees and immigrants
- Higher working class average compared to the national average
- 2012 census – self-reported health status of residents – below national average

**OT opportunity** – to re-focus practice to be more rooted in the modern day reality of the UK
GETTING TO KNOW THE COMMUNITY AND RESOURCES

OCCUPATIONAL THERAPY NEEDS ASSESSMENT

RESOURCES USED:

- Occupational role checklist – adapted due to language barriers (Oakley, Kielhofner and Barris 1985)
- Self-rating health questionnaire – adapted to include local health facilities
- Activity interest checklist

SKILLS USED

- Therapeutic use of self – adapting to community norms helped to gather more information – ZUMBA Class
- Advocating a role for OT
- Assertiveness
- Partnership working
- Problem solving
Mixture of physical and low-level mental health problems

- Physical pain, anxiety, and low mood

Environmental barriers - poor housing conditions

Resulted in increased health conditions - Respiratory

Poor engagement/access with local healthcare facilities

- A minority of the community members were unsure of how certain parts of the local health service was run -

Feelings of isolation and loneliness - feel they do not have much opportunity to meet new people apart from the same group they attend

Local activity groups sometimes did not meet community members needs - limited options

- E.g. women only swimming club

Locality development – Rothman and Tropman (1987)

Occupational therapy needs assessment

THE START OF A COMMUNITY DEVELOPMENT APPROACH
FACTORS BEYOND INDIVIDUAL CONTROL INFLUENCE HEALTH AND WELL-BEING

“Social (and built) environments can shape occupational choices” – Pollard, Sakellariou and Kronenberg (2009)

- Low economic status
- Poor housing conditions
- Social isolation
- Increased risk of mental health problems
- Increased risk of physical health problems
- Poor access to health care
- Less resilient community
- Environmental restrictions identified in the clients
- Low preventative health measures
- Increased risk of mental health problems
- Increased risk of physical health problems
## COMMUNITY DEVELOPMENT & INTERVENTION

### COMMUNITY DEVELOPMENT

- Healthy communities require community members to actively participate in addressing health concerns
- Organising and supporting community groups to identify health issues
- Community level responding to community identified priorities (noted in aims)
- Multi-layered approach that is occupational in nature – occupation based

### INTERVENTION AIMS

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<td>Decrease the risk of developing mild mental health problems such as anxiety and depression</td>
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<tr>
<td>Decrease the risk of developing physical health problems due to lack of information</td>
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<td>Decrease social isolation</td>
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<td>Strengthen community spirit</td>
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<td>Focus on integrating immigrants and refugees to Sheffield</td>
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<td>Increase awareness of health services available within Sheffield</td>
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<td>Help to build a stronger more self-reliant stronger community</td>
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THE OCCUPATIONAL THERAPY VALUE

Address occupational injustices
Factors that stand outside the control of the individual

Kronenberg and Pollard 2005- people experiencing disabling conditions

- Provide preventive support to help curb physical and mental health problems
- Help build community living skills

Why???
(Lauckner 2011)

- Enablement
- Empowerment
- Self – reliance skills

- Improved quality of life – health and well-being
- Stronger community
Pollard, Sakellariou and Kronenberg (2009) – Call for practice to be transported into new directions towards new occupational approaches

**Occupational science** - Looks at the way humans are occupied as beings, and the right of all people to participate in the daily occupations of life

**Occupational Justice** – Acknowledgement that as individuals or communities people require different occupational needs and strengths to enable them to contribute positively to their own well-being

**Occupational deprivation** – recognised that certain groups are marginalised within society and this prevents them from taking part in meaningful occupations
INTERVENTION

GET TO KNOW SHEFFIELD CULTURAL COMMUNITY GROUP

6 week closed group
1 session for 2 hours weekly

Educational programme/activity – based games, addressing the practical issues raised by the community

Aiming to teach the community how to become self-reliant in addressing these issues – leading to more engagement in occupations
INTERVENTION STRUCTURE

Week 1 – Local Sheffield life, dialect, council services and housing

- Cultural differences – Information about country of origin vs Sheffield specific knowledge.
- Yorkshire dialect - Teaching more regional words
- Learning about the local council services and what they offer – can be difficult to understand if not local
- Learning how to improve poor housing conditions, and the effects of this on health – damp and mould
INTERVENTION STRUCTURE

Week 2 - Reducing money on energy bills in UK homes

- Energy saving card game - each participant had a set of cards with electrical appliances found in UK households
- Guessed the amount of energy each appliance uses – compared this to home country
- Provided information of how to keep energy prices down and was given a booklet developed by me to take away
INTERVENTION STRUCTURE

Week 3 - Health services for you and your family

- Learning about local health services within the area
- How to sign up to health services, registering with GP, dentist etc.

- What type of services make up the UK health system e.g. the difference between a pharmacy and a NHS walk in centre - The most appropriate place to go for the problem
- Home – made cost effective remedies

- Discussed the role of the allied health professionals – Nurse, OT, Physiotherapist

similarities vs differences from home country
Week 4 - Sheffield landmarks

- Group members wanted to know more about the local area – places to go for day trips, or to take children.
- The areas of interest agreed prior to session – this allowed me to prepare local bus routes, cost of travel and activity and any discounts that could be applied
- Participants had to use information provided to plan how they would get there and how much it would cost
Week 5 - KAWA River model and goal setting

• Client group worked better with a more visual aid of assessing barriers and change.

• **KAWA river model** – Iwama (2003) occupational therapy model - framework

• Allows clients to view their life as a river. Aim to maximise the flow of the river through self-identifying barriers and thinking about how these can be solved.

• Works at community level – shared river

• **Rocks** – barriers – current life difficulties

• **Driftwood** – values and personality, can be good or bad

• **River walls** – environments, strengths and barriers

• **Spaces between** – life satisfaction.
Rock: Health was a rock due to not having enough information on health conditions – The group was a starting point to get him thinking of health conditions and services but would still like this to be improved.

Rock: When first came to the country felt lonely and isolated due to missing family, the group support has improved this

River wall: Happy his environment has now changed, liked coming to the group and having people to talk too, share cultural stories

River wall: Another environment change is the opportunity for him to come to a class and learn new things – left country of origin before able to complete education
Rock: English not being the first language is a difficulty when writing, spelling or speaking to new people. Group helped build on English level and skills but wants to improve and already taking ESOL classes.

Health: Ongoing life difficulty, poor housing condition such as cold and damp effecting health. Also unable to focus on personal health needs due to role of a Mother looking after children

River wall: Values her role as Mother and wants to get the best information and help to provide for her family

Rock: Cost of living was previously discussed as a rock, prices of things such as energy and food can be seen as a barrier when having a large family
Week 6 – Trip to the botanical gardens

- The last session included a visit to the landmark that the group had chosen within the landmark session.
- Clients walked around the botanical gardens - 5,000 species of plants within 19 acres of land.
- Some of the plants within the garden brought up memories from the group members' community of origin – created interesting discussions about memories from the past – connected the group.
Communities capacities strengthened

Lead to social change in the community

Improving the communities access to engage in occupations

Improved quality of life and health & well-being
“Nice environment to learn practical information”

“Good way to meet people with the same problems – I feel less lonely”

“This group has helped me to build confidence to change the bad things in my life”

“I enjoyed making my river poster and reflecting on life”
## Goal Setting for the Future

### Client A

- **Occupation: Study**
  Valued the opportunity of learning new information and to build upon his education skills. Cost of science courses too high, listed other educational options such as distance learning courses with smaller fees.

- **Occupation: Leisure**
  Used to be very active in home country but was unaware of physical education opportunities in the UK. Gave support to help fill out an activity Sheffield referral form. Once completed will speak to an advisor on physical activity services in Sheffield.

### Client B

- **Occupation: Leisure**
  Feels physical health needs are neglected due to family role. Would like to participate in more physical activity such as swimming sessions. Identified swimming session classes that fitted around family duty and located within area of living.

- **Occupation: Social Interaction and Communication**
  Would like to improve English skills, already attends ESOL classes but would like more services that offer informal friendly ways of improving English.

- **English My Way Centres**
Discussion with SOAR staff to handover resources and discuss how the project can be taken forward within the organisation in the future.

The project will be sustained through a creation of a resource book and folder for SOAR staff to use. This incorporates the aims of each session, the resources used and the feedback received.

Each client also received a resource book detailing the topics covered within the session and included future individual and goals set by the leader.

- Cost effective – Working with the community towards preventative issues will help reduce the likelihood of hospital admissions for problems that may develop later
QUESTIONS

THANK YOU FOR LISTENING

ANY QUESTIONS?
REFERENCES


