

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

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ENOTHE
- 2015

CONTENTS OF THE PRESENTATION

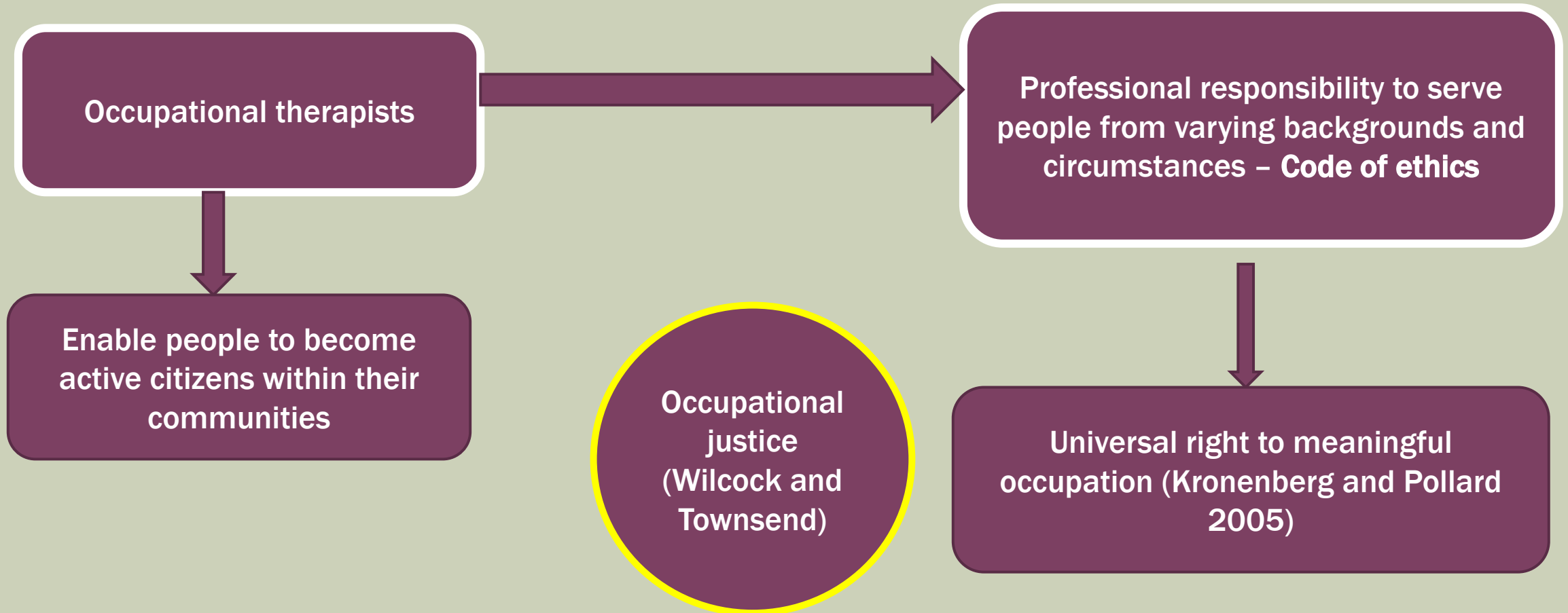
- To learn about a student experience on a role emerging placement working within a community development approach

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 Polatackjo (2007)



ROLE- EMERGING PLACEMENT



"Harmony Day (5475651018)" by
DIAC images - Harmony DayUploaded
by russavia.

- 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).

PLACEMENT AT SOAR

- 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

SOCIAL

ECONOMIC

ENVIRONMENTAL

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?

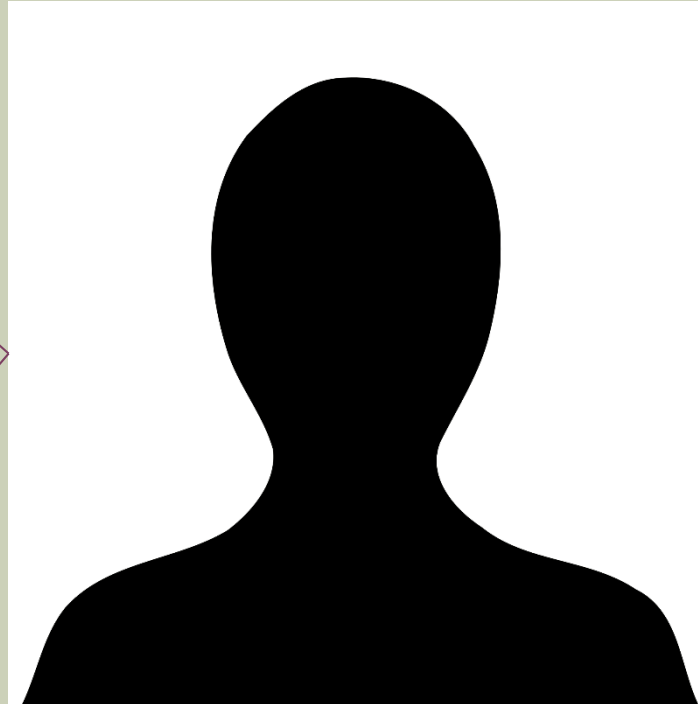


Visited several conversation clubs targeted at BME populations in the area to discuss needs

CLIENT GROUP IDENTIFIED

Burngreave
community – Area
of high economic
deprivation

Higher working
class average
compared to the
national average



2012 census – self-reported
health status of residents –
below national average

Large Black multi-
ethnic community
(BME)

Area of Sheffield with a
high proportion of
refugees and
immigrants

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

THE START OF A COMMUNITY DEVELOPMENT APPROACH

Locality development – Rothman and Tropman (1987)



Occupational therapy needs assessment

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 -

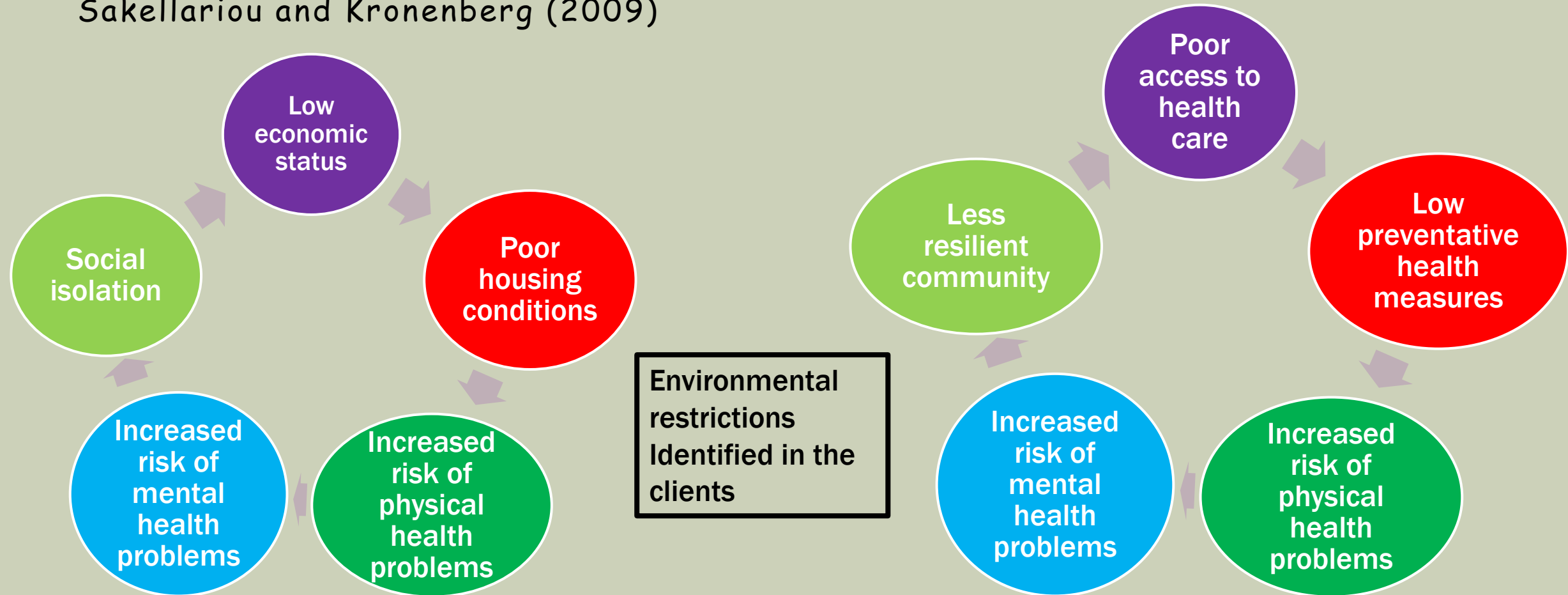


Local activity groups sometimes did not meet community members needs - limited options
E.g. women only swimming club

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

FACTORS BEYOND INDIVIDUAL CONTROL INFLUENCE HEALTH AND WELL-BEING

- "Social (and built) environments can shape occupational choices" - Pollard, Sakellariou and Kronenberg (2009)



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

Decrease the risk of developing mild mental health problems such as anxiety and depression

Decrease the risk of developing physical health problems due to lack of information

Decrease social isolation

Strengthen community spirit

Focus on integrating immigrants and refugees to Sheffield

Increase awareness of health services available within Sheffield

Help to build a stronger more self-reliant stronger community

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

Community



OCCUPATIONAL THEORIES THAT MATCH THE PROJECT

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 COMMUNITY GROUP!

EVERY MONDAY 10 - 12PM
@BURNGREAVE CHILDREN'S CENTRE

Join in fun activities that will help improve
you and your families' health and well- being!

Increase your self-esteem
Find out more about Sheffield life:
Healthcare system
Local council services
share stories and life experiences
REFRESHMENTS PROVIDED

Have you moved to
Sheffield from another
country? Feel like you
need to know more
about the services and
surroundings?



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

Get to know Sheffield better group

- Increase your self-esteem and independence
- Find out more about local Sheffield life
- Find out more about the Sheffield healthcare system
- Meet other cultures, share stories and experiences
- Through activities find out ways to improve you and your families well-being and quality of life

Have you
moved to
Sheffield from
another
country? Feel
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COME AND TAKE PART IN ACTIVITIES FOCUSING ON:

REDUCING CULTURAL SHOCK

- Learn the local dialect
- Learn local bus routes
- Learn about the local council
- Learn about local landmarks

HEALTHCARE

- Learn about the different types of healthcare in Britain.
- How to register with health services
- The most appropriate way to get help for a medical problem

CULTURAL IDENTITY

- Discuss previous skills you have and what you would now like to take part in.
- Share life stories and past experiences in a comfortable environment.
- Contribute to a creative piece of work based on your cultural identity.

Weekly class every Monday @ Burngreave children centre 10-12pm. If you are interested in attending or for more information: Hannah Adeyale OT student @ Soar : 0114 213 4065 email: gettoknowsheffield@gmail.com

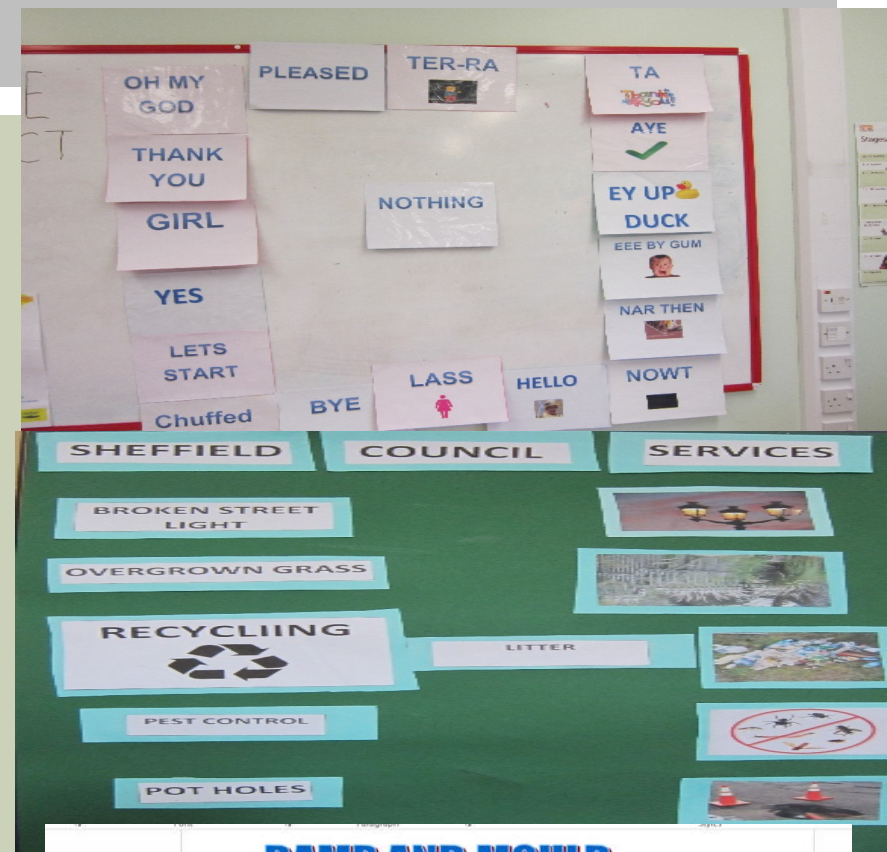
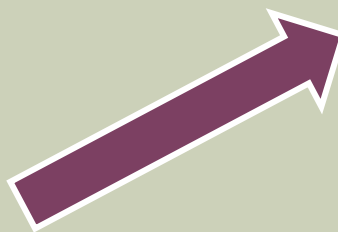
INTERVENTION STRUCTURE

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

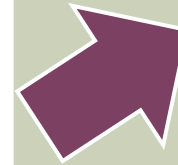








INTERVENTION STRUCTURE

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

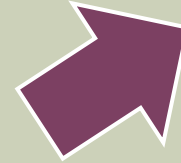


 <p>Hangover. Grazed knee. Sore throat. Cough.</p>	 <p>Unsure? Confused? Need help?</p>	 <p>Diarrhoea. Runny nose. Painful cough. Headache.</p>	 <p>Unwell. Vomiting. Ear pain. Back ache.</p>	 <p>If you cannot get to see your GP and it's not getting any better</p>	 <p>Choking. Chest pain. Severe bleeding. Blacking out.</p>
<p>Self-care</p> <p>A lot of illnesses or symptoms, such as coughs, colds, sore throats and upset stomachs and aches and pains can be treated in your home by using a well-stocked medicine cabinet and by getting plenty of rest.</p> <p>Some self-care essentials:</p> <p>Stock your medicine cabinet with: paracetamol, aspirin, ibuprofen, anti-diarrhoea medicine, re-hydration mixtures, indigestion remedies, plasters and a thermometer.</p> <p>For further information visit NHS Choices</p>	<p>NHS 111</p> <p>NHS 111 is a free to call service which will help you when you need to access medical and dental help fast but it is not an emergency. It is available 24 hours a day, 7 days a week to help you access local urgent health care services. Call 111 free from a landline or mobile.</p> <p>To access the NHS 111 service via telephone call 18001 111.</p>	<p>Pharmacist (Chemist)</p> <p>Your local pharmacist is a highly trained healthcare professional, and can give you advice on common illnesses and the medicines you need to treat them.</p> <p>Most now have a quiet area where you can speak to the pharmacist more privately and many are open during the evenings and weekends.</p> <p>To find your nearest pharmacy visit NHS Choices www.nhs.uk/service-search or call 111.</p>	<p>GP (Doctor)</p> <p>If you have an illness or injury that won't go away, make an appointment with your GP.</p> <p>They provide a range of services by appointment, including medical advice, examinations and prescriptions.</p> <p>For urgent GP out-of-hours just ring your GP's normal number.</p> <p>To find your local GP surgery opening times and out-of-hours service go to NHS Choices www.nhs.uk.</p>	<p>NHS Walk-in Services</p> <p>Walk-in services treat minor illnesses and injuries that do not need a visit to A&E.</p> <p>Sheffield's walk-in services are open 365 days a year. You do not need an appointment and will be seen by an experienced nurse or doctor.</p> <p>Sheffield NHS Walk-in Centre (adults and children) for minor illnesses and ailments. Broad Lane, Sheffield S1 3PB Open 8am - 10pm.</p> <p>Sheffield NHS Minor Injuries Unit (adults over 16 only) for less serious injuries, such as sprains, cuts and</p>	<p>A&E or 999</p> <p>Accident and emergency departments and the 999 ambulance service should only be used in a serious or life-threatening situation. A&E provides immediate emergency care for people who show the symptoms of serious illness or are badly injured. If you telephone 999 the telephone advisor may send a response vehicle to your location. Emergency services are very busy. They should only be used in very serious or life-threatening situations.</p> <p>In Sheffield there is an A&E for adults only (age 16+) at the Northern General</p>

INTERVENTION STRUCTURE

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



INTERVENTION STRUCTURE

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.



KAWA RIVER MODEL

HEALTH

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.

LONELY

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

Happy

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

Learning
new
things

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



KAWA RIVER MODEL

Language

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

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

Mother

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

Cost of living

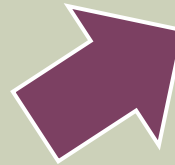
Rock: Cost of living was previously discussed as a rock, prices of things such as energy and food can be seen as a barrier when having a large family



INTERVENTION STRUCTURE

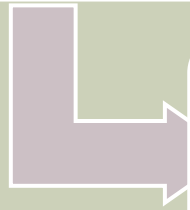
Week 6 – Trip to the botanical gardens

- 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



GROUP END GOALS

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

GROUP FEEDBACK

“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.

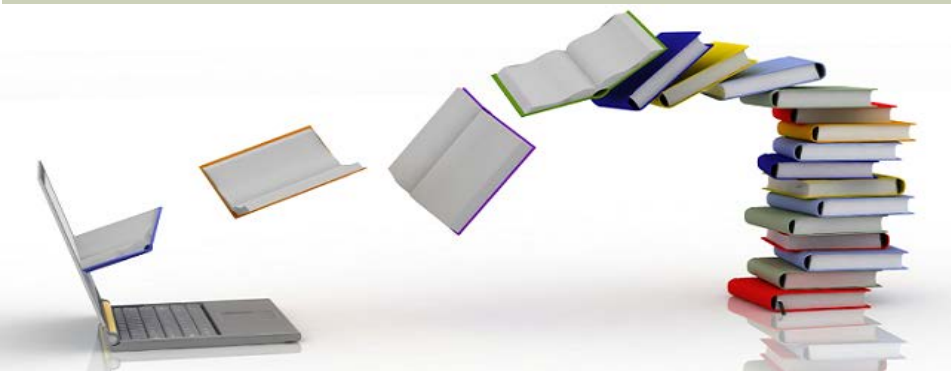
■ Occupation: social interaction and communication

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

SUSTAINABILITY

- 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?**



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