**Hayley Baker and Beth Newton, Occupational Therapists**

**Multi-Professional Homelessness Community Service**

**Introduction**

Hayley Baker, I'm the Team Lead Occupational Therapist for Cardiff Homeless Multidisciplinary Team and Beth Newton, I am a Band 5 Rotational Occupational Therapist working with the Homeless Multi-Disciplinary Team.

It is recognised that homelessness is a complex and persistent public health challenge and it can have a significant impact on individuals, communities, and families. When a person doesn't have a safe place to stay or accommodation, this is going to be detrimental to someone's overall well-being, so their physical, mental health and cognitive health could be impacted.

**Identifying a Service Need**

Welsh Government recognises that there needed to be a solution to change, so back in 2018 the Cardiff Homeless Strategy was developed that looked at the integrated approach to homelessness that involved public and third sector organisations coming together. We were introduced back in 2020 to a continuously expanding multidisciplinary team that consists of, to name a few, community psychiatric nurses, social workers, we have dieticians, general nurses, counsellors, prison in-reach workers and therapeutic outreach workers, which is all very exciting. It is a really exciting opportunity, it's really unique for occupational therapy to be working in this role, we are the first in Wales to be working within the homeless service, so it's a really exciting opportunity for us to be involved in it. It's a relatively new area of practice for us, and we're leading the way really in looking at what we can do with this group of people.

**Description of the Service**

The Homeless MDT (Multi-Disciplinary Team) is a 9-5 Monday to Friday service, we support people who access homelessness provision, so that's individuals who are accessing frontline hostels, semi-supported accommodations around the Cardiff area. As well as those living in hostels and living in support accommodation, we also support those who are rough sleeping. Some individuals could be entrenched rough sleepers or entrenched within the service, some individuals may well be quite new to the service and just are accessing our support and the MDT (Multi-Disciplinary Team) for the first time.

As occupational therapists, we use evidence-based practice to guide and support individuals. We use the model of human occupation that really helps us to understand a person, to explore that person's identity, look at their ability to meet their basic needs, what we call performance and functioning and any barriers that might impact on that. To do that we have a range of assessments that we draw upon within the model that guide us all based on clinical needs, what we're seeing and how the person is presenting.

I think that we're very well placed within the service because as professionals we assess people as a whole, we are assessing their physical, their mental, their cognition, and assessing their environment at the same time, so we are very well placed to make recommendations whether it be for suitable accommodation, or for ongoing support needs. We're really at the heart of a client's care. We use our full skill set so for example someone may have Parkinson's disease, our support and our interventions will be very different to somebody that we support who has a severe injury or a mental illness such as schizophrenia, so we see people with a range of needs not just a specific clinical need.

And it's how people become to be homeless. We get referrals from people who have been discharged from hospital quite suddenly without the appropriate support in the community and then we are referred to and we need to get out and see these individuals sooner rather than later so they can continue to function and meet their own needs as best as possible until the right support is offered. We see people who've left prison and we need to make sure that their journey back into society is one that they can adjust to at a pace that is suitable to them and it may be that they've got longer term mental health difficulties and therefore we need to refer to the right specialist services so they can get their needs met in a timely manner. The demand for the occupational therapy service has rapidly increased since we started.

**Impact of the Service**

The value of the support that we offer can be seen by our colleagues but most importantly the people that we serve. Word does spread quite quickly in this client group and that's definitely seen through the volume of referrals that we're getting. A big part of our role is the completion of environmental assessments and there you can see what an impact we're having with our clients and our service users. We are assessing them in their place of residence whether that is supportive accommodation or more frontline hostel. These environments are complex, chaotic, challenging places to be and those individuals who do have additional needs find it hard to become settled if not supported in the right way and a big part of our work is adapting the facilities they find themselves having to use that may be through the provision of aids or equipment.

Another aspect to our role is integrating people back into society and how we do that is by understanding how people want and choose to live their life. They may struggle because of a period of illness, mental health or cognition or physical difficulty but it's for us to try and make sure they can achieve optimal functioning and to do that we may look at their roles and responsibilities and try and get them to be fully integrated as they wish to.

There is a lot of societal stigma around homelessness and we're working really hard to break down those barriers whether it is that individuals are in homeless services or perhaps clients are using substances there's a lot of stigma around that so we're working hard to break down those barriers and to understand the person for who they are and the reasons for them being in those situations. We have people who are interested in getting back into work but may find themselves in a situation where they can't because physically, they're just too fatigued or they can't get about and may require the use of a wheelchair. We will do those prescriptions and we will liaise with the right service to get them back to a place where they feel they are contributing to society and to do that we are the best people to really break down their challenges and grade the activity so they're doing it at a pace that they're comfortable with but also they can see that there's longevity in what they set out to achieve. A lot of these individuals have traumatic backgrounds. They may have substance and alcohol use struggles and it's for us to understand who they are as humans really and to be able to support them the best we can so they feel a part of society. That's what they really want, is the ultimate goal isn't it?

Since we've started our neighbouring trusts have contacted us intrigued and wanting to know more about what we're offering and we've been able to share our data and off the back of that they've been able to gain funding and set up their own services within their local health boards which is really exciting to be leading the way. We recognise the need to make strong links and clear pathways with specialist services. Early intervention is key and if a person has long-term needs, we know that we need to get these individuals referred on as soon as possible so we can collaboratively work together. part of that might be us linking in with local CMHTs (Community Mental Health Teams) and completing joint assessments with clients so we can do some of the initial assessments and hand over to them or both work together with a client before they then move on from the homeless service and then are picked up by the CMHTs. We similarly work closely with our NHS colleagues in hospitals so if clients are getting discharged from hospital, we can make that process a lot smoother and work together to ensure that individuals are going into appropriate accommodation. We recognise that there's a need to continually review the service, the demographics of the clients and the needs of the clients are frequently changing and we need to make sure that we're homing in on the right areas of support.

**Benefits to Staff**

Thinking about the development of the service Beth is quite new to the role and been really actively encouraged and involved with the service development so whether that's looking at new assessments that can be drawn on so we are providing and understanding the client's occupational needs and understanding clients as best as we can, whether we're looking at new interventions and drawing on our evidence base and liaising with colleagues and other services to provide the best interventions for clients or whether we are developing and recording our outcomes and using the best evaluation tools we can to show the worth of our service.

But I think it's really exciting as a band 5 to be actively involved in that process and we're working together, the two of us, rather than just the team lead, leading the service and we are continually growing and developing. I think what's really important is we look at where we're best placed within the service, is it that we try and support the needs of those individuals accessing frontline services or do we look at trying to offer support to those that are in low level need hostels that are looking to move on to independent living. We are a very small resource so it's really important that we look at where we're best placed, is it that we try and meet the needs of people in frontline hostels or do we work with those that are in low level need placements that are ready to move on to independent living.

**Lessons Learned**

The biggest lesson is that no one day is the same, every day is different and the client group is continuously changing and the demographics of the client and it’s making sure that we meet those needs. We used to see a lot of younger individuals, now we see lots of over 75's and maybe that's because there's pressure to discharge people from hospitals but people end up in hospital for many reasons and a big part of that is because poor physical health or if they've lost a property, their own tenancy, their rented accommodation, all this has an impact on someone's emotional wellbeing that could lead to them being hospitalised and then when it comes to discharge, if there's no way to discharge these individuals, it's for us then to try and get in there and understand the situation and try and support them as best as we can.