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CAOT Column

Work: The linchpin to success for a street-involved man with multiple disabilities

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1. Introduction

Work is a highly valued and valuable form of occupation [1,2]. Despite having similar desire and motivation to work [3], participation is notably limited among certain groups, including people experiencing health and socioeconomic disparities [4,5]. For instance, Statistics Canada reports that in 2006, 46% of women and 56% of men with a disability were employed, versus 65% of women and 75% of men without disability [6]. In an American report, Burt and colleagues [7] found that only 44% of a sample of homeless adults had had some form of work in the past 30 days. Those who are both street-involved and have a disability face double the experience of stigma, impairment of skill or ability, and lack of fit with the built and institutional environment [3].

As a further obstacle to competitive employment, access to employment support is often lacking for those with both socioeconomic and health disabilities for a variety of reasons: providers and social networks may underestimate or ignore capacity to work [3]; providers and social networks may not appreciate the potential benefits of work to health and quality of life [3]; and support organizations may be ill-prepared to deliver often-required intensive, highly personalized, ongoing and comprehensive intervention [8].

On one hand, the consequences of exclusion from work can lead to occupational deprivation [9], especially in the context of general lack of access to occupational participation. Unemployment has a negative impact on health [10] through such factors as poverty, lack of structure, limited social capital, lack of purpose, lack of self-efficacy and an occupational vacuum that may be filled with a spectrum of harmful activities [11]. On the other hand, severe restriction in work opportunity may result in participation in survival productivity like pan-handing, bottle collecting, sex work or drug trading [7,12]. Here, a person may not experience all the above sequelea of occupational deprivation, but may additionally experience violence and injury, incur legal issues, and have higher risk of infectious disease, among other issues [12]. In addition, the experience of restriction or exclusion from work is often a barrier to future work participation [12].

The issues, challenges and potential benefits associated with engaging individuals with both health and social obstacles in work are illustrated through the case of a street-involved man with multiple disabilities.

2. Case history

John (a pseudonym) is a 50-year old male with a family and personal history of significant social issues: housing instability, illiteracy, poverty and reliance on

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Table 1

Obstacles	Trialed interventions	Results
Limited access to medical history and assessment of abilities	Request for medical records from various sources; collateral evidence from facilitators; coordination of health professionals and interpreter; OT assessment of function	Completed supported employment application
Misfit to eligibility requirements of supported employment agencies	Advocacy with all possible agencies; negotiation and support during assessment and trial period with best-fit agency	Extended trial deemed successful and put on wait-list to join agency's supported work program
Limited space in supported employment program	Access to vocational counseling for expedited placement with agency work program	Full-time supported employment placement dishwashing in a cafeteria

welfare, legal problems, substance use, and family relationship stress. John sustained numerous serious brain injuries beginning with an accident in early childhood that caused deafness, and continuing injuries into adulthood due to violence, alcohol abuse and malnutrition while homeless and street-involved.

John had spent the first part of his life with family or in group homes, and sometimes lived without shelter. He later lived independently, although precariously. He spent his days downtown panhandling and socializing with the public, doing odd jobs for street-front businesses, visiting the deaf society office, and drinking coffee and alcohol with other pan-handlers.

In spring of 2009, John was evicted from his apartment for causing a fire. His general function had decreased and he could no longer live alone. His family took him in to prevent adult protection involvement or a return to absolute homelessness due to his now-decreased level of functioning. This arrangement came to a crisis by fall of 2009, as John maintained his firmly-habituated routine downtown, linked to intoxication, disruptive behaviours, absences from home, and involvement with police and emergency health services. Additional issues with hygiene and interpersonal behaviours further jeopardized John's stay with family and severely limited other housing options. This complex situation demanded a multi-dimensional and collaborative approach that involved family, a community support agency, John's physician and an occupational therapist (OT) working in street health outreach. The latter was added to the team based on recognition of the potential contributions of a broadly-based, strength-focused approach to problem-solving.

The OT's involvement began with her learning about John and the people, environments and activities that comprised his day. Through observation, discussion, and relationship building with John and his support persons it became clear that although his current daily routine held serious problems, it also held important benefits: financial and social reward, purpose and a sense of productive identity. Moreover, John's routine was in line with his hardworking, energetic and friendly nature. An alternative option, supported employment, was identified as a goal in order to retain the positive, motivating elements of his routine, while eliminating unnecessary risks to housing security, health and quality of life.

3. Finding work

There were a number of obstacles to overcome and recruitment of further supports was in order. A supported employment agency and vocational counselor were brought on board to directly address vocational placement and ongoing support. Table 1 summarizes obstacles encountered in the placement process, and the interventions that brought them to successful resolution.

John started a work trial in Spring 2010 and by Summer 2010 had been offered a permanent position. He was excited and proud of his work and the experience had a remarkable impact: his family reported minimal drinking, that he would return home each evening, and there were no known incidences of police or emergency health services involvement. As a result, John's housing was secured with his family.

4. Keeping work

John's work placement, although a great accomplishment, came with complicated obstacles of its own. The job location required him to pass through the downtown environment (a strong distraction) and numerous issues related to John's habituated lifestyle, disability and family life interfered with consistent attendance at work. Behaviour changes that were achieved with significant investment by supports proved difficult to sustain. Further support persons were included in the collaborative efforts to promote John's work partici-

Table 2

Obstacles	Trialed interventions	Results
Transportation: Impaired novel route-finding; financial limitations; distraction of downtown en route to work; family issues prevent accompaniment; unsafe street-crossing	Peer accompaniment to familiarize him with the route to work; BIOT trained in use of bus route by fading cues (repetition, gestures & photo map) and later monitoring from a distance; bus-route alteration to avoid downtown; short-term accompaniment by OT or deaf society representative after periods of difficulty; payment of small, sustainable funds for family to drive him to work	Peer support successful for transition ($\sim$ 3 months); BIOT successful to achieve independence in a new bus route ($\sim$ 3 months); John regularly resumed street routine on route to work, with interventions intermittently successful in modifying this
Personal hygiene: Beard, clothes and body odour not adequate for presence in a commercial kitchen	Photographs of John in adequate and inadequate hygiene placed at home and work; picture-sign-word cards cuing sequence of hygiene for home; pragmatic problem-solving (e.g. storing clothes in smoke free room, having hygiene kit at work); daily positive reinforcement of good hygiene by supports	Cue cards were successful in the workplace but not utilized at home; guided problem-solving helped to rekindle hygiene after lapses; positive reinforcement helpful, but less impactful than being sent home from work with poor hygiene (which de-railed positive momentum)
Communication: John uses sign language and is minimally literate; John's family do not sign and are minimally literate; other support persons do not sign.	Printing of picture-sign-word cards for essentials at work (e.g. time to go home); sign language learning by non-family supports; interpreter at monthly meetings, home visits, and health appointments	Cue cards successful but not adequate for novel information, leading to misunderstandings that derailed positive momentum; workplace staff signing and use of interpretation very helpful
Eating: Financial limitations/food insecurity; forgetting/giving away lunches; requiring cues to prepare or eat food	Bringing lunches from home; buying lunches from work; eating free leftovers from work when available; making own sandwich at work; changing work hours to avoid meal time	When accompanied to work, brought own lunch; Free lunch inconsistent and purchased lunch unsustainable; changing work hours avoided issue, but as cue to eat required, may have remained an issue
Need for Incentives: Not associating monthly paycheck with work; misunderstood meager tips for wage; more money available by pan-handling than through work	Weekly honorarium during unpaid trial period; deaf society as trustee, releasing small amounts when visited; repeated explanation of tips; workplace perks of free coffee and leftover food; cigarette reserve at work (to prevent leaving work if had none)	Trusteeship essential, although John often sought monies in the morning, making him late or absent; workplace incentives successful in preventing leaving work early; tips eventually understood
Pain/physical disability: Impaired gait & pain due to osteoarthritis	Facilitating health appointments and problem-solving adherence strategies (e.g. use of topical pain agent due to fear of pills); promoting activity pacing/ rest at work; reducing daily hours of work	Limited impact due to very inconsistent treatment adherence and denial of pain or need for pacing/rest; pain occasionally prevents work attendance
Cognitive/behavioural disability: Impaired learning, problem-solving, orientation, comprehension, reasoning, inhibition and impulse control; paranoia and agitation	Calendar at work for orientation and attendance-tracking; use of repetition and consistency; errorless learning with reduced cues instruction; modifying environment versus John; collaboration among supports; reduction of caffeine and programming television to go off at night for sleep hygiene; positive reinforcement through signing, social reward and encouragement by facilitators; enlisting downtown café owners and deaf society to cue John to go to work if he is seen in the morning	All interventions consistently successful barring sleep hygiene promotion, which was not well received by John
Change: Family hospitalizations; family moving homes; overcrowding in home; variable influence of other panhandlers; change of seasons; change of coworkers; work equipment failure	Up to more than daily contact with John and his supports for collaborative problem-solving and trial intervention delivery	Short-term return to successful work routine following intensive effort by supports; new strategies often required; uncertainty regarding which of multimodal intervention(s) were effective

pation: therapeutic assistants, a behaviourist and social worker from a brain injury outreach team (BIOT); a street-involved peer; and workplace supervisors. A number of obstacles emerged over the course of John's employment, which are detailed in Table 2, along with the interventions trialed.

John's situation was a case of either positive or negative momentum – with more work attendance, both community and home life were successful; with less work attendance, John's job, home, and health were in jeopardy. Significant resources and, at times, daily coordination between facilitators, was required to

Table 3

John	John's family	John's community
– Broadened social network – Reduced exposure to harmful environments and violent trauma – Reduced alcohol abuse – Housing security – Skill development: Dishwashing, new busroutes – Improved financial wellbeing – Sense of pride and positive self-identity	– Reduced distress regarding John's welfare – Increased support in caregiving – Skill development: advocacy and communication with facilitators	– Reduced use of Police and Emergency Services – Improved capacity of supported employment agency in working with deaf and street-involved – Coordinated care between health, social and non-profit sectors – Improved knowledge of community resources

help John overcome the negative momentum caused by known or sometimes unidentifiable triggers. John's support persons also met monthly with John during times of positive momentum to collaboratively reinforce his success and identify and address potential negative momentum triggers. It seemed regardless of the issue, the best available solution was achieving consistent attendance at work, as this proved to be the most important variable leading to overall success.

5. Outcomes

John is a diligent worker who participated in supported employment with regular cycles of positive and negative momentum. His supports invested multiple resources to enable John's work involvement in hopes that a threshold of sustainability would be reached by John, his family, the deaf society and work staff, but this did not occur. As a result, John is no longer participating in the work program (or accessing work or BIOT supports associated with working). John's housing is again at risk and remaining supports are requesting group home placement in hopes of securing both housing and an eventual return to work. Whatever the outcome, many positive results did come of John's work participation at the individual, family, and community levels:

6. Conclusion

As demonstrated in John's case, work has incredible potential for impacting life in multiple domains, both directly (financial wellbeing, purpose, structure) and indirectly (substance use, housing security). To achieve work success, ongoing analysis of person, environment and occupation factors in all areas of life is important; looking only at work skills and environment is inadequate. Collaborative relationships between professional and naturally-occurring supports can improve the relevance and sustainability of interventions and allow for responsive contingency planning. Significant resources are required *on an ongoing basis* to support work when numerous health and social obstacles are present. In many cases, lack of resources may prevent access to the workforce for employable members of society. Professionals who encounter individuals with multiple disabilities are in a position to improve their work access and participation by promoting their individual potential and advocating for system-level changes to policy and organizations.

References

[1] N.A. Baker, K. Jacobs and L. Tickle-Degnen, A methodology for developing evidence about meaning in occupation: Exploring the meaning of working, *OTJR: Occupation, Participation and Health* **23** (2003), 57–66.

[2] Human Resources and Skills Development Canada. Indicators of Well Being in Canada (2011). Retrieved from http://www4.hrsdc.gc.ca/d.4m.1.3n@-eng.jsp?did=3.

[3] G. Shaheen and J. Rio. J. Recognizing Work as a Priority in Preventing or Ending Homelessness, *Journal of Primary Prevention* **28** (2007), 341–358.

[4] A.S. Harvey and W. Pentland, What do people do? in: *Introduction to Occupation – The Art and Science of Living*, C.H. Christiansen and E.A. Townsend, eds, Upper Saddle River, New Jersey: Prentice Hall, 2004, pp. 63–90

[5] P. Holland, B. Burström, M. Whitehead, F. Diderichsen, E. Dahl, B. Barr, L. Nylén, W.H. Chen, K. Thielen, K.A. van der Wel, S. Clayton and S. Uppal, How do macro-level contexts and policies affect the employment chances of chronically ill and disabled people? Part I: The impact of recession and deindustrialization, *International Journal of Health Services* **41**(3) (2011), 395–413.

[6] D. Galarneau and M. Radulescu, Employment among the disabled. Perspectives, Statistics Canada – Catalogue no. 75-001-X (2009). Retrieved from: http://www.statcan.gc.ca/pub/75-001-x/2009105/article/10865-eng.htm.

[7] M.R. Burt, L.Y. Aron, T. Douglas, J. Valente, E. Lee and B. Iwen, Homelessness: programs and the people they serve: Summary Report. Findings of the National Survey of Home-

less Assistance Providers and Clients. Urban Institute. August (1999). Retrieved from: http://www.urban.org/uploadedpdf/homelessness.pdf.

[8] J. Henderson-Frakes, Serving the homeless through the One-Stop system: a case study. A briefing paper prepared as part of the national evaluation of the implementation of WIA final report. Berkeley, CA: *Social Policy Research Associates* (2004). Retrieved from: http://www.nchv.org/docs/ FINAL-Homeless%20Paper.pdf.

[9] G. Whiteford, When People Cannot Participate: Occupational Deprivation, in: *Introduction to Occupation: The Art and Science of Living,* C. Christiansen and E. Townsend, eds, Upper Saddle River NJ: Prentice Hall, (2004), 221–242.

[10] S.H. Wilson and G.M. Walker, Unemployment and health: A Review, *Public Health* **107**(3) (1993), 153–162.

[11] K. Helbig and E. McKay, An exploration of addictive behaviours from an occupational perspective, *Journal of Occupational Science* **10**(30) (2003), 140–145.

[12] K. Ferguson, K. Bender, S. Thompson, B. Xie and D. Pollio, Correlates of street-survival behaviors in homeless young adults in four U.S. cities, *American Journal of Orthopsychiatry* **81**(3) (2011), 401–409.

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