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Title

Building social capital: therapeutic recreation for older people with experiences of homelessness, a PHR project

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Complex chronic diseases, including serious mental illness and substance dependence, contribute to marginalization and homelessness amongst older people; substance use harms and ill health are, in turn, exacerbated by homelessness and social exclusion. Mainstream aged care is ill-equipped to accommodate associated unpredictable behaviour, cognitive impairment and poor self-care. Harm reduction (HR) interventions seek to mitigate harms of ongoing substance use but focus is typically on substances: dosing, adherence, and compliance. Less attention is given to cultivating non-substance use interests and skills building.

Objective: we report on design, implementation, and evaluation of therapeutic recreation programming as part of harm reduction services for older people with experiences of homelessness (OPEH).

Study design and analysis: Community-based participatory health research (PHR) project, quantitative and qualitative evaluation.

Setting: "Harbour House" (pseudonym), 68-bed permanent supportive housing facility with integrated primary and social care, including harm reduction programming for OPEH, aged 55 years and older, unable to secure housing elsewhere.

Population studied: n=68 adults residing at Harbour House; average age 67.5; 20 female, 48 male; 87% with serious mental illness diagnosis; 85.5% use substances (tobacco, cannabis, &/or alcohol) and 16% use illicit substances.

Intervention: Residents co-designed recreation programs with recreation therapist and worker.

Outcome measures: Rates of participation, number and type of recreation goals identified (Leisure assessment inventory) and completed, Quality of Life (EQ-5D, EQ-VAS; WHOQOL-Age) at baseline and after 18 months), qualitative resident feedback.

Results: 61 (90%) residents participated in recreation programming. Residents identified 253 goals; social goals were the most popular, followed by physical and emotional goals. Individual EQ-5D domains worsened but EQ VAS and WHOQOL-Age scores increased. Residents described being less isolated, learning new skills and building a sense of connection with other residents.

Conclusions: Therapeutic recreation programming integrated with harm reduction housing and primary care, improved sense of social engagement and well-being for older people with experience of homelessness.