WHAT IS THE ROLE OF OCCUPATIONAL THERAPY WHEN WORKING WITH HOMELESS PEOPLE?

An Independent Study submitted in partial requirement for the Bachelor of Science Degree (with Honours) in Occupational Therapy

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Abstract:

Homelessness is a significant issue in both affluent and developing countries. Occupational therapists (OT’s) have identified that homeless people experience systematic deprivation from occupational engagement. This literature review aims to explore the role of occupational therapy with the homeless population and to gain an understanding of what service provision OT is employing in this area.

Initially 23 articles published between 2005 and 2015 were identified and critically appraised. Nine research papers were included in the final review. The key findings showed that homeless people face occupational deficits in the areas of self-care, productivity and leisure. A significant match between the needs of individuals and the unique skill set of occupational therapists was identified.

All nine articles demonstrated that OT has an appropriate role with homeless people in addressing their complex needs. There are currently few OT’s working with homeless people, those who do face many challenges. In order to overcome these challenges and fully realise the potential for OT in this area of practice there is a need for more research to be carried out and
for the topic of homelessness to be included within the OT curriculum.

**Acknowledgments:**

I would like to thank my supervisor Sue Griffiths for guiding me through the process of writing this dissertation. I would also like to thank my partner for ongoing emotional support and proof reading of this work.
Chapter 1 (Introduction)

1.0 Economic Impact of Homelessness:

Homelessness is a significant issue in both affluent and developing societies (Kellett and Moore, 2003) and has received growing attention in recent years due to steadily increasing numbers of homeless people and the associated social and economic costs (Lloyd and Bassett, 2012). Recently in many western countries this has been exacerbated by economic policies leading to a lack of affordable housing and decreasing government funding of health and social care providers (Marshall and Rosenberg, 2014, p. 331).

The latest figures from 2010-2011 show that English Local Authority expenditure on homelessness totalled almost £345m, including costs associated with the impact of homelessness on health care, social services and the criminal justice system (ONS, 2012). Estimated annual costs to government range from £24,000 - £30,000 per person (Department for Communities and Local Government, 2012, p.4), representing a significant economic and social burden for those who experience homelessness as well as the population in general (Marshall and Rosenberg, 2014, p.331). Homeless people face many social and economic barriers to full engagement in
meaningful occupations. They face exclusion from many aspects of life including employment, education, housing, social networks, and health care (Lloyd & Bassett, 2012, p. 19). Homelessness has a detrimental effect on both mental well-being and physical health (Wright & Tompkins, 2006, p.288). It has been recognized that homeless populations require support with meeting their complex needs; however in many healthcare systems they receive few health and social services (Grandisson, et al., 2009, p.491).

1.1 UK Policies and Government Initiatives:

A number of government policies have been published to address the issue of homelessness with the aim of improving the housing situation of those affected (Department for Government and Local Communities, 2011). In 2010 a cross-government working group was created to tackle the issue of rough sleeping and to improve the lives of homeless individuals (Department for Local Communities and Government, 2014). In 2011, the ministerial working group on preventing and tackling homelessness published the “Vision to end rough sleeping: No second night out”, with the aim of empowering local communities to act fast in helping people out of homelessness (Department for government and Local Communities, 2011). The government have also pledged financial support for some charity organizations working with homeless people such as St Mungo’s Broadway, Shelter and
Crisis UK, to help find stable accommodation for single homeless individuals (Department for Communities and Local Government, 2015).

1.2 Occupational Therapy Competences:

Occupational therapists have a holistic professional approach, which holds a belief that engagement in meaningful and purposeful occupation significantly contributes to good health and quality of life (Thomas, et al., 2011, p. 39). OT’s have a distinctive educational background aiming towards helping people with a broad spectrum of physical and mental challenges to be autonomous and able to participate in meaningful occupations (COT, 2010). Improving health, well-being and participation in occupations are some of the key concepts of occupational therapy practice. Occupational therapists work towards engaging and empowering people to participate in occupations, to fulfil their potential and participate in life in a meaningful and healthy way (Townsend and Polatajko, 2013).

Homelessness remains a relatively new area of practice for occupational therapists, therefore the role of OT in this sector is still emerging and developing (Grimer, 2006). OT’s acknowledge that ill mental and physical health in homeless individuals is linked with their reduced participation in purposeful occupations and lack of occupational balance (Heuchemer and Josephsson, 2006).
1.3 Justification:

The researcher gained first-hand experience of delivering OT interventions to help homeless people obtain important skills through university placement, and volunteering at a homeless charity. These experiences have greatly influenced the researcher’s interest in this area of practice. It is the researcher’s belief that OT interventions have the potential to be hugely beneficial to homeless people and yet OT appears to be undervalued and underused in this sector. A review of the literature will assist in gaining an understanding of the role of occupational therapy with this population. The researcher aims to identify the OT interventions, assessments and approaches currently used in the field, identify challenges to practice and areas for further development. The researcher will achieve this by identifying common themes from the research papers. After providing the reader with the findings, the methodology of each research article will be identified, described and critiqued.

1.4 Aim:

To explore the role of occupational therapy with the homeless population and to gain an understanding of what service provision OT is employing in this area to address the needs of homeless people.
1.5 Objectives:

- To understand the meaning of homelessness, who is affected by it and what are the occupational needs of homeless people.

- To explore the occupations of homeless people and occupational engagement barriers that homelessness might impose upon individuals.

- To examine what OT services are set up to meet the needs of homeless people and analyse the effectiveness of occupational therapy in the field of homelessness.
Chapter 2 (Process and Search Strategy)

Having established the aims and objectives, the methodology used to conduct this literature review will be presented.

2.0 Methodology and process:

A literature review was conducted in order to answer the research question. This method was identified as the most appropriate as it permits access to a broad body of knowledge (Averyard, 2014) allowing the researcher to draw together the limited research carried out on this topic. Undertaking the literature review required distinguishing relevant data in order to view the themes critically to create a discussion on the research topic (Williams, 2011, p.158). The literature review helped to identify the needs of homeless people and the numerous barriers to engagement which this population encounter. The review identified a number of interventions and strategies used by occupational therapists working with homeless people and the challenges that OT’s experience to practice (Thomas et al., 2011).
2.1 Choice of methodology:

A literature search and appraisal was conducted using a systematic approach to increase rigour and reduce bias (Aveyard, 2014, p.14). With large numbers of available journals, reviews provide an overview of research in a specific field, seeking to summarize and analyse available literature (Aveyard, 2014, p.4). Additionally new insights can be developed when reviewing all research (Aveyard, 2014, p.6).

A different method of data gathering could have taken place by undertaking primary research, for example, in the form of surveys either qualitative or quantitative, which allow data to be gathered when looking for information about larger groups of people or when searching for evidence about a particular intervention (Aveyard & Sharp, 2009, p.63). It could have been potentially beneficial to design and send a questionnaire to a group of occupational therapists working with homeless clients in order to generate data about assessments and interventions used in this area of practice as well as to gain therapists’ perspectives on their perceived role with this client group. However, the timeframe proposed for this research, would not allow the author to locate settings where OTs work with this client group, prepare and send questionnaires and then conduct a rigorous analysis of the collected data (Aveyard & Sharp, 2009, p.114). Additionally, the author, as an undergraduate student, would not have been granted
permission to access practitioners as a sample group by the ethical committee (UoNSoH, 2013). Therefore the literature review was conducted.

2.2 Search Strategy:

A comprehensive, systematic literature search of the following online databases was conducted: AMED, ASSIA, CINAHL plus, Cochrane library, PsycNET, PubMed Central and Medline (Taylor, 2006, p.22).

Databases were selected for their credibility, area of focus and association with health and social care and occupational therapy. Specialist, evidence-based, databases also include peer reviewed occupational therapy articles (Walliman, 2009).

A systematic electronic literature search was conducted to identify publications containing variables pertaining to homelessness and occupational therapy. The author included both variables in all the databases. Additional terms were then generated using synonyms and key words identified in table 1 and used in all possible combinations. Boolean searching operator, AND, OR and NOT were used to enhance the process of data selection in order to focus and limit the search (Taylor, 2006, p.26).
Table 1

<table>
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<tr>
<th>Homelessness</th>
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<tr>
<td>Homeless*</td>
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<td>Rough sleepers</td>
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Selected publications were read and their reference lists used to obtain further relevant data that may have been missed during the initial search (Aveyard, 2014). The search process continued until no new articles were revealed and when the same key articles were frequently found which indicates a well-focussed search strategy and shows that saturation has been reached (Aveyard, 2014, p.87).

2.3 Data selection:

Once initial publications were selected, the inclusion and exclusion criteria (table 2) were implemented to ensure the
quality of the journals in order to reduce bias and to identify the literature addressing the research question (Aveyard & Sharp, 2009, p.86). Originally only the most current literature, published within 5 years, was selected however this provided very few usable publications; therefore the search was extended to 10 years in order to obtain enough quality data.

Table 2

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<td>Peer reviewed</td>
<td>Policies</td>
</tr>
<tr>
<td>Published 2005-2015</td>
<td>Children and adolescent</td>
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<tr>
<td>Adult population</td>
<td>Women only</td>
</tr>
<tr>
<td>Published in English</td>
<td></td>
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<tr>
<td>Qualitative research</td>
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<td>Quantitative research</td>
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Through the process of the literature search 23 publications were initially selected as relevant for the study. Electronic and hard copies of all articles were acquired and read. To assist identifying the best quality literature a Venn diagram was employed (figure 1). Following Rudestam & Newton’s model (2007, p.70), journals with the highest number of variables were identified as key articles and those with one variable were selected to inform the background of the study.
2.4 Literature yield:

Nine papers were identified as most applicable from the data yield (see appendix 1).

Rudestam & Newton (2007, p.70)

2 =background literature
1=very relevant literature
2.5 Data analysis:

McMasters University qualitative and quantitative appraisal tools were used to critically appraise each article included in the systematic review in order to ensure the best evidence literature (Thomas, et al, 2011, p.41). The McMaster appraisal tools provided the author with a planned and systematic method of examining the data (see appendix 2) (Barras, 2005). In order to further analyse the data, a content analysis was employed to identify patterns and key findings within the articles (Ross, 2012). Next, the author evaluated the key findings of each study in relation to the research question and began grouping relevant themes together using coloured highlighters. Identified themes were explored in Chapter 4 of this study.
2.6 Resources and facilities:

The study was predominantly conducted by the author at home and the University library and required the following resources and facilities:

Dissertation supervisor

Academic librarian

Online databases

McMaster’s critical appraisal tools

Venn diagram

Laptop with internet access

2.7 Ethical consideration:

Due to the nature of this research no direct contact with clients was made, therefore approval of an ethical nature was not required (UoNSoH, 2013). Collected and analysed data was extracted from published articles, for that reason the consent
had already been given and confidentiality protected (UoNSoH, 2013).
Chapter 3 (Background)

3.0 Definitions of homelessness:

There is no simple definition of homelessness; it is a complex concept, embracing many types of unstable housing condition covering rough sleepers, immigrant workers, or victims of natural disasters (Wright & Tomkins, 2006, p. 286) as well as people escaping domestic abuse or experiencing a short term traumatic event (Grandisson et al., 2009, p.491). This multifaceted population is greatly diverse in terms of age, ethnicity, health status and sex (Grandisson et al., 2009, p.491).

Homelessness is defined differently in western societies and countries across the world (Thomas et al., 2011, p.38). Lloyd and Bassett (2012) suggest three categories of homelessness. Firstly, primary homeless, people without accommodation, who may be sleeping rough on the street, in cars or squatting in empty buildings. The secondary homeless move frequently between temporary shelters, using hostels, night shelters, or friends’ houses. Finally, tertiary homeless who live in boarding houses, single or shared rooms in the private sector on a medium or long term basis, often without secure tenancy rights and kitchen or bathroom facilities (Lloyd & Bassett, 2012, p.
While living in shanty towns and substandard shelters would be considered by some countries as adequately housed, others include the tertiary homelessness in the statistics (Thomas et al., 2011, p.38).

According to official UK figures, collected in 2014 and published in February 2015, it is estimated that 2,744 people are sleeping rough on any one night (ONS, 2015). This represents a 14% increase from the estimated number of rough sleepers in 2013 and 55% from 2010. In 2014 a total of 60,940 households were in temporary accommodation, such as hostels, local authority, housing association or other private sector accommodation (ONS, 2015).

Many people who become homeless do not show up in official figures. This is known as hidden homelessness. In a poll of 2,000 UK adults commissioned in December 2013, 32% of people questioned had experienced homelessness, suggesting that the problem is much larger than official statistics suggest (ONS, 2015).

### 3.1 Risk factors to homelessness:

Risk factors for homelessness include unemployment, poor education, debt, breakdown of relationships, being a victim of physical or sexual abuse, drug misuse, mental health problems, contact with the criminal justice system, lack of support networks, and death of a parent or institutionalisation in childhood (Wright & Tomkins, 2006, p. 290).
Homelessness can be an episodic, transitional or chronic occurrence (Herzberg et al., 2006) caused by various factors, such as personal, structural and environmental or societal conditions (Chapleau, 2010).

3.2 Basic needs of homeless people:

Depending on the level of homelessness, health care needs of homeless people vary. Those who are chronically homeless often need the greatest spectrum of services to help them meet the need for care and comfort, food, clothes, training and financial assistance as well as a desire to develop and maintain basic daily life skills. Other identified needs of this population relate to decreasing levels of emotional distress, increasing economic self-sufficiency and building supportive relationships (Grandisson et al., 2009, p.492).

3.3 Homelessness impact on health and well-being

Homelessness impacts directly on physical health and mental well-being. Homeless individuals, particularly those sleeping rough, lack the social determinants of health and wellness and as a result have a much higher rate of serious morbidity and premature mortality compared to the general population (Thomas, et al., 2011, p. 39, Gambatese et al., 2013, p. 139). Homeless people are prone to experience a range of health problems including infections, various skin conditions, physical
trauma, respiratory illness, and adverse effects of substance misuse as well as a range of mental health issues (Wright & Tomkins, 2006, p.288).

Homeless individuals have limited opportunities to engage in meaningful occupations, which negatively affects their health and well-being and hinder integration into wider society (Thomas, et al., 2011, p.39). While engaging in valued activities is closely linked with a sense of pleasure, personal growth, developing competence and life fulfilment, disruptions to meaningful occupation result in loss of life-meaning (Eakman, 2015, p.314) and contribute to ill health.

Homelessness has a detrimental effect on people’s health and well-being as research shows (Illman et al., 2013, Munoz et al., 2006 a, b) and homeless people are repeatedly deprived from occupational engagement (Thomas et al., 2011, p.39). Homelessness disrupts occupational plans and alters lives of those who experience it (Chard, et al., 2009, p.117,). Research suggests that engagement in meaningful occupation can be beneficial to homeless individuals in addressing the chaotic and transient nature of their lifestyles (Totten and Pratt, 2001, p.562).

For many homeless people engagement in meaningful occupations can be compromised by the more pressing need to engage in activities which satisfy their basic needs for survival such as acquiring food, shelter, and physical security (Illman et al., 2013, p. 218). A number of other factors including lack of expendable income, lack of leisure time and social stigma
(Chard et al., 2009, p. 121) may contribute to further excluding homeless people from suitable opportunities to engage in meaningful occupation. Hoffman (2010) discusses how occupational deprivation experienced by homeless individuals can lead to poor occupational identity through maladaptive behaviours.

Furthermore, even when opportunities are available, for example in the context of activities provided at a homeless shelter, the challenges of living in a shelter environment and individual factors such as low self-esteem, mental health difficulties or substance misuse, may all contribute to occupational deprivation (Hoffman, 2010). The social and fiscal reality associated with homelessness, draws special attention to identifying innovative approaches to interventions with this population at individual, community, and government levels (Marshall and Rosenberg, 2014, p.331). The main goal of occupational therapy is to maintain, restore or create congruence between the person’s abilities, the environment and the demands of the occupations in the areas of self-care, productivity and leisure (Creek, 2005, p.32).
3.4 Occupational Therapy

Improving health, wellness and participation in occupations is one of the core practice concepts of occupational therapy (Creek, 2003, p. 28). Occupational therapists are experts in recognising people’s rights, building collaborative relationships with their clients, engaging and empowering people to participate in activities that help to provide them with fulfilled, meaningful and healthy lives (Creek, 2003, p. 28). Occupational therapists utilise a uniquely broad range of skills which include assessment of needs, therapeutic use of activity, problem solving and measurement of outcomes (Creek, 2003, p.36) to enable individuals to achieve occupational balance and mastery of activities of daily living. In the context of working with homeless clients these skills can allow the occupational therapist to engage meaningfully at every step in the therapeutic journey, and to promote positive change in the personal, social and environmental components of the individual.

OT’s have identified a range of people within societies who are experiencing systematic deprivation from occupational engagement, among them homeless people have been recognized as one such group (Thomas, et al., 2011, p.39). Despite this, there is an unmet need for occupational therapists to work within the homeless community, and those who do face multiple challenges (Grandisson, et al., 2009).
With a focus on occupation, OT’s have a unique perspective of human development and function which has the potential to nurture the development of innovative approaches to improving the lives of people experiencing homelessness, and contribute to the development of preventative strategies addressing relapse (Thomas, et al., 2011, p.39).

In 2011 Thomas et al. completed a systematic review, examining seven quantitative research articles published between 1990 and 2007 which were focused on evaluating the effectiveness of OT interventions with homeless clients. The study can be criticised as from the seven reviewed journals only three attempted evaluation of the interventions. All the articles however provided some information on the occupational needs of individuals who experience homelessness. Thomas et al. systematic review (2011) also identifies lack of evidence supporting the effectiveness of occupational therapy programs carried out with homeless people and suggests that further research is required in this area.
Chapter 4 (Literature Review)

4.0 Themes:

This chapter presents the findings from the nine key articles selected. The data presented as very heterogeneous with regards to the rigour, methodology and the number of participants. Selected articles included an evaluation of occupational therapy services, surveys with open and closed questions, phenomenological accounts, one professional opinion and a sub-study to a larger randomized control trial (RCT) study. The number of participants varied from four to sixty five. From the key articles, critical appraisal and analysis process, three themes emerged relating to the occupational therapists and their potential role with the homeless population:

- Occupational needs of homeless people
- Meaningful occupations of homeless people and factors impacting upon engagement
- The role of occupational therapy with homeless people
Each individual theme will be examined and analysed, together with the key findings, in order to provide further or possibly new insights into this relatively new field of practice.

4.1 Occupational needs of homeless people:

Four reviewed articles revealed data pertaining to the occupational needs of people experiencing homelessness, providing a large body of information in areas including budgeting, employment, coping skills, and leisure skills.

4.1.1 Budgeting:

The budgeting, management and banking of money was identified as one of the occupational areas that needed addressing in the study conducted by Munoz et al. (2006 a). Absence of these skills is linked with severe poverty resulting from poor employment and substance misuse. The need for basic education and knowledge in money management was identified and addressed in Munoz et al. in a grant funded life skills programme called “Project Employ” developed in Pennsylvania, USA. This descriptive study examined the data from 65 participants using a screening interview and completion of the Canadian Occupational Performance Measure (COPM) within the first month of enrolment. Budgeting skills were identified as a sub-category of the productivity domain.
and classified by 32% (n=21) of the participants as a prioritised problem. Although the findings of the study, suggesting that education was needed in the area of money management, was specific to the setting and geographical area, similar conclusions were drawn from other studies (Helfrich and Fogg, 2007) (4.1.4).

4.1.2 Employment:

A number of the reviewed studies are focusing on the effectiveness of occupational therapy in increasing employment opportunities through developing work or educational goals (Munoz et al., 2006 a; b) (4.3.1). Unemployment and lack of stable job prospects contribute to a shortfall in financial security resulting in inability to secure accommodation. Furthermore unemployment is linked with low status within society and impacts on future hopes and plans (Chard et al., 2009) (4.1.2). Ninety-four percent (n=61) of participants in the study conducted by Munoz et al. (2006 a) reported being unemployed on average for two years; however some had not been employed in over fifteen years (Munoz et al., 2006 a, p.140) suggesting that the problem was chronic in nature. One of the most common goals in the identified sample was to obtain full or part time employment. The majority of participants, who had previously been employed, had held low-waged positions and were mostly reliant on some form of
public assistance (Munoz et al., 2006 a, p.140). Lack of employment can be associated with lack of occupational roles and routines leading to occupational deprivation (Chad et al., 2009, p. 117). The qualitative study conducted by Chard et al. (2009) draws attention to the problem of not being able to engage in ordinary life occupations due to lack of financial security. The authors identified a sample of eight men recruited using posters in shelters and via a snowballing method in Alberta, Canada. The authors used unstructured interviews enhanced by the creation of visual photo-notebooks made by the eight participants to gather the data. Lack of money was discussed as a barrier to occupation and their daily routines were necessarily dominated by low cost activities with varying degrees of meaning. This manifested itself with individuals fulfilling their time with occupations which would be considered by society and most of the participants of the study as anti-social, such as searching through bins or picking up cigarette butts. Some participants were fully aware of the stigma correlated with this occupations suggesting for example that homeless people were always “dirty” because they go through bins (Chard et al., 2009, p.120). Although homeless men talked about securing employment, the study revealed that it was not always the most meaningful goal (Chard et al., 2009, p.121). This could be seen as a result of chronic homelessness and the fear of change. Despite making plans for the future, engagement in occupations which would enable them to move off the streets was not evident and not achievable without
significant support (Chard et al., 2009. p.123). Despite being rigorously conducted, it was a small-scale exploratory study of just one inner city homeless shelter in Canada, therefore the findings should not be generalised.

4.1.3 Emotional coping skills:

Interventions concentrating on increasing life skills were underpinning a study by Helfrich and Fogg (2007) where emotional coping-skills development focused on anger management, stress management as well as assertiveness skills, boundaries and personal safety (Helfrich and Fogg, 2007). Helfrich and Fogg (2007) implemented and evaluated the effectiveness of life skills interventions using the social learning theory and empowerment theory, incorporating six individual and six group sessions for 51 homeless participants with diagnosed mental health illness (Helfrich and Fogg, 2007 p.326). To analyse the data Helfrich and Fogg, an occupational therapist and a psychologist respectively, implemented post-intervention scores on the Practical Skill Test (PST) (Helfrich and Fogg, 2007) with 3 and 6 month follow-ups. The study showed that although the results are preliminary, the participants displayed improvement over time after the intervention was completed on the PST.

Munoz et al. indicates that high numbers of homeless people experience substance misuse issues and mental illness,
suggesting that coping skills interventions should be addressed by OT’s aiming to encourage sobriety and enhance mental health in a client-centred manner (Munoz et al., 2006 a).

4.1.4 Leisure Skills:

Surprisingly only around 10% (n=7) of participants identified the need for leisure activities as their prioritised goal in a study by Munoz et al. (2006 a). This could be due to the strict guidelines and routines of homeless shelters, leaving little time to engage in what would be perceived by the participants as meaningful occupations such as quiet time and enjoying life as identified by Chard et al. (2009). Also lack of money was perceived by the participants as a reason for not engaging in leisure activities. However, some of the homeless men discussed maintaining low-budget leisure activities, such as walking, sitting in the park or visiting horse stables. The same participants shared their frustrations for not being able to engage in leisure occupations which were meaningful to them; cooking, watching TV and travelling, and instead filling their empty hours with occupations perceived as anti-social (Chard et al., 2009, p.120).
4.2 Meaningful occupations of homeless people and factors impacting upon engagement:

Occupational engagement can be described as participating in occupation, becoming occupied or “involving oneself” (Polatajko and Townsend, 2013, p.230). Engaging in occupations allows opportunities for personal growth, development of self-worth, belonging and achieving meaning in one’s life (Eakman, 2015, p.314). The majority of the research discussed the importance of occupational engagement and what it means for homeless people, however, research shows that homelessness is itself a barrier to occupational participation in many areas (Munoz et al., 2006 a, b).

Of the ten studies analysed, all but one (Slatter et al., 2012) (4.2) discussed the factors which may cause barriers to meaningful occupation for homeless people. The most frequently discussed were the high rates of mental health difficulties and substance misuse. In all, eight of the ten papers discuss mental health and substance abuse as barriers to occupation and it is acknowledged that these two factors are often co-occurring as statistics show (Helfrich and Fogg, 2007). Homelessness and mental illness create a functional impairment resulting in an inability to learn and maintain basic life skills necessary to live independently (Helfrich and Fogg, 2007, p.314).
Six of the papers analysed mention high rates of chronic physical health problems and it was stated that homeless people have poorer access to healthcare provision due in part to administrative systems which require a permanent address (Grandisson et al., 2009, p.492) (4.3).

Several of the papers analysed discuss barriers to occupation in terms of the homeless person lacking something which most people would take for granted. For example Chard et al. (2009) and Helfrich & Fogg (2007) both highlight the lack of autonomy and meaningful choice experienced by homeless people who are subject to the rules and routines of the services they access and the sense of disconnection from decisions made about their health, wellbeing and occupations.

An example of this is found in an exploratory study by Slatter et al. (2012) in which the authors collected data from 26 participants recruited from free food venues, using semi-structured interviews, to investigate the value that homeless people give to animal companionship. The results show that strict shelter rules and housing policies prevent homeless people from maintaining pets (Slatter et al., 2012, p.382), excluding them from an important source of occupation and companionship.

This is congruent with findings from other research papers (Chard et al., 2009; Parmenter et al., 2013) (4.2) however must be viewed with caution as, although the data analysis was
rigorously presented, it covered only a small sample of one geographical area, and conclusive association between the investigated topics could not be made (Slatter et al., 2012, p.382).

Additionally, lack of expendable income to facilitate leisure (Chard et al., 2009), lack of transport to access employment opportunities (Munoz et al., 2006 b) and lack of security for personal belongings (Chard et al., 2009) may all contribute to the overall picture of occupational deprivation and limited opportunity for meaningful occupation.

While many of the barriers discussed could be described as external factors, acting on the person from the outside, it is noted that internal factors such as lack of motivation (Chard et al., 2009), fear of attempting new occupations (Munoz et al., 2006 b) and lack of insight into own occupational/vocational interests (Munoz et al., 2006 b) also play a part.

While it is clear that homelessness presents a complex network of factors contributing to occupational deprivation, homeless people do expend much time and energy seeking and engaging in occupations which, while often considered of low importance by wider society, serve an important purpose for those who engage in them. It is worth examining these occupations further in order to gain a greater understanding of the occupational strengths, deficits and priorities of homeless people.
Illman et al. (2013) (4.2) states, that the occupational priorities of homeless people are dominated by activities of basic self-care, resulting in a significant loss of productivity and engagement in leisure activity. For homeless people, activities associated with locating and securing food, clothing and shelter are necessary for survival and take up a great deal of time and energy (Illman et al., 2013, p.218). Often these activities may require engaging in criminal activities or risk taking (Chard et al., 2009, p.120).

For many homeless people substance use proves to be a major occupation (Chard et al., 2009, p.121). In order to fulfil their addictions some homeless people resort to theft, acts of violence or prostitution to acquire money (Illman, et al., 2013, p. 218).

For some homeless individuals many of the routines of day-to-day life are directed and determined by attendance at probation meetings, court appointments, or collection of methadone (Illman et al., 2013 p.219). Parmenter et al. suggest that it is often these crime or addiction orientated behaviours that form the core of homeless people’s daily routines and roles, and determine their social contacts (Parmenter et al., 2013, p.243). Parmenter, et al. (2013) published an evaluation of an OT service in Bristol, trialling over a 7 month period, an OT program in 11 different hostels, to explore the benefits of OT with this client group. The program provided an individual service for 16 clients, making further contact with 542 homeless individuals through group
work. Although the methods and data analysis were not mentioned in the study, the researcher identified online, a full report on this project, where all details were provided (Fieldhouse et al., 2011) enhancing the trustworthiness of the findings.

Both Chard et al. (2009) and Parmenter et al. (2013) conclude that the routines of homeless people often lack meaning and highlight the importance of developing meaningful daytime routines with this population.

Not all of the discussion relating to occupational engagement is devoted to these kinds of activities. In their study conducted in Toronto, Canada, Illman et al. (2013) discuss the nature of occupational engagement for homeless adults living with mental health conditions. Using a constant comparative method, the authors analysing data from sixty homeless people, found that this population engage in a variety of meaningful and enjoyable occupations. Some of the occupations were related to past hobbies or new activities discovered since becoming homeless. Those include art, creative therapy, music therapy, watching television, and reading as well as sport and socialising with friends (Illman et al., 2013, p.218).

This study shows findings obtained from an analysis of the qualitative data collected in a large multi-site Canadian project on homelessness called “At Home” (Illman et al., 2013, p.217).
Data from 60 homeless participants was collected and analysed using a mixed-methods approach utilising face-to-face questionnaires, administrated at baseline every three months subsequently for a follow up period of two years. Additionally, in-depth narrative interviews were conducted with a subset of participants approximately one to three months from enrolment. A random sampling process was conducted to ensure the trustworthiness of the findings (Illman et al., 2013, p.216).

**4.3 The role of occupational therapy with homeless people:**

A number of innovative programmes have been developed by OT in recent years in an attempt to meet the needs of the homeless population (Munoz *et al.*, 2006 a, b, Parmenter *et al.*, 2013) and support them with decreasing barriers to occupational and community engagement to enhance overall participation of this group in society (Munoz *et al.*, 2006 a, b). However with the structural and systemic barriers and the evidence that homeless people rarely access services, OT’s should explore their professional contribution to the homeless population (Grandisson *et al.*, 2009 p.492).

In a number of the research papers, references have been made to the potential role of OT with homeless people. Some of the articles explored the traditional role of OT with this
population while others investigated different aspects of roles emerging within this area.

Grandisson et al. (2009) carried out a qualitative study consisting of two survey modes; a self–administered questionnaire and a focus group, gathering data from 22 OT’s about their experiences of working with homeless people. The OT participants were working in either physical or mental health services in Montreal, Canada. Due to the small numbers of OT’s working with this clientele, the authors broaden inclusion/exclusion criteria to include OT who could potentially work with homeless clients (Grandisson et al., 2009, p.497). Six of the study participants attended the focus group and the following 16 completed the written questionnaire (Grandisson et al., 2009, p.493). Collected data was analysed using the content analysis procedure with all four study researchers ensuring trustworthiness of the data by reviewing each section of the analysis independently (Grandisson et al., 2009, p.493).

The findings imply that there is a pertinent and clear role for OT services with the homeless population, suggesting a good link between OT competencies and the needs of homeless people (Grandisson, et al., 2009). The participants identified that the role of OT is to support the clients with addressing their basic needs: including food, shelter, hygiene, security, mental health, physical health and housing needs (Grandisson, et al., 2009, p. 494).
Research papers suggest that OT services can be divided into four categories; social, practical, family support and support to maintain or restore self-identity through occupation (Munoz et al., 2006 a, b; Grandisson et al., 2009).

Social support linked with social inclusion and breaking isolation was identified as a need for homeless individuals; to be noticed, heard and treated as equal people to the rest of the society (Grandisson et al, 2009). This could be initiated for example through increased community development training or advocating as well as specific skills-training and encouraging engagement (Grandisson et al., 2009). Practical support was related to help with accessing resources, such as internet/telephone and support with seeking employment, as well as sign posting to appropriate services, budgeting and advocating (Helfrich and Fogg, 2007).

Family support related to maintaining healthier relationships with other family members (Chard et al., 2009, p.121), for example, through restoring contact with a child by assisting with access and encouraging parenting skills (Lloyd and Bassett, 2012, p.21) (4.3.2).

Occupational support linked to self-identity related to support in engaging in meaningful occupation and the need for homeless people to establish an occupational identity (Munoz et al., 2006 b, p.176).
4.3.1 Traditional Role of Occupational Therapy:

The traditional role of OT in this sector was analysed as typical to occupational therapy in the areas of assessment, therapy and research (Grandisson et al., 2009, p.494).

The majority of the research papers identified group work as a significant and valuable intervention traditionally used by OT’s. Harnessing psychosocial micro-environments through group work allows homeless people to see themselves differently and contemplate change (Parmenter et al., 2013 p. 244). Group work related to gaining and maintaining meaningful and productive occupation was identified as an important OT tool in a vocationally orientated program “Project Employ” (Munoz et al., 2006 b, p.171). Group work sessions were also utilised in a study by Helfrich and Fogg (2007). Using the psycho-educational approach, six 60 minute group sessions, were delivered to homeless individuals, which contributed to significantly improving their skills in the areas of self-care and safe community participation (Helfrich and Fogg, 2007, p.318).

Individual sessions were also identified and linked to the traditional role of OT, especially with regards to client-centred practice to meet unique individual needs (Grandisson et al., 2009, p.492). One-to-one work was offered to some homeless individuals in order to best suit their needs (Parmenter et al., 2013, p.242). Individual support was also offered as an intervention in Munoz et al. (2006 a, b) and in a study by
Helfrich and Fogg (2007) where the content of each individual session was chosen by the client to allow for individualized application of the group topics (Helfrich and Fogg, 2007, p.318).

However, one-to-one interventions were also implemented in the setting where the role of OT was initially misunderstood due to environmental limitations and staff attitude, therefore session time was used to assert professional boundaries with the clients (Parmenter et al., 2013, p.244).

Teaching specific skills was classified as part of the traditional role of OT, with the emphasis on vocational and pre-vocational skills training, used as an important intervention (Grandisson et al., 2009, p 494). “Project Employ” aimed to meet homeless individual’s employment needs by replacing competitive employment as a primary goal with productive role involvement in order to provide client-centred support for individuals and recognition of personal interests and preferences (Munoz et al., 2006 b, p. 170). In a study by Munoz et al. (2006 b) during one fiscal year, 35 participants enrolled on a Life Skills program. As a result of finishing the curriculum, 80% (n =28) of the participants found employment within 6 weeks of completing the program (Munoz et al., 2006 b, p.184). In order to be eligible Munoz et al. (2006) reports that all participants had to be engaged in relevant mental health or drug/alcohol treatment for at least 60 days prior to enrolling. When considered that mental illness and substance misuse are reported as significant issues within the homeless
population, it could be argued that the rigorous exclusion criteria used make the results of this program less impressive and limit its application. Although the study does not present their data handling and analysis process, in a further study by Munoz et al., (2006b), concerning the same project, data has been presented rigorously, therefore the findings can be considered to be valid.

Similarly the early findings of the Helfrich and Fogg study indicate the positive effects of OT interventions for assisting homeless people with mental health illness. Findings indicate that participants developed and retained life skills in the areas of self-care, budgeting, food management and safe community participation (Helfrich and Fogg, 2007, p.324). In the empowerment evaluation process 6 months after completing the modules, primary findings suggest that participants had retained skills acquired during the study (Helfrich and Fogg, 2007, p.324).

Some research papers discussed the activities designed to meet homeless individuals’ needs in the areas of problem solving (Illman et al., 2013), taking responsibility, anger management (Grandisson et al., 2009), self-esteem and assertiveness (Parmenter et al., 2012).

Parmenter et al. (2003) discussed the role of OT in relation to providing support with developing motivation (Parmenter et al., 2013, p. 243). The Model of Human Occupation (MOHO) (Kielhofner, 2008) guided OT’s in structuring their interventions
through 3 levels of motivation: exploration, competency and achievement (Parmenter et al., 2013, p.244). Reduced motivation proved to be one of the major barriers to OT interventions, preventing establishing goals and making positive changes (Parmenter et al., 2013). A number of participants in a study conducted by Grandisson et al. discussed the motivational role of OT’s in addressing addiction by facilitating feelings of satisfaction and pleasure from engaging in activities other than substance use (2009, p.494).

The enrolees of the “Project Employ” Life Skills programme were primarily in the early phase of their recovery. Therefore the early outcomes focused on developing a skill set and the occupational performance pattern, supporting involvement in productive roles (Munoz et al., 2006 b, p. 176).

4.3.2 Roles emerging:

The research papers analysed suggest that a more flexible and open minded approach is needed when working with the homeless population compared with other client groups in more established areas of traditional OT practice.

With regards to roles emerging a few different capacities were identified; the outreach worker, educator, advocate and case – manager (Grandisson et al., 2009; Lloyd and Bassett, 2012) (4.3.2).
Lloyd and Bassett (2012) carried out an evaluation of the OT service as a part of a Homeless Health Outreach Team in Queensland Australia, and identified that little research to guide practice is available for OT’s working in community teams such as assertive outreach teams. The authors recognised that the OT role in this outreach team was divided between generic tasks and tasks specific to the profession, for example, completing assessments to help clients identify and maintain meaningful occupational roles, but also supporting homeless people with finances and budgeting (Lloyd and Bassett 2012). This paper however needs to be viewed with caution, due to the lack of rigour and methods process not being reported.

Grandisson et al. (2009) proposed that the advocacy role should be prominent at a structural level and through education, not only to homeless people but also to staff and the general population in order to promote the rights, resources and health of homeless people. However it is also important to increase overall awareness and promote development for OT services in this area of practice (Grandisson et al., 2009, p. 495).

Participants in Grandisson et al. (2009) study identified that, through case management, OT’s could support homeless people in identifying houses that are compatible with their functional capacities and liaise between health and social services. Case manager/co-ordinator role was linked with
health promotion in order to encourage healthy habits and prevent disabilities.
Chapter 5 (Discussion)

5.0 Discussion:

This chapter will investigate and synthesize the findings from the literature review through discussion and drawing together the relevant conclusions. The author aimed to investigate the phenomenon of homelessness and explore the role of occupational therapy when working with this population by gaining an insight into what interventions and strategies are used by OT’s in this relatively new area of practice.

The ultimate aim was to understand the role of occupational therapy in the provision of services working with homeless people, in addressing the needs of this population and improving their health, well-being and occupational engagement.

The findings indicate that there is a significant match between the role-specific skills and abilities of OT and the identified needs of homeless people, however it is difficult to establish whether these skills and abilities are being directed and employed in such a manner as to meet these needs due to the lack of rigorous research, evidence and outcomes currently published on this area of practice. The occupational needs of homeless people as identified through the process of this
literature review are broadly congruent with those identified in the previous literature review conducted by Thomas et al. (2011) and indicates that homeless people have occupational needs relating to budgeting, employment, coping skills, and leisure skills. This suggests that OT interventions should be focussed on improving education and employment opportunities and addressing deficits in more general life skills for this client group.

The need for meaningful occupations was also outlined in this literature review. Chard et al. (2009) and Slatter et al. (2012) present the benefits that homeless people receive from engaging in purposeful occupations. Both studies analysed the variety of meaningful or even enjoyable occupations that homeless people participate in. The findings link to OT theory, highlighting the importance of OT’s using daily activities which are relevant and have meaning to people’s lives (Duncan, 2011, p.34). Grandisson et al. (2009) and Munoz et al. (2006 a, b) suggested the importance of productive occupations, therefore the vocational and pre-vocational skills training were a desired intervention and a potential role for OT’s.

An interesting finding from this literature review, not seen in the previous systematic review by Thomas et al. (2011), highlights the importance of occupations necessary for day to day survival of homeless people. Illman et al. (2013) and Chard et al. (2009) identified that occupations which promote safety from the threat of harm, for example, when sleeping on the streets were crucial. Lack of security has an impact on
homeless people’s sense of overall wellbeing (Illman et al., 2013, p.218). This is consistent with the theoretical underpinning of OT, which indicates that environment is an important determinant of occupational balance and imbalance affecting health and well-being (Backman, 2010, p.240), and suggests a possible focus for OT interventions with the homeless population.

Marshall and Rosenberg (2014) indicate that engaging in purposeful occupations can help to encourage a transition from homelessness to living in permanent accommodation. Engagement in occupations directed at keeping busy and passing time was also identified in this study, unlike in the previous systematic review. However these occupations proved to have a purpose and meaning to homeless individuals. Some of the occupations identified included walking around, sitting in the park, going to day centres, libraries, and drop in centres as well as searching through bins and picking up cigarette butts (Chard et al, 2009, p. 120).

Although OT’s have begun the task of assessing occupational engagement issues within the homeless population, the development of OT services in homeless shelters for individuals and groups experiencing occupational deprivation or marginalization can prove difficult. Gerlach (2015) suggests that a top-down flow of Western knowledge and power in occupational therapy might result in using models and practices that lack meaning for clients living in a different socio-economic context (Gerlach, 2015, p.3). Another issue to
implementing services can arise as a result of a misunderstanding of the role of OT by both the non-OT service employees and the client group themselves. Parmenter et al. (2013) suggested that the hostel residents perceived the role and approach of OT’s as different to other hostel staff members, which had a negative effect on the quality of inter-professional relationships and resulted in fewer OT referrals from the hostel workers.

The original aim of this research was to identify the role of OT with homeless people, however only one research paper, Grandisson et al. (2009), focussed explicitly on the potential role of OT with this population from the therapists’ point of view. Through exploring the traditional role and roles emerging the authors discussed specific interventions that OT’s apply when working with homeless people. In comparison with all service evaluations critiqued in this literature review (Parmenter et al., 2013; Lloyd and Bassett 2012) some similarities were identified, such as providing training for homeless people in independent living skills, supporting clients to overcome barriers to occupational and community engagement and addressing their basic needs.

The research papers identified that occupational therapy theory is crucial to providing structure to the therapist’s professional thinking when working with this population. Different models of practice and standardised assessments were used with this client group. Munoz et al. (2006 a, b) suggested that the Canadian Model of Occupational Performance (CMOP) can
facilitate a person-centred and culturally responsive frame of work especially with regards to developing interventions, Chard et al. (2007) also identified CMOP, as a tool to facilitate development of balanced and meaningful occupations. Alternatively, Parmenter et al. (2012) used MOHO (Kielhofner, 2008) to support the therapist’s professional thinking (Parmenter et al., 2012, p.243). Chard et al. (2009) identified a strong person-environment-occupation (PEO) connection in the lived experiences of homeless people. PEO was also identified in the Parmenter et al. (2012) service evaluation where the authors introduced physical and social environment factors into their activity analysis in order to promote psychosocial, enabling environments and encourage change (Parmenter et al., 2012, p.243).

Despite the established theoretical background and distinctive skills that OT’s are equipped with, the research papers highlight the lack of experience of working with this client group and there appears to be minimal research available on the topic of homelessness relating to occupational therapy. The researcher also identified that some of the articles obtained are lacking rigor and outcomes. This is congruent with Thomas et al. (2011) findings indicating that data available on the topic of homelessness utilize research methods which vary widely in quality and academic rigour, requiring discrimination between studies. This suggests the need for more rigorous and evidence based data (Thomas, et al., 2011, p.40).
Despite recognising their role and its value with marginalised groups, OT’s often feel unprepared to fulfil that role (Lauckner et al., 2006).

Lloyd and Bassett (2012) highlight the lack information to guide OT’s working within community teams for homeless people. Some respondents in a Grandisson et al. study (2009) suggested that as part of their traditional role, OT’s should consider becoming researchers into this topic in order to increase the awareness about the problems that homeless people face and to inform clinical roles.

5.1 Conclusion

It is evident from this literature review that there exists a significant congruence between the occupational needs of homeless people and the role-specific skills and professional values of occupational therapy. The OT perspective offers a person-centred and holistic outlook on the needs of homeless people which emphasises the complexity of the environment (Parmenter et al., 2013, p. 244).

Although this study aims to identify and explore the role of OT with homeless people, it has been evident that much of the research focuses on identifying the complex needs of homeless populations and the barriers that homeless people experience to occupational engagement and participation. Thomas et al.
(2009) report that the specific role of OT within services for homeless people is not identified (Thomas et al., 2011, p.48). Moreover, the lack of outcomes identified in this review could be correlated with the lack of occupational therapy service provision for homeless people.

Although limited, the research papers reviewed did offer some information on the role of OT with this client group, suggesting that both traditional occupational therapy and the roles emerging have a place in this area of practice. While Munoz et al. (2006, a, b) and Parmenter et al. (2013) proposed life skills development programmes and vocational rehabilitation, roles emerging including advocacy, intensive case management and outreach have also been identified (Grandisson et al., 2013, p.479).

However, the effectiveness of OT skills evident through the reported interventions appeared to be largely under-researched in this area of practice. There is an obligation for occupational therapists to evaluate the service provision offered to ensure the effectiveness and to promote the contribution of OT with this population (Herzberg et al., 2006).

It is important that future research should investigate the topic of homelessness as presented in the OT student curricula to ensure the growth of the profession in this domain (Grandisson et al, 2013, p.479). Additionally, research to identify homeless people’s experience of occupational therapy practice would be
of value to OT’s working with this client group in order to evaluate and improve existing services.

### 5.2 Recommendations:

The findings of this research confirm that there is a role for occupational therapy with the homeless population. OT values and beliefs match the complex needs of homeless individuals (Parmenter, et al., 2013, p243). Both traditional roles and roles emerging were identified as relevant to this area of practice.

Some findings indicate that few occupational therapists are currently working with homeless people (Grandisson et al., 2009). However, with the growing demand for OT’s to expand their professional interest beyond the traditional groups and settings, homelessness has been identified as a potential area of practice (Thomas, et al., 2011, p.39).

The small numbers of OT’s already working with this population face multiple challenges including:

1. Lack of OT services established for homeless people.
2. Lack of good quality and up-to-date research.
3. Lack of education to guide OT in this area of practice.
4. Lack of understanding of the OT role among shelter staff and outreach teams, as well as with homeless people themselves.
1) With the evidence suggesting that homeless people rarely access community based services (Grandisson et al., 2009, p.492) the researcher recommends that future OT services should be designed to encourage engagement and adopt a non-threatening approach.

2) The findings indicate that there is a lack of rigorous research evidence and outcomes currently published in this area of practice available for practitioners. It is important that occupational therapists themselves act as researchers on the topic of homelessness (Grandisson, 2009, p.494). This could include OT’s working in homeless shelters and in community outreach teams. Both qualitative and quantitative research would be beneficial to provide more insight into the area of occupational therapy and homelessness. Qualitative research in this area might provide more information on the role of OT with homeless individuals while future quantitative research can be used to evaluate the effectiveness of OT intervention in shelters as well as in the community.

3) The findings also indicate the need for OT education on homelessness in the undergraduate curriculum and continuing education for those already in the profession (Grandisson et al., 2009, p.492). The researcher suggests including studies on homelessness in undergraduate OT courses through structured lectures and practice placements.

4) Occupational therapists have potential to play a greater role when working with this group; however the findings reveal that
unfortunately, shelter workers are often unaware of the profession of OT and their enabling role in areas of self-care, productivity and leisure (Grandisson et al., 2009, p.492). Therefore the researcher suggests that developing relationships, building rapport and collaborative working with community outreach and shelter workers would be beneficial. Furthermore occupational therapists must advocate for and promote their services as well as educating homeless clients on the potential that occupational therapy has in addressing their complex needs.

Finally it has to be acknowledged that no research paper investigates the knowledge that homeless people have about the role of occupational therapy. The researcher recommends that future qualitative research should explore homeless people’s perspectives and experiences of occupational therapy.

5.3 Limitations:

When conducting this literature review it quickly became evident that there exists a lack of academic research in the area of occupational therapy intervention and practice with homelessness and homeless populations. This has resulted in a number of limitations which the researcher has identified.

Originally the researcher planned to include only phenomenological studies in this literature review. The rational
for this was that phenomenological data enables gathering people’s experiences and more in-depth information (Fortune *et al.*, 2013) therefore the researcher could potentially have been able to explore the topic more deeply. However, due to the limited number of relevant research articles available, the decision was made to also include other qualitative studies such as service evaluations. This added the further benefit of including studies containing outcome measures.

Similarly, the researcher had originally intended to include only research articles published in the last five years, but was required to extend inclusion to older material. Although the older material found was useful and informative, the result may be that the findings of the literature review are not as current as would have been desirable (Aveyard and Sharp, 2009, p.25).

In order to gather a wide spectrum of findings and good source of information, the researcher would choose to review ten to twelve research articles if this was possible, however only nine articles that met the inclusion/exclusion criteria were located. One of these articles has been identified as a professional opinion piece. This may have limited the variety of results and the inclusion of professional opinion, although informative, may result in some findings being biased, intentionally or otherwise.

Ideally the researcher would have preferred to use three variables in this study as the literature suggests that it is only
when a third connecting variable is introduced that a subject or area of enquiry becomes researchable (Rudenstam and Newton, 2015, p.12). When adding a third variable to homelessness and OT the researcher found an even greater lack of relevant publications. However, it is acknowledged that when research is qualitative, rather than quantitative, there is less focus on the relationship between variables and more on subject experience. (Rudenstam and Newton, 2015, p.12). Therefore the researcher opted to use two variables.

Finally, the researcher is a novice in conducting a literature review, and progressing with the study was at times a frustrating and difficult process, however the researcher was able to largely overcome this with the support of an experienced supervisor.

5.4 Reflections:

This section includes the reflection outcomes for this literature review conducted using Gibbs (1988) model of reflection.

Initially the researcher felt excited about the possibility of conducting autonomous research in this area of professional interest. Once the process began the researcher experienced considerable frustration with regards to defining the number of variables in relation to the number of publications available on the topic and the research question. Also the process of
conducting the literature review chapter proved difficult and if this process was repeated the researcher would have commence a lot more in-depth reading in preparation. Additionally, planning of the chapter more carefully beforehand, writing a bullet point plan would have been beneficial.

Finally the emotional impact that writing this project would have on the researcher was underestimated. Should this process be conducted again, the researcher would have planned coping strategies better, for example when experiencing emotional block (Rudestam and Newton, 2015, p.244) effecting researcher’s self-esteem. However, through the process of supervision the researcher was able to regain her perspective and restore self-belief that this project was achievable. Through the accomplishment of this study the researcher gained an extensive knowledge of the subject and developed a set of skills related to conducting research projects which can be utilised in the future.
References:


University of Northampton School of Ethics (2013) *Ethics code and procedures*. University of Northampton.


## Appendices:

### Appendix 1

<table>
<thead>
<tr>
<th>AUTHORS , YEAR</th>
<th>METHOD</th>
<th>SAMPLE</th>
<th>FINDINGS</th>
<th>THEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parmenter, V., Fieldhouse, J., Barham, R. 2012</td>
<td>Evaluation of the OT service over the period of 7 months.</td>
<td>Provision of individual service for 16 residents and further 542 contacts through the group work.</td>
<td>Developing psychosocial microenvironments can enable and promote self-efficiency and motivation for change. OT holistic approach is suitable to address complex needs of homeless people. Importance of multidisciplinary and interdisciplinary work across the agencies as sharing agendas.</td>
<td>Efficiency of OT Harnessing the PEO connection Developing motivation (difficulties with initiating change) Moho Service dynamics and their impact on service delivery</td>
</tr>
<tr>
<td>Marie Grandisson, Morag Mitchell – Carvalho, Victoria Tang, Nicolle Korner – Bitensky 2009</td>
<td>Qualitative design Focus group and postal survey consisting same questions as those presented to the focus group.</td>
<td>22 participants, Target sample – OT’s working in physical or mental health services and members of McGill University’s OT faculty – recruited during direct contact, informational posters and snowball sampling.</td>
<td>There is a need for OT’S to work with homeless, but it is challenging to do so, because of the structure and processes in health care. Leadership and advocacy must be developed through research, university curriculum and pilot initiatives that enable good practice.</td>
<td>Perceived needs of homeless people Potential role of Occupational therapists (role emerging / traditional roles) Perceived challenges and facilitators to implementing OT services Occupational therapy curriculum</td>
</tr>
<tr>
<td>Chard, G., Faulkner, T., Chugg , A. 2007</td>
<td>Qualitative study, phenomenological tradition, inductive, narrative analysis design based on two phases, unstructured interview and visual notebooks</td>
<td>8 men, sample recruited through posters in the shelter and also snowball sampling</td>
<td>Homeless found meaning through surroundings and in their daily lives, despite decreased opportunities for occupational engagement. Photographs can be a powerful tool enriching the findings.</td>
<td>Causes of homelessness Engagement in occupation The lived experience of homelessness, Keeping busy (meaningful occupations)</td>
</tr>
<tr>
<td>Slatter J., Lloyd, C. and King, R. 2012</td>
<td>Descriptive analysis was carried out through semi-structured interview (cross-sectional). Exploratory study.</td>
<td>Yes 26 participants, 19 of which male. Sample recruited mostly from food venues. The remaining interviews were completed at emergency accommodation shelters.</td>
<td>Looking after a pet seems to be a meaningful occupation. Participants experienced strong feelings of grief and loss after losing a pet. Pets were a source of emotional resilience. Study increased OT’s awareness of the important role that pets can play in homeless peoples’ lives.</td>
<td>Family and attachment theories – comfort and companionship Animals as social lubricants Barriers to caring for pets – accommodation and finances Animal companion - physical and mental health Animal companionship and homelessness Grief and loss Implications for practice – role of OT.</td>
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<tr>
<td>Ilman, S., Spencer, S., J. O’Campo P., and Kirsh B. 2013</td>
<td>Phenomenological and qualitative sub-study, a part of a bigger project – a randomized control trial where data was collected and analysed using mixed-methods approach, face to face questioners and in-depth narrative interviews</td>
<td>257 participants, adults, living in Toronto, Homeless and diagnosed with mental condition, random sampling process used to select 151 of which 60 gave consent to the interview. (24 were in intervention group, 24 in treatment as usual and 12 in “third arm” – ethno-racial minority. 24 – high needs group, 36 moderate group needs.</td>
<td>Occupations occur within the context of individual’s live and have to be discussed in the larger context, including factors such as housing, victimization, feelings about self, goals, freedom of choice, finances, and participation/isolation and substance use. This shape how individuals engage in occupations. Occupations are unique to the individual.</td>
<td>Occupations as enjoyment Occupations as survival and /or risk Occupations as passing time Occupations as self-management Homelessness and mental health Implications for practice Shelter restrictions - policies of the shelter.</td>
</tr>
<tr>
<td>Lloyd, C. and Bassett, H. 2012</td>
<td>A descriptive account, professional opinion about the role of OT in assertive outreach team.</td>
<td>None mentioned</td>
<td>OT’s need to be very clear about their skill and knowledge when working in community outreach team. Establishing the OT role was an ongoing challenge. OT’s play a key role in addressing the functional needs of homeless people and assisting them to take up meaningful occupational roles. Working in new fields of practice improves generic skills while utilising occupational therapy specific skills.</td>
<td>Traditional role of occupational therapy Homelessness impact on physical health The homeless health outreach team Occupational therapy role with the homeless people Occupational therapists in the outreach team.</td>
</tr>
<tr>
<td>Munoz, J., Garcia, T., Lisak, J., Reichenbach, D.</td>
<td>Descriptive account, retrospective evaluation of the OT service, designed to support homeless or formally homeless people with a desire to engage in vocational rehabilitation programme.</td>
<td>Must be 18, currently or ex-homeless motivated to work or maintain productive occupational role, engaged in mental health or drug/alcohol treatment programme if relevant. Male and Female.</td>
<td>Over 59% participants had problems in the self-care domain and 31% in productivity domain, an 10% in leisure domain. 612 problems were identified collectively by the participants 9.3% were high in importance COPM offered flexibility and was an effective tool in treatment planning.</td>
<td>COPM used to measure the perception of the performance and satisfaction with the performance. Self-perceived needs of the homeless were identified in the areas of self-care, productivity and leisure.</td>
</tr>
<tr>
<td>Munoz J., Dix S., Reichenbach D.</td>
<td>Descriptive, retrospective evaluation of the OT service “Project Employ”, designed to support homeless or formally homeless people with a desire to engage in vocational rehabilitation programme.</td>
<td>Must be 18, currently or ex-homeless motivated to work or maintain productive occupational role, engaged in mental health or drug/alcohol treatment programme if relevant. Male and Female.</td>
<td>Occupational therapists are well-equipped to provide services to homeless people, through person-centered interventions. Best practice interventions with this client group include promoting engagement, providing structured activities, facilitating trusting relationships, expectations for self-responsibility, limiting setting for destructive behaviors and positive reinforcement.</td>
<td>Client-centred practice, Developing relationship, Intensive engagement, client coordination, Self-responsibility, Positive reinforcement, COPM, Skill teaching</td>
</tr>
<tr>
<td>Christine A Helfrich, Louis F. Fogg</td>
<td>A longitudinal design with variable to exposure to a novel life skill intervention, February 2005 – April 2006. 51 homeless adults with diagnosed mental illness who live in vulnerable housing, base line measures with intervention, and 3 and 6 months follow up measures; comparisons were made to examine effectiveness between the modules.</td>
<td>OT interventions assist homeless people with mental illness to develop and maintain life skills in the areas of room and self-care, food management, money management, and safe community participation. Participants were able to retain the skills acquired during the intervention.</td>
<td>Homelessness and mental health versus functional impairments, Medical concerns, Life skills interventions – programme implementation, Empowerment theory, Situated learning</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2

Critical Review Form – Qualitative Studies
McMaster University

Citation:
Exploring occupation and its meaning among homeless men 2007
British Journal of Occupational Therapy
Gill Chard, Tracey Faulkner, Amanda Chugg

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDY PURPOSE</td>
</tr>
<tr>
<td>Was the purpose stated clearly?</td>
</tr>
<tr>
<td>__ Yes</td>
</tr>
<tr>
<td>__ No</td>
</tr>
<tr>
<td>Outline of the purpose of the study.</td>
</tr>
<tr>
<td>Exploration of lived experience of adult men living in an inner-city shelter to assist understanding of the priorities of homeless men.</td>
</tr>
</tbody>
</table>

| LITERATURE: |
| Was relevant background literature reviewed? |
| __ Yes |
| __ No |
| What area(s) of occupational therapy were studied? |
| ___ self care |
| ___ productivity |
| ___ leisure |
| ___ performance components |
| ___ environmental components |
| Occupation |
| Describe the justification of the need for this study. |
| How does the study apply to professionals and/or to your research question? |
| It is important to address environmental restrictions of the shelter by occupational therapists with the clients to understand what is important to the homeless clients and how they spend time so, they can be better supported to move on from the shelter environment |

| STUDY DESIGN: |
| What was the design: |
| ___ ethnography |
| ___ grounded theory |
| ___ participatory action research |
| ___ phenomenology |
| ___ other |
| ___ __________________________ |
| What was the study design? Was the design appropriate for the study question? (e.g, for knowledge level about the issue, ethical issues) |
| Qualitative study conducted within the phenomenological tradition, inductive, narrative analysis, narrative of homeless man talking about their lives and occupations. Design appropriate for the study. |
| Granted ethical approval by the Health Research Ethics Board at the University of Alberta, Canada. |

| Was theoretical perspective identified? |
| __ Yes |
| __ No |
| Describe the theoretical perspective for this study. |
| Wilcock - engagement in occupation, health and well-being, occupational deprivation theory |

| Method(s) used: |
| ___ participant observation |
| ___ interviews |
| ___ historical |
| ___ focus groups |
| ___ other |
| ___ __________________________ |
| Describe the method(s) used to answer the research question. |
| As phenomenology often draws on interviews and other written accounts design was based on two phases, unstructured interview and creation of visual notebooks using photography. |

| SAMPLING: |
| Describe sampling methods used. Was flexibility in the sampling process |
| |
The process of purposeful selection was described
_____ Yes
_____ No

Sampling was done until redundancy in data was reached
_____ Yes
_____ No
_____ Not addressed

Was informed consent obtained?
_____ Yes
_____ No
_____ Not addressed

8 participants, sample recruited through posters in the shelter and also snowball sampling
Clear inclusion/exclusion criteria

Describe ethics procedure.
Study explained during the meeting, opportunity to ask questions provided, consent form explained and obtained. Ethical approval gained. Reassurance of anonymity, confidentiality and right and freedom to terminate the interview at any time prior to the interview.

DATA COLLECTION:

<table>
<thead>
<tr>
<th>Descriptive Clarity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear &amp; complete description of site:</td>
</tr>
<tr>
<td>participants:</td>
</tr>
<tr>
<td>researcher's credentials</td>
</tr>
<tr>
<td>Role of researcher &amp; relationship with participants</td>
</tr>
<tr>
<td>Identification (bracketing) of assumptions of researcher</td>
</tr>
</tbody>
</table>

Describe the context of the study. Was it sufficient for understanding of the "whole" picture?
Interweaves were carried out in a private room and audio taped
Use of disposable cameras to gain photographic data of activities done throughout the day with a description to gained more data obtained from visual notebooks.

DATA ANALYSIS:

<table>
<thead>
<tr>
<th>Analytical Preciseness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Findings were consistent with &amp; reflective of data</td>
</tr>
</tbody>
</table>

Describe methods (s) of data analysis. Were the methods appropriate? What alternative explanations were explored?
Interviews used to facilitate telling the participants story – open ended questions to reduce bias using the Biographical – Interpretative Method providing methodological strategy to help uncover some potentially difficult memories. Clients story (the narrative) was the method to collect the data.
Visual notebooks – half participants did not return cameras, did not provide pictures, one made really poor quality pictures, 3 notebooks produced.

<table>
<thead>
<tr>
<th>Theoretical Connections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did a meaningful picture of the phenomenon under study emerge?</td>
</tr>
</tbody>
</table>

Describe the decisions of the researcher re: transformation of data to themes/codes. Outline the rationale given for development of themes.
Verbal and visual narratives Visual data to fill in missing parts of the stories, gave labels to themes
Manual transcribing Each participant was invited to comment on his own transcript (made minor changes to enhance authenticity of data

TRUSTWORTHINESS

<table>
<thead>
<tr>
<th>Triangulation was reported for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sources/data:</td>
</tr>
<tr>
<td>Methods:</td>
</tr>
<tr>
<td>Researchers:</td>
</tr>
<tr>
<td>Theories:</td>
</tr>
</tbody>
</table>

Describe the strategies used to ensure trustworthiness of the findings.
One researcher was working as occupational therapist in the shelter where the sample was extracted.
Triangulation of investigators (two researchers and moderation by the third)
Use of reflective journal – critical reflection
Pseudonyms used

<table>
<thead>
<tr>
<th>CONCLUSIONS &amp; IMPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conclusions were appropriate given the findings</td>
</tr>
</tbody>
</table>

What did the study conclude? What were the implications of the findings for occupational therapy (practice & research)? What were the main limitations in the study?
Findings:
Homeless look forward and found meaning from surroundings and in their daily lives, despite decreased opportunities for occupational engagement. Pictures are a powerful tool enriching the findings.

Study helps to understand this client group better and acknowledge the challenges to
move someone forward from the environment that is regulated by strict rules.

Small scale study snowball sampling participants eager on occasions to talk about themselves, cameras might have been perceived as an incentive to join the study.

Appendix 3

<table>
<thead>
<tr>
<th>DATABASE</th>
<th>TOTAL HITS</th>
<th>RELEVANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amed</td>
<td>56</td>
<td>9</td>
</tr>
<tr>
<td>ASSIA</td>
<td>28</td>
<td>7</td>
</tr>
<tr>
<td>Cinahl plus</td>
<td>118</td>
<td>9</td>
</tr>
<tr>
<td>Cochrane library</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>PsycNET</td>
<td>67</td>
<td>17</td>
</tr>
<tr>
<td>PubMed Central</td>
<td>326</td>
<td>13</td>
</tr>
<tr>
<td>Medline</td>
<td>57</td>
<td>16</td>
</tr>
</tbody>
</table>
Note to appendix 3: As most of the articles relevant to the study were repeated (23) including 9 key articles selected for the literature review, therefore the total number was higher -71.