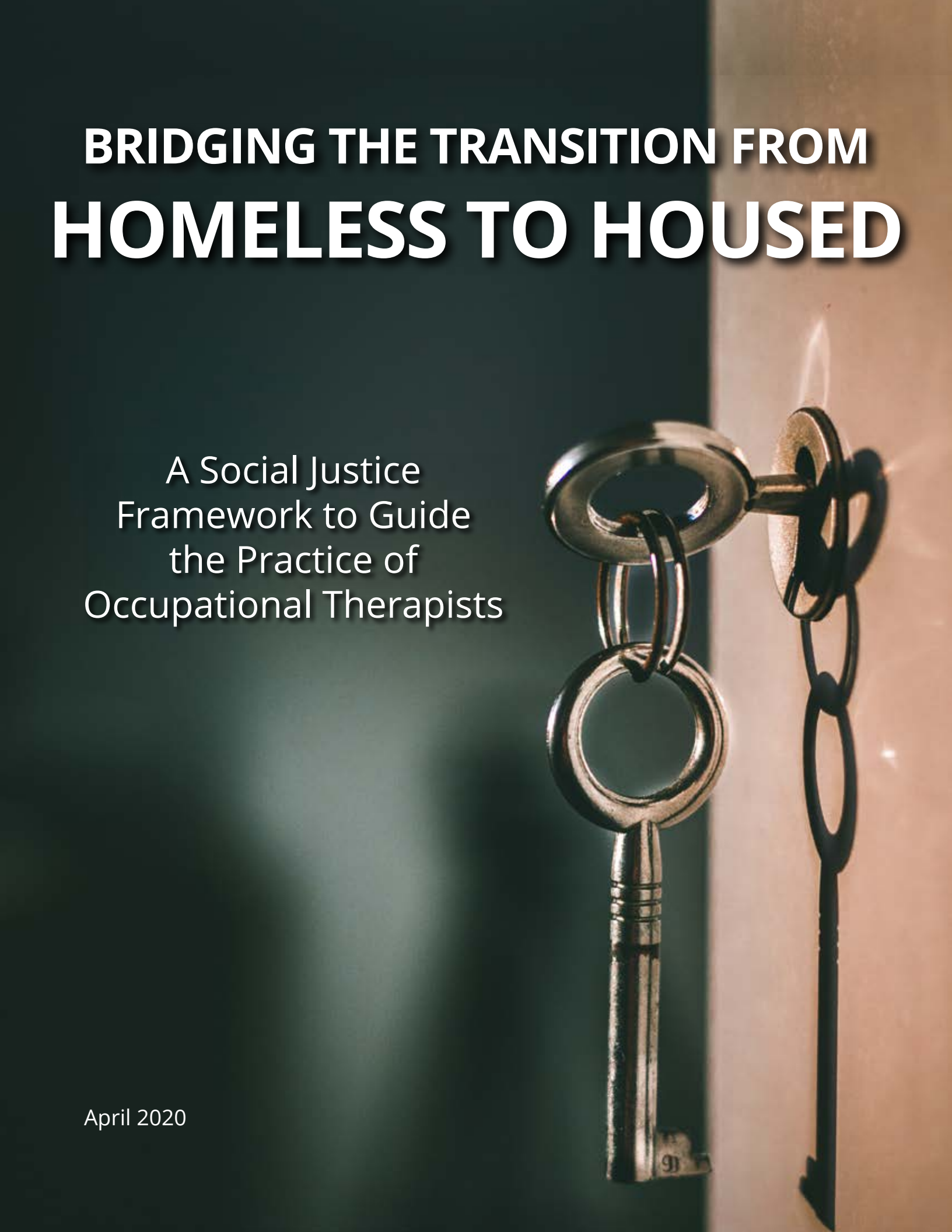
BRIDGING THE TRANSITION FROM HOMELESS TO HOUSED

A Social Justice Framework to Guide the Practice of Occupational Therapists



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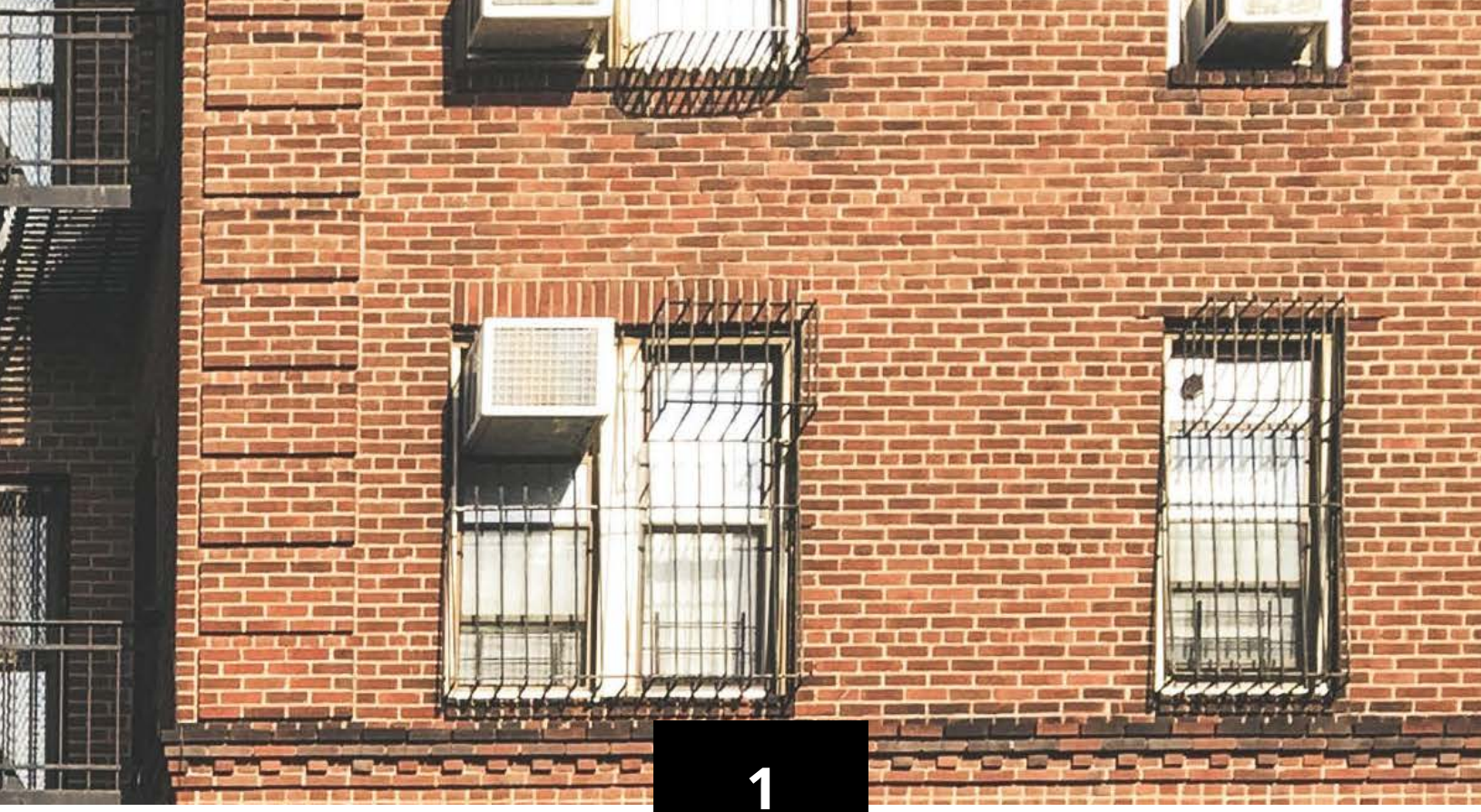

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EXECUTIVE SUMMARY

Occupational therapists have been supporting individuals who experience homelessness for several decades in their roles as community mental health therapists, on in-patient units, in traumatic brain injury programs, and in multiple other roles. Only recently, however, has this area of practice been acknowledged as distinct. Homelessness is growing in several high and middle-income countries worldwide. Occupational therapists have increasingly expressed an interest in gaining the knowledge and skills to effectively support individuals who experience homelessness, and in recent years, research in occupational therapy that focuses specifically on homeless persons has grown. The majority of individuals who experience homelessness are living with disabilities, and often multiple comorbid conditions that impact on their ability to function and participate in activities that are meaningful and necessary in their daily lives [17]. These include mental illness, traumatic brain injury, infectious disease, and physical disabilities [2]. Often, disability has been a key cause of one's homelessness, and a factor often complicating a transition to housing. With expertise in both disability and supporting individuals to function and participate in activities that are needed, wanted or expected of a person in their daily lives, occupational therapists can provide a unique and necessary perspective in the identification of solutions to addressing homelessness, and in supporting individuals across the trajectory of homelessness to housing.

The impacts of homelessness do not end when a person is housed. Traumas experienced during and before homelessness remain, and often come to the fore [21, 24, 25]. Several research studies have identified that homeless persons struggle to sustain their tenancies even with support, and that when they move into housing, other challenges emerge including profound boredom, loneliness, increased substance use, and ongoing mental health difficulties [21, 24, 25, 26, 53]. Often, these factors impact on a person's ability to function and participate effectively in activities in their daily lives. Given these realities, it is critical that

we recognize the importance of providing support not only during homelessness, but across the trajectory of homelessness to housing.

Occupational therapy in the area of homelessness is an emerging and growing practice area. As this area continues to grow, there is a need to develop resources to guide occupational therapists as they provide support to homeless persons during and following homelessness. An important way to support practice is through the development of a framework to guide occupational therapists as they support homeless and recently housed individuals.

In this document, we present a framework that we have developed to support occupational therapists in this emerging practice area. We have developed this framework with the input of individuals with lived experience of homelessness, and occupational therapists and researchers considered to be experts in homelessness from several countries including Canada, USA, Ireland, UK and Brazil. We have developed a framework, rather than an intervention, as we wanted to honour the professional reasoning of occupational therapists as they proceeded through each case in their practice. By developing a framework, we acknowledge that occupational therapists may design individually tailored intervention approaches with each individual person with whom they work. By doing so, we view this framework as a guide, rather than a prescription for practice.

This is the first occupational therapy framework aimed at supporting practice and research in occupational therapy with homeless persons across the trajectory of homelessness to housing. We are proud to present this framework to occupational therapists and occupational therapy researchers. Our hope is that it will be used by occupational therapists to help individuals who have been affected by homelessness to not only remain housed once they have left shelters or the street, but to thrive by developing a life that is health promoting and meaningful - whatever that looks like for them.

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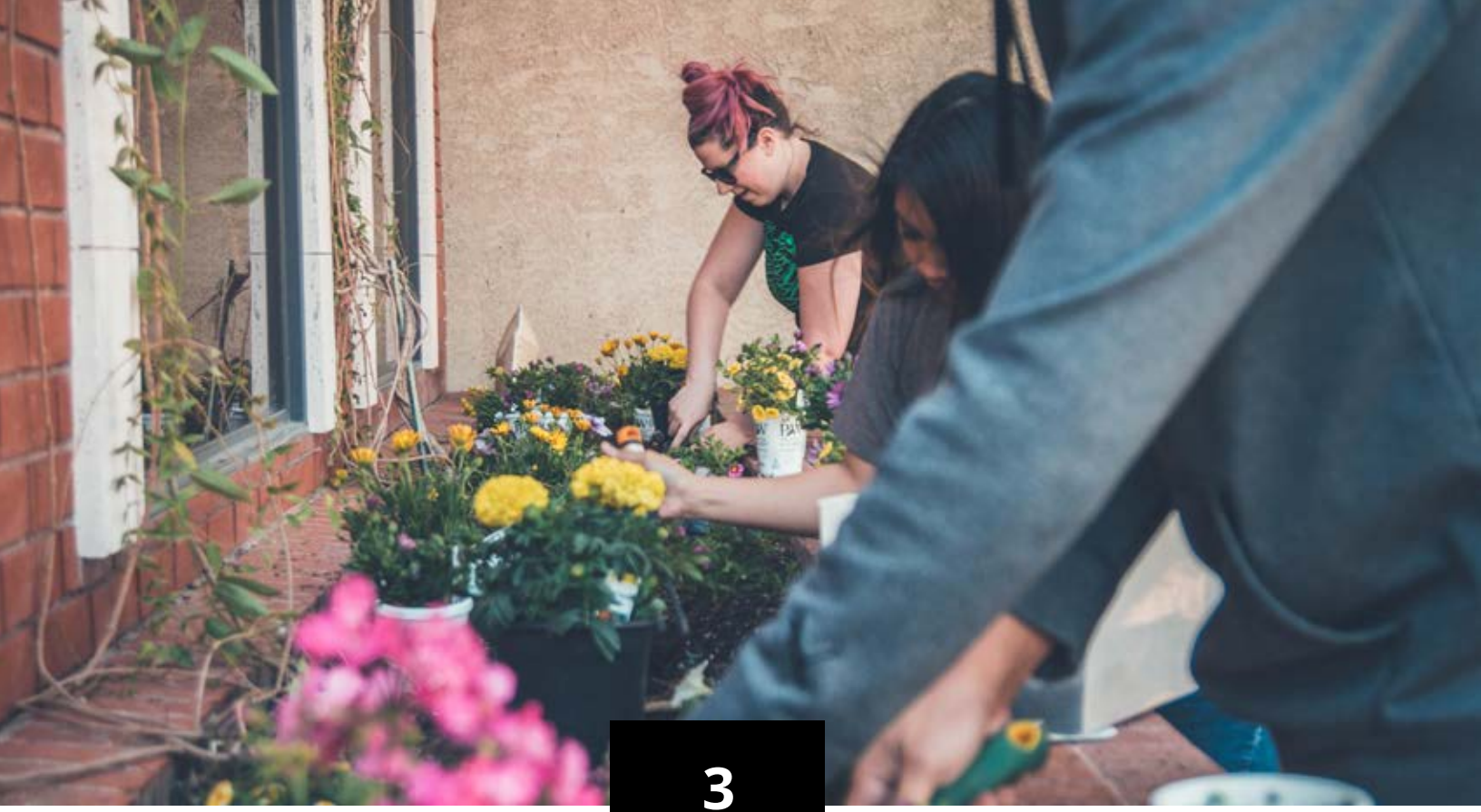
INTRODUCTION

Homelessness is an extreme form of social exclusion, and one that disproportionately affects those living with mental health, cognitive, and physical disabilities [1, 2]. Occupational therapists have knowledge regarding the ways in which health conditions and social factors influence: 1) Engagement or participation in meaningful activities; and 2) One's ability to perform or function in the activities that they need, want or are expected to do in their daily lives. This knowledge is foundational to supporting those who have lost their housing and in promoting community integration following homelessness. Strategies informed by the unique perspective of occupational therapy may ease the transition from homeless to housed, help those leaving homelessness to thrive in their housing, and perhaps even prevent future episodes of homelessness.

Our framework has been developed directly from the findings of an empirical study conducted by our team in which we carried out and analyzed qualitative interviews with 35 participants in two cities in Ontario, Canada. This study focused on the priorities of homeless persons across the trajectory of homeless to housed. Although we draw on the findings of this study throughout this document, a more fulsome description of this research and methods used to conduct and analyze interviews can be found elsewhere [3]. It is important to note that we have developed this framework primarily from the findings of this study but have also drawn on knowledge offered by existing occupational therapy and interdisciplinary literature. Once we developed this framework, we presented it to 17 occupational therapists and researchers from several countries including Canada, USA, Ireland, UK and Brazil for feedback using an online survey. A description of this process is provided elsewhere [54]. Feedback generated from this process was incorporated into the framework presented in this document.



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GUIDING PRINCIPLES

This framework is grounded in five guiding principles of practice: Social Justice, Housing First, Recovery, Harm Reduction, and Intersectionality. Each of these is described below.

Social Justice

Social justice is an interdisciplinary concept acknowledging inequality in the ways in which resources are distributed in society, and with an interest in advancing the common well-being of all by seeking to distribute resources in a more equitable manner [11]. Social justice is fundamentally connected with human rights in that it seeks to elevate the well-being of materially and social oppressed groups in society [11]. Homelessness is the direct result of poverty [1], and is an issue for which a social justice lens is particularly useful. Homeless persons live in some of the most deprived conditions in countries that have ample resources for all. As occupational therapists, we have a role in seeking to realize social justice for homeless persons through our individual encounters, and through the use of community and population level approaches.

Housing First

Housing First (HF) is a person-centred philosophy of practice which emphasizes the goal of securing housing as a first step in supporting homeless individuals [4]. Once housing is secured, a person is supported as they adjust to being housed and in working on self-identified goals. HF emerged out of criticisms of the "treatment first" approach, which emphasized the treatment of mental health and substance use challenges before an individual could be regarded as "housing ready." Occupational therapists using this framework should recognize the primacy of housing in their support of homeless individuals over encouraging housing readiness.

Recovery

Rates of mental illness, trauma, and substance use disorders are known to be high in the homeless population [2]. The recovery model posits that a

person living with mental illness and/or substance use disorder can create a life of personal meaning in the face of challenges imposed by a diagnosis [5, 6]. Many individuals living with mental illness, trauma, and substance use difficulties experience symptoms episodically or chronically, meaning that they live with these challenges to a greater or lesser degree in the long term. Adopting a recovery-oriented approach to practice is particularly important given that individuals may become homeless in part due to functional challenges associated with mental illness, and these challenges are likely to persist across the trajectory of homeless to housed. A recovery-oriented approach emphasizes hope, the service user's natural support networks, and that recovery is a personal, and non-linear journey [5]. For individuals whose lives have been affected by trauma, it is critical to also incorporate a trauma-informed lens in a recovery-based approach to practice. Occupational therapists using this framework should focus on supporting homeless persons to create a meaningful life on their own terms despite living with mental illness, trauma, and/or substance use difficulties.

Harm Reduction

Harm reduction is a philosophy of practice that places the safety of individuals engaged in risky behaviour including substance use and sex work first [8, 9]. It emphasizes a range of practices including supporting individuals who use licit or illicit drugs and/or alcohol by providing clean and safe tools for administering substances, or by providing condoms and education to sex workers. One common misconception is that harm reduction and abstinence approaches are mutually exclusive [10]. Harm reduction is simply used when a person is engaged in risky behaviour. Occupational therapists using this framework should employ a harm reduction approach by providing supports aimed at promoting the safety of homeless persons by encouraging the use of safe strategies when engaged in risky behaviour. Within this framework, we view harm reduction and abstinence as integrated, rather than mutually exclusive approaches. Offering support with abstinence when a service user expresses an interest in reducing or abstaining is both supportive and person-centred. Discussing abstinence with homeless persons requires the presence of a strong alliance with a service user, which can be developed over time. Abstinence, however, should not be emphasized as a goal if the service user does not express an interest in making such a change in their lives.

Intersectionality

Intersectionality is an acknowledgement of the ways in which race, gender, ability, sexual orientation and class intersect to influence social possibilities and health [7]. The fact that persons of colour, men, individuals identifying as LGBTQ2+ , indigenous persons, and individuals living with disabilities are disproportionately represented in statistics on homelessness suggest that these social locations should be accounted for in support services. Often, these social locations layer over one another to create deep degrees of discrimination and health inequities. For example, a woman of colour living with poverty and mental illness experiences discrimination related to her gender, race, disability, and class. These intersecting social locations may make leaving homelessness

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COMPONENTS OF THE FRAMEWORK

especially challenging, and occupational therapists should be aware of the need to account for these social locations in the provision of services.

A graphic representation of this framework (see Figure 1) is provided below and aimed at guiding the practice of occupational therapists as they support those who have been affected by homelessness. Each of the components of this graphic are described below beginning with the middle of the framework.

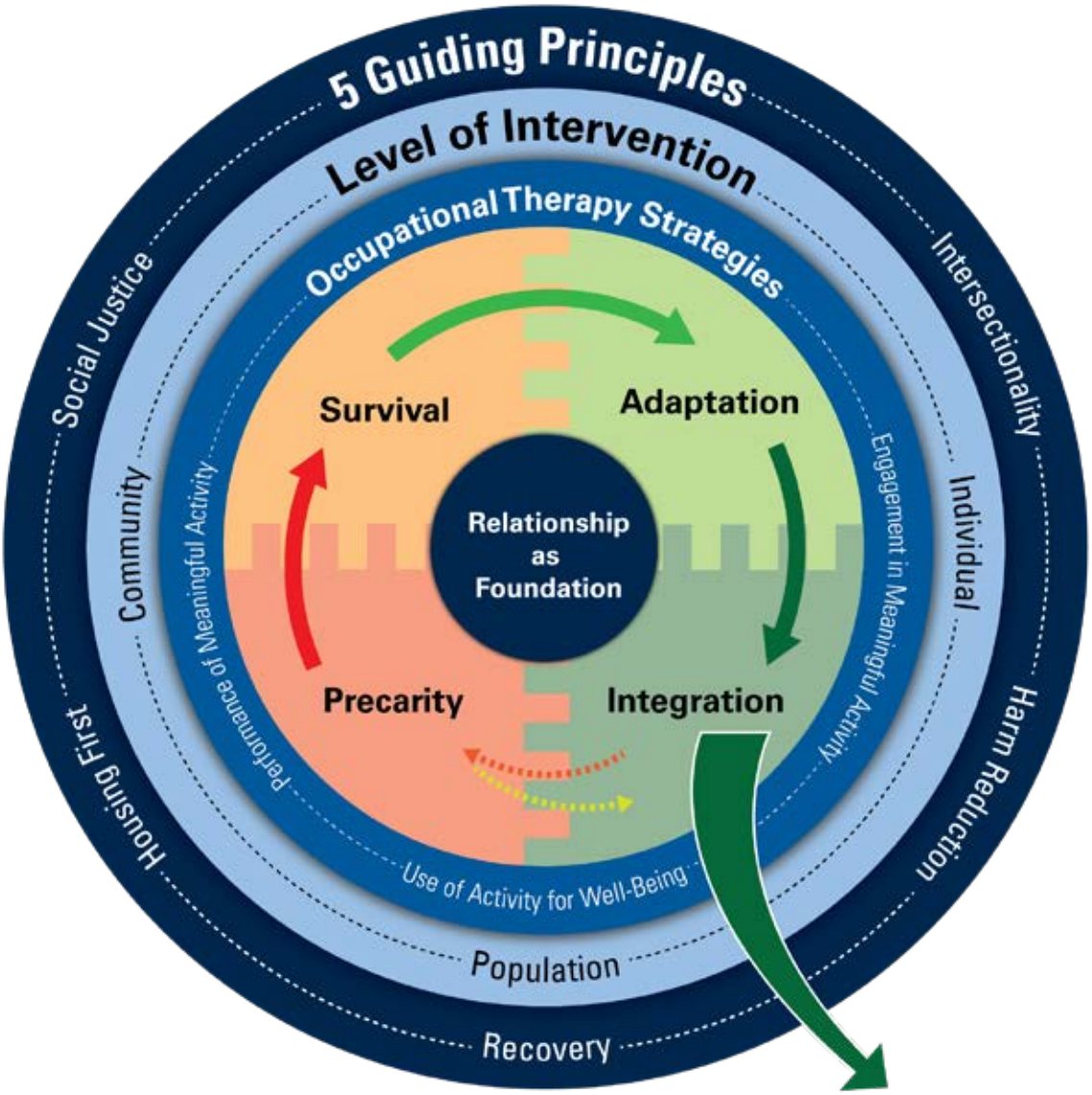
Relationship as Foundation

At the core of our framework is the relationship between a person receiving support, and the person providing support. The study conducted to provide a foundation for this framework focused on the priorities identified by persons with lived experience across the trajectory of homeless to housed [3]. Participants in this study discussed the need to have a support person that was emotionally consistent, authentic, and reliable. They identified that due to having challenging experiences with health and social care professionals in the past, they found it difficult to trust new support persons. For this reason, they indicated that building this relationship would take time, and that once developed, it could be used as a foundation for leaving homelessness and sustaining a tenancy. When providing support to those who experience homelessness, the relationship between those providing and those receiving support must be viewed as an essential first step in building a therapeutic foundation that will enable an occupational therapist to be effective in their role.

Transition

The jagged juncture at which each of the four quadrants meet symbolizes that transition periods are sensitive times in the journey out of homelessness, as a person moves through the various processes that are a part of their own unique pathway. In our research, participants indicated that the junctures at which they experienced transition were characterized by significant change requiring adaptation and were therefore a sensitive period [3]. This finding is

Figure 1. Bridging the Transition from Homelessness Framework



consistent with other published research exploring the occupational transition from homeless to housed [12, 13]. During these periods of transition, occupational therapists are encouraged to be especially attentive to the needs of those that they serve as particular care and attention is needed at such times.

From Survival to Integration: The Four Processes of Leaving Homelessness

This framework breaks down the experience of leaving homelessness into four distinct processes: *Survival*, *Adaptation*, *Integration*, and *Precarity*. We have carefully identified each of these as *processes* as opposed to *stages* or *phases* to highlight the dynamic nature of the experience and to emphasize that becoming housed typically involves ongoing emotional, social and occupational adjustment that is likely to be highly individualized. Although each person's experience of homelessness can be unique, those leaving homelessness are likely to progress through various processes as they become housed. The arrows in our framework represent the person's progression from homeless to housed during each of these four processes. In *Survival*, a person is currently homeless. Once housed, some will remain housed for the long term and integrate into their communities. This is indicated by the large green arrow exiting the circle In

this framework, this is the most favourable outcome. Others, however, may return to homelessness only to be housed again. This is indicated by the orange arrow extending from *Integration* to *Precarity*. Some may proceed through several of these cycles prior to entering into the process of long-term *Integration*. The orange and red colour of the arrows from *Integration* to *Precarity*, and *Precarity* to *Survival* indicate that caution and attention are required when housing tenure is at risk, or when a person loses their housing following a tenancy.

Occupational Therapy Strategies

This element of the framework represents the occupational therapist's role in supporting homeless persons across the trajectory of homeless to housed. In the occupational therapy and interdisciplinary literature, a number of activity-based strategies aimed at supporting homeless persons during and following homelessness have been identified [14]. By naming the strategies that occupational therapists may use in this framework around activity, we suggest that occupational therapists have a unique and valuable role in supporting those who have experienced homelessness. When specifying the role of occupational therapists in this area of practice, we identify three domains of assessment and intervention: 1) supporting a person to increase their engagement in meaningful activities; 2) supporting optimal performance in daily activities; and 3) engaging individuals in meaningful activity as a way of optimizing emotional, cognitive, physical, and social well-being.

Levels of Intervention: Individual, Community, and Population Approaches

The outer circle in our framework refers to the levels at which occupational therapists may intervene when supporting those who have lost their housing during each of the four processes. These include strategies focused at the individual, community and population levels. At the *Individual Level*, these strategies include those focused on the person, informed by their unique needs and strengths, and situated within their specific environmental contexts. At the *Community Level*, strategies are focused on how an occupational therapist might work with communities to address the needs of those experiencing homelessness. Communities, in this framework, do not refer to the development and implementation of therapeutic groups, but rather groups of citizens that gather together around common interests and goals. Communities can be developed through a collaboration in which occupational therapists work alongside stakeholders to enrich a community or solve an identified problem. *Population Level* strategies include those delivered to population groups across communities. Such approaches would include strategies meant to support homeless persons nationally or internationally, or those living with specific health conditions or social circumstances across communities.

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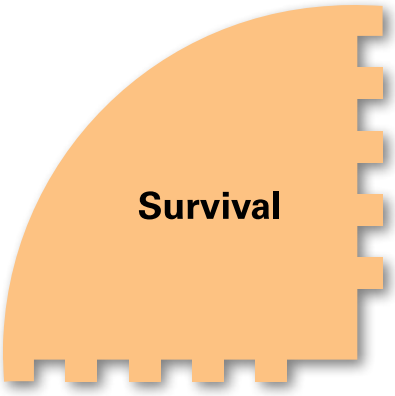
BRIDGING THE TRANSITION ACROSS THE FOUR PROCESSES

The strategies identified here have been drawn from the findings of research conducted to provide a foundation for this framework [3]. In this study, we identified several themes that were common to participants across the four processes (Survival, Adaptation, Integration, Precarity), yet the priorities of participants changed across the trajectory of homelessness to housing. Where we discuss these themes we have cited extant literature to substantiate our findings and demonstrate that our recommendations are well supported by previous research. A description of each of the processes, priorities identified by those engaged in the respective process, and recommended strategies that can be used by occupational therapists during each of these processes are provided below.



Process 1: Survival

The process of survival describes a period when a person is homeless. By homeless, we refer to sheltered or unsheltered homelessness in which a person is living in a shelter, in a location where they do not hold a tenancy (temporarily in a friend's home), directly on the street, or a combination of all of these.

Priorities During the Survival Process

Time use and participation in meaningful activity: Those who were homeless in our study discussed prioritizing survival activities as has been reported in existing literature [15, 16]. They spent their time accessing basic resources from within the homeless community, and moving between organizations that supported them to meet their basic needs - a finding consistent with several existing studies exploring the time use of homeless persons [15, 17-19]. Although they expressed the desire for employment, their environmental circumstances frequently interfered with their ability to maintain work. They reported a lack of meaningful activity, resulting in boredom that imposed negative impacts on their mental well-being. Although seemingly trivial, boredom has been identified as a serious issue impacting on the mental well-being of homeless persons in previous research [20-22].

Managing mental health and substance use: Mental illness is known to be prevalent among homeless individuals with suicide representing a leading cause of mortality among homeless persons [2]. Mental well-being was a pressing concern for participants during homelessness in our study. Homeless individuals that we interviewed recognized the role that substance use played in their own homelessness and expressed the desire to reduce their use. Not surprisingly, they experienced significant stress in their daily lives and required support to cope on a regular basis. Access to good quality mental health and substance use services was a challenge for participants, and they discussed the need to increase the availability of services during this time.

Emotional growth and change: In our study, participants expressed a high degree of self-judgement during homelessness. They reported feeling disappointed in themselves for allowing their homelessness to continue and expressed the desire for structure and routine in their lives.

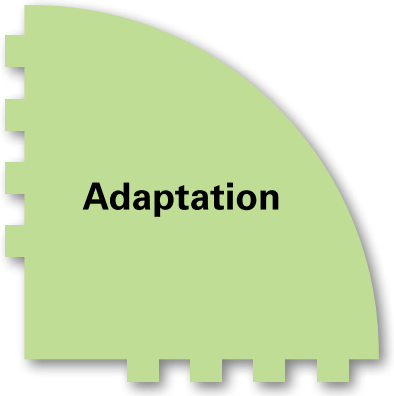
Creating connection and community: Homeless persons live in a challenging social environment that they manage daily. In our study, participants recognized the role of the social environment in their own well-being and expressed the desire to manage in this environment more effectively by surrounding themselves with people who positively affected their mental health.. During homelessness, however, this was challenging to do given the many interpersonal conflicts that were reported to occur in shelters and on the street, a finding consistent with existing literature [16, 23].

*See Table 1 for a summary of support strategies recommended for use by occupational therapists during the survival process that correspond with what participants in our study identified as priorities during homelessness.

Table 1. Support Strategies During the Survival Process

Level	Approach	Strategies
Individual	**Managing mental well-being**	• Developing activity-based coping strategies to mitigate exposure to stressful circumstances within shelters and on the street (e.g. arts-based, individualized coping plans) • Person-centred counselling strategies that facilitate the expression of emotion, validate concerns, and problem-solve through presenting challenges (e.g. motivational interviewing, brief solution-focused therapy)
	Managing substance use	• Referral to residential substance use programs • Motivational interviewing to develop a person-centred substance use management plan • Harm reduction strategies aimed at promoting behaviours that enable a person using substances to use in a way that maintains safety • Use of meaningful activity to replace substance use behaviours
	Engagement in meaningful activity	• Identifying interests and roles through narrative interviews or standardized and non-standardized assessment tools (e.g. Interest Checklist, Role Checklist, Engagement in Meaningful Activities Survey, 24-hr time use diaries, Action Over Inertia) • Identifying strategies for establishing a routine and structure in one's day • Offering individual or group level activity-based interventions consistent with the person's specific interests • Advocating for funding to promote engagement in existing community events (e.g. community centre passes, tuition bursaries for workshops and courses in the community) • Employment interventions including social enterprise, and supported employment • Supported education
	Developing positive social relationships	• Use of person-centred counselling to elicit individualized strategies for developing positive social relationships during homelessness • Providing group facilitation that fosters positive social interaction through modelling • Use of social skills training to enhance the person's ability to manage in a challenging social environment
	Linking individuals to the broader community	• Identifying local opportunities for the person to join community groups, classes, and events external to the homeless community
	Addressing poverty	• Identifying strategies, and supporting the person to engage in income generation strategies • Uncovering possibilities for accessing benefits for which the person is eligible but not receiving. This may include helping the person to file their taxes, apply for social assistance programs, or by advocating for inclusion in these programs
	Incorporating peer support	• Incorporating individuals with lived experience of homelessness into direct service within agencies designed to support homeless persons. Peer support workers should be paid for their work and acknowledged as unique professionals within interdisciplinary teams.

Community	**Developing opportunities for meaningful activity engagement within communities**	• Developing community initiatives that provide sustainable opportunities for community members to be involved in activities of mutual interest and that welcome the involvement of those experiencing homelessness
	Participatory approaches to engage homeless persons in community level change	• Working alongside those experiencing homelessness to identify opportunities for social change within their communities, and to implement identified strategies
	Advocating on behalf of those living with health conditions within community services	• Educating health care, shelter, and housing support workers on how substance use, mental health and cognitive difficulties can result in behavioural challenges, and effective strategies for managing these within shelters and housing support programs • Advocating for modifications to environments to enhance function and participation of homeless persons living with physical, cognitive, and mental health disabilities • Partnering with local public transit operators and city representatives to develop and implement sustainable plans to enhance community mobility, function and participation of homeless persons in public spaces
	Promoting opportunities for accessible and supportive housing	• Advocating at the municipal and regional level for supportive housing that meets the functional needs of individuals living with mental health, cognitive or physical disabilities • Advocating for housing that is emotionally, cognitively, and physically accessible for individuals living with a range of abilities.
Population	**Advocating for improved access to mental health and substance use services**	• Meet with policymakers and government officials to heighten awareness of the lack of mental health and substance use supports for those experiencing homelessness, and make suggestions for policy change and allocating funding for new or existing programs • Develop initiatives that aim to reduce stigma towards homelessness within mental health and substance use services
	Research to identify and evaluate strategies for improving function and participation in daily life	• Design and conduct research focusing on describing the function and participation of homeless persons in daily life, and for designing and evaluating strategies for improving function and participation during homelessness • Collaborating with researchers to achieve the above aims • Use of participatory research models to facilitate community and population level change (e.g. community-based participatory research, participatory action research)
	Involvement in advisory roles on committees focusing on poverty and housing	• Identifying opportunities for occupational therapists and occupational therapy researchers to be involved on advisory committees, or the boards of regional, national, or international organizations that provide opportunities to advocate for the social, functional and participation needs of homeless and recently housed individuals • Advocating for poverty reduction and affordable housing within organizations that have the ability to influence social change



Process 2: Adaptation

During adaptation, one has recently left homelessness, and has been living in transitional or permanent housing. The person is adapting to living in a new environment outside of the shelter or the street. Some may have been housed prior to their most recent episode of homelessness, while others may have been homeless for several years.

Priorities During the Adaptation Process

Time use and participation in meaningful activity: After leaving homelessness, those in our study discussed how their time use had changed from the need to engage in survival activities to no longer performing these activities. As a result, they expressed frustration with being under-occupied. With little money, they were unable to occupy their time in meaningful ways and continued to struggle with high degrees of boredom, a finding consistent with existing literature [24]. Simultaneously, they were trying to rediscover their own identities through activities that were meaningful to them.

Managing new health concerns: As homelessness is an incredibly stressful experience, those who've been living without housing of their own may deprioritize physical health difficulties. Once housed, participants in our study noticed the impacts of physical health conditions in their lives and sought to access supports to manage these health problems more effectively.

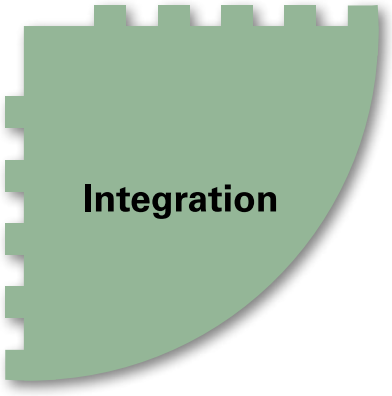
Emotional growth and change: During this process in the transition from homeless to housed, participants identified that making the transition between the culture of homelessness to being housed was challenging for them. They recognized that this transition required an adjustment that could only occur over time as they adapted to being housed. Existing literature recognizes this period of transition as one in which formerly homeless persons feel as though they are at a loss, and feel disconnected from their new environments [12].

Creating connection and community: Participants who had recently left homelessness in our study described becoming suddenly immersed in new social environments to which they needed to adjust. They found themselves involved in interpersonal conflicts that were difficult to resolve independently and they recognized how this impacted on their mental well-being. Becoming immersed in new social environments and needing to manage interpersonal conflicts is an experience has been reported in existing literature on the transition from homelessness [25]. Yet, existing literature also emphasizes the need for homeless persons to belong to sustain a tenancy [26].

*See Table 2 for a summary of support strategies recommended for use by occupational therapists during the adaption process that correspond with what participants in our study identified as priorities early in their transition to securing and sustaining a tenancy.

Table 2. Support Strategies During the Adaptation Process		
Level	**Approach**	**Strategies**
Individual	**Addressing new health concerns**	• Supporting the person to access health care supports to manage new health concerns and accompanying them to appointments if necessary • Use of strategies to promote health literacy • Recommending strategies for functioning and participating in daily life aimed at mitigating disability associated with a mental health, cognitive, or physical health condition
	Finding meaningful activities that inform identity	• Assessing desired interests and roles to inform recommendations for meaningful activity engagement (e.g. Narrative interview, Interest Checklist, Role Checklist) • Identifying funding opportunities to decrease barriers to participation • Offering individual or group level activity-based interventions consistent with the person's specific interests • Explore educational and employment goals, including potential supported education and employment strategies
	Linking individuals with their communities	• Referral to community organizations based on the individual interests of the person
	Building and rediscovering meaningful relationships	• Identifying opportunities for engaging in activities with those in the broader community • Supporting a person to reconnect with family and friends from their pasts if desired and appropriate given one's individual context
	Addressing poverty	• Identifying and supporting the person to engage in income generation strategies • Uncovering possibilities for accessing benefits for which the person is eligible but not receiving. This may include helping the person to file their taxes, apply for social assistance programs, or by advocating for inclusion in these programs
	Managing substance use	• Referral to residential substance use programs • Motivational interviewing to identify person-centred strategies for abstinence and/or harm reduction • Harm reduction strategies aimed at promoting behaviours that enable a person using substances to use in a way that maintains safety • Use of meaningful activity to replace substance use behaviours
	Incorporating peer support	• Incorporating individuals with lived experience of homelessness into direct service within services designed to support homeless persons. Peer support workers should be paid for their work, and acknowledged as a unique professional within an interdisciplinary team.

Community	**Promoting engagement in meaningful activity with others**	• Developing opportunities alongside community members for reducing barriers to meaningful activity engagement for those living in poverty with histories of homelessness • Identifying opportunities for community activities that bring together groups of individuals from diverse social backgrounds and locations (i.e. gender, income, race/ethnicities, sexual orientation, and health experiences)
	Participatory approaches to engage homeless persons in community level change	• Working alongside those who have experienced homelessness in the past and stakeholders in the broader community to identify opportunities for social change, and to implement these strategies at a local level
	Advocating within community services for those living with mental health, cognitive, or physical disabilities	• Educating health care, housing support workers and landlords on how substance use, mental health and cognitive difficulties can result in behavioural challenges, and effective strategies for managing these within housing programs and in the landlord-tenant relationship • Advocating for modifications to environments to enhance function and participation of recently housed persons living with mental health, cognitive, and physical disabilities
Population	**Research to identify novel approaches to supporting the early transition from homeless to housed**	• Design and conduct research focusing on describing the function and participation of those who have been recently housed following homelessness in their daily lives, and for designing and evaluating strategies for improving function and participation during the early transition • Collaborating with researchers to achieve the above aims • Use of participatory research models to facilitate community and population level change (e.g. community-based participatory research, participatory action research)
	Involvement in advisory roles on committees focusing on poverty and housing	• Identifying opportunities for occupational therapists and occupational therapy researchers to be involved on advisory committees, or the boards of regional, national, or international organizations that provide opportunities to advocate for the social, functional and participation needs of homeless and recently housed individuals • Advocating for poverty reduction and affordable housing within organizations that have the ability to influence social change



Process 3: Integration

During this process, individuals who have left homelessness have been living in transitional or permanent housing and have overcome the initial period of transition to being housed. Participants in the study on which this framework is based [3], as well as the findings of other literature [12] express that they continue to be in a period of adjustment to being housed and aren't completely 'settled'. Those who have been housed between 3-24 months in our study expressed that they continued to work towards integrating within their communities during this time.

Priorities During the Integration Process

Time use and participation in meaningful activity: Participants in our study reflected on what they wanted to spend their time doing and expressed a desire to return to engaging in these activities. Some experienced boredom and a lack of meaningful time use. They recognized the importance of routine in their daily lives and strove to establish one. Although having limited money was a barrier to participating in activities that were meaningful, many participants were content with their time use and saw value in these activities. Participants discussed returning to school and work extensively, yet also discussed how limitations imposed by health conditions were a barrier to engagement in these activities. They reported that they did not experience any difficulty with independent living skills, and in fact talked about how important it was for them to return to being engaged in activities associated with being housed. They were proud of their ability to cook and take care of their apartments independently.

Managing mental health and substance use: Participants had a number of unmet mental health support needs. They oscillated between hopefulness and hopelessness but found multiple ways of coping with psychological distress including being in the outdoors, engaging in artwork, dog walking, improving their diet, and engaging in exercise. Participants had strong feelings about ending their substance use, which is consistent with existing literature [24]. Some, however, emphasized the need for harm reduction strategies. Supports for abstinence were frustratingly unavailable.

Emotional growth and change: Participants in our study continued to struggle with adjusting to being housed. They found themselves managing with few material resources. Several noted that food security was an issue now, while it hadn't been during homelessness. They recognized the need to sustain motivation to remain housed and continue to work towards identified goals. It was important to them to be compassionate towards themselves. They used motivational strategies including 'giving themselves a push,' and recalling past successes. They saw themselves transforming as individuals and expressed pride around their own independence. The stability provided by being housed helped them to access and consistently utilize needed supports.

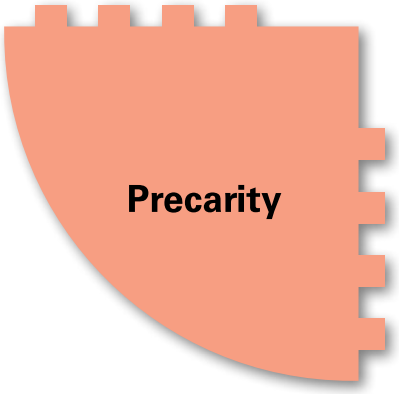
Creating connection and community: Participants described a number of challenges faced in managing social relationships. They faced conflict with roommates and described experiences of feeling isolated from others, as in existing literature [12, 25]. They worked towards reconnecting and building relationships with family members with whom they had disconnected in the past, while limiting contact with individuals with whom they'd experienced homelessness. In fact, they saw their housing as a foundation on which they could re-build family relationships. They discussed and celebrated new relationships with romantic partners and neighbours that they had cultivated since becoming housed.

*See Table 3 for a summary of support strategies recommended for use by occupational therapists during the integration process that correspond with what participants in our study identified as priorities after sustaining a tenancy for several months or more.

Table 3. Support Strategies During the Integration Process

Level	Approach	Strategies
Individual	**Supporting emotional adaptation**	• Promoting emotional resilience through the development of activity-based coping strategies • Providing person-centred counselling that includes problem-solving through emergent challenges (e.g. motivational interviewing, brief solution-focused therapy, cognitive behavioural therapy, dialectical behaviour therapy)
	Managing substance use	• Referral to residential substance use programs • Motivational interviewing to identify person-centred strategies for abstinence and/or harm reduction • Harm reduction strategies aimed at promoting behaviours that enable a person using substances to use in a way that maintains safety • Use of meaningful activity to replace substance use behaviours
	Addressing financial and health barriers to engagement in meaningful activity	• Identifying funding opportunities to decrease barriers to participation in meaningful activities • Modifying the physical and social environments to decrease health related barriers to participation in meaningful activity
	Returning to school or work	• Employment and educational supports if the person has reached a state of readiness for re-engagement (e.g. Resume writing and job search support, social enterprise, supported employment, supported education)
	Building and rediscovering meaningful relationships	• Identifying opportunities for engaging in activities with those in the broader community • Supporting a person to reconnect with family and friends from their pasts if desired and appropriate given one's individual context
	Addressing poverty	• Identifying opportunities and supporting the person to engage in income generation strategies including employment • Uncovering possibilities for accessing benefits for which the person is eligible but not receiving. This may include helping the person to file their taxes, apply for social assistance programs, or by advocating for inclusion in such programs. • Providing support to apply for and complete an educational program
	Incorporating peer support	• Incorporating individuals with lived experience of homelessness into direct service within services designed to support homeless persons. Peer support workers should be paid for their work, and acknowledged as a unique professional within an interdisciplinary team.

Community	**Supporting communities to welcome newly housed persons with histories of homelessness**	• Provide education to communities about homelessness, its causes, and how welcoming those leaving homelessness can help ease the transition • Educate communities about the benefits of welcoming excluded persons into the broad community, and include examples of these benefits that are informed by the specific community context
	Providing opportunities for meaningful activity engagement with communities	• Provide opportunities for engagement in meaningful activity to both marginalized and non-marginalized community members that include those with histories of homelessness
	Creating peer support roles	• Recruit those with histories of homelessness who have made the transition to housing to support others who are in an earlier process of transition
	Participatory approaches to engage homeless persons in community level change	• Working alongside those who have made the transition to being housed to identify opportunities for social change within their communities, and to implement identified strategies
	Advocating within community services for those living with mental health, cognitive, or physical disabilities	• Educating health care, housing support workers and landlords on how substance use, mental health and cognitive difficulties can result in behavioural challenges, and effective strategies for managing these within housing programs and within market housing • Advocating for modifications to environments to enhance function and participation of recently housed persons living with mental health, cognitive, and physical disabilities
	Promoting food security	• Partner with local food security projects (community kitchens, buyers club, community gardens, social enterprises) to provide opportunities for food-oriented and food generating activities for recently housed persons
Population	**Advocating for longer-term mental health and social service supports**	• Meeting with policymakers and politicians to advocate for funding for longer-term mental health and social service supports, or the re-allocation of funds for this purpose • Emphasizing the importance of increasing access to high-quality substance use support programs (both abstinence and harm reduction) for those with precarious housing histories
	Research to identify novel approaches to supporting the latter period of transition from homeless to housed	• Design and conduct research focusing on describing the function and participation of homeless persons who've made the transition to being housed in daily life, and for designing and evaluating strategies for improving function and participation during this latter period of transition • Collaborating with researchers to achieve the above aims • Use of participatory research models to facilitate community and population level change (e.g. community-based participatory research, participatory action research)
	Involvement in advisory roles on committees focusing on poverty and housing	• Identifying opportunities for occupational therapists and occupational therapy researchers to be involved on advisory committees, or the boards of regional, national, or international organizations that provide opportunities to advocate for the social, functional and participation needs of homeless and recently housed individuals • Advocating for poverty reduction and affordable housing within organizations that have the ability to influence social change



Process 4: Precarity

Although we did not interview participants who were at risk of homelessness in our study, we recognize the importance of attending to the period that precedes housing loss. This is the process where one's tenancy is at risk, which can be experienced by a person who has been homeless before, but also by a person who has never lost their housing. Not all individuals who have made the transition from homeless to housed will lose their housing again, yet it is important to recognize that this may occur. With the right kinds of supports, we recognize that loss of one's tenancy can be prevented. If supports are not available, the person may become or return to homelessness, and will proceed through the processes of *Survival, Adaptation* and *Integration*.

Priorities During the Precarity Process

During this process, the primary priorities should be two-fold: 1) Preventing homelessness; and 2) Providing emotional support to help the person who is at-risk of homelessness to cope with the enormously stressful experience of knowing that one's tenancy is at risk. This period is one of crisis and any strategy that prevents housing loss needs to be emphasized. Still, loss of one's tenancy may still occur, and should not be viewed as an individual failing of the person or their occupational therapist/ support person.

*See Table 4 for a summary of support strategies recommended for use by occupational therapists during the precarity process that are aimed at preventing homelessness.

Table 4. Support Strategies During the Precarity Process

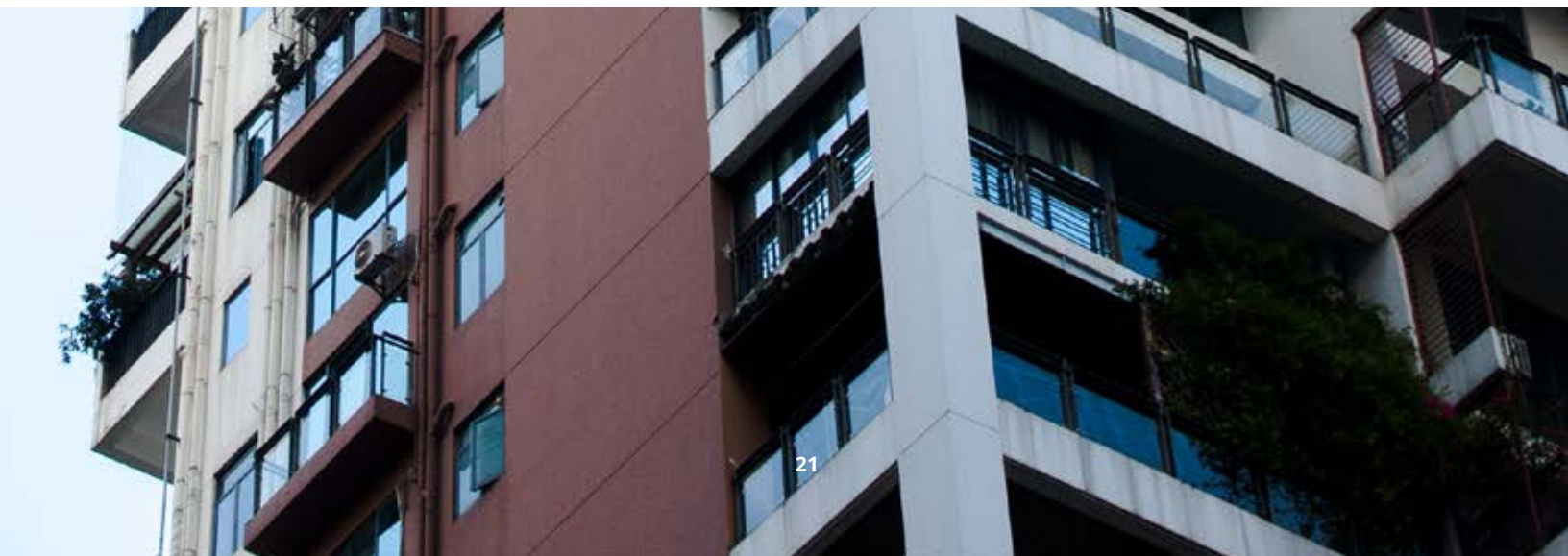
Level	Approach	Strategies
Individual	**Supporting mental well-being**	• Providing ongoing and frequent opportunities for counselling and reflective listening due to the level of distress that one may encounter at this time • Increase the availability of support using multiple means (e.g. text, email, phone) • Employ crisis intervention principles, including suicide intervention, if necessary
	Managing substance use	• Harm reduction strategies aimed at promoting behaviours that enable a person using substances to use in a way that maintains safety • Use of meaningful activity to replace substance use behaviours
	Problem-solving around housing	• Identify funding sources for new housing or the prevention of homelessness • Advocating on behalf of the person with their landlord to prevent homelessness • Supporting the person to search housing listings • Helping to identify safe emergency shelter options
	Addressing poverty	• Identifying and supporting the person to engage in income generation strategies • Uncovering possibilities for accessing benefits for which the person is eligible but not receiving. This may include helping the person to file their taxes, apply for social assistance programs, or by advocating for inclusion in these programs.
	Incorporating peer support	• Incorporating individuals with lived experience of homelessness into direct service within services designed to support homeless persons. Peer support workers should be paid for their work, and acknowledged as a unique professional within an interdisciplinary team.

Community	**Developing homelessness prevention programs with communities**	• Collaborating with community stakeholders to identify local solutions that reflect the unique cultural and service context of the community • Working together to implement strategies identified
	Reducing the stigma of homelessness	• Educating the public through public presentations, articles written in local publications, and in individual interactions with community members about the systemic causes of homelessness, while de-emphasizing individual causes of homelessness that promote stigma (e.g. characterizing homelessness as an individual failing)
	Promoting community awareness of homelessness	• Referring to local statistics on homelessness within a service environment to draw attention to this issue within mental health and social services • Offering presentations to the public related to homelessness • Submitting articles to local publications (i.e. newspapers) to draw attention to the issue of homelessness locally
	Advocating on behalf of those living with health conditions within community services	• Educating health care, housing support workers and landlords on how substance use, mental health and cognitive difficulties can result in behavioural challenges, and effective strategies for managing these within housing programs and market housing • Advocating for modifications to environments to enhance function and participation of recently housed persons living with mental health, cognitive, and physical disabilities
Population	**Advocating for affordable housing for all**	• Meeting with policymakers and politicians to draw attention to the need for affordable housing for all, particularly housing with supports provided to those who require it to thrive in their housing
	Advocating for poverty reduction strategies as a way of preventing homelessness	• Collaborating with national and international poverty reduction groups, policymakers, and politicians to advocate for poverty reduction strategies (e.g. universal basic income, increased social assistance rates, etc.)
	Partnering across municipalities to identify novel solutions	• Linking municipal leaders across jurisdictions to identify solutions that may be effective across communities for preventing homelessness and helping marginalized persons to access mental health, substance use, and social supports
	Research focused on the prevention of homelessness	• Design and conduct research focusing on the prevention of homelessness • Collaborating with researchers to achieve the above aim • Use of participatory research models to facilitate community and population level change (e.g. community-based participatory research, participatory action research)
	Involvement in advisory roles on committees focusing on poverty and housing	• Identifying opportunities for occupational therapists and occupational therapy researchers to be involved on advisory committees, or the boards of regional, national, or international organizations that provide opportunities to advocate for the social, functional and participation needs of homeless and recently housed individuals • Advocating for poverty reduction and affordable housing within organizations that have the ability to influence social change

6

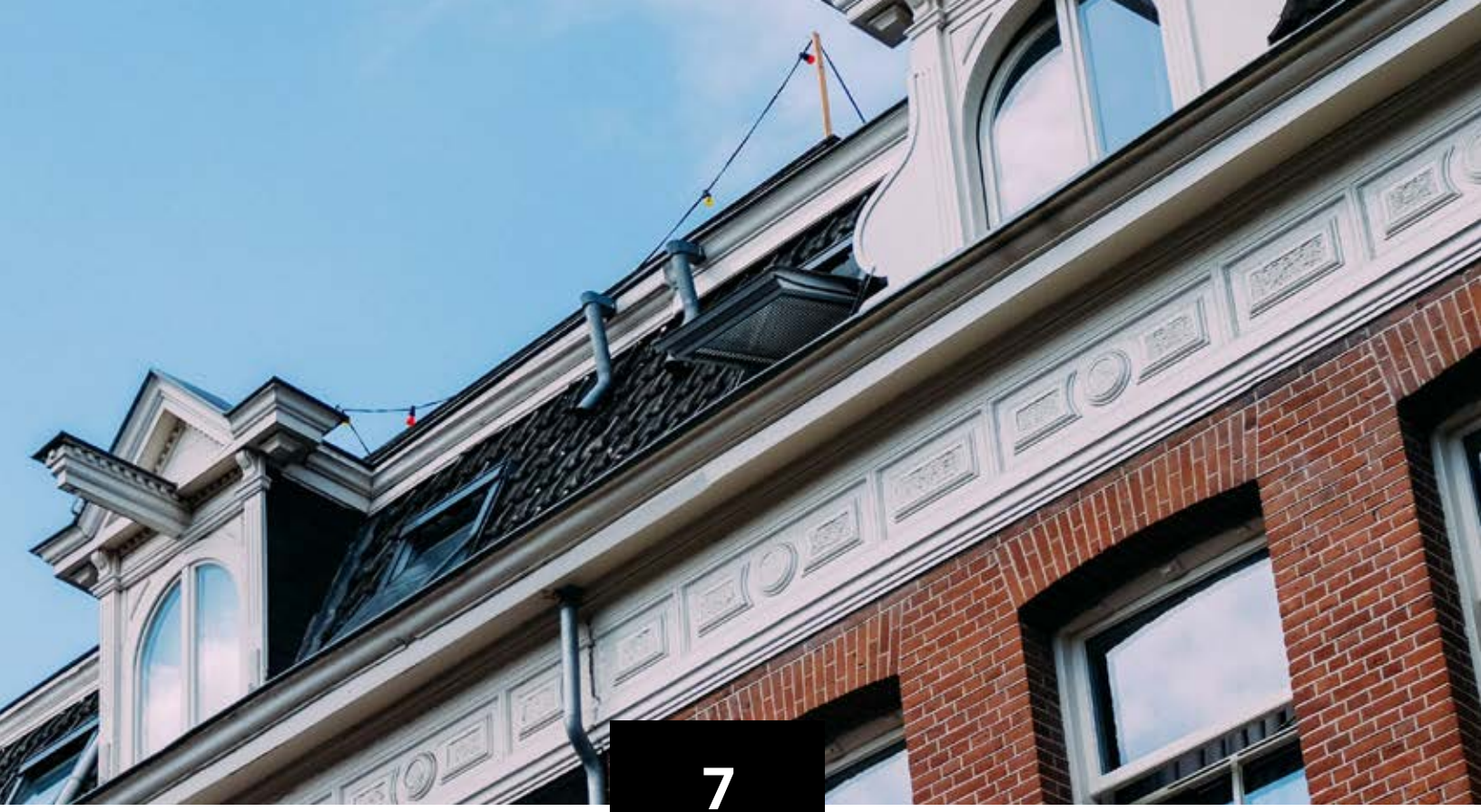
ASSESSMENT AND EVALUATION STRATEGIES ACROSS THE TRAJECTORY OF HOMELESS TO HOUSED

When we refer to assessment, we refer to processes for gathering information required for goal setting. This can occur on an initial encounter with someone receiving services, or when an emerging issue is presented. When we refer to evaluation, we refer to processes aimed at measuring the effectiveness of supports provided. This is also known as outcome measurement. Evaluation strategies need to be used throughout the process of providing support as knowing whether one's support strategies are effective demonstrates ethical practice and sound stewardship of existing resources.



Strategy or Tool	Description	Strengths	Drawbacks	Recommended for Assessment?	Recommended for Evaluation?
Individual Level					
Narrative Interviewing	A semi-structured interview aimed at uncovering the unique story of the person, including their strengths and present needs. Questions are informed by the professional reasoning of the occupational therapist, may be developed prior to the interview to guide the process, or may emerge during the interview.	Facilitative of rapport-building. Promotes trust and a sense of authenticity due to its flexible structure.	May not allow an occupational therapist to identify a broad range of relevant areas of assessment.	✓	✗
Strengths-Based Assessment [27]	An assessment approach involving the development of goals with a person by only asking about strengths, capabilities and assets of the person.	Instead of focusing on one's deficits, the occupational therapist and person served can recognize the many assets that will enable them to reach the goals identified	The challenges that a person is experiencing are de-emphasized, which may limit one's need for validation of the challenges they experience	✓	✗
Goal Attainment Scaling [28]	An individualized approach for defining and collaboratively measuring the progress of goal attainment over the course of the relationship between an occupational therapist and the person that they serve.	Person-centred approach; Can be used as an evaluation strategy	Can be challenging to design a goal attainment scale initially that is amenable to ongoing evaluation	✗	✓
Occupational Performance History Interview (OPHI-II) [29]	A standardized interview informed by the Model of Human Occupation (MOHO), and includes three components: 1) A standardized, semi-structured interview; 2) A therapist rating form; 3) Narrative timeline	Very humanistic approach that emphasizes the persons individual narrative	Long process that is not suitable for short-term use	✓	✗
Canadian Personal Recovery Outcome Measure (C-PROM) [30]	A personal, standardized measure of recovery. Characterizes recovery as a process that can be measured over time. Uses a 'ruler' to indicate the extent of a person's individual progress towards recovery.	Introduces the concept of recovery in the lives of those who've experienced homelessness	Offers a positivist view of recovery, which may not be consistent with one's own concept of recovery in their lives	✓	✓
Canadian Occupational Performance Measure (COPM) [31]	A standardized interview aimed at identifying occupational performance problems in the lives of those living with disabilities. This includes an interview exploring self-care, productivity, and leisure challenges, and includes an appreciation of how satisfied a person is with their current daily activities.	Helps to identify functional challenges encountered in daily life that are related to living with a health condition	Focuses on problems experienced by the person with little focus on assets. Emphasizes performance (function) in daily activities over participation.	✓	✓

Engagement in Meaningful Activities Survey (EMAS) [32]	A standardized measure of engagement in meaningful activity. Includes two components: 1) A 12-point Likert measure of the extent to which one is engaged in meaningful activity; and 2) A 24-hr time use diary to track one's time use on a typical day	Focuses entirely on one's time use and experience of time use, providing both qualitative and quantitative information; Can be used as an evaluation method	Neglects how one functions in performing their daily activities	✓	✓
Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) [33]	A measure of met and unmet needs from the perspectives of a person receiving service, their caregivers, and service providers. Explores 22 basic needs in a person's life, and measures each on a three item categorical scale (No problem; met need; unmet need	Enables a health professional to focus on the most presenting needs identified by those that they serve and monitor these needs over time; Information is generated from a range of sources; Engages a range of stakeholders in the care of the person served	Focuses solely on psychological and social needs, to the neglect of physical health needs; Needs focused assessment with little focus on resources and strengths offered by the person	✓	✓
Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) [34]	A standardized measure delivered to individuals as part of municipal strategies aimed at allocating resources to those in greatest housing and support need. Includes a number of questions related to mental health, service use, and engagement in meaningful activity.	Focuses on a number of relevant domains, and can help an occupational therapist to determine how much support is required by a specific person; Can be used as an evaluation strategy, with the expectation that one's acuity would decrease over time	Expensive, and funded by municipalities; Typically embedded within a broader municipal strategy for ending homelessness; Focused on 'acuity' of one's situation based on predetermined criteria	✓	✓
Community Level					
Asset-based assessment [35]	An assessment focused solely on the assets available within a community. Involves individual interviews with multiple community members, as well as asset-mapping to identify community institutions, governments, and faith communities that have the potential to support community growth and change.	Focuses on cataloguing assets in a community, and positively engaging community members through the process of assessment to inform how to address a community-identified problem	Neglects the identification of community needs, which may be important to attend to through the community development process	✓	✗
Community needs assessment	Assessment strategies that may include conducting focus groups, individual interviews, surveys delivered online or mailed to individual community members that focus on changes that are needed within communities	Focuses on identifying the needs expressed by community stakeholders in order to direct future community development efforts	Neglects the assets that community members have to address the needs identified	✓	✓



7

INTERVENTION STRATEGIES ACROSS THE TRAJECTORY OF HOMELESS TO HOUSED

When referring to intervention strategies, we are attending to approaches used by occupational therapists that are: a) informed by assessment findings; and b) aimed at supporting change at the individual or community levels.

Strategy or Tool	Description	During which process is this approach likely to have the most impact? (Survival, Adaptation, Integration, Precarity)
Individual Level		
Engagement in Meaningful Activity	Using individualized strategies to engage a person in activities that they have identified as meaningful to them specifically. These may include strategies focused engagement in any activity of meaning including leisure activities, self-care activities, education or employment, or activities that help a person to engage with others in their community.	Adaptation; Reintegration
Social Enterprise	An approach to employment that helps a person to establish and generate an income from a business. This could include employment in a business that is a social enterprise.	Integration
Supported Employment	Providing adaptation and other supports to help a person to secure and maintain a job of their choice despite the presence of functional challenges associated with a mental health, cognitive, or physical health condition.	Integration
Supported Education	Providing adaptation and other supports to help a person to pursue education in despite the presence of functional challenges associated with a mental health, cognitive, or physical health condition.	Integration
Skills Training	Teaching a person how to perform an activity that they need, want, or are expected to perform in their daily lives (e.g. cooking, grooming, budgeting) by breaking down the task into its component parts, modelling, and by teaching the task in an adapted form.	Survival, Adaptation, Integration, Precarity
Housing Transition Program [36]	A program aimed at supporting those leaving homelessness to develop the necessary skills for being housed. This structured skills-training intervention has been developed for persons living with mental illness and/or substance use disorders following homelessness, and has been demonstrated to be effective in supporting the maintenance of a tenancy in addition to quality of life [36].	Adaptation, Integration
Behavioural Activation	An approach typically used in cognitive behavioural therapy in which a health professional engages a person in problem-solving regarding how to schedule pleasurable activities in their lives. This may involve a process of breaking down the activity into its component parts to help the person to gradually engage in the activity over time.	Survival, Adaptation, Integration, Precarity
Social Prescription	Collaborating with individuals to identify community activities and other strategies for linking a person to networks of others with the purpose of developing social relationships	Survival, Adaptation, Integration, Precarity
Motivational Interviewing [37]	A counselling approach based on Carl Rogers' person-centred therapy. The approach is focused on collaborating with individuals to identify areas of change that they'd like to focus on, then supporting that person to implement and sustain change in their lives.	Survival, Adaptation, Integration, Precarity
Action Over Inertia [38]	A manualized intervention that can be delivered at the individual or group level that focuses on engaging those who've retracted from engagement in health-promoting meaningful activity to gradually return to using time in a way that promotes and sustains one's mental health.	Adaptation, Integration
Cognitive Behavioural Therapy [39]	A form of psychotherapy aimed at restructuring one's thought processes to promote mental health	Integration
Interpersonal and Social Rhythm Therapy [40]	A form of psychotherapy developed for those living with bi-polar disorder which focuses on scheduling daily activities so that they are performed on a consistent daily schedule as a way of balancing circadian rhythms that are seen to be the cause of mood fluctuations	Integration
Dialectical Behaviour Therapy [41]	A form of psychotherapy involving three key components: 1) Individual psychotherapy sessions; 2) A series of four standardized psychoeducation sessions; and 3) Support for those delivering the intervention. This approach is aimed at promoting healthy ways of perceiving one's social world, managing emotional distress, developing interpersonal skills and developing coping strategies to manage distress.	Integration

Interpersonal Therapy (IPT)	A form of psychotherapy based on Carl Rogers' person-centred therapy that has a strong evidence base in the treatment of mood, anxiety and stress and trauma related disorders [42]. It is a talk-based, solution-focused approach focused on specific interpersonal problem identified by the person. There are four interpersonal problems identified in this approach: 1) grief; 2) role transition; 3) role dispute; and 4) interpersonal deficits [42]. The therapist and service user then work collaboratively to address this problem.	Adaptation, Integration
Responsive Social Skills Training	A process aimed at helping a person to improve their social skills whereby a person identifies a social skill that they are experiencing difficulties with (e.g. drug or alcohol refusal, establishing a boundary in a relationship), followed by a therapist breaking down the skill into it's component parts and through discussion and roleplay activities, the person develops the specific social skill. This form of social skills training can be used multiple times to develop a range of social skills.	Adaptation, Integration
Applied Suicide Intervention Skills Training (ASIST) [43]	A standardized suicide intervention approach focused on validating the person's reasons for thinking of suicide, then collaborating to identify a strategy for safety in the context of suicidal ideation.	Survival, Adaptation, Integration, Precarity
Safety Planning [44]	An approach to suicide intervention in which a person who has thoughts of suicide develops a collaborative plan with social contacts in their lives to maintain safety when suicidal thoughts emerge. This is typically recorded on a paper form and kept by the person experiencing suicidal ideation as well as those named in the safety plan.	Survival, Adaptation, Integration, Precarity
Wellness-Recovery Action Plan (WRAP) [45]	A group or individually delivered strategy that involves reflecting on what is needed by an individual to continue to proceed along their journey of mental health recovery. This intervention is typically delivered by those with the lived experience of mental illness, or in collaboration with those with lived experiences of mental illness with a service provider. During the process of this intervention, which occurs over 8-12 weeks, the person develops an individualized plan for recovery. This includes a detailed suicide safety plan.	Survival, Adaptation, Integration, Precarity
Trauma-Informed Care	A series of practices delivered at the individual and group level that account for trauma that one may have experienced in the past. As those who have experienced homelessness are more likely to have experienced trauma in their pasts, this is an important consideration when serving this population. This approach heightens an occupational therapist's attention to utilizing strategies that maintain psychological and emotional safety in the context of a history of trauma (e.g. providing privacy, segregating genders, providing calm environments, and promoting person-directed practices).	Survival, Adaptation, Integration, Precarity
Anti-Oppressive Practices	Homeless persons are some of the most oppressed citizens in society. Attending to the ways in which practices of health and social care providers can further entrench this oppression can help occupational therapists to recognize how the practices that they utilize may be altered to limit oppression (e.g. approaches that emphasize a hierarchy between occupational therapist and the person that they serve can remove power from a person with lived experiences of homelessness rather than empower them to make changes that they want to make in their lives). Oppressive practices include using a basic need as a bargaining point to promote desired behaviour (e.g. a person cannot stay at a shelter if they've used drugs or alcohol, or cannot eat if they come late to dinner), and creating barriers to daily functioning (e.g. asking a person to complete multiple forms of paperwork to gain access to a program, asking for identification of homeless or recently housed persons for reasons that are not properly justified).	Survival, Adaptation, Integration, Precarity

Community Level		
Asset-Based Community Development (ABCD) [35]	An approach to community development that specifically emphasizes the use of assets in community change initiatives. This approach emphasizes collaboration alongside community stakeholders to facilitate community change, rather than 'experts' providing recommendations to community members.	Survival, Adaptation, Integration, Precarity
Community engagement strategies	Strategies used to engage community stakeholders in initiatives aimed at community change. These include approaches such as the World Café [46], engaging stakeholders in storytelling and community conversations and watching provocative movies [47], and eating meals with one another [47, 48] while discussing community assets and foci for community development initiatives. All of these strategies can be used in community development and participatory research approaches.	Survival, Adaptation, Integration, Precarity
Participatory research	Participatory research involves collaborating with communities to identify community strengths and needs, and uncovering ways of addressing identified needs. This typically involves collaborating with a researcher with expertise in participatory approaches. There are several participatory research models including community-based participatory research (CBPR) [49], Participatory Action Research (PAR) [50], Photovoice [51], and Experience-Based Co-Design (EBCD) [52].	Survival, Adaptation, Integration, Precarity

8

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