

## CAOT Professional Issue Forum: Poverty and homelessness

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*Professional Issue Forums (PIFs) are held annually at the Canadian Association of Occupational Therapists (CAOT) Conference. PIFs address priority health and social issues, as well as emerging practice areas in occupational therapy. PIFs involve presentations from a panel of experts, and participants are invited to contribute their perspectives. The discussion leads to strategies and recommendations for action that CAOT, individual occupational therapists and stakeholders can take to advance occupational therapy practice and the profession's presence in these areas.*

Poverty and homelessness are complex issues and the related statistics are staggering. Almost 5 million people in Canada are poor (Citizens for Public Justice, 2013). One quarter of Indigenous Canadians live in poverty (Citizens for Public Justice, 2014). There are at least 250,000 people experiencing homelessness in Canada, many of whom are young (Canadian Centre for Policy Alternatives, 2014).

The correlation between poverty and homelessness and a person's physical and mental health and well-being are well known (Commission on Social Determinants of Health, 2008). "High income does not guarantee good health, but low income almost inevitably ensures poor health" (Dr. Ernie Lightman, as cited in Lightman, Mitchell, & Wilson, 2008). Household income underpins several social determinants of health, including adequate housing, nutritious food, education and early childhood development (Commission on Social Determinants of Health, 2008).

Occupational therapists are uniquely positioned to address poverty and homelessness given their understanding of the impact of the environment on health and well-being outcomes (Law et al., 1996). Occupational therapists have started working in non-traditional practice settings such as housing first programs, health-care teams designed expressly to engage people experiencing homelessness and with different levels of government in developing policy options for decision-makers. Whether in the area of policy development, program design or service delivery, these arenas provide opportunities for occupational therapists to demonstrate their invaluable contributions at the individual, family, community and societal levels.

### Professional Issue Forum

CAOT's PIF on poverty and homelessness was held on April 21, 2016, in Banff, Alberta.

The objectives of the forum were to: 1) enhance participants' understanding of poverty and homelessness as determinants of health, 2) draw attention to the scope of occupational therapists' engagement in the complex and multi-dimensional issues of

poverty and homelessness, 3) discuss how occupational therapy's unique perspectives can affect health and well-being outcomes through holistic approaches, and 4) engage participants in discussing key priorities and strategies for tackling these important issues. The forum, organized and moderated by Havelin Anand, comprised three panellists who presented on various aspects of the topic to a very engaged audience of over 80 participants.

### Panel presentations

Erin Hoselton works as a mental health occupational therapist for Alberta Health Services' Inner City Support Team in Edmonton, providing comprehensive case management and community mental health and addiction services to individuals experiencing homelessness. She described poverty and homelessness as being widespread systemic issues that affect an increasingly large group of Canadians. Those who already experience oppression and marginalization are disproportionately affected, including Indigenous individuals and members of other racialized communities, single parents and their children, older adults and people with disabilities (Canada Without Poverty, 2016).

Erin emphasized that it is the responsibility of occupational therapists to acknowledge and be responsive to the intersectionality of oppression. "Intersectionality promotes an understanding of human beings as shaped by the interaction of different social locations (e.g., 'race'/ethnicity, Indigeneity, gender, class, sexuality, . . .). These interactions occur within a context of connected systems and structures of power (e.g., laws, policies, . . .)" (Hankivsky, 2014, p. 2). According to this perspective, inequities are the result of intersections between different social locations, experiences and power relations (Hankivsky, 2014). In order to reduce the impact of oppressive institutions on occupational engagement and access to occupational therapy services, Erin recommended occupational therapists work with clients from a truly holistic perspective. She recommended that occupational therapists acknowledge the power inherent in their position and use this privilege to advocate with clients, and strive to create a health-care culture that supports those who are most vulnerable and have the least agency within the system (Van Herk, Smith, & Andrew, 2011).

Engaging in such anti-oppressive practice may come with some challenges, including: compassion fatigue and burnout, workplaces that don't support the approach or where colleagues speak condescendingly about clients, lack of resources, colleagues who view themselves as experts who know what is best for their clients (may be referred to as disciplinary paternalism), "othering" clients by treating them as though they are inherently different from ourselves, an underlying neoliberal framework (which may promote

individualism and competition within the health-care system) and the fact that systems of oppression and privilege are often invisible to those who benefit from them (Bishop, 2015; McGregor, 2001; Van Herk, Smith, & Andrew, 2011). Occupational therapists have some power within the health-care system to advocate for holistic, compassionate and justice-informed care for those whose voices are most often silenced. There is a need to reflect on daily practice and question whether health-care professionals are perpetuating oppression or working to promote dignity and anti-oppressive practice.

Robin Mazumder is currently working on a doctoral degree in cognitive neuroscience at the University of Waterloo, where he is exploring how the built environment impacts health. He explored in his presentation how occupational therapists can contribute to the conversation about poverty and homelessness in Canada by acknowledging and voicing their views on the impact of the built environment on those who live in poverty or who are experiencing homelessness. The Person-Environment-Occupation (PEO) Model (Law et al., 1996) provides a useful perspective for this conversation. One assumption of the PEO Model is that the environment is often easier to change than the person (Law et al., 1996). This understanding provides an opportunity to see solutions to poverty and homelessness in the built environment. In her 1991 Muriel Driver Lecture, Law highlighted how environments can be disabling. Mulholland, Johnson, Ladd and Klassen (2009) identified that the design of our cities has implications on how we perform our occupations. Furthermore, Law (1991) stated that we, as occupational therapists, must “improve our methods to analyze the abilities of built environments to meet the occupation needs of our clients” (p. 177). Research in this area is limited, but some studies have examined the link between poverty, the built environment and obesity (e.g., Lake & Townshend, 2006). Understanding and addressing these complex relationships requires critical thinking and a holistic approach. It should also be noted that there is great opportunity to develop an understanding of these issues from the perspective of occupational science.

Robin described how he was able to use an occupational lens to provide recommendations in his role on Edmonton’s Task Force for the Elimination of Poverty. He discussed how the built environment is intertwined with poverty, specifically examining the ties between the built environment and obesity, mental health and food security. Poor access to recreational facilities and a lack of adequate infrastructure for walking and cycling, as found in communities that have high rates of poverty, can limit engagement in active occupations that contribute to healthy lifestyles (Perdue, 2008). Robin also drew attention to the importance of public spaces in the conversation on homelessness and discussed exclusionary practices that cities often impose, including benches that can only be perched on and even spikes to prevent lying down in public places.

Erin Duebel started her occupational therapy career on a housing

first program team working with clients experiencing homelessness who had mental illness and addictions. She also worked as a policy analyst for the Government of Alberta in the Family Violence Prevention and Homeless Supports Division. This position enhanced her perspectives on the role occupational therapists can play at the population health and wellness level, as well as the importance of considering the wider social context in which clients live and occupational therapists practice. She talked about how the issues of poverty and homelessness can be addressed at the societal level by thinking innovatively in terms of priorities, approaches and strategies, and indeed by effecting changes to public policy.

Social conditions, such as poverty, education level, gender, race, social supports, geography, employment and oppressive institutions, such as racism, sexism, transphobia and homophobia, all impact a client’s everyday life. It is now widely recognized, especially by occupational therapists, that these factors have a much greater impact on health outcomes than previously thought (Hocking, 2013). Clients living in poverty may not have safe, accessible housing in which they can navigate wheelchairs and may not have money for modifications. If clients are unable to read, they may take their medications incorrectly compared to clients with higher levels of education. The deleterious effects of poverty or other social determinants can have an impact on occupational performance, just as physical, mental or cognitive impairments do.

Following a narrow definition of client-centeredness, a core principle of occupational therapy, has resulted in ignoring factors such as social determinants of health in front-line practice and research (Pitonyak, Mroz, & Fogelberg, 2015; Hocking, 2013). Expanding client-centred thinking to include a recognition of how social determinants and societal-level factors create barriers to health and occupation may improve occupational therapy outcomes and reduce occupational injustice (Pitonyak et al., 2015).

As natural advocates, occupational therapists have opportunities to get involved in the battle for health equity, not just through their own practices but also through programming and policy. There are strong arguments that occupational therapists should improve their competencies in health promotion in order to have greater impact on the health of marginalized populations (Holmberg & Ringsberg, 2014; Moll, Gewurtz, Krupa, & Law, 2013).

## Roundtable discussions

Panelists’ presentations were followed by roundtable discussions, which focused on three questions.

### What are the challenges related to poverty and homelessness?

Participants described challenges associated with poverty and homelessness, including decreased access to health care, transportation and child care services; lack of supports and resources (financial, social and cultural), and food insecurity,

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particularly in rural and remote northern communities. These issues are further exacerbated by the stigma associated with being poor or homeless, as well as the racism and negative attitudes often experienced, primarily due to a lack of knowledge and awareness on the part of the general population.

### What opportunities do these challenges present for occupational therapists?

Occupational therapists have the opportunity to advocate (at all levels of government) for those who are living in poverty or experiencing homelessness by championing initiatives such as “employment first” (similar to housing first) and influencing public policy decisions regarding the built environment, including public spaces, which should be inclusive of the entire population. They can also ensure culturally relevant services are offered for ethnic and Indigenous populations.

### As a profession, what should our priorities be regarding poverty and homelessness?

Participants suggested that occupational therapists should reach out to other professions such as nursing and psychology to build relationships and form interdisciplinary teams to address the complex multidimensional issues of poverty and homelessness through “one-stop clinics” that provide a range of services and meet a variety of needs. Occupational therapists should advocate for peer support services, community-based approaches and holistic models of practice. University curricula and instructional materials should include components on advocacy for social justice and occupational therapy interventions for people living in poverty or experiencing homelessness. In the public policy arena, occupational therapists should advocate for the inclusion of people with lived experience in putting forward public policy proposals to address poverty and homelessness. It was recommended that CAOT develop a position statement on homelessness and poverty.

### Conclusion

The forum ended on a positive note with an acknowledgment that the current political climate holds potential for positive policy changes that could result in favourable health and wellness outcomes. Governments are working together on a number of fronts, including on the reduction of poverty and homelessness. The mandate letter of the federal minister of families, children and social development (Trudeau, 2015) calls for leadership in developing a Canadian Poverty Reduction Strategy. The 2016 Canadian federal budget has financial resources earmarked for affordable housing (including housing on Indigenous reserves), housing first initiatives and support for issues such as mental health (Government of Canada, 2016). These are small steps—but they are steps in the right direction. Such a climate presents opportunities for occupational therapists to play pivotal roles in research, practice and advocacy arenas.

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