



Report of the Professional Issue Forum on **Poverty and Homelessness** Banff, AB CAOT Conference April 2016

Professional Issue Forums (PIFs) are held annually at the Canadian Association of Occupational Therapists (CAOT) Conference. PIFs address priority health and social issues, and 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 for CAOT, individual occupational therapists and stakeholders to advance occupational therapy practice and the profession's presence in these areas.

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.

About the Panelists

Robin Mazumder is dedicated to creating vibrant and healthy communities. He is currently doing his PhD in cognitive neuroscience at the University of Waterloo where he is exploring how built environment impacts health. As an occupational therapist he has worked in pediatric mental health, inpatient mental health, with adults with developmental disabilities and complex needs and within community mental health contexts. He taught courses in mental health and human development in the Therapy Assistant program at MacEwan University. Robin previously sat on the Board of Directors for Make Something Edmonton (a City of Edmonton civic engagement initiative), the City of Edmonton's REACH Council for Safe Communities, and the Mayor's Task Force to End Poverty. He has also been an active organizer of various community building initiatives. His community involvement was recognized in 2014 when he was named one of Edmonton's Top 40 under 40. Robin holds a B.Sc from the University of Victoria and is a proud graduate from the University of Toronto's School of Occupational Therapy.

Erin Duebel graduated from the University of Alberta with a Masters of Science in Occupational therapy in 2012 and began her OT career on a Housing First Program team working with homeless clients with mental illness and addictions. She took a break from being an OT to work as a policy analyst at the Government of Alberta in the Family Violence Prevention and Homeless supports division. Currently, Erin works as a mental health therapist with Alberta Health Services in Edmonton, Alberta.

Erin Hoselton is an Occupational Therapist from Edmonton, AB. She graduated from the Master's in Occupational Therapy program at the University of Alberta in 2012. Erin currently works as a Mental Health Therapist for Alberta Health Services' Inner City Support Team, providing comprehensive case

management and community mental health and addiction services to individuals experiencing homelessness. The Inner City Support team partners with various inner city agencies and the Emergency Mental Health Department of Edmonton's Inner City Hospital to provide assertive and accessible healthcare to those who are most vulnerable. Erin has also worked in Housing First with Pathways to Housing Edmonton.

About the Facilitator

Havelin Anand, MLS, MSc, is Director of Government Affairs and Policy, CAOT. Previously she pursued her professional career in the Canadian Federal Public Service where she enjoyed several roles including those of Executive Director, Digitization Task Force; Deputy Director, Portfolio and Horizontal Issues Management (Treasury Board Secretariat); Director, Policy and Strategic Planning (Health Canada); Director General, Social Policies and Programs (Indian and Northern Affairs Canada); Director General, Women's Programs and Regional Operations (Status of Women Canada).

Introduction

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, healthcare 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.

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. 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.

Robin talked about the medical model of disability which focuses on the individual and views disability as being caused by physical, mental or sensory impairments. He discussed the social model of disability which emphasizes environmental, attitudinal, behavioral and systemic barriers and compared these two models to the Person Environment and Occupation Model. 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.

Erin started her presentation with thought provoking questions: does occupational therapy have a role in addressing social determinants of health in practice and public policy arenas? Does client-centeredness prevent occupational therapists from understanding clients in a broader social context? 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 as much of an impact on occupational performance as physical, mental or cognitive impairments.

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 frontline 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). Public health addresses the health of a population by reducing inequities and recognizing the social determinants of health. The federal government, 8 provinces and 3 territories have poverty reduction strategies with a major focus on health. Erin's presentation drew attention to elements of a comprehensive approach to addressing poverty. These include: financial security; goods and services such as food, housing, transportation; people's inner resources such as self-confidence, hope, motivation, life satisfaction; education, knowledge and skills set; relationships and networks.

Roundtable discussions

Panellists' 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, 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.

Recommendations on Way Forward Approaches

The underpinning of occupational therapy is the premise that occupations are necessary for quality of life and well-being. According to Law et al (1991), occupational performance is about the relationship between person, environment and occupation. The relationship between these three elements is interwoven and their congruency is constantly changing. Therefore, the closer the fit, the greater the occupational performance. Including social determinants of health in front line practice could help occupational therapists address poverty and homelessness better as clinicians.

In order to bring about congruency and a better fit between the environment and occupation for those living in poverty and are homeless, there need to be certain “changes” at the societal level. These

include: livable incomes, affordable housing, accessible and affordable transit, accessible and affordable nutritious food, safe walkable neighbourhoods, affordable and quality child care and access to mental health services.

These are areas where occupational therapists can play a role in advocating for these changes at various levels of government so that there is better fit between people and their environment and so that occupational therapy interventions can help people with their occupations whether it is labour market participation or engaging in leisure activities. Occupational therapists who work on inter-disciplinary teams are often the sole and often natural advocates. Why? Because occupational therapists have the training and knowledge to look at people in their individual “contexts” and understand multiple, complex, often invisible interacting factors that influence a person’s life. They recognize the impact of intersectional social determinants of health including poverty and homelessness. It behooves them as healthcare professionals to engage in reflection and advocacy.

“Health equity refers to the absence of avoidable or modifiable differences in health among populations or groups defined socially, economically, or geographically. These measurable health differences arise from underlying levels of social advantage/disadvantage, show a consistent pattern across the population, and are considerable and unfair” PHAC: Canada Best Practices Portal

Given the importance of social determinants on health outcomes occupational therapists must move beyond individual interventions to consider using their knowledge of occupation to help in health promotion (Holmberg 2014) and solve disparities in health incidences and severity (Hocking 2013).

At the micro level, occupational therapists can include the public health perspective in practice by recognizing social barriers to occupation. At the macro level, occupational therapists can include the occupational perspective in major policy frameworks and strategies related to public health promotion.

In the educational arena, occupational therapists should “argue for improved competencies in health promotion” (Holmberg 2014) so that they can advocate for the reduction of health inequities and improve health of socially disadvantaged populations”.

CAOT should continue its efforts with the G8 group of health care professionals, the Canadian Coalition on Public Health in the 21st Century (CCPH21) and Health Action Lobby (HEAL) to effect changes at the individual, population and health system level so that all people of Canada enjoy positive health and wellness outcomes and can engage in occupations because public health is a professional responsibility and opportunity.

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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