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An Exploration of Financial Management Programming for Residents in One Homeless Shelter:
A Qualitative Institutional Case Study

Presented in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Occupational Therapy

Eastern Kentucky University
College of Health Sciences
Department of Occupational Science and Occupational Therapy

Amy Heiser, OTR/L
May 2, 2020

EASTERN KENTUCKY UNIVERSITY

COLLEGE OF HEALTH SCIENCES

DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY

This project, written by Amy Heiser under direction of Dr. Christine Privott and Dr. Dana Howell, Faculty Mentors, and approved by members of the project committee, has been presented and accepted in partial fulfillment of requirements for the degree of

DOCTOR OF OCCUPATIONAL THERAPY

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Executive Summary

Background: Homelessness affects the economy, societies, and individuals' physical, mental, and emotional well-being. Occupational therapy (OT) is a holistic profession that works with people of all ages to increase health, wellness, and participation in daily activities through the use of assessment, intervention, and outcome evaluation. Occupational therapy roles in homeless shelters can include traditional OT, outreach worker, case manager, program developer, advocate, and consultant.

Purpose: Evidence on financial management skill development within homeless shelters and OT is sparse. To address the gap in current literature, the purpose of this project aimed to increase knowledge about programs offered in a homeless shelter and explored financial management skill development as an applicable life skill intervention appropriate for homeless shelter settings and OT practice. The research question was: What are the perceptions of homeless shelter staff concerning programs focusing on financial management skills for the residents in one homeless shelter?

Theoretical Framework. Occupational justice is the right of all people to have equal opportunities to participate in meaningful and necessary daily activities (i.e. occupations). Occupational justice supports the right for residents in a homeless shelter to have direct interventions toward skill development, such as education in financial management.

Methods. This institutional case study explored a homeless shelter to gain knowledge of real-life program phenomena. The primary location for this study was an emergency homeless shelter in the Midwestern United States. Five employee participants were recruited through purposeful selection. Inclusion criteria for participants included: English speaking adults age 18+, and having one-year of employment involving direct experience with homeless shelter residents. This study incorporated qualitative data collection methods via audio-recorded, semi-structured interviews. Validation methods included reflexive journaling, audit trail, and member checking.

Results. Participants included five employees of emergency shelter. Based on participant responses about programming and financial management in the homeless shelter, three themes were identified: 1) residents have many barriers when entering "The Shelter", 2) many facilitating components help the residents get through "The Shelter" program, and 3) residents learn to budget income, pay debts, and save money.

Conclusions: Participants felt that financial management was an effective intervention for residents in a homeless shelter, although success related to an overall comprehensive program. Occupational therapy is a profession that has the proficiency to work in various settings, including homeless shelters. This study proposed financial management as an important intervention area for homeless shelters and suggests the OT profession may play a role in teaching life skills in a homeless shelter setting.

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Certification of Authorship: I hereby certify that I am the author of this document and that any assistance I received in its preparation is fully acknowledged and disclosed in the document. I have also cited all sources from which I obtained data, ideas, or words that are copied directly or paraphrased in the document. Sources are properly credited according to accepted standards for professional publications. I also certify that this paper was prepared by me for this purpose.

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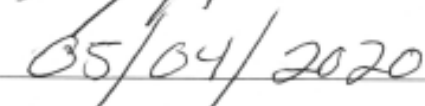


Table of Contents

Section One: Nature of Project and Problem Identification	1
Problem Statement	4
Purpose of the Study	4
Project Objectives	4
Theoretical Framework	5
Significance of the Study	5
Summary	6
Section Two: Literature Review	7
Homelessness in Research	7
Financial Management	10
Occupational Therapy and Homelessness	13
Occupational Justice and Homelessness	15
Summary of Literature	17
Section Three: Methods	19
Project Design	19
Identification of Setting	19
Recruitment Procedures and Inclusion/Exclusion Criteria	20
Data Collection	21
Data Analysis	22
Section Four: Results and Discussion	28
Introduction	28
Results	28
Discussion	39
Strengths and Limitations	47
Implications for Occupational Therapy Practice	48
Future Research	50
Conclusion	51
References	52
Appendix A: Definitions	64
Appendix B: Consent Form	65
Appendix C: Interview Protocol	68

List of Tables

Table 1. Data Coding	23
Table 2. Codes, Categories & Interview Comments.....	24
Table 3. Themes and Quotes.....	24
Table 4. Participant Data.....	28
Table 5. Classes	29
Table 6. Identified Barriers by Participant Statements	31
Table 7. Debt Barriers.....	32
Table 8. Facilitating Components	34
Table 9. Community Resources Based on Participant Statements	35
Table 10. What Residents Learn.....	36
Table 11. Success of the Program.....	39

Section One: Nature of Project and Problem Identification

Imagine what homelessness would look and feel like. The definition of homelessness is the circumstance in which individuals or families do not have a permanent nighttime residence, stay in unsuitable locations, or live in a temporary setting (Healthy People.gov, n.d.). Henry, Watt, Rosenthal, and Shivji (2017) defined chronic homelessness as individuals who are without a permanent residence for over one-year or had four episodes of homelessness within a three-year period that totaled 12 months. Kramer and Hsieh (2019) stated that being homeless is not a title or an identity, therefore this study carefully avoids labeling this group as ‘homeless people’. Instead, the phrase ‘people who are homeless’ or ‘individuals experiencing homelessness’ is used to indicate a situation vs. identity.

There are wide ranges of demographics for homeless individuals and families, such as education, age, gender, race, mental health status (D’Amore, Hung, Chiang, & Goldfrank, 2001; Grandisson, Mitchell-Carvalho, Tang, & Korner-Bitensky, 2009), capabilities, ethnicity, and social class (Kannenberg & Conley, 2020). For example, men and individuals with substance abuse are more likely to be homeless, compared to women and individuals with mental health difficulties (Aubry, Duhoux, Klodawsky, Ecker, & Hay, 2016). Researchers have considered the prevalence of homelessness as related to culture and race and found a higher risk of homelessness for the non-Hispanic Black population than the Hispanic and White American populations (Fusaro, Levy, & Shaefer, 2018).

Other groups who are at risk of homelessness include youths and veterans. Youths in the foster care system are at high risk of becoming homeless when they transition out of foster care (Dworsky, Napolitano, & Courtney, 2013). Researchers have shown that veterans have presented with difficulties transitioning from the service to civilian life and are at risk of

homelessness (Metraux, Cusack, Byrne, Hunt-Johnson, & True, 2017). Kramer and Hsieh (2019) found that millions of children and the elderly are also at high-risk of becoming homeless. More recently, young and single transgender veterans have become high-risk for homelessness; this group has housing instability that was three times higher than cisgender veterans (Carter et al., 2019). Due to high debt trends in the US, even middle and high-class families are at risk of homelessness (Kramer & Hsieh, 2019). Van Oss, Condoluci, and Annino (2018) suggested that homelessness could happen to any person regardless of gender, health, or age.

Numerous circumstances can cause individuals or families to enter a homeless shelter. Boland (2018) found that homelessness involves a combination of structural and individual factors. Structural factors involve housing availability, income restrictions, and decreased welfare benefits, whereas individual characteristics include limited social support, substance use, poor health, relationship problems (Boland, 2018), and racial disparities (Van Oss, Duch, Frank, & Laganella, 2020b). Researchers also found that many families sought a homeless shelter due to financial problems that originated from medical bills and vehicle expenses (Freedom House, n.d.; Steen & MacKenzie, 2013).

Financial management in American societies is decreasing, as exemplified by trends in increasing debt and bankruptcies, and decreasing savings (da Silva, Dal Margro, Gorlc, & Nakamura, 2017). Langley (2008) conveyed that there is a need for people to be more responsible in their financial situations (Maman & Rosenhek, 2019). Individuals need to have sound knowledge of finances to make effective monetary decisions, understand risks, and improve their economic well-being (da Silva et al., 2017).

Researchers investigated veterans transitioning from the service and found that these men felt that they lacked financial management skills, which led to issues of homelessness and

returning to civilian life (Metraux et al., 2017). Clark, Weinrch, Flahive, and Seifert (2018) found that hospital emergency room utilization involving high medical bills occurred prior to an episode of homelessness. Stress related to finances can stem from decreased knowledge of financial management skills and reduced financial literacy that impacts mental and physical health and homelessness (Steen & MacKenzie, 2013). Steen and MacKenzie (2013) stated “any financial stress can lead to eviction and ultimately homelessness” (p. 34). Learning the skills to manage finances and build assets can increase financial security and enable housing steadiness (National Alliance to End Homelessness, 2013).

Occupational therapy (OT) is a profession that works with all populations to improve ability to participate in daily activities (AOTA, n.d.). Occupational therapy can provide holistic practice for individuals who are homeless by assessing “physical, mental or emotional limitations” affecting participation” (Van Oss, Barnes, Carmona, Dobranski, Duffy, Latella, & Shaw, 2020a). Many prominent terms are important to the OT profession, which includes client factors, occupation, participation, occupational performance, patterns, performance skills, interventions, and contexts (Appendix A). Occupational therapy professionals consider financial management as an occupation or a typical daily life activity. The American Occupational Therapy Association (2014) classified financial management as an instrumental activity of daily living (IADL). Occupational therapists assess clients by determining the barriers that affect participation in life activities and collaborate with clients on their personal goals in order to improve functional independence in all meaningful occupations necessary for everyday life, such as financial management (AOTA, n.d.).

In this study, the primary investigator (PI) explored programs in one homeless shelter to understand if financial management was included as a component of education for resident’s

transitioning to community independent living, and the implication of financial management as an intervention for homeless shelters and OT practice.

Problem Statement

Many Americans have problems with basic financial management skills (Carter, 2012; Eisner, n.d.). One homeless shelter reported they serve families who sought assistance typically due to difficulties with finances (Freedom House, n.d.). A group of researchers found that the presence of an OT financial management group was significant for improving skills for foster youths experiencing homelessness (Schultz-Krohn et al., 2018). However, evidence on financial management skill development within homeless shelters is sparse.

Purpose of the Study

To address the gap in current literature, this project aimed to increase knowledge about programs offered in one homeless shelter and examined financial management skill development as an applicable life skill intervention appropriate for homeless shelter settings and OT practice. The purpose of this qualitative institutional case study is to explore the programs offered to individuals residing in a homeless shelter located in the Midwestern US, with a focus on financial management skill development.

Project Objectives

The objective of this study is to explore the programs provided by one homeless shelter and to investigate financial management skills training as a component of its programming. The assumption is that financial management skills could increase residents' ability to return to and maintain community independence. The research question is:

- What are the perceptions of homeless shelter staff concerning programs focusing on financial management skills for the residents of one homeless shelter?

Theoretical Framework

Nilsson and Townsend (2010) defined occupational justice as the “occupational rights to inclusive participation in everyday occupations for all persons in society” (AOTA, 2014, p. S9).

Hocking (2017) presented three foundational ideas of occupational justice:

- Structural and personal characteristics impact participation in occupations.
- Participation/engagement/inclusion in daily activities is essential for health and must be supported.
- Participation can improve the quality of life for vulnerable populations.

All people should have equality in opportunities to participate in daily life occupations and meaningful activities, and opportunities to develop their potential to achieve an independent lifestyle (Aldrich et al., 2017; Hocking, 2017; Schultz-Krohn & Tyminski, 2018). Gaetz et al. presented homelessness as one example of a social and structural injustice (as cited in Roy et al., 2017). While social justice focuses on social conditions, occupational justice addresses what people do or are able to do in order to participate in daily life (Synovec & Aceituno, 2020).

Significance of the Study

This study is significant for several reasons. First, it may provide information on current homeless shelter programming and offer a framework for future program development. Second, it could increase awareness of existing shelter interventions relating to OT practice, occupational participation, and occupational justice. Third, it could inform OT professionals of new and evidence-based practices working with individuals who are homeless and interventions such as financial management. Finally, it may increase organizational and community awareness of the benefits of OT service delivery in homeless shelters.

Summary

According to the theoretical framework of occupational justice, it is important to provide opportunities for participation and resources for individuals who are in the situation of homelessness. Occupational therapy professionals have an understanding of occupational justice and the importance of occupational participation, such as the IADL of financial management. This project enriches current research in the understanding of the importance of financial management programs for people experiencing homelessness who reside in a homeless shelter.

Section Two: Literature Review

The aim of this literature review is to provide an examination of current literature on homelessness, interventions provided in homeless shelters, general interventions for homelessness, research on financial management, occupational therapy and homelessness, and occupational justice. For this review, the electronic databases included PubMed, CINAHL Complete, and EBSCOhost. Search terms for this literature review included: homelessness, homelessness in the United States (US), homelessness and general interventions, strategies to decrease homelessness, financial management, financial management in a homeless shelter, financial management and homelessness, occupational therapy and homelessness, and occupational therapy and financial management, occupational justice, and occupational justice and homelessness.. This literature review consists of research and documents published in English between the years 2011 to 2020 from academic journals and professional organizations.

Homelessness in Research

In 2019, the US had 567,715 people (individuals and families) who were homeless (HUD, 2020). Homelessness is a national problem for several reasons. Problems involve economic issues such as debates in ethical obligations, policies, and moralities that are influenced by Social Darwinism, eugenics, and hypertrophic individualism. Human-made socio-cultural economics involve “dire poverty and destitution [that] exists literally right beside massive, excessive wealth” (Kramer & Hsieh, 2019, p 48). Such ideas impact politics that develop the responses to the poor and homeless (Kramer & Hsieh, 2019). The general idea of Social Darwinism incorporates beliefs against charities and poor relief efforts (Hall, n.d.).

Another problem involving homelessness is the increased community costs. Researchers of two studies found that high hospital emergency room was used for ambulatory services

(Murria, 2018; Van Oss et al., 2020a). van Leeuwen (2018) also found a higher use of emergency health care, along with higher costs related to infectious diseases, and the impact on public physical environments. The risk and costs related to incarceration is also increased due to the circumstance of homelessness (Nooe & Patterson, 2010). Other costs include funds provided to assistance programs (Van Oss, 2020a). The US Department of Housing and Urban Development (HUD) reported that the costs of emergency shelters were more than transitional and permanent housing costs (Griffith, 2017).

Homelessness results in hardship and disaffiliation, which impacts participation in employment, relationships, and social activities (Chang, Helfrich, Coster, & Rogers, 2015). When a person becomes homeless, general independence such as daily activities, routines, and occupations are interrupted, and this affects social acceptance and the individuals' quality of life (Chang et al., 2015). The majority of the researchers studying the topic of homelessness concentrated on prevalence, factors, health/disease, and interventions to resolve homelessness.

Prevalence is a significant issue included in research on homelessness. Fusaro et al. (2018) investigated lifetime prevalence in the US involving the baby boomer generation and found that 6.2% had experienced homelessness. Another researcher reported that adults in the US who are above age 18 presented with a lifetime homeless prevalence of 4.2% (Tsai, 2017).

Interpersonal and community factors influence people experiencing homelessness. One interpersonal factor that impacts homelessness was social support (Aubry et al., 2016). Schultz-Krohn and Tyminksi (2018) agreed with the finding that social support is a factor and stated that many people who experience homelessness have limited support services and decreased opportunities for engagement in meaningful occupations. Community factors that significantly impact homelessness and housing stability include employment, income, vocational training,

social benefits, subsidized housing, and the quantity of available housing (Aubry et al., 2016). Griffith (2017) investigated the perspectives of shelter staff on the barriers that affect those who are chronically homeless. The author found several barriers including affordable housing, mental health status, lack of government resources, limited community efforts, a diminished desire to learn, and decreased education and knowledge in areas such as budgeting, computer, and internet comprehension.

The risk of disease and illness was another common topic for research on homelessness. Many researchers found a correlation between homelessness and illness. Mosites et al. (2019) found that men who were homeless and had multiple health issues were at higher risk of contracting the streptococcal group-A disease (invasive GAS). Holland et al. (2019) found a high prevalence of tuberculosis among people who were homeless in Georgia. Based on the findings, the authors emphasized the importance of shelter testing with suggested methods for increasing resident participation. Other diseases mentioned included respiratory syncytial virus (Boonyaratanakornkit et al., 2019) and invasive pneumococcal infections (Mosities et al., 2019). Mosites et al. (2019) found that individuals who were homeless had a low prevalence of diabetes, which could indicate a low occurrence and lack of diagnosis for people experiencing homelessness. Cancer was the leading cause of death for individuals who were homeless due to a lack of awareness of medical options and diagnosis of cancers that are frequently related to smoking (Biedrzycki, 2018).

Researchers recognized a few general interventions that aim to end homelessness. Some evidence supported the importance of re-housing; although the facilitation of housing subsidies, rapid-rehousing, or transitional housing is necessary for success (Shinn et al., 2016). Attaining safe housing was found to improve "mental health functioning" (Aubry et al., 2016, p. 125).

Hodge, DiPietro, and Horton-Newell (2017) found that placement in safe housing was a useful intervention; however, additional supportive services such as case management and housing support were necessary for a successful transition. Guo, Slesnick, and Feng (2016) found that supportive housing was one of the best interventions to help people transition to independent living. Other researchers reinforced the need for supportive services to ensure the housed experience would be successful (Quinn, Dickson-Gomex, Nowiski, Johnson, & Bendixen, 2017). Even though housing was identified as a primary intervention, multiple barriers impact the attainment of housing. Shinn et al. (2017) reported that transitional housing programs have enrollment issues because of decreased housing availability, small housing size compared to family size, and qualification issues. Consequently, the evidence illustrates gaps and mismatches among service requirements, housing availability, and family needs (Shinn et al., 2017).

van Leeuwen (2018) stated that to change homelessness, societies need “practices, attitudes, and institutions that offer help and care” (p. 605). From the results of studies on homeless shelter interventions, there is limited information on specific types of interventions provided to residents in a homeless shelter, such as financial management as a life skill. Based on this literature review, the primary investigator found that financial management was seldom mentioned as an essential focus for research with the homeless population.

Financial Management

There are various definitions of financial management. Financial management can be defined as the practice of saving, spending, accounting, and investing (Chen, 2017). Atkinson and Messy (2012) described financial management as the “financial awareness, knowledge, skills, attitudes, and behaviors” that guide financial decisions and well-being (as cited by Blue,

Grootenboer, & Brimble, 2015, p. 118). Financial management is also characterized as activities involving “using fiscal resources, including alternate methods of financial transactions, and planning and using finances with long-term and short-term goals” (AOTA, 2014, p. S19).

Steen and MacKenzie (2013) provided a review on financial stress and homelessness and showed that financial stress can be a precipitating event to homelessness. While financial management is stressful to many people, evidence showed that managing finances could decrease anxiety about money and bills (NEA Member Benefits, n.d.). Many researchers reported that financial management implementation often leads to a sense of well-being (Abbott & Marriott, 2012; Elbogen et al., 2013; Komal, Yadav, Mehta, & Gandhi, 2017; Sages, Britt, & Cumbie, 2013). There is a sense of pride in being able to engage in personal financial management practices (Rowe, Serowik, Ablondi, Wilber, & Rosen, 2013). Other benefits of financial management include an improved mental health status (Abbott & Marriott, 2012), increased security (Elbogen et al., 2013), and decreased financial stress (Sages et al., 2013).

People with lower income levels do not get the same opportunities as people with higher incomes (i.e., savings and loans). Therefore, low-income families commonly rely on payday loans or rent to own deals considered “expensive and often predatory services” (De Marco, De Marco, Biggers, West, & Young, 2015, p. 59). Kannenberg and Conley (2020) also presented a case study that showed the overuse of high rate loans that lead to ongoing debt for a man in the situation of homelessness. One-third of Americans live paycheck to paycheck with increased debt and low saving (Kremer & Hsieh, 2019). The Freedom House (n.d.) reported that many families sought a homeless shelter due to financial issues that began with unexpected bills and expenses. Crane et al. (2005) noted that poor money management sometimes was a factor of homelessness (as cited by Steen & MacKenzie, 2013).

Metraux et al. (2017) interviewed veterans at risk of homelessness who indicated a need for financial management education; Dean noted he had “no idea how to manage his finances” (p. 232); Fred reported, “a lot of us are not smart with money while we are in [service]” (p. 232); finally, Kevin stated, “[The military] should teach [soldiers] about thinking way ahead about their future...teach financial management so they can be prepared when they get out” (p. 233). Van Oss et al. (2020b) completed a study with individuals who are homeless as participants and found that financial management was an area that involved a loss of control.

Family and school experiences are dominant sources to the development of proper financial management and financial literacy (da Silva et al., 2017). Financial education increases an individual’s engagement with the financial process, including financial literacy. Financial literacy involves the “skills, knowledge, and dispositions regarding proper and responsible financial conduct” (Maman & Rosenhek, 2019, p. 5). Financial education helps to develop a person’s skills, assertiveness, and decision-making capacity (da Silva et al., 2017). Financial literacy is essential for all citizens as a means to control and manage personal finances throughout their life (Blue et al., 2015). Improving financial behaviors can lead to a better quality of life (da Silva et al., 2017). Experienced practitioners who work with marginalized populations should teach financial literacy and praxis methods within a pedagogical approach (Blue et al., 2015).

The National Alliance to End Homelessness (2013) promoted asset-building strategies, stating these are crucial for establishing financial security. Asset-building strategies involve training in budgeting, improving credit, opening bank accounts, and eventually saving for life events and investing. While saving may seem over-productive for individuals with limited income, the recommendation of a comprehensive approach in saving and higher goals on future

planning can help people attain their financial objectives (National Alliance to End Homelessness, 2013). One study showed that OT intervention program within a homeless shelter improved personal life skills such as financial management (Van Oss et al., 2018).

Occupational Therapy and Homelessness

Literature about OT and homelessness tended to relate to suggested roles of OT with people who are homeless. Lambdin-Pattavina, Desiderio, Glmore, and Maohar (2020) emphasized the OT role of helping individuals who are homeless to “engage in needed, desired and/or expected occupations” (p. 272). Cipriani and Templeton (2019) investigated the role of OT and found that OTs can help to identify occupational needs, the effectiveness of programs, help residents develop personal goals, and help to create relevant programs and interventions. Occupational therapy roles with individuals who are homeless can include traditional OT, outreach worker, case manager, program developer, advocate, and consultant (Roy et al., 2017; Van Oss, et al., 2018).

Occupational therapy is a profession concerned about the ability to participate in necessary and meaningful life tasks i.e. occupations (AOTA, 2014). The following researcher present that people who are homeless have diminished occupational performance and participation. Homelessness affects one’s ability to have control over time and occupational participation (Roy, Vallee, Kirsh, Marshall, & Low, 2017; Schultz-Krohn & Tyminski, 2018). Homelessness also leads to limited opportunities and complex situations that impede typical daily occupations (Boland, 2018; Roy et al., 2017). Losing housing causes displacement and occupational deprivation, which decreases the sense of well-being and leads to depression, lack of functional participation, and survival-based occupations (Marshall & Rosenberg, 2014). Occupational therapists specialize in improving occupational performance issues (AOTA, 2014).

Research in OT commonly assesses various intervention areas for efficiency. One intervention commonly discussed in the literature review is life skills training or occupational performance skills training (Roy et al., 2017). Finlay commented that the OT profession understands the connection between health and meaningful occupational performance and found a goal of OT is to decrease barriers that affect participation in necessary daily occupations (cited by Lloyd & Bassett, 2012). Synovec and Aceituno (2020) stated “direct skill building...may mitigate the effects of barriers” (p. 241).

The profession of OT believes that engagement or participation in meaningful occupations and activities improves health and quality of life (Thomas, Gray, & McGinty, 2011). Participation could include daily activities impacted by homelessness, such as financial management. Hunter and Kearney (2018) presented four community-based interventions in the areas of cognition, self-management, prevention, and home rehabilitation for community-living adults. While this study did not specifically focus on individuals who were homeless or financial management, it presented the importance of IADL performance for community living.

Cabrera, Decker, and Williams (2018) conducted a phenomenological study that concluded OTs could provide environmental interventions, including workshops found to increase residents’ knowledge of services and opportunities that help them transition to stable community living. Silva, Silvestrini, Von Poellnitz, da Silva, Prado, and Leite (2018) investigated and concluded the importance of social participation, meaningful occupations, and a focus on creative interventions that could promote an increased quality of life. Occupational therapists can work with people having comorbidities and can assist in adapting tasks to increase independent living.

Gutman et al. (2018) presented interventions with former people who were homeless and noted the importance of home safety, which could include identifying housing needs and housing modifications to increase function. Cabrera et al. (2018) presented the importance of assessing shelter residents' views of their own needs concerning the transition to stable housing. Some researchers examined OT providing interventions with children within families who are homeless. Rybski (2018) investigated children's behavior and development issues related to homelessness and emphasized the importance of sensory processing interventions.

Occupational therapists can provide various interventions to people who are homeless. These interventions can help increase connections to social networks (Silva et al., 2018), increase engagement, assess daily routine, deliver opportunities for a healthier lifestyle, and improve life activities (Van Oss et al., 2018), such as financial management. Van Oss et al. (2020a) reported that interventions include "re-establishing life roles and routines, education, and training in basic activities of daily living, community integration, and job training" (p. 258).

Roy et al. (2017) reported that the reduced evidence of occupational therapy with individuals who are homeless hinders the development of OT in community settings. Only one study on an OT group specifically on financial management skill development for foster youths experiencing homelessness, was found in literature which showed beneficial results (Schultz-Krohn et al., 2018). This presents a gap in research on financial management as a specific life skill intervention for the OT profession and homeless shelter settings.

Occupational Justice and Homelessness

Homelessness is a concern of occupational justice because of the decrease opportunities to participate in routine life activities. When people lack opportunities for participation in

normal day-to-day activities, then occupational injustice occurs, because participation in daily occupations [such as financial management] is a human right (Aldrich et al., 2017).

Other researchers have shown that homelessness is associated with decreased community participation that leads to problems in “social functioning, health, and quality of life” (Huebner et al., 2003 as cited by Chang et al., 2015, p. 11365). Occupational injustice can lead to occupational alienation, occupational apartheid, occupational deprivation, occupational imbalance, and occupational marginalization (Hocking, 2017). Homelessness leads to a feeling of invisibility and distrust that links to deprivation, cultural marginalization, and disengagement (Lambdin-Pattavina et al., 2020). Schultz-Krohn and Tyminski (2018) presented the subcategories defined as:

- Occupational alienation: an increase in occupations that do not require the use of personal capabilities due to the lack of opportunity to participate in necessary and meaningful occupations that utilize such abilities.
- Occupational apartheid: involves injustice based on personal characteristics (race, religion, sexual orientation) that restrict a person from his/her desired daily pursuits.
- Occupational deprivation: an injustice based on illness or disability that disallows engagement in occupation.
- Occupational imbalance: when one occupational pursuit overshadows other daily and necessary occupations.
- Occupational marginalization: non-equal opportunities, or opportunities not provided to all people of society.

Occupational justice promotes “fairness, equity, and empowerment to enable opportunities for participation in occupations for health and quality of life” (Dvrocher, Rapport, & Gibson, 2013, p. 431-432). Lambdin-Pattavina et al., (2020) reported that empowerment can help marginalized populations gain control over their lives. Stadnyk et al. (2010) stated that occupational justice supports the development of an “occupationally just world...that enables individuals to flourish by doing what they decide is most meaningful and useful to themselves and to their families, communities, and nations” (Dvrocher et al., 2013, p. 437-438).

The OT profession is encouraged to address occupational injustice (Roy et al., 2017). AOTA (2015) promotes OT to “uphold a society in which all individuals have equitable opportunity to achieve occupational engagement as an essential component of their live” (p. 5). Occupational justice directs OTs to serve various populations, including youth, mentally ill (Van Oss et al., 2019), immigrants/refugees, low income, veterans, unemployed, and individuals who are homeless (Aldrich et al., 2017). The goal of this project is related to occupational justice and the development of necessary life skills, because individuals and families experiencing homelessness have the right to participate in essential daily tasks, such as education and financial management skill development.

Summary of Literature

The above literature review was critical to this current study to understand the current research. It showed that homelessness is a national issue that disrupts the economy, societies, and individuals’ physical, mental, and emotional well-being. It was found that homelessness has an impact on various populations based on age, culture, and the high prevalence of diseases. It also showed that while the most common structural intervention is supportive housing, other supportive services are needed to ensure the success of transition from homelessness. Financial

management, as a life skill, was identified as a suggestive intervention area in three studies (Schultz-Krohn et al., 2018, Van Oss et al., 2018, Van Oss et al, 2020b).

Deficiencies of the past literature exist on the topic of financial management in homeless shelters and financial management as an intervention in occupational therapy has not been fully explored. While some researchers mention financial management as a focused area, they provide no explicit detail on the precise education.

This review was essential to understand the focused areas of research on homelessness, which was found to focus on prevalence, effects of homelessness, incidents of health/disease, and structural interventions. Researchers that focused on financial management tended to accentuated definitions and benefits. Information on specific financial management training in homeless shelter or OT practice was limited. Van Oss et al. (2020b) reported that financial management was one life skill that was under addressed.

This project was a qualitative institutional case study that explored the programs offered to individuals in a homeless shelter. This study addressed the gaps within current literature to increase awareness of financial management as a beneficial and necessary intervention. This study can influence future program development in homeless shelters and OT practice.

Section Three: Methods

Project Design

This Capstone project followed a qualitative institutional case study approach, which served as an exploratory effort to increase understanding of programs at one homeless shelter and explored financial management skills training for residents. A qualitative approach is central when attempting to understand the meaning of complex social or human problems (Creswell & Creswell, 2018). This institutional case study approach allowed for the exploration of an organization, which benefits understanding of specific phenomena, can establish theory, and leads to create effective solutions (Baxter & Jack, 2008). This qualitative case study conducted an examination of the programs provided by one homeless shelter located in the midwestern US. Using a case study methodology involves real-life context and actual life issues (Creswell & Poth, 2018). The primary investigator (PI) obtained approval through the Eastern Kentucky University (EKU) Institutional Review Board (IRB) before beginning this study. The PI also gained informed consent from all participants prior to conducting the interviews.

Identification of Setting

The primary location for this study was a homeless shelter in the Midwestern US. This study utilized the pseudonym “The Shelter” to identify the facility where the study took place and where participants were employed. “The Shelter” admits married families or single parents with children. They offer emergency shelter program, transitional housing, and an aftercare program. The mission of “The Shelter” is to provide families with the skills and resources for attaining and maintaining self-sufficiency.

“The Shelter” emergency program is an eight to twelve-week program that provides up to sixteen families with the basic necessities of: no-charge room-and-board for the family, meals,

basic hygiene items, and basic medical checks. In exchange for room-and-board, meals and basic supplies, the residents must agree to participate in the mandatory program elements, such as attendance to classes and meetings with the case manager, etc.

“The Shelter” also offers a transitional housing program that includes rent-based apartments. Residents can qualify for transitional housing following an emergency shelter stay, if permanent housing is not attained within twelve weeks. “The Shelter” also collaborates with landlords to provide affordable housing options to residents. Finally, an aftercare program that includes the attainment of household items and continuous case-management, is available to help families maintain independence in the community.

Recruitment Procedures and Inclusion/Exclusion Criteria

Inclusion criteria for participants included:

- Adults (men and women) above age 18
- English speaking
- An employee at the homeless shelter
- Employed for at least one year
 - Have direct experience with residents, and have some knowledge of shelter programs
 - Participant job positions could include shelter administrators (president and vice president), an accountant/financial manager, and two or more case managers.
- Agree to volunteer for the study (provide informed consent)

Exclusion Criteria included:

- Non-employees of the homeless shelter

- New employees with less than one-year experience in the homeless shelter setting
- Employees not involved in direct services with residents or do not know about shelter programs.
- Non-English-speaking employees
- Employees who do not volunteer or provide informed consent to participate
- Employees determined not eligible per shelter president.

The PI, in collaboration with “The Shelter” president, selected five participants who agreed to volunteer for this study and who provided informed consent following the review of the informed consent process (see Appendix B).

Data Collection

This study incorporated qualitative data collection methods that included semi-structured questions and artifacts as available. Procedures used for validation of the data included reflexive journaling, member checking, and an audit trail.

Five participants were interviewed and answered open-ended questions about the programs and financial skills development in the homeless shelter. The PI conducted the face-to-face, semi-structured interviews with each of the participants at “The Shelter” facility. Interviews took place during a two-week timeframe of February 25 – March 6, 2020. The interviews occurred at a time the participants were available, during open hours of operation of the homeless shelter, and at a time when a confidential space was reserved. The interviews were conducted one-on-one and lasted for approximately 15-30-minutes.

The PI used a specific interview protocol of six open-ended interview questions as the primary source for data collection (see Appendix C). An open-ended interview protocol allowed

the participants to share ideas freely (Creswell & Creswell, 2018). The interview protocol explored participants' views about shelter programming related to financial management as a topic, skill, or intervention offered at the homeless shelter. The interview protocol generally addressed the programs offered for residents at the homeless shelter, descriptions of financial management content in any of the homeless shelter programs, and participant perceptions of the value of financial management as part of shelter programming.

The PI audio-recorded the interviews with the use of a secure password-protected iPhone and a voice recording application called Otter-IA. The PI also used Otter-IA to transcribe the interviews, which also required hand editing. These audio recordings were transferred to a USB drive for storage following the completion of transcriptions, and the transcripts were printed. Then verbal and written interviews were removed from the Otter-IA application. The PI kept all data on a secure password-protected laptop.

Following the completion of the study, all the research materials including informed consent forms, interview question notes, a USB drive of interviews, printed coded transcripts, and tables of data will be mailed and stored on the ECU campus in the faculty advisor's locked office. All the data will be stored for three years following the completion of this study.

Data Analysis

The PI initiated data analysis of the interviews in February 2020 starting with an a priori coding methodology and moving to emergent coding. The a priori method of coding involves the formation of codes and categories prior to data gathering (Creswell & Poth, 2018). This coding method allowed connection of the study topic to the occupational therapy practice because the Occupational Therapy Practice Framework (AOTA, 2014) was used to determine the initial codes. Emergent coding is important in order to generate the meaning of experiences and

common categories within the data that is gathered (Taylor, 2017). Emergent coding helped to ensure that all data was accurately represented through the coding process. Data analysis continued through March – April 2020 described in-depth below. The finalized codes are listed in table 1.

Table 1. Data Coding

<ul style="list-style-type: none"> ▪ Primary Codes: 	
<ul style="list-style-type: none"> ○ Financial Management 	<ul style="list-style-type: none"> ○ Participant Perceptions
<ul style="list-style-type: none"> ▪ Secondary Codes: 	
<ul style="list-style-type: none"> ○ Budgeting 	<ul style="list-style-type: none"> ○ Barriers
<ul style="list-style-type: none"> ○ Paying Debt 	<ul style="list-style-type: none"> ○ Facilitators
<ul style="list-style-type: none"> ○ Saving 	<ul style="list-style-type: none"> ○ Education - Need
<ul style="list-style-type: none"> ○ Education - What 	

Using Microsoft Word track changes, participants' statements were highlighted to relate to a priori codes and to determine emergent words, expressions, and ideas that lead to emergent coding and an elucidation of codes. Based on the interview data provided, in-depth analysis was completed by creating a table that included the main topics of the interview, and the participant responses. This table was used to develop summary focus areas based on the interview questions. The next step in data analysis involved setting up a codes/categories table using the codes as the main topic area and matching all identified quotes from the transcripts that related to each code. Each statement was assigned a number and letter based on participant. For example, Participant 1 was P1-A, which was then followed by a number from the transcripts track changes to identify quote. This allowed the PI the ability to reference transcripts easily. Since some participants had similar responses, these quotes were bulked together. Table 2 shows a section example:

Table 2. Codes, Categories & Interview Comments

I. <u>Primary Code</u> : Financial Management		
<u>Secondary Codes</u> :	<u>Participant & Comment #</u>	<u>Quotes from Transcripts</u>
Budgeting	P1-A3	“The nutrition class would probably factor in here, because it's teaching them how to effectively, um, prepare meals, purchase food, prepare meals that are nutritious and healthy on a budget, for their family” “they also do, um, like how to prepare a meal for families that, say for instance, if you only had a budget of \$10, how can you prepare a meal”
	P2-B9	
	P1-A8 P1-A16 P4-D4	“So, they work through and build a practical budget with each one of them [residents]” “And it's tailored [budget] just for that person” “helps them build a budget specific to their family that they agree to”

The next step the PI completed in the data analysis process was relating the codes and statements to develop theories in relation to the research question. Full themes were created with one key word for that category, and a table was created to relate the codes and statements to each theme. For a brief example see table 3.

Table 3. Themes and Quotes

▪ Residents have many barriers when entering the program			
<u>THEME topic</u>	<u>Codes</u>	<u>Comment #</u>	<u>Quotes</u>
Barriers	Barriers Debts:	P1-A41	“The only barriers are the certain bills that have are substantial to the point where they cannot receive the services from that organization until they pay the debt down to a certain dollar amount”
		P2-B3	“A [State] Public Service, because that's what <u>hinders them</u> when they do get a place, they can't get it into their name, so we work with them to pay that bill off.”

A final table was created to transition themes to the results page allowing the PI to categorize quotes into the results and discussion sections of the paper. This table is used for referencing only. A copy can be provided if audit is required.

Validity

Rigor is the trustworthiness of a study concerning the reality of a situation or experience (Brigitte, 2017). Assessing rigor includes multiple strategies such as member checking, detailed descriptions of experiences/perspectives, and reflexivity (Creswell & Creswell, 2018; Lysack, Luborsky, & Dillaway, 2017). For this study, the PI incorporated member checking by contacting members through email to verify findings. The email stated:

“Based on my results from my study, I develop three themes, which are:

1. Residents enter the homeless shelter with many barriers,
2. Many facilitating components help resident get through the program,
3. Residents learn to budget, pay debt, and to save.

Would you agree with this? Would you change anything?”

See discussion for member checking responses.

An additional qualitative method the PI utilized was reflexive journaling to attempt the triangulation of data, and to acknowledge personal biases. The PI took notes during the semi-structured interviews that included information important to the study objectives and relevant observations. Reflexivity involves the process in which the researcher reflects on roles, personal/cultural/social background, and experiences that could impact the interpretation of data (Creswell & Creswell, 2018). It is a way the PI can evaluate personal perspectives and reactions to any bias in perceptions and data interpretations (Lysack et al., 2017). The reflexivity process

involved an examination of the PI's thoughts through the process of research. This allowed the PI to assess and document reactions to the participant information gained through data collection and how this related to the research and evidence in order to provide trustworthiness of data.

Finally, further validation was obtained with the detailed data analysis process that was used to create an audit trail, which describes the process of establishing the codes to categories to themes to results. This audit trail documents the thinking process of the PI and shows how findings were attained (Creswell & Poth, 2018).

Ethical Considerations

Ethical considerations and standards of practice are imperative to acknowledge when conducting research (Creswell & Creswell, 2018). The PI was trained in ECU standards, confidentiality, and ethical research protocols. The informed consent process did require participants' names, which was kept confidential throughout research analysis and the finalization of this study. There was limited risk that participants' identities would be revealed. Participant names were avoided during the interview process, and names were not mentioned during the analysis and writing process. No other personal, private, or identifying information on the participants was collected or recorded during the interviewing process, or on any person residing in the setting. The anonymity of identity was ensured through coding disassociation, the use of pseudonyms such as 'Participant 1 (P1), Participant 2' (P2), etc. Participants were notified of this low risk during the informed consent process.

The study risks were reasonable regarding the anticipated benefits to learn about homeless shelter programs and skill development for residents. The study benefits involve an increased awareness of financial management as an intervention area and the value of OT delivery in a homeless shelter.

Upon completion, all of the study data, including interviews, artifacts, and analysis information, will be mailed and stored on the ECU campus, in the faculty advisor's secured office. These records will be kept for three years, or until August 2023. Following the three-year period, all of the hard copy raw data materials will be securely shredded, and all recordings deleted. All parties involved in the research process were trained and knowledgeable of the legal and ethical research procedures and requirements.

Section Four: Results and Discussion

Introduction

The purpose of this qualitative institutional case study was to explore the programs offered to individuals residing in a homeless shelter in the Midwestern US, with a focus on financial management skill development. Five qualifying participants were purposefully selected and interviewed. An open-ended semi-structured interview protocol was used to keep interviews focused on the research purpose, to answer the research question:

- What are the perceptions of homeless shelter staff concerning homeless shelter programs, focusing on financial management skills of individuals residing in a homeless shelter?

This section provides information about the results of this study. These results present the responses attained from this institutional case study, followed with the identified themes related to participant statements.

Results

A total of five participants were interviewed in this study. While demographics were not specifically collected in the interview, participants met the inclusion criteria during the informed consent process, as described in table 4:

Table 4. Participant Data

Participants	Inclusion Criteria					
	<u>Age 18+</u>	<u>Gender</u>	<u>Employee of 1 year</u>	<u>English speaking</u>	<u>Works with residents</u>	<u>Position at "The Shelter"</u>
Participant 1 (P1)	Yes	Female	Yes	Yes	Yes	President
Participant 1 (P2)	Yes	Female	Yes	Yes	Yes	Vice-President
Participant 3 (P3)	Yes	Female	Yes	Yes	Yes	Accountant
Participant 4 (P4)	Yes	Female	Yes	Yes	Yes	Case Manager
Participant 5 (P5)	Yes	Female	Yes	Yes	Yes	Case Manager

Based on responses from each participant, “The Shelter” emergency shelter program is an eight to twelve-week program that works with residents to:

- P1: “put themselves in an affordable living situation for the future”
- P2: “change the way they spend their money”
- P3: “go above and beyond as the situation comes up”
- P4: “set up a Credit Karma account if they don't already have one, so that they know what their credit score is”
- P5: “obtain sustainability”.

“The Shelter” provides several required classes to help residents during their stay at the emergency shelter (See table 5).

Table 5. Classes

<i>Classes</i>	
<ul style="list-style-type: none"> • Parenting & Nutrition <ul style="list-style-type: none"> ○ – Tuesday evenings 	P4: “we offer various types of programming. So, classes that we offer are offered twice a week, and they include parenting, nutrition, financial management and budgeting, as well as job skills and resume building”.
<ul style="list-style-type: none"> • Financial management & Resume writing <ul style="list-style-type: none"> ○ – Thursday evenings 	

Participant 4 reported “there is a set curriculum, but it depends on how long it takes them to work through it”. Participant 1 supported this statement in regard to the length of the program, stating it “depends on the success of employment and finding residency elsewhere”.

Several participants mentioned the financial management class, which is offered once a week and is hosted by volunteer financial professionals. This class is held in a group setting at “The Shelter” facility. Volunteers provide one-on-one instruction, and help residents set up a

resume, create an Indeed.com account for finding a job, teach budget planning, and tailor a budget realistic and specific to the resident/family situation.

- P1: “So, the financial planning piece of it the, the budgeting, we work one on one. Our volunteer group who comes in, the same group, comes in every week, and they are comprised of different financial planners and such, who do this professionally, accountants who do this professionally...This group builds a program that is realistic for them”.

Other components of “The Shelter” program includes occasional consultation from an on-site accountant:

- P4: “we have them meet with a financial case manager (accountant)... to build the budget and go over what they, what type of debt they have, what type of income they have coming in, and what's most important to work on”.

Several participants (P1, P2, P3, P4) talked about the case management. All residents are assigned a regular case manager that is provided to each resident, as summarized:

- P4: “their regular case manager that they meet with weekly is the person that holds them more accountable, as far as if they were sticking to that budget, um, to show them proof that they're saving while they're here, to show them receipts if they were paying down debt, or to know what happened with their money”.

Themes

Creswell and Poth (2018) defined the use of themes as broad components of data that form general ideas used to develop a narrative discussion related to the study objectives. Once a priori coding was completed and categories were determined, three main themes emerged that provide descriptions of the homeless shelter programming. The three themes that represented the

data are: 1) residents have many barriers when entering the program, 2) many facilitating components help the residents get through the program, and 3) residents learn to budget income, pay debts, and save money.

Residents have many barriers when entering the homeless shelter. Based on participant interview responses, many people enter the homeless shelter program with numerous barriers. Participants described barriers to include illiteracy, cultural language barriers, mental health factors, limited motivation or willingness to participate, decreased knowledge of financial management skills, and large debts. See table 6 for specific barriers and related statements.

Table 6. Identified Barriers by Participant Statements

<u>Barrier</u>	<u>Participant Quote:</u>
Illiteracy	P2: “you might have some that come in, un, in facility that can’t read”
Mental Health factors	P3: “I would say mental illness. I would say that there’s a lot of families here, and I’m not a specialist, but they will tell you sometimes they have some things... um, and I think, just like, if it’s anxiety, depression, just low self-esteem ... I think those are barriers that really prevent them from making the strides to better their lives. I just don’t know if they feel they can do it”
Language	P4: “sometimes there can be a language barrier. Um, if we have someone...we’ve had a few people who speak Spanish, um, understand English, but not the best at written communication”.
Participation	P4: “it could just be the person’s willingness to participation”
Attendance	P4: “And then attendance, so we do require that people attend, but of course it’s up to them if they show up. Or, if they’re already working during that time, then they wouldn’t be able to attend”
Personalities	P5: “just the differences in personalities and parenting styles”
Openness	P5: “sometimes I think they are not as open to receiving some of the information”
Overwhelmed	P1: “a lot of people are overwhelmed by the thought of having to do something like this and can they stick to it”
Hindrances	P3: “Sometimes just getting that ID and birth certificate is challenging because they’re fleeing bad situations, who is going to think to grab a birth certificate”
Lack of knowledge	P1: “We found that a lot of people don’t have education in this area, and so they need, they need that help, so that can help with the finances and with a tight budget, and how to feed a family on a small budget”

	<p>P1: "I feel that they don't have the background and the, the know how to build a proper budget that's realistic for them"</p> <p>P3: "a lot of them just don't have I would say those basic like balancing a checkbook or thinking about a budget. I think it's just very spur of the moment they live in"</p> <p>P5: "I do think financial management is probably the thing that our residents struggle with the most".</p>
Lack of funds	P1: "... a lot of times people find themselves homeless because they don't have a savings account or an emergency fund"

Another main barrier that participants mentioned was large debts that hinders a resident's ability to get services. Common debts could include past public service bills, lender loans with high interest rates, past rent, citations, multiple expensive evictions, and paying back housing benefits (See table 7 for examples).

Table 7. Debt Barriers

<ul style="list-style-type: none"> • P1: "The only barriers are the certain bills that have are substantial to the point where they cannot receive the services from that organization until they pay the debt down to a certain dollar amount"
<ul style="list-style-type: none"> • P2: "What prevents them from moving forward, it depends on how much the debt is"
<ul style="list-style-type: none"> • P3: "A lot of the families have, um like bad lender type loans where they're paying just a lot of money"
<ul style="list-style-type: none"> • P2: "some people can be \$10,000 in debt, \$5,000 in debt, or maybe 2000, but you have to, you have to realize that they only have a certain, certain amount of income when they come in here"
<ul style="list-style-type: none"> • P5: "A lot of people are coming in with a lot of barriers on their background; you know multiple evictions, and then it's the process of: how do we come back from this?"
<ul style="list-style-type: none"> • P3: "usually most evictions are between \$5,000 and \$10,000, which is crazy"
<ul style="list-style-type: none"> • P1: "to get acclimated back into society after they've stayed here they must have that bill brought down to under \$1100 dollars and that is very hard for people who are making minimum wage or something comparable to that"
<ul style="list-style-type: none"> • P1: "they cannot take part in low income housing until they get that balance pay down"
<ul style="list-style-type: none"> • "we look, I look at, Okay, um, you have this eviction on your record, so what you need to do, is... how do you feel about paying \$50 towards, you know, that bill, but then also you have an electric bill that needs to be paid"

Many facilitating components help residents get through the program. The residents are supported at "The Shelter" through the provision of an overall program with a personal

accountant, volunteer financial professionals, and case managers who all support the resident's progress toward improving personal finances. The case managers provide support and coaching to increase resident's accountability of their income and budget, they listen to the resident's story, and they facilitate the development of problem-solving skills by asking residents questions and providing support.

- P2: "My job [case manager] is to make sure that they're actually saving their money and to get them, um, started thinking about the bills that they have right now that's preventing them from moving forward, so let's try to work on paying this off first".
- P2: "... so, what I do when I do my assessment, you have to listen to their story... I'm your coach, I'm going to cheer you on... I'm just following right behind to make sure you are doing the steps you need to do".
- P2: "I'll start to ask them questions... "Where would you like to be in two years, or where do you see yourself. Tell me how can you move forward? What resources ...can I give you that you will be willing to go out there and receive, those skills or ... knowledge"
- P2: "what I do is I have the residents to ah, give me a photocopy of their um, check stub. And, with that assessment part we go through to see what bills they have out there, you know, their needs versus they their wants".
- P3: "The case managers do help the families get on, you know; Well, I guess, first and foremost, they help them get birth certificates and IDs so they can begin applying for different public assistance programs".

Case managers expect residents to provide consistent documentation on how paycheck was budgeted and dispersed to verify spending. Residents learn to write down what they have paid and what they saved and how to keep records of payments and savings.

- P1: “they have to provide us with documentation after each payday as to how much money is being saved, how much they were paid, and how much they're using pay off debt...so it's constant documentation and monitoring of their finances with our staff”.
- P2: “And so, every money that they have coming in has to be um, documented ... to make sure that they are actually saving their money”.

The staff at “The Shelter” go above and beyond the standard services to help each resident based on their needs. The staff are available through the whole process, and they discuss resident needs, read documents, assist on filling out applications, provide positive encouragement, and teach residents to think about finances and their future.

See Table 8 for components of the program that facilitate resident success.

Table 8. Facilitating Components

<ul style="list-style-type: none"> • P1: “...if things are not looking good and they really need somebody to walk alongside them in this process”
<ul style="list-style-type: none"> • P1: “I think what, what happens is, like, we talked about the savings”
<ul style="list-style-type: none"> • P2: “we asked them what type of barriers that is holding them back, or preventing them to move forward”
<ul style="list-style-type: none"> • P3: “So, if they come in with some very large needs, um, you know at least try to get with them within the first week or two that they're here, um, and just begin talking about, you know, where they are financially”
<ul style="list-style-type: none"> • P2: “always encourage them that the door will open up pretty soon”
<ul style="list-style-type: none"> • P2: “And so, I would read everything for them, to make sure that they understand” ... and then I will even take my time out and fill out the applications for them”
<ul style="list-style-type: none"> • P1: “The [Shelter] takes care of all the necessities that they [residents] would need to typically pay for, so that they have no expenses while they're staying at [“The Shelter”]”

<ul style="list-style-type: none"> • P2: “Like say, say for instance, if there's something here that we don't have, here at the facility because some people have allergic reactions to different, you know, ... such as soap, you know, and stuff like laundry soap, so we want to make sure that they get that”
<ul style="list-style-type: none"> • P2: “we're working together...yup, we're working together...we don't want to overstep our boundaries is what [financial class] have applied them with them and what they supposed to do, so let's work together so we don't have them doing the same thing”.

“The Shelter” also collaborates with community partnerships such as low-income renters, and organizations that help with low-income families, as presented in table 9:

Table 9. Community Resources Based on Participant Statements

<u>Community Resource</u>	<u>Participant Statement</u>
Housing Services:	<ul style="list-style-type: none"> • P2: “we partnership with other um, people out there in the community, to um, provide different resources for families to find stable homes ... the [State name] Job Center, Forward Services, New Cap, Rapid Rehousing”
Job skill training:	<ul style="list-style-type: none"> • P5: “...the W-2 Work Readiness Program”
Benefit Programs	<ul style="list-style-type: none"> • P3: “we encourage them to apply for any type of um, benefits...food share, childcare...housing”
School Transportation	<ul style="list-style-type: none"> • P5: “we also do a referral through a program for the school district called the McKinney Vento program...helps individuals who are homeless ...with transportation for their kids to get to school”
Low Income rentals	<ul style="list-style-type: none"> • P5: “we also have some connections with some low-income properties”

Residents learn to budget income, pay debts, and save money. “The Shelter” has an overall focus to help families learn the skills to become self-sufficient. The residents are taught the process of budgeting which includes paying debts, saving money, and changing how they spend their money. Bank statements and bills are utilized to teach budgeting skills by showing residents how to break down their income to make a payment on each bill. Residents learn the difference about needs versus wants and they learn to re-think how they spend their money.

Residents learn to follow program requirements and to build a practical budget that is tailored to their family needs, on a realistic level (See table 10).

Table 10. What Residents Learn

<i>What Residents Learn</i>
<ul style="list-style-type: none"> • P2: “What they learn from me (case manager) here, is to learn how to manage their money wisely. They learned that, ah, they have to go out there and to meet their goals weekly”
<ul style="list-style-type: none"> • P1: “So, they work through and build a practical budget with each one of them”.
<ul style="list-style-type: none"> • P1: “It’s [budget] tailored for each of them, and its created on a realistic level of something that’s attainable for them for the first time”
<ul style="list-style-type: none"> • P4: “helps them build a budget specific to their family that they agree to”
<ul style="list-style-type: none"> • P2: “And so, to say, okay this is what you want, but this is what you actually need. Yeah. So, let’s go back a step. Okay. So, you went and purchased, you know, this item but you really didn’t need that item. So now this kind of backfired on you because you can utilize that \$20 to pay towards that [State] Public Service build, so it’s just, ...yeah, rethinking
<ul style="list-style-type: none"> • P3: “at least when paychecks do come in, they can focus on, you know, while <i>‘I got a paycheck, it doesn’t mean I should go blow it in one day’</i>”
<ul style="list-style-type: none"> • P1/P2: “The nutrition class would probably factor in here, because it’s teaching them how to effectively ... purchase food, prepare meals that are nutritious and healthy on a budget, for their family ... say for instance, if you only had a budget of \$10”

Residents are expected to use the tools they are taught in the program, such as attending weekly meetings, meeting with case managers, paying their debts. They are learning to modify financial behaviors to be able to take responsibility and build a better future.

- P2: “they have to be meeting the requirements here, which is attending their ah, weekly classes, attending their case meeting, paying off um, their debt”
- P1: “they use whichever process of saving or paying down debt that was worked through”
- P2: “I want them to learn how to write everything down ...to learn the steps and the process of what it takes”

- P4: “they are not that excited about it [budget] when they first go. But once they’ve been in it, they tend to find it beneficial”
- P2: “...so, they're utilizing what the financial person has ah, told them to do”

To be successful, many participants talked about the importance of participation in the program:

- P2: “And if they really want to move forward, they will complete every single goal that is laid out for them...A person who comes into the program have to be willing to change...accept change and adapt to change”
- P4: “I think that everyone does benefit from what we offer, if they participated in it ... only get as much as out of it as they're willing to put in”
- P5: “as long as, you know, you're doing what you're supposed to be doing when you're here”
- P2: “what we're doing is trying to get them to like, modify their behavior”

Several participants discussed the mandatory protocol for the residents to save money, with several options to help this in this process:

- P1: “Therefore, 75% of their paycheck must be put either to pay off their debts, or to save”.
- P1: “... even if it means they’re saving \$50 a month”
- P2: “Why are you here? We want you to save, so therefore you need to save 75% of your income”
- P3: “be saving at least 75% of their money in savings”
 - P1/P5: “There are different ways that they can do that

1. “they can purchase money orders and we will keep them in a safe assigned to them that they in their case manager sign off on...
 2. And another is, people will have a specific account, and a debit card, and they have a percentage of their wage um, from the employer um, deposited on payday into that specific account, pay and then they have us keep that card in a locked safe, so they do not have access to spend the funds...
 3. And then the third option that ... they can save on their own in their own savings account... we just ask to see statements”.
- P1: “If they're available (money/savings), they spend them; if they're not available, they forget about them”
 - P4: “I think it's better for them to have their own account set up and be used to handling their, you know, having the willpower save their own money ... versus someone locking in a safe for them”

There is an indirect aspect of learning that involves residents learning from other residents who began the program before them.

- P1: “Peer-to-peer type of mentoring...I think that that happens because a lot of them when they start to see that things are that the, the budgeting in this new way of working through their finances is working. They share that positive feedback with other residents who are staying here, so it influences the others to be a little more motivated to make this this new budget work”.

Several participants reported that the residents do benefit from the program, based on participation. Three participants conveyed that the financial management development was a

favorite class and utilized the most in regard to what the resident learn. This program has been successful for 15 years (See table 11).

Table 11. Success of the Program

<i>Success of the Program</i>
<ul style="list-style-type: none"> • P1: “So, we're very happy with how that's been going so, um, that has that class has been going for approximately 15 years”
<ul style="list-style-type: none"> • P1: “I think that we're doing we're actually doing a really good job with helping them with their financial management, so I don't know that we're really missing anything”
<ul style="list-style-type: none"> • P4: “I think that having them build the budget and be accountable for weekly with their case manager tends to work pretty well”
<ul style="list-style-type: none"> • P1: ”So, they [residents] they're able to implement all of these things [budget, paying debt, saving] based on the coaching they're receiving from the different people”
<ul style="list-style-type: none"> • P1: “So, the financial planning class that they have on Thursday nights is by far their favorite”
<ul style="list-style-type: none"> • P4: “we get the most positive resident feedback about the financial class that we offer”
<ul style="list-style-type: none"> • P5: “I think the thing that they utilize the most is that financial class, and the budgeting and the resume prep”
<ul style="list-style-type: none"> • P1: “I think after they've completed our eight to 12-week program I think they're well equipped I'm very confident in what we've taught them”
<ul style="list-style-type: none"> • P1: “we can see the progress over time, and how much money they've saved the debt they paid off and how, how accomplished they feel personally and what they've been able to achieve while they've stayed with us”
<ul style="list-style-type: none"> • P3: “So, obviously that's [debt] not something we can really fix it 8 to 12 weeks. Um, but what we try to do at best as, you know, get them a little more stable financially”
<ul style="list-style-type: none"> • P1: “we're definitely open minded because we care so much about breaking the cycle of homelessness”

Discussion

Based on the research question presented in this study: What are the perceptions of homeless shelter staff concerning homeless shelter programs, focusing on financial management skills of individuals residing in a homeless shelter? Participant responses provided thorough descriptions of the barriers that impacted the residents, the facilitating components that help residents through the program, and the skills the residents learned in the program.

Residents have many barriers when entering the homeless shelter. Barriers can greatly impact the ability to live independently. Participants reflected that personal and situational barriers impacted resident's abilities to attain independent living. The participants in this study reported that the biggest barrier for residents was past debt, which included high interest loans. DeMarco et al. (2015) supported this, stating that predatory type companies that offer expensive high-rate loans commonly target low-income families. Based on participant feedback, "The Shelter" provides support and resources to acknowledge all barriers that impact each resident.

As presented in the literature review, supportive housing was one structural intervention recommended toward decreasing homelessness. It is very important that homeless shelters, homelessness coalitions, and interested stakeholders strive to decrease all the barriers that impact homelessness and resident involvement in independent living. Decreasing barriers includes increasing residents' awareness of community resources and providing opportunities for the development of skills such as financial management. Such support to limit barriers can decrease stress and improve economic stability (Synoveca & Acertuno, 2020).

Financial management and financial literacy are important skills needed to decrease and prevent barriers such as high debt situations (da Silva et al., 2017; Maman & Rosenhack, 2019). The National Alliance to End Homelessness (2013) supports training in asset building as a process to improve financial status and reduce homelessness.

There were many facilitating components help the residents get through the program. No details were provided within the literature review on specific interventions related to financial management skill development to help residents in a homeless shelter. This gap in literature may be based on stereotypical assumptions that people who are homeless do not have

an income or they do not have bills, therefore financial management education is not needed. Yet many individuals/families who are homeless do actually have an income (Nooe & Patterson, 2010). Van Oss et al. (2018, 2020b) noted life skills interventions included financial management, yet without precise focus, which may be another reason this topic is limited in research studies.

Based on this study, participants provided extensive overview of their program that provides many facilitating components to help residents improve their and their families' lives. A few components at "The Shelter" included an interdisciplinary team approach with an accountant, case managers, and a group of professional financial volunteers that all work collaboratively. "The Shelter" provides education and support to aid residents in decreasing debt, increasing savings, and guidance through job and home attainment in order to help residents transition back to independent living. By providing an interdisciplinary approach, "The Shelter" is able to provide a consistent program that directs residents to learn the necessary skills needed to reach their goals of attaining independent residence.

Residents learn to budget income, pay debts, and save money. Several researchers noted in the literature review the importance of financial education to improve financial literacy and financial conduct (da Silva et al., 2017; Maman & Rosenhack, 2019). The learning process was a key element of "The Shelter" program, as residents were learning new ways to manage their finances, including learning to budget their paycheck, how to pay off various debts, and how to save. The residents learned hands-on how to budget their paycheck. Case managers commonly facilitated discussion about how to divide up paycheck between bills. Residents were also mandated to save a portion of their paycheck, which taught them how to save money versus spending their whole paycheck right away. Many participants reported that most residents never

learned how to do budgeting prior to attending the program at “The Shelter. By providing budgeting guidance and regularity over eight to twelve weeks, residents develop consistency and routine with bill paying and saving.

Another indirect benefit that was mentioned by one participant was the occurrence of peer-to-peer learning. This involved seeing how other residents were doing in the program or listening to their feedback, which can help encourage interest and participation for new residents. Hendry and Oliver (2012) discussed peer observation learning to include learning through the observation of another person or colleague, which is shown in research to be very beneficial. This is related to observational learning that promotes observing another person in successful tasks that can strengthen self-efficacy in the observer (Hendry & Oliver, 2012). This supports the experiences of residents at “The Shelter” regarding participation and learning the financial skills needed to be successful in the program and in the community.

It was also noted that success was based on residents’ participation in the program, including attending regular meetings with case managers, attending weekly classes, and implementing a budget by showing documentation of saving and paying debts. One participant noted that residents were learning to re-think how they do their finances, which included modifying behaviors and change. Blue et al. (2015) supported the importance of personal involvement stating that financial knowledge cannot fix financial problems if people’s behaviors and actions don’t change. While this study did not specifically focus on learning theories, many adult learning theories support the process that occurs at “The Shelter”. As Trotter (2006) explained, adult learning can occur at any age (Age Theory), and through various stages, starting with pre-conventional or survival stage and ending at the post-conventional stage, which involves the ability to critically think about life (Stage Theory). The Cognitive Development Theory

shows how people first develop concrete ideas that advances to abstract thinking. Finally, the Functional Theory emphasizes the importance of life experiences of young adults “who begin to learn by confronting pertinent situations” (Lindeman as cited by Trotter, 2006, p. 10). All these theories can support the learning that occurs at “The Shelter”.

Learning processes can also relate to OT practice. The Functional Theory can be related to occupation-based practice (OBP). OBP involves working directly on tasks that need to be improved or re-learned following illness, injury, or any life situation that impacts a person’s independence. Occupational therapists use OBP by getting clients engaged in occupation (Fisher, 2014). In the situation of homelessness, many families need to start over, to learn how to clean up their debt and learn to budget, which is best done through hands on practice.

Occupational therapy can provide interventions and adaptations to increase a client’s participation in financial management and fill roles in a homeless shelter such as case manager, outreach worker, consultant, and advocate (Grandisson, et al., 2009; Roy et al., 2017). A main role in OT is to help individuals who are homeless increase independence, decrease barriers, and improve opportunities in education and skill building (Van Oss et al., 2020a). The differentiation OTs can provide is the application of activity analysis that incorporates learning adaptations based on the needs of the client. Activity analysis is the process that involves the understanding of task participation involving physical, psychosocial, neurological, cognitive...spiritual, developmental, and environmental components, which allow humans to be involved in daily life (Lamport, Coffey, & Hersch, 2001). Occupational therapists can work with homeless shelters and implement “activity analysis, environmental modifications, and occupational adaptations” to help individuals improve engagement (Synovec & Aceituno, 2020, p. 242; Van Oss et al., 2020b). Occupational therapists have knowledge in health conditions,

marginalized populations, and ability to evaluate environments, which can be used to help individuals who are homeless (Van Oss et al., 2020b). Occupational therapists on a care team can provide assessment of all factors that hinders performance in everyday life (Kannenberg & Conley, 2020). Therefore, OT would be a valuable addition to any homeless shelter.

The foundation of OT practice also incorporates the foundation of occupational justice. Hocking (2017) states that an aspect of occupational justice involves the ability to participate in common acceptable “culturally important occupations [such as] work, education, leisure, and the cultural life of the community” (p. 31). A component of bioethics and occupational justice, recognition justice, promotes that all people and groups be “recognized and enabled to fully participate in society” (Durocher et al., 2013, p. 439). This could include the development of financial literacy and management skills. Fairness in opportunities and resources is an essential aspect of participation in daily life and to human existence (Aldrich et al., 2017).

“The Shelter” provides a system of education and coaching in order to teach residents the financial management skills needed for independent living and to “end the cycle of homelessness” (P1). Dukes (2018) stated “the power of education to transform individual lives, and its value as a precursor to stable and gainful employment, must inform our efforts at all levels to prevent and end homelessness” (para. 8). “The Shelter” provides education and resources to residents, which could be considered a positive contribution toward occupational justice and increasing a resident’s ability to participate in the necessary life occupation of finances that we all encounter.

This study is significant as it promotes the importance of financial management skill development for residents in a homeless shelter. While this study specifically focused on the occupation of financial management, “The Shelter” presented an overall rounded program for

residents that facilitates budgeting, nutrition, parenting, record keeping, job acquisition, housing, and financial stability.

This comprehensive and interdisciplinary approach presented to be successful in this one homeless shelter, which could be replicated at other homeless shelters to help people in a tough situation get back to living independently. The process of support, education, and teaching/learning is also significant for the OT profession. Within OT practice it is common to incorporate a comprehensive, holistic, client-centered approach, assessing clients based on barriers, strengthens, and culturally specific needs. Occupational therapy also incorporates client involvement in the development of their personal goals, which makes the learning and development process more meaningful to the clients. This indicates that OTs would be a good addition to a homeless shelter setting.

In the process of research, the PI also took notes and completed a reflexive journal throughout the study to prevent bias, attain triangulation, and provide clarity of the study. The PI noted that all participants were cooperative and answered the questions openly and directly, with no hesitation. The PI was surprised that out of all the participants, the accountant provided the least amount of information about the program at “The Shelter”, or the methods that are used to teach financial literacy to the residents. It is possible that the financial accountant did not fully understand the purpose of the study topic in relating OT and financial management as a life skill. This is important to recognize in order to increase awareness of the importance of occupation-based daily activities that are necessary to residents’ daily lives. Occupation-based practice and OT practice could also be a key area that needs to be advocated within community settings to increase awareness of the OT profession, but also the foundational components of OT and how OTs could supplement programming in a homeless shelter.

Another reason why the accountant may have provided little detail could be due to the complete collaboration of “The Shelter’s” interdisciplinary team. Participants did comment that the accountant gets involved with residents that have immediate and severe circumstances, or after a resident attains employment, otherwise the case managers provide the bulk of support.

In the process of reflexivity, the PI expected to learn details about what financial management skills were taught, such as how to budget, balance a checkbook, and breakdown a paycheck. Participants did mention there was curriculum for the financial management class, but this was not available for this study. The PI was surprised to learn that paying debt was a main focus area that each participant mentioned. This knowledge could supplement the components and definitions of financial management and promote debt riddance as an important focus area within financial literacy and financial management skill training.

The PI also reflected on personal knowledge gained through the research experience and time at the homeless shelter. The PI started this project as a mission for a school requirement, yet the real importance of research is the information that is learned through the qualitative process. In this study, data emphasized the importance of advocating for individuals in the situation of homelessness, to show the benefits and importance of homeless shelter programming, to emphasize financial management as an important intervention, and to increase awareness of the OT profession.

Finally, the PI integrated member checking to verify findings, by contacting participants through email. Participants 2, 4 and 5 responded in agreement of the themes discovered in this study. Participants 4 and 5 did not have further recommendations, whereas participant 2 emphasised the challenges in relation to family diversity, language difficulties, and the

importance of identifying or changing barriers that contribute to homelessness. No additional response or feedback was received from participants 1 and 3.

Strengths and Limitations

The strength of a qualitative case study design is that it sought to understand complex issues involving real life situations bounded in a specific time and place (Creswell & Poth, 2018). Other strengths of using a qualitative case study design included increasing an understanding of the relationship between contexts, the exploration of the lived reality and experiences within an organization, the discovery of unexpected data, identifying connections between influencing factors, and the development of new ideas and theories (Hodkinson & Hodkinson, 2001), such as financial management skills training as a component of occupational justice.

This study specifically explored one homeless shelter program with a focus on financial management development. One strength of this study was the attainment of the maximum number of five participants to interview, which provided specific reciprocal detail about the current programs provided to help residents. Another strength is the understanding of a real-life program that is offered in a homeless shelter. “The Shelter” program has been running successfully for 15 years. Many participants felt the program was a comprehensive program that provided the residents with the support to become self-sufficient. While several participants felt their program was very successful and complete, they were open to all options to help residents in order to “end the cycle of homelessness” (P1). Another strength of this study was to gain knowledge about the overall non-judgmental services “The Shelter” provides to help residents get back on their feet, which included the interdisciplinary team approach that could be a factor to improve other community organization the help individuals who are homeless.

There are several limitations to this study. One limitation is that only one homeless shelter in the Midwestern US area was explored and a small sample of participants sought, therefore the findings attained may not be generalizable to other homeless shelters. Another limitation of the study was limited access to artifacts or worksheets that the residents receive as part of their program, therefore specific information about what is taught in the financial class is unknown.

While rigor and reflexivity was incorporated, it must be recognized that this was the PI's first qualitative case study experience, which could have impacted the choice of coding and analysis, although quality was improved by incorporating audit trail, reflexivity, and member checking.

Implications for Occupational Therapy Practice

Occupational therapy is a holistic profession that works with people of all ages to increase health, wellness, and participation in daily activities through the use of assessment, intervention, and outcome evaluation (AOTA, n.d.). Literature about OT and homelessness commonly promoted the role of OT with people who are homeless, which includes traditional OT, outreach worker, case manager, program developer, advocate, and consultant (Roy et al., 2017; Van Oss, et al., 2018).

This study was important for the OT profession in regard to working with clients that may be in the situation of homelessness, or clients that present a risk for homelessness. This could promote OT to work in community settings such as a homeless shelter. Cipriani and Templeton (2019) investigated the role of OT and found that OTs can help to identify occupational needs, support the effectiveness of programs, help residents develop personal goals, and assist to create relevant programs and interventions.

Occupational therapists commonly assess a person based on all their needs, to determine limitations (barriers) and strengths. Occupational therapists can support individuals who are homeless by helping shelter residents define their strengths, determine their problem areas, and provide interventions to improve occupational skills that increase participation in daily activities (Van Oss et al., 2018). Interventions used in OT can help individuals who are homeless improve functional skill development and quality of life (Synovec & Aceituno, 2020).

While the literature on OT and financial management was sparse; nevertheless, financial management is considered an occupation under IADLs (AOTA, 2014). Three studies in OT reported financial management as a component within life skills training (Schultz-Krohn, et al., 2018; Van Oss et al., 2018, 2020b). This study was important for the OT profession in regard to promoting financial management as an intervention area. Based on the literature review, financial management is a general problem for many people living in the US. Occupational therapy uses activity analysis in order to break down tasks and teach people skills based on individual needs, therefore financial management could be a regular aspect of client-centered treatment.

This study supported the program outcome objectives of the Eastern Kentucky University doctorate program: occupation-based practice, leadership, diversity, and critical thinking. These elements are very important for the profession of OT in order to promote understanding of what our profession does, and awareness to community organizations, such as homeless shelters. It is important that other organization and professionals understand how OT could be an asset to their program. Occupational therapists can help to provide need assessment to facilities/organization to determine if gaps exist, or if other focus areas should be incorporated in programming; they can work directly with clients/residents by providing an occupational profile and outcome-

oriented assessments that can determine strengths, barriers, and client-centered collaboration to determine specific needs and meaningful goals of the client.

Occupational therapy can also lead a variety of groups that can include task groups, exercise groups, and psychosocial groups (Higgins, Schwarteberg, Bedell, & Duncombe, 2015). Other groups could include occupation-based life skills such as: stress and coping, activity adaptations for physical impairments, home management, safety awareness, financial management in everyday life, etc.

Other implications of this study is the promotion of leadership and involvement in OT research, which is important as a means for the profession to grow. Occupational therapy research provides support for the basis of critical thinking with foundational parameters. Overall this study increased the knowledge about the benefits of financial management as an intervention option, promote the importance of comprehensive programming in homeless shelters, advocate for individuals who are homeless, and increases awareness of the OT profession.

Future Research

Further research is needed in regard to investigating programming in other homeless shelters to continue the assessment of programs offered to families who are homeless, and to improve future programming. This could incorporate the exploration of multiple case studies comparing a variety of homeless shelters throughout a specified region in order to audit the differences and similarities in programming and goals.

The PI must also acknowledge that, while financial problems do exist for most of the residents who enter the homeless shelter, that this might not be a main issue for the residents' personal situation. Therefore, the next step to continue this study would be an exploration to understand current and past resident perspectives of "The Shelter" program and the financial

skills taught, which could help to evaluate the actual needs of the residents and determine the pros and cons of the program. Resident perspectives could help to improve outcomes and establish areas where more support could be incorporated and to assess if financial management skills were sustained after leaving the emergency shelter.

More research is also needed to assess the actual positions of OT in homeless shelter settings and how OT positions in homeless shelters can be facilitated. This could involve the investigation of grant programs for OTs. Another area that could benefit from further research is advance investigation on financial management as an OT intervention in various settings and with various populations.

Conclusion

Based on the perceptions of participants, it is suggested that financial management skill development with consistent case management, are successful processes in helping residents in a homeless shelter become self-sufficient. This study focused on occupational justice and the right for individuals who are homeless to have opportunities for skill development. The knowledge from this study is also important to the occupational therapy profession as a means to recognize financial management as an important intervention area. While financial literacy training is important, it was also recognized that a comprehensive program is needed to provide the support and instruction to residents in a homeless shelter to help them transition to independent community living. Finally, this study can increase the awareness of the occupational therapy profession to promote utilization within various community settings, such as homeless shelters.

References

- Abbott, D., & Marriott, A. (2013). Money, finance and the personalisation agenda for people with learning disabilities in the UK: Some emerging issues. *British Journal of Learning Disabilities, 41*(2), 106–113. <https://doi.org/10.1111/j.1468-3156.2012.00728.x>
- AOTA. (n.d.). What is occupational therapy? Retrieved from <https://www.aota.org/Conference-Events/OTMonth/what-is-OT.aspx>
- AOTA. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy, 68*(1), p. S1-S48. <https://doi.org/10.5014/ajot.2014.682006>
- AOTA. (2015). Occupational therapy code of ethics. *American Journal of Occupational Therapy, 69*(3). 6913410030p1-6913410030p8. <https://doi.org/10.5014/ajot.2015.696S03>
- Aldrich, R. M., Boston, T. L., & Daaleman, C. E. (2017). Justice and U.S. occupational therapy practice: A relationship 100 years in the making. *American Journal of Occupational Therapy, 71*, 7101100040p1. <https://doi.org/10.5014/ajot.2017.023085>
- Aubry, T., Duhoux, A., Klodawsky, F., Ecker, J., & Hay, E. (2016). A longitudinal study of predictors of housing stability, housing quality, and mental health functioning among single homeless individuals staying in emergency shelters. *American Journal of Community Psychology, 58*, 123-135. <https://doi.org/10.1002/ajcp.12067>
- Baxter, P. & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report, 13*(4), 544-559. <http://www.nova.edu/ssss/QR/QR13-4/baxter.pdf>

- Biedrzycki, B. (2018). Homeless with cancer: An unrecognized problem in the United States. *Clinical Journal of Oncology Nursing*, 22(6), 676–679. <https://doi-org.libproxy.eku.edu/10.1188/18.CJON.676-679>
- Blue, L., Grootenboer, P., & Brimble, M. (2015). The importance of praxis in financial literacy education: An indigenous perspective. In M. Marshman, V. Geiger, & A. Bennison (Eds.). *Mathematics Education in the Margins*, pp. 117–124. Sunshine Coast: MERGA. Retrieved from <https://files.eric.ed.gov/fulltext/ED572427.pdf>
- Boland, L. M. (2018). Homelessness: Critical reflections and observations from an occupational perspective. *Journal of Occupational Science*, 26(2), 308-315. <https://doi.org/10.1080/14427591.2018.1512006>
- Boonyaratanakornkit, J., Ekici, S., Magaret, A., Gustafson, K., Scott, E., Haglund, M., ... Chu, H. Y. (2019). Respiratory syncytial virus infection in homeless populations, Washington, USA. *Emerging Infectious Diseases*, 25(7), 1408–1411. <https://doi-org.libproxy.eku.edu/10.3201/eid2507.181261>
- Brigitte, C. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. (Abstract). *Dimensions of Critical Care Nursing*, 36(4), 253–263. Retrieved from https://journals.lww.com/dccjournal/Fulltext/2017/07000/Rigor_or_Reliability_and_Validity_in_Qualitative.6.aspx
- Cabrera, K., Decker, R., & Williams, R. (2018). A day shelter environment's role in transitioning out of homelessness: An appreciative inquiry approach. *American Journal of Occupational Therapy*, 72(1). <https://doi-org.libproxy.eku.edu/10.5014/ajot.2018.72S1-RP102D>

Carter, E. (2012). *10 common money management mistakes that you're probably making.*

Forbes. Retrieved from <https://www.forbes.com/sites/financialfinesse/2012/08/29/10-common-money-management-mistakes-that-youre-probably-making/#395833118ed3>

Carter, S. P., Montgomery, A. E., Henderson, E. R., Ketterer, B., Dichter, M. Gordon, A. J.,... &

Blosnich, J. R. (2019). Housing instability characteristics among transgender veterans cared for in the Veterans Health Administration, 2013-2016. *American Journal of Public Health, 10*(10), 1413-1418. <https://doi.org/10.2105/AJPH.2019.305219>

Chang, F., Helfrich, C. A., Coster, W. J., & Rogers, E. S. (2015). Factors associated with community participation among individuals who have experienced homelessness. *International Journal of Environmental Research and Public Health, 12*(9), 11364-11378. <https://doi.org/10.3390/ijerph120911364>

Chen, J. (2017, November 24). Money Management. Retrieved November 23, 2019, from <https://www.investopedia.com/terms/m/moneymanagement.asp>

Cipriani, J. & Templeton, O. (2019). OT's role for persons who are homeless: A systematic review of assessments and interventions in the published literature 2009 to 2017. *American Journal of Occupational Therapy, 73*(4).

<https://doi.org/10.5014/ajot.2019.73S1-PO5014>

Council of Economic Advisors. (2019). *The state of homelessness in America.* Retrieved from <https://www.whitehouse.gov/wp-content/uploads/2019/09/The-State-of-Homelessness-in-America.pdf>

Creswell, J.W. & Creswell, J. D. (2018). Qualitative methods. In J.W. Creswell & J.D. Creswell (Eds.), *Research design: Qualitative, quantitative, and mixed methods approaches*, (5th ed., pp. 179-211). Thousand Oaks: Sage.

- Creswell, J.W. & Poth, C.N. (2018). Five qualitative approaches to inquiry. In J.W. Creswell & C.N. Poth (Eds.), *Qualitative inquiry & research design: Choosing among five approaches* (4th ed., pp. 65-110). Thousand Oaks: Sage.
- D'Amore, J. Hung, O., Chiang, W. & Goldfrank, L. (2001). The epidemiology of the homeless population and its impact on an urban emergency department. *Academic Emergency Medicine*, 8(11), 1051-1055. <https://doi.org/10.1111/j.1553-2712.2001.tb01114.x>
- da Silva, T. P., Dal Magro, C. B., Gorla, M. C. & Nakamura, W. T. (2017). Financial education level of high school students and its economic reflections. *Revista de Administração* 52, 285–303. <https://doi.org/10.1016/j.rausp.2016.12.010>
- De Marco, A., De Marco, M., Biggers, A., West, M., & Young, J. (2015). Can people experiencing homelessness acquire financial assets? *The Journal of Sociology & Social Welfare*, 42(4), 55-78. Retrieved from <http://scholarworks.wmich.edu/jssw/vol42/iss4/5>
- Dworsky, A., Napolitano, L., & Courtney, M. (2013). Homelessness during the transition from foster care to adulthood. *American Journal of Public Health*, 103(S2), S318-23. <https://doi.org/10.2105/AJPH.2013.301455>
- Dukes, C. (2018, May 3). Strengthening partnerships between education and homelessness services | United States Interagency Council on Homelessness (USICH). Retrieved from <https://www.usich.gov/news/strengthening-partnerships-between-education-and-homelessness-services/>
- Eisner, S. (n.d.). 5 leading causes of financial problems and what to do about them. Retrieved November 23, 2019, from <https://www.solveyourdebts.com/blog/5-leading-causes-of-financial-problems-and-what-to-do-about-them/>

Elbogen, E. B., Sullivan, C. P., Wolfe, J., Wagner, H. R., & Beckham, J. C. (2013).

Homelessness and money mismanagement in Iraq and Afghanistan veterans. *American Journal of Public Health, 103*(S2), S248–S254.

<https://doi.org/10.2105/AJPH.2013.301335>

Fisher, A. G. (2014). Occupation-centred, occupation-based, occupation-focused: Same, same or different? *Scandinavian Journal of Occupational Therapy, 21*, 96–107,

<https://doi.org/10.3109/11038128.2014.952912>

Freedom House. (n.d.). Freedom House. Retrieve from <https://www.freedomhouseministries.org/>

Fusaro, V. A., Levy, H. G., & Shaefer, H. L. (2018). Racial and ethnic disparities in the lifetime prevalence of homelessness in the United States. *Demography, 55*(6), 2119–2128.

DOI:[10.1007/s13524-018-0717-0](https://doi.org/10.1007/s13524-018-0717-0)

Grandisson, M., Mitchell-Carvalho, M., Tang, V., & Korner-Bitensky, N. (2009). Occupational therapists' perceptions of their role with people who are homeless. *British Journal of Occupational Therapy, 72*(11), 491-

498. <https://doi.org/10.4276/030802209X12577616538672>

Guo, X., Slesnick, N., & Feng, X. (2016). Housing and support services with homeless mothers: Benefits to the mother and her children. *Community Mental Health Journal, 52*(1), 73–

83. <https://doi.org/10.1007/s10597-015-9830-3>

Gutman, S. A., Amarantos, K., Berg, J., Aponte, M., Gordillo, D., Rice, C., ... Schluger, Z.

(2018). Home safety fall and accident risk among prematurely aging, formerly homeless adults. *American Journal of Occupational Therapy, 72*(4), 1–9.

<https://doi.org/10.5014/ajot.2018.028050>

- Hall, P.D. (n.d.). Social Darwinism and the poor. *Social Welfare History Project*. Retrieved March 12, 2020 from <http://socialwelfare.library.vcu.edu/issues/social-darwinism-poor/>
- Healthy People.gov. (n.d.). Housing instability. Retrieved January 7, 2020, from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/housing-instability>
- Hendry, G. D., & Oliver, G. R. (2012). Seeing is believing: The benefits of peer observation. *Journal of University Teaching & Learning Practice* 9(1), 1-9. Retrieved from <https://ro.uow.edu.au/cgi/viewcontent.cgi?article=1262&context=jutlp>
- Henry, M., Watt, R., Rosenthal, L., & Shivji, A. (2017, December). *Part 1: Point-in-time estimates of homelessness; the 2017 annual homeless assessment report (AHAR) to Congress*. U.S. Department of Housing and Urban Development. Retrieved from <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>
- Higgins, S., Schwartzberg, S. L., Bedell, G., & Duncombe, L. (2015). Current practice and perceptions of group work in occupational therapy. *American Journal of Occupational Therapy*, 6. <https://doi.org/10.5014/ajot.2015.69S1-PO7096>
- Hocking, C. (2017). Occupational justice as social justice: The moral claim for inclusion, *Journal of Occupational Science*, 24:1, 29-42, <https://doi.org/10.1080/14427591.2017.1294016>
- Hodge Jr., J. G., DiPietro, B., & Horton-Newell, A. E. (2017). Homelessness and the public's health: Legal responses. *Journal of Law, Medicine & Ethics*, 45, 28–32. <https://doi.org/10.1177/1073110517703314>

Hodkinson, P., & Hodkinson, H. (2001). The strengths and limitations of case study research.

Retrieved from

http://education.exeter.ac.uk/tlc/docs/publications/LE_PH_PUB_05.12.01.rtf

Holland, D. P., Alexander, S., Onwubiko, U., Goswami, N. D., Yamin, A., Mohamed, O., ...

Toomey, K. E. (2019). Response to isoniazid-resistant tuberculosis in homeless shelters, Georgia, USA, 2015-2017. *Emerging Infectious Diseases*, 25(3), 593–595.

DOI:<https://doi.org/10.3201/eid2503.181678>

HUD. (2020, January 7). HUD releases 2019 annual homeless assessment report. Retrieved

April 24, 2020 from

https://www.hud.gov/press/press_releases_media_advisories/HUD_No_20_003

Hunter, E. G., & Kearney, P. J. (2018). Occupational therapy interventions to improve

performance of instrumental activities of daily living for community-dwelling older

adults: A systematic review. *American Journal of Occupational Therapy*, 72(4), 1–9.

<https://doi.org/10.5014/ajot.2018.031062>

Kannenberg, K., & Conley, M. (2020, January 1). Advancing occupational justice through street-

based intervention: A case study examining strategies for increasing meaningful

engagement in the face of homelessness and incarceration. *WORK*, 65(2). 303 – 310.

Komal, Yadav, G., Mehta, M., & Gandhi, S. (2017). Money management practices among

students. *International Journal of Commerce, Business and Management*, 6(1), 21-23.

Kramer, E. & Hsieh, E. (2019). Gaze as embodied ethics: Homelessness, the other, and

humanity. In M. J. Dutta & D. B. Zapata (eds.), *Communicating for Social Change*,

https://doi.org/10/1007/978-981-12-2005-7_3

- Lambdin-Pattavina, C. A., Desiderio, K. Glmore, R., & Maohar, B. (2020, January 1). Using appreciative inquiry to explore and enhance perceptions of empowerment for those experiencing homelessness: A pilot study. *WORK*, 65(2). 271 – 283.
- Lampport, N. K., Coffey, M. S., & Hersch, G. I. (2001). *Activity analysis & application*. (4th ed.). Thorofare, NJ: Slack.
- Lloyd, C. & Bassett, H. (2012). The role of occupational therapy in working with the homeless population: An assertive outreach approach. *New Zealand Journal of Occupational Therapy*, 59(1), 18-23. <http://www.nzaot.com/publications/journal/index.php>
- Lysack, C., Luborsky, M. R., & Dillaway, H. (2017). Gathering qualitative data. In R.R. Taylor (Ed.), *Research in occupational therapy: Methods of inquiry for enhancing practice* (2nd ed., pp. 196-213). Philadelphia: F. A. Davis.
- Maman, D. & Rosenhek, Z. (2019): Facing future uncertainties and risks through personal finance: conventions in financial education. *Journal of Cultural Economy*, 13(3), 303-317. <https://doi.org/10.1080/17530350.2019.1574865>
- Metraux, S., Cuseck, M., Byrne, T. H., Hunt-Johnson, N., & True, G. (2017). Pathways into homelessness among post-9/11-era veterans. *Psychological Services* 14(2), 229–237 <http://dx.doi.org/10.1037/ser0000136>
- Mosites, E., Zulz, T., Bruden, D., Nolen, L., Frick, A., Castrodale, L., ... Bruce, M. G. (2019). Risk for invasive streptococcal infections among adults experiencing homelessness, Anchorage, Alaska, USA, 2002-2015. *Emerging Infectious Diseases*, 25(10), 1911–1918. <https://dx.doi.org/10.3201/eid2510.181408>.
- Murria, A. (2018). *Homelessness: A public health problem*. American Dental Hygienists Association. Retrieved January 15, 2020 from

http://pubs.royle.com/publication/frame.php?i=480349&p=&pn=&ver=html5&view=articleBrowser&article_id=3028815

National Alliance to End Homelessness. (2013). Fostering financial literacy and security.

Retrieved from <https://endhomelessness.org/resource/fostering-financial-literacy-and-security/>

NEA Member Benefits, (n.d.). 6 simple steps to build a stress-free budget. Retrieved from

https://www.neamb.com/Personal-Finance/6-Simple-Steps-to-Build-a-Stressfree-Budget?utm_source=COSK0119&utm_medium=SEM&utm_campaign=SMCO019A&utm_content=budget&gclid=Cj0KCQjwIJfsBRDUARIsAIDHsWq_rUsL1SmzfAvvDxUOj_jYhTF5_t_RmbaAG-7SoiVFkHTK5p7SC7DwaApkdEALw_wcB

Nooe, R. M. & Patterson, D. A. (2010). The ecology of homelessness. *Journal of Human*

Behavior in the Social Environment, 20(2), 105-152. Retrieved from

<http://dx.doi.org/10.1080/10911350903269757>

Quinn, K., Dickson, G. J., Nowicki, K., Johnson, A. K., & Bendixen, A. V. (2018). Supportive housing for chronically homeless individuals: Challenges and opportunities for providers in Chicago, USA. *Health & Social Care in the Community*, 26(1), e31–e38.

<https://doi.org/10.1111/hsc.12467>

Rowe, M., Serowik, K. L., Ablondi, K., Wilbur, C., & Rosen, M. I (2013). Recovery and money management. *Psychiatric Rehabilitation Journal*. 36(2): 116–118.

<https://doi.org/10.1037/h0094982>

Roy, L., Vallée, C., Kirsh, B. H., Marshall, C. A., Marval, R., & Low, A. (2017). Occupation-based practices and homelessness: A scoping review. *Canadian Journal of Occupational Therapy*, 84(2), 98-110. DOI:[10.1177/0008417416688709](https://doi.org/10.1177/0008417416688709)

- Rybski, D. (2018). Predictors of social skills and problem behaviors in homeless and low-income-housed preschool children (Poster session). *American Journal of Occupational Therapy* 69, <https://doi.org/10.5014/ajot.2015.69S1-PO2083>
- Sages, R. A., Britt, S. L., & Cumbie, J. A. (2013). The correlation between anxiety and money management. *College Student Journal*, 47(1), 1–11. Retrieved from <https://www.k-state.edu/powercatfinancial/about/Sages%20et%20al.2012.anxiety%20and%20money%200mgmt.pdf>
- Schultz-Krohn, W., Ang-Asuncion, I., Carter, K., Cone, J., Crane, L., Eduvala, L., & Entekin, K. (2018). Promoting financial literacy in homeless teens through a leisure-based occupational therapy program. *American Journal of Occupational Therapy*, 72(1). <https://doi.org/10.5014/ajot.2018.72S1-PO6022>
- Schultz-Krohn, W. & Tyminski, Q. (2018, June). Community-built occupational therapy services for those who are homeless. *The American Occupational Therapy Association, Home & Community Health Special Interest Section*. Retrieved from <https://www.aota.org/~media/Corporate/Files/Publications/CE-Articles/CE-Article-June-2018.pdf>
- Shinn, Brown, Wood, & Gubits, (2016). Housing and service interventions for families experiencing homelessness in the United States: An experimental evaluation. [Manuscript]. *European Journal of Homelessness*, 10(1), 13-30. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6133270/pdf/nihms933464.pdf>
- Shinn, M., Brown, S. R., Spellman, B. E., Wood, M., Gubits, D., & Khadduri, J. (2017). Mismatch between homeless families and the homelessness service system. [Manuscript].

- City Scope*, 19(3), 293-307. Retrieved from
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5760190/pdf/nihms927088.pdf>
- Silva, C. R., Silvestrini, M. S., Von Poellnitz, J. C., da Silva, A. C., Prado, A., & Leite Jr, J. D. (2018). Creative strategies and homeless people's occupational therapy, art, culture, and sensitive displacement. *Brazilian Journal of Occupational Therapy*, 26(2), 489-500.
<https://doi.org/10.4322/2526-8910.ctoRE1128>
- Steen, A., & MacKenzie, D. (2013). Financial Stress, financial literacy, counselling and the risk of homelessness. *Australasian Accounting, Business and Finance Journal*, 7(3), 31-48.
<https://doi.org/10.14453/aabfj.v7i3.3>
- Synovec, C. E. & Aceituno, L. (2020, January 1). Social Justice Considerations for Occupational Therapy: The Role of Addressing Social Determinants of Health in Unstably Housed Populations. *WORK*, 65(2). 235 – 246.
- Taylor, R. R. (2017). *Kielhofner's research in occupational therapy: Methods of inquiry for enhancing practice* (2nd ed.). Philadelphia, PA: F. A. Davis Company.
- Thomas, Y., Gray, M., & McGinty, S. (2011). A systematic review of occupational therapy interventions with homeless people. *Occupational Therapy in Health Care*, 25(1), 77–90.
<https://doi.org/10.3109/07380577.2010.528554>
- Trotter, Y. D. (2006). Adult learning theories: Impacting professional development programs. *The Delta Kappa Gamma Bulletin*. Retrieved from
<http://teacherlink.ed.usu.edu/nmsmithpages/irex2012/readings/Susan/Susan%20Turner%20Reading%201.pdf>

- Tsai, J. (2017). Lifetime and 1-year prevalence of homelessness in the US population: results from the national Epidemiologic survey on alcohol and related conditions-III. *Journal of Public Health, 40*(1), 65-74. <https://doi.org/10.1093/pubmed/fox034>
- van Leeuwen, B. (2018). To the edge of the urban landscape: Homelessness and the politics of care. *Political Theory 46*(4) 586–610. <https://doi.org/10.1177/0090591716682290>
- Van Oss, T., Barnes, S., Carmona, C., Dobranski, K., Duffy, C., Latella, K., & Shaw, S. (2020a, January 1). Homelessness: Understanding unmet needs and identifying resources. *WORK, 65*(2). 257 – 263.
- Van Oss, T., Condoluci, S., & Annino, R. (2018). Homelessness and the role of occupational therapy. *SIS Quarterly Practice Connections, 3*(2), 11–13. Retrieved from <https://www.aota.org/Publications-News/SISQuarterly/health-wellness-practice-connections/HCHSIS-5-18.aspx>
- Van Oss, T., Duch, F., Frank, S., & Laganella, G. (2020b, January 1). Identifying occupation-based needs and services for individuals experiencing homelessness using interviews and photovoice. *WORK, 65*(2). 247 – 255.

Appendix A: Definitions

Client factors (internal characteristics), and body structures/functions (physical characteristics) can impact the ability to participate and in occupations (AOTA, 2014).

Contexts encompass the physical environments, social relationships, cultural influences, demographics, and interactions that we engage in (AOTA, 2014). OT commonly assesses the impact of contexts, and how settings, such as a homeless shelter, can impact participation in typical daily life tasks.

Interventions are multidimensional care plans that enable change or development in client factors and performance skills to facilitate participation in necessary daily tasks (AOTA, 2014). The OT intervention process involves the development of a plan, implementation of a process (specific occupation or preparatory activity), and a measurable outcome.

Occupation(s): are all of the life activities that people commonly participate in every day. There are two categories of occupations, including activities of daily living (ADLs) and instrumental activities of living (IADLs). ADLs are the primary tasks we must do every day to care for ourselves, such as bathing, dressing, grooming, oral hygiene, and eating. In contrast, IADLs are the extended tasks that we do in our lives, including but not limited to cooking, cleaning, work, school, leisure pursuits, home management, and financial management (AOTA, 2014).

Occupational performance involves the ability to engage in or do occupations (AOTA, 2014). Subcategories of performance include life patterns and personal performance skills. **Patterns** are considered the routines, roles, and habits that we incorporate into daily life, and **performance skills** are the learned goal-based actions that involve motor skills, processing skills, and social skills (AOTA, 2014).

Participation is the ability to be involved in life activities (AOTA, 2014; World Health Organization, 2002).

Appendix B: Consent Form

Consent to Participate in a Research Study

An Exploration of Financial Management and the Impact on Residents' Independence in One Homeless Shelter:
A Qualitative Institutional Case Study



Key Information

You are being invited to participate in a research study. This document includes important information you should know about the study. Before providing your consent to participate, please read this entire document and ask any questions you have.

Do I have to participate?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering. If you decide to participate, you will be one of about five people in the study.

What is the purpose of the study?

The purpose of the study is to explore financial management approaches and the impact on residents' independence in one homeless shelter, [The Shelter] located in [midwestern, US]. As an employee you will have worked at The Shelter for a minimum of 1 year, have direct experience working with residents, or have knowledge of programming, speak English, and agree to volunteer for the study, and sign this Informed consent Form.

Where is the study going to take place and how long will it last?

The study will be conducted here at The Shelter. You will need to participate in an interview at The Shelter for approximately 15-30 minutes in a location mutually decided upon.

What will I be asked to do?

You will be asked approximately 5-10 questions about your knowledge and perceptions of the homeless shelter programming. The interview will take place one-on-one with me as the PI, and with the intent of a private and confidential environment. The interview will be completed in one visit. All participants in this study will be asked the same questions. No personal questions will be asked. All you need to do is answer the questions the best you can.

Are there reasons why I should not take part in this study?

You could be excluded from participating in this study if you would terminate your employment with The Shelter prior to the interview taking place, if you are not approved by The Shelter president, or if you decide that you do not want to participate.

What are the possible risks and discomforts?

To the best of our knowledge, the things you will be asked to have no more risk of harm or discomfort than you would experience in everyday life. It is expected that this study will not incur any risks involving physical, psychological, social, or legal factors that impact the employees or any other stakeholder involved at The Shelter.

Emotional risk of this is low. This logic is based on the non-personalized questions that focus on the shelter programming that is offered. No questions will be asked of personal or sensitive background information.

What are the benefits of taking part in this study?

You are not likely to get any personal benefit from taking part in this study. Your participation is expected to provide benefits to others by providing information to increase knowledge about programming at one homeless shelter. Benefits of learning about programming could include increasing occupational therapists' opportunities to become more involved in homeless shelter settings and increase awareness of financial management as an approach that can be used in homeless shelters and occupational therapy practice.

If I don't take part in this study, are there other choices?

If you do not want to be in the study, there are no other choices except to not take part in the study.

Now that you have some key information about the study, please continue reading if you are interested in participating. Other important details about the study are provided below.

Other Important Details

Who is doing the study?

The person in charge of this study is Amy Heiser, Occupational Therapist and graduate student in the EKU Occupational Therapy Doctorate program. She is being guided in this research by Dr. Christine Privott, Faculty Research Advisor initially, and then Dr. Dana Howell. Dr. Shirley O'Brien is also a doctoral committee member and may provide research guidance to the PI.

What will it cost me to participate?

There are no costs associated with taking part in this study.

Will I receive any payment or rewards for taking part in the study?

You will not receive any payment or reward for taking part in this study.

Who will see the information I give?

Your information will be combined with information from the other people taking part in the study. You will not be identified in these written materials. This study is anonymous. This means that no one, not even members of the research team, will know that the information you give came from you. Participants' names will not be used, rather participants will be labeled as "participant 1, participant 2", etc.

However, there are some circumstances in which we may have to show your information to other people. For example, we may be required to show information that identifies you for audit purposes.

Can my taking part in the study end early?

If you decide to take part in the study, you still have the right to decide at any time that you no longer want to participate. You will not be treated differently if you decide to stop taking part in the study.

The individuals conducting the study may need to end your participation in the study. They may do this if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you, or if the University or agency funding the study decides to stop the study early for a variety of reasons.

What happens if I get hurt or sick during the study?

If you believe you are hurt or get sick because of something that is done during the study, you should call Amy Heiser, the primary investigator at (920) 819-2555 immediately. It is important for you to understand that Eastern Kentucky University will not pay for the cost of any care or treatment that might be necessary because you get hurt or sick while taking part in this study. Also, Eastern Kentucky University will not pay for any wages you may lose if you are harmed by this study. These costs will be your responsibility.

Usually, medical costs that result from research-related harm cannot be included as regular medical costs. Therefore, the costs related to your care and treatment because of something that is done during the study will be your responsibility. You should ask your insurer if you have any questions about your insurer's willingness to pay under these circumstances.

What else do I need to know?

This research study is not being funded by any companies or institutions. No other institution is connected to this research.

You will be told if any new information is learned that may affect your condition or influence your willingness to continue taking part in this study.

We will give you a copy of this consent form to take with you.

Consent

Before you decide whether to accept this invitation to take part in the study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact the investigator, Amy Heiser at amy_heiser@mymail.eku.edu or (920) 819-2555. If you have any questions about your rights as a research volunteer, you can contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at 859-622-3636.

If you would like to participate, please read the statement below, sign, and print your name.

I am at least 18 years of age, have thoroughly read this document, understand its contents, have been given an opportunity to have my questions answered, and voluntarily agree to participate in this research study.

Signature of person agreeing to take part in the study

Date

Printed name of person taking part in the study

Name of person providing information to subject

Appendix C: Interview Protocol

An Exploration of Financial Management and its Impact on Residents' Independence in One
Homeless Shelter:
A Qualitative Institutional Case Study

Date: _____ Name of Interviewer: _____

Location of Interview: _____ Length of interview (minutes): _____

Interviewer introductions/review of study completed prior to interview? Y N

Informed consent obtained and secured? Y N

Interview audio-recorded: Y N

Interview documented and with jotted notes? Y N

Qualitative Open-Ended Interview Questions:

1. Describe your knowledge and/or perceptions of the types of programming The Shelter offers to residents. Prompt: Programming can be classes, services, skills, peer mentoring, referrals, etc... that can benefit residents returning to the community.
2. Describe your knowledge and experiences in how these programs are offered and in what format? For example, do residents attend classes' in-person? Do they take "field-trips"? Participate in guest "lectures"? Mentor each other? How and where are these programs offered?
3. Describe your understanding specifically of the use of financial management as skills training or resident education. Financial management can be defined as the process of saving, spending, accounting, budgeting, transactions, and planning by creating long-term and short-term goals.
4. Explain your knowledge and/or understanding of how residents apply the activities of daily living training they receive as they prepare to engage with the community. For example; what skills do you feel residents utilize the most? What is the residents' favorite program and why? What barriers do you see for residents as they try to use what they learn?
5. I am interested in hearing more about your understandings of financial management as a skill for residents. What would you recommend for The Shelter to implement in this area? What would work and not work in the area of financial management for residents?
6. How do you feel about resident's knowledge, abilities, and skills to return to community independence?