The Process and Outcomes of a Multimethod Needs Assessment at a Homeless Shelter

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Many factors contribute to homelessness, including extreme poverty, extended periods of unemployment, shortages of low-income housing, deinstitutionalization, and substance abuse. As a result, the needs of people who are homeless are broad and complex. This needs assessment used literature reviews, review of local documents and reports, participant observation, focus groups, and reflective journals to guide the development of an occupational performance skills program at one homeless shelter in south Florida. Through these methods, the role of occupational therapy was extended beyond direct service to include program and resource development, staff education, advocacy, and staff–resident mediation. The findings of the needs assessment and the actions taken as a result of this work point to the huge potential for occupational therapists and students to work together with staff and residents of homeless shelters.


Over the past decade, occupational therapists have witnessed dramatic shifts in the structure of the health, social, and educational systems. These shifts, combined with an increase in communication among occupational therapists worldwide, have had a strong influence on the development of the profession, theoretically and practically. The development of occupational science (Zemke & Clark, 1996), the development or modification of practice models (Kielhofner, 1997; Law et al., 1997; Townsend, 1997), and the growing focus on health promotion and wellness (Finlayson & Edwards, 1995, 1997) have encouraged occupational therapists to consider the application of their skills and knowledge to the broader social and systematic issues that influence occupational performance.

The everyday practice of many occupational therapists has expanded to include work with people who would have been unlikely to have contacted an occupational therapist in the past. Healthy older adults, children attending after-school programs, members of consumer advocate groups, and people who are homeless are a few examples. Many occupational therapists have reported that collaborative work with these populations can dramatically and positively influence their quality of life (Finlayson & Edwards, 1997).

The purpose of this article is to describe a needs assessment that was conducted in the spring of 1999 at one homeless shelter in south Florida. The primary purpose of the needs assessment was to guide a developing occupational performance skills program at the shelter that had resulted from a collaborative relationship between the fourth author and the shelter’s director of social services. A secondary purpose for the needs assessment was to guide the selection of fieldwork activities for occupational therapy students working at the shelter.

Needs assessment is a type of applied research that focuses on gathering and analyzing information to identify and describe gaps between real and ideal conditions that are amenable to change and then acting to make those changes. As a
result, needs assessment goes beyond collecting and analyzing information to using that information to improve the lives of people in the target population (Reviere, Berkowitz, Carter, & Ferguson, 1996). According to Altschuld and Witkin (2000), a needs assessment consists of three phases: preassessment, assessment, and postassessment. The focus and methods of the assessment are determined in the first phase. The second phase involves data collection, analysis, and interpretation, and the final phase involves developing, implementing, and evaluating an action plan. This article uses these three phases as an organizing framework, rather than the typical structure of a research article, to better reflect the developmental nature of the process and outcomes of our work.

Preassessment: Determining Focus and Method

As noted, the primary purpose of the needs assessment was to guide a developing occupational performance skills program at the shelter. This program was, and continues to be, a collaborative venture between the faculty members and students of an occupational therapy education program at one university and the staff and residents of the shelter. The collaboration began after a chance meeting between the shelter’s director of social services and the fourth author of this article in the spring of 1998. By January of 1999, shelter administrators had decided to purchase 10 hours per week of occupational therapy services from the university on a contractual basis. These services were provided by a licensed occupational therapist engaged in postprofessional training at the university.

At the time the contract was put in place, it was anticipated that the occupational therapy services would focus on assisting residents at the shelter to develop skills needed to enter the workforce and to obtain and maintain independent living arrangements. After the contract was in place, though, more specific attention was given to defining and focusing the roles and activities of the occupational therapist and to selecting fieldwork activities for occupational therapy students who would be coming to the shelter in April of that year. Through a series of meetings among the shelter’s director of social services, the occupational therapist, and the first and fourth authors of this article, the specifics of the needs assessment were negotiated. Objectives were determined to be as follows:

1. Obtain background information on the overall context of homelessness in the United States and on the needs of people who are homeless.
2. Identify and describe the social and environmental context (e.g., rules, routines, culture) of the shelter and its neighborhood.
3. Identify the primary issues and concerns of the residents living in the shelter.
4. Identify the primary issues and concerns of the staff members who worked at the shelter.
5. Identify the challenges and potential barriers that would be faced in developing an occupational performance skills program and having occupational therapy students at the shelter.

Methods to address these objectives also were determined during these meetings (see Table 1).

Assessment: Collecting, Analyzing, and Interpreting Data

Multiple methods were used to collect the data for the needs assessment (see Table 1). The university’s Institutional Review Board and the administrators of the agency that operated the shelter approved the assessment and its methods and consent documents. The timeline shown in Figure 1 illustrates when these methods were used during the process. Each method and the key findings are explained in the following sections.
Information to address the first objective of the needs assessment was gathered through a literature search of articles indexed in the following electronic bibliographic databases: MEDLINE, PsychLit, Sociofile, CINAHL, HealthStar, and ERIC. Search terms included homeless, homelessness, and homeless shelter. Through a review of the identified articles, we discovered that “homelessness continues to be among the most visible and most troubling social problems confronting our nation” (Herman, Struening, & Barrow, 1994, p. 249). According to the National Coalition for the Homeless (1999), approximately 700,000 people are homeless in the United States on any given night. Historically, the majority of people who were homeless were young or middle-aged men, but this situation is rapidly changing. The proportions of women, children, and families among the homeless population are steadily increasing.

Poverty is a major contributing cause of homelessness. Other factors associated with homelessness include shortages of low-income housing, deinstitutionalization, physical disability, and a decline in local and state income assistance programs. In addition, extended periods of unemployment or, alternatively, employment in menial jobs with low wages have been found to be associated with the risk of becoming homeless (Applewaite, 1997).

The factors associated with homelessness mean that people who are homeless have a complex array of practical needs, such as adequate nutrition, safe and affordable housing, adequate education, suitable employment, and general life skills. For many of these individuals, meeting these needs is complicated by the fact that an estimated 15% to 30% of them have a serious mental disorder, and as many as 70% also struggle with substance abuse and dependence (Toro et al., 1997). Persons given dual diagnoses (i.e., substance abuse and psychiatric disorder) comprise about 20% of the overall homeless population (Toro & Warren, 1999).

In Florida, an estimated 23% of the homeless population is reported to have a mental illness, and 27% have histories of both substance abuse and mental illness (Broward Coalition for the Homeless, Inc., 1998).

Employment, housing, and income frequently have been identified as common needs among people who are homeless, along with assistance for health and substance abuse problems (Herman et al., 1994; Tryssenaar, Jones, & Lee, 1999). Job training and placement, child care, transportation, family counseling, and legal help have been identified as additional problems and needs of people who are homeless (Toro & Warren, 1999). It has been argued that the services that do exist do not match the needs reported by people who are homeless (Herman et al., 1994), and this argument points to the need to be client-centered when considering the development of new programs and services for this population.

Studies using focus groups (Applewaite, 1997), semistructured interviews (Herman et al., 1994), and the Canadian Occupational Performance Measure (Tryssenaar et al., 1999) have identified a range of client-centered problems and needs of people who are homeless. Health and mental health problems, resource-related problems (e.g., lack of decent, affordable housing), and public perception problems all have been identified. Specific needs include finding a place to live, finding a job to obtain a steady income, improving job skills, learning how to manage money, learning how to get along better with other people, handling legal issues, and using resources. Participants in Applewaite’s (1997) study noted many barriers to their use of services, including insensitive service providers; negative policies and procedures; and problems with inaccessibility, inadequate services, and a generally discouraging social services system.

From the literature review, we became much more aware of the incredible complexity of homelessness; we also realized that occupational therapists have knowledge and skills that could be used to address the needs, issues, and barriers faced by people who are homeless (Heubner & Tryssenaar, 1996; Tryssenaar et al., 1999). Nevertheless, staff members and residents of homeless shelters are largely unaware of the profession of occupational therapy. This finding highlighted that we would have to constantly explain our approach and activities, their focus, and their rationale to shelter staff and clients. Students would have to be well-prepared to explain their presence and activities.

Method 2: Review of Local Reports
A review of local reports and newspaper articles contributed to our understanding of the social and environmental context of the shelter. Local information was identified

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Figure 1. Data collection timeline.
through networking with shelter staff and other agencies working with people who are homeless and through online searches for Florida government reports and local newspaper articles about homelessness.

Through these sources, we discovered that in Broward County (where the needs assessment was conducted), there are approximately 6,400 people who are homeless, and approximately 1,300 of these people are children (Broward Coalition for the Homeless, Inc., 2000). On any given night, 5,000 people compete for 650 emergency shelter beds (Huriash, 1999). In 1999, the Broward Coalition for the Homeless reported to the Florida governor that 70% of the people who were homeless in the county were between 18 and 59 years of age, 49% were Caucasian, 39% were African American, and 8% were Hispanic. Sixty-seven percent had been homeless for 1 year or more, and the majority (70%) were residents of Florida. A large proportion of the homeless population had acute or chronic health concerns: 36% had substance abuse issues, 33% had an acute or chronic mental illness, 17% had HIV/AIDS, and 48% had a disability or chronic medical condition. Thirty percent were employed (Broward Coalition for the Homeless Inc., 2000).

Countywide, approximately 200 agencies provide multiple services to people who are homeless. Of these agencies, 35 provide emergency and transitional shelter beds (L. Hansen, personal communication, August 15, 2001). In 1998 and 1999, none of these agencies included occupational therapy in their array of services. The shelter that was the focus of the needs assessment provided 164 of the 2,150 beds available in the county in 1999. The same agency that runs the shelter also operates a transitional housing facility for families who are trying to reestablish themselves after a period of homelessness.

Overall, this local review helped us to identify potential resources in the community for future networking and to realize the scope of homelessness in our region. It helped us to realize that the population at the shelter would be very diverse in terms of age and ethnicity, and would have complex needs. We would have to be fluid in our programming and prepared to change plans quickly to address the needs of whomever was at the shelter on any given night.

Method 3: Participant Observation

We decided to use participant observation as one method to get to know the residents, listen to their issues and concerns, learn about their backgrounds and visions for the future, and learn about the setting of the shelter and its rules and routines. Spradley (1980) described moderate participant observation as a method in which the researcher watches what is going on around him or her and begins to participate but does not become an insider. Four observation periods ranging from 1 to 3 hours were completed over 4 weeks by an occupational therapist hired to fulfill the occupational therapy services contract. The observation periods included an early morning time, an afternoon time, and two evening times. These times were selected to ensure that a broad perspective was obtained on the routine of the shelter’s residents and staff and to ensure that the times permitted participation in regular shelter activities (e.g., meal time, morning check-out, evening check-in).

After each period of observation, the occupational therapist recorded in a journal her observations of the shelter activities and her insights and feelings about what she saw. She also shared this information verbally with the first and fourth authors, and the first author reviewed the written journal. The discussions and journal review focused on identifying contextual issues specific to the shelter, apparent gaps in the existing programming and services, and overarching issues and concerns of the residents and staff. Following is a summary from the journal, the discussions, and the reviews.

The building is two stories high and occupies approximately one quarter of a city block. Two entrances are available for residents. Only men live on the “transitional side,” where many of the residents have jobs and are saving for security deposits to live independently. Families with children, women, and some of the unemployed men live on the “social services side.” A sense of community was apparent on the transitional side, with the men supporting each other’s efforts to improve their own lives by sharing information, helping with tasks, or asking for and giving advice. The 8-ft wrought iron fence surrounding the building is intended to deter the local drug traffickers from using the agency parking lot for business. The ease of obtaining illicit drugs, together with the fact that many of the residents have a history of substance abuse, affect the rules and activities of the shelter.

Persons staying at the shelter on any given night can begin “checking in” at 5 p.m. They must be free from the influence of drugs or alcohol and can be required to pass random breathalyzer and urinalysis checks to remain at the shelter. Anyone found to have drugs or alcohol in his or her possession is immediately removed from the shelter with the help of local police, if necessary. The check-in process was described in the occupational therapist’s journal as follows:

The clients started to gather by the door around 4:15 for the 5:00 opening. Clients were checked in by monitors; this was very informal (reminiscent of cattle call). Some clients seemed to have difficulty with organizing themselves during this task and understanding what was expected of
them, while others took it all in stride. Clients receive either a towel or a meal ticket, which they return the next day. This does not seem to be working well as most towels were misplaced as clients frequently forget to return them…this results in less towels the next night, and some clients did not get one. Some clients demonstrated difficulty locating their rooms (some because they were new). Staff redirected some clients but without eye contact or greeting...

The beds are in dormitory-style rooms, with each room accommodating 4 to 10 individuals. This arrangement can create problems for both staff and residents:

[Staff member] described an incident the night before where two clients got angry because one snores and the other plays his radio to drown out the noise. He was able to resolve the conflict and reestablish peace, but this morning the man who played the radio asked for a room switch. [Staff member] said he tries to move people if he has the space, but did not on that particular night. When I asked what happens if there is a big problem, he said he calls 911…we need to have an emergency management plan...

Families stay together in a single room, regardless of the number of persons in the family. Dinner is served at 5 p.m. for families and at 5:30 p.m. and 6 p.m. for adults without children. Any programming offered to residents must occur after dinner and be completed in enough time to accommodate “lights out” at 10 p.m. In addition, time must be available for residents to complete laundry, phone calls, or other daily activities. At the time the participant observation was conducted, a bible study was being led once a week by one of the residents. In addition, a social work student was running a group on job skills. Rules of the shelter require that parents at the shelter do not leave their children under the supervision of another resident so, as a result, are either unable to attend evening programs or must bring their children to the program.

Residents are expected to leave the shelter no later than 7 a.m. each morning, unless the resident works nights or has a physical or mental illness or disability that puts him or her at risk for injury in the community. Approximately 24 individuals remain in the shelter each day for these reasons. At the time of the needs assessment, no programming was provided for these persons, and few resources or materials were available to help them fill their days (e.g., books, puzzles, magazines). Of the residents who leave the shelter each morning, many go to day labor jobs. These jobs allow them to remain at the shelter for longer periods (up to 9 months). Individuals who are unable to secure work can only remain at the shelter for 8 days.

Upon completion of the participant observation experience, we noted that many residents were frequent users of the shelter or others in the area. Many remained unemployed or employed in odd jobs or day labor that did not provide adequate income to obtain a place to live. Many had difficulty with organization and social skills, had substance use issues, and could not remember or maintain the rules of the shelter. Space at the shelter was tight, and it was not clear where the occupational therapy programs were going to be held or what options would be available for child care for those residents who wanted to come to programs. It was also clear that students doing fieldwork at the shelter were going to have to work primarily in the evenings to have contact with residents, and they were going to have to be available at some time in the day to liaise with many of the staff members.

Method 4: Focus Groups

Two focus groups were held as part of this needs assessment, one with residents and one with staff members who were primarily case managers. Participants for the staff focus group were identified in collaboration with the shelter’s director of social services. No attempt was made to obtain a representative sample of staff members; rather, the goal was to obtain staff members who were articulate and had shown willingness in their daily work to explore new ideas or methods for improving the quality of life of people using the shelter. Although the involvement of the director of social services in selecting staff focus group participants may have restricted our findings, it was more important to actively involve him as part of overall efforts to build rapport and trust with the organization.

The staff focus group included 8 staff members, 5 of whom were women. Five participants identified themselves as being African American, 2 as White, and 1 as “other.” The staff member with the least experience had been working at the shelter for 6 months, whereas the one with the longest experience had been there for 7 years. Examples of questions during the staff focus group included: What are the needs your clients demonstrate? What are the factors affecting these needs? What goals have your clients expressed to you? What are the barriers that you think your clients will face in meeting these goals?

For the same reasons that the director of social services was involved in identifying staff members for the focus group, staff members were involved in identifying residents for participation in the client focus group. Selection of client participants focused on individuals who had been living at the shelter for at least 5 days but not more than 20 days, who were able to communicate appropriately with other residents and staff, and who had expressed personal issues or concerns in occupational performance areas. The client focus group involved 11 residents of whom 9 were men. Six participants identified themselves as being African American, 4 as White, and 1 as “other.” Seven had been homeless less than 3
months. Six indicated that this was their first time being homeless, whereas 2 others had been homeless more than five times in their past. Nine had at least a high school education, with 3 of them having some college or university education. Examples of questions asked at the client focus group included: What are the strengths you believe that you possess? What goals do you have for yourself? What are your needs in terms of trying to meet these goals? What can we do to help you meet your goals?

The focus groups were conducted on site at the shelter by two different doctorally trained occupational therapists, each with extensive experience conducting needs assessments, focus groups, and developing new working relationships with community agencies. Both focus groups were audiotaped and attended by the same observer-recorder. The audiotapes from both focus groups were fully transcribed and then reviewed and discussed by the authors. Transcripts were then hand-coded by each author, with a focus on identifying the main issues that could inform the development of the occupational performance skills program or that had the potential to influence how the program or student fieldwork opportunities developed. Additional discussions were held after the coding process to compare and contrast our findings and to discuss them in the context of the needs assessment.

Four main issues emerged from the focus groups. First, perceptions of what it meant to be homeless differed. Some residents argued that they were not “homeless” because they, having made the decision to remove themselves from the street, were living at the shelter. Staff members were incredulous at this perspective because of the lack of personal control residents had over their lives at the shelter. Staff members focused on the fact that residents have no input into what will be served for meals, when to go to bed, or when to get up. Second, the staff and the residents did not share the same priorities. The focus for the residents was on finding some meaning and direction in their lives, whereas the focus of the staff members was on finding jobs for the residents and moving them out of the shelter. Third, the staff and residents had fundamentally different perspectives on getting and keeping a job. Residents wanted to develop skills and seek jobs that would pay well, enable them to reengage with mainstream society, and make a contribution: “[I want to] become a responsible, productive source in society.” In comparison, staff members seemed to view all jobs as being equal and as a means to end a resident’s experience with homelessness: “[They need] better employment. Skills, skills. Basically jobs and houses.” The final issue that emerged from the focus groups was the extent to which the organization and mission of the shelter influenced the ability of both staff members and residents to end the cycle of homelessness. Both staff members and residents seemed to appreciate that many small steps were required to move from the shelter to independent living, but they were limited in their ability to set up, practice, and take those steps. The rules and routines of the shelter and its focus on being primarily for emergency use limited development of programs emphasizing graded levels of responsibility. Both groups were clearly frustrated with the situation. As one resident explained, “This is just a revolving door. The labor pool, and a hot [meal], and a cot.”

These findings highlighted that occupational therapy clients at the shelter were not going to be only the residents, as we had initially assumed. We also were going to have to work with staff members to identify ways of helping clients take small steps toward their goals within the confines of the shelter environment. We were going to have to work with both staff members and residents to advocate to administrators for changes to the environment that would make it easier for clients to experience success.

Method 5: Reflective Journals

The final method used to collect information for this needs assessment was a review of journal entries completed daily by the first two occupational therapy students completing their Level I fieldwork at the shelter. The full-time fieldwork placement was 3.5 weeks. The students completed 38 journal entries. The primary purpose of the journals was to provide communication between the students and the supervising therapists (the occupational therapist providing service at the shelter and two faculty members) and to promote critical thinking and reflection. Although the journals were not originally considered to be part of the needs assessment, the contents were found, over time, to provide further information about the context and activities of the shelter, and the needs and concerns of the residents and staff. The reflections contained in the journals raised issues for our program and future student placements. Therefore, with the permission and participation of the students, the journals were added to the available needs assessment data after the completion of the placement.

The analysis of the journals was conducted in the same way as the analysis of the focus group transcripts. As a group, all the authors reviewed and discussed the contents of the journals and the reflections of the students. The journals were then hand-coded to identify issues that could inform the future development of the program or the student fieldwork opportunities. Additional discussions were held after the coding process to compare and contrast our findings and to discuss these findings in the context of the needs assessment.

What we found in the journals reinforced our findings from our other data collection methods. First, the staff had
a very limited view of our potential role at the shelter and, overall, did not have a clear understanding of what occupational therapy was about. This finding was consistent with what we found in the literature. Second, the students noted that they were constantly seeing new clients each day. One student made the following entries in her journal: “We only had two repeat members, the rest were new to the group.” “Due to the transient population each group gets new members. With new members come new ideas and concerns.” These and other entries reinforced our findings from our review of local documents and reports about homelessness in Broward County. We had anticipated that residents would be changing rapidly and would be diverse in their needs and concerns. The student journals supported this expectation.

Third, the student journals reinforced the discordance between the staff and the residents and the need for us to mediate between these two groups and help them to share information with each other. After attending a job skills group run by a social work student, one of our students wrote:

The clients brought up so many issues that their case managers aren’t addressing. It is important that we inform the case managers of what is going on and try to introduce some type of community meeting that could bring everyone together.

A few days later, one of the journal entries included this:

As far as educating the staff members, I think bringing client concerns to meetings each week can help us get our point across in a nonthreatening way....I introduced the idea of a suggestion box for the clients. We could gather up all of the suggestions each week and bring them to the case managers at the meetings.

Again, the student journal entries reinforced what we had found in the literature review, the participant observations, and the focus groups about the differences in staff and resident priorities and expectations for action.

Besides reinforcing our previous findings, the student journals pointed to some important considerations for future fieldwork placements. The students noted the importance of spending informal time with residents, particularly by joining them for meals. Similarly, helping staff members with routine activities was important for building rapport with them. The journal entries also pointed to the need for future students to think on their feet and be prepared for the unexpected.

**Postassessment: Developing, Implementing, and Evaluating an Action Plan**

This needs assessment was initiated to guide a developing occupational performance skills program and the selection of fieldwork activities of occupational therapy students working at the shelter. As a result of our data collection process, we realized that our initial thoughts about what our work at the shelter would entail were incomplete. Although we had initially assumed that the residents of the shelter were going to be our clients, the discordance between staff and resident priorities and the negative influences of the organizational structure of the shelter on staff and resident success pointed to the need for us to be involved in the agency in a variety of roles. Clients could not only be limited to the residents, but also include the case managers and administrators of the shelter. People in these latter two groups perform occupations that have a direct and profound influence on the lives of people who are homeless.

Our needs assessment identified that we were going to be not only direct service providers, but also consultants, educators, mediators, and advocates. We realized that we were going be involved in mediating discussions between staff and residents, educating and mentoring staff about writing realistic and achievable goals in partnership with residents, and educating everyone about resources in the community and how to access them. We also realized that we were going to be involved in suggesting changes to negative policies and procedures. Ultimately, the findings from our needs assessment demonstrated that we needed to think more broadly about our roles and whom we were serving.

Based on our needs assessment, we initiated a client advisory board meeting once a month and had clients build and set up suggestion boxes for the shelter. We also set up a student volunteer program through which occupational therapy students provide programs for children so that parents can attend resident programs. The nature and content of the resident programs are based on the issues identified at the client advisory board meetings. The programs have varied over time but frequently focus on communication skills, job finding and interviewing skills, exploring inexpensive leisure activities, and finding and maintaining a home. Over time, we have become more and more involved in planning, organizing, and bringing in programs and services that we are either unable to provide ourselves or that other individuals can provide more easily or effectively. For example, developing computer skills has been a consistent desire of clients. As a result, together with residents, we worked to have space at the shelter renovated into a computer room and to obtain computers. Now a computer room exists, and computer training programs are being run by outside volunteers.

Through our work with residents and staff, it became apparent that additional professional services would be valuable at the shelter, particularly optometry, audiology, and dispute resolution. Clients were having difficulty with job-related tasks because of vision and hearing loss. Staff
members needed further training and education on dispute resolution strategies. As a result, we contacted these other departments at the university, found collaborators, and developed and submitted an Allied Health Training Grant Proposal to the Health Resources and Services Administration of the Department of Health and Human Services. This project was funded in July 2000 and will continue until June 2003.

Evaluation of our work continues. Ongoing process evaluation has been used to modify how we provide services, what we provide, and to whom the program is targeted. We have been challenged in our efforts to determine the extent to which our direct services help residents break the cycle of homelessness. Residents come and go, and it is difficult to track people over time.

Other outcomes have been tracked more easily. Staff members now know what we do and view our work as part of what happens at the shelter. We have been invited to extend our work and provide services at the transitional housing facility. In addition, two other local shelters are now negotiating to obtain their own occupational therapy services. Occupational therapy students complete Level I and II fieldwork placements at the shelter, and other opportunities are available for them to gain experience in working in both the shelter and the transitional housing facility. The shelter hired its own occupational therapist in the spring of 2000 but continued to contract with the university. Although the occupational therapist the shelter hired has moved to another position, the administration is committed to filling the position.

Conclusion

The primary purpose of the needs assessment was to guide a developing occupational performance skills program at one homeless shelter in south Florida. We achieved this goal and have been able to develop a strong and currently sustainable program at the shelter. The needs assessment increased our awareness of the complexities of developing services in a shelter setting and of the range of roles that an occupational therapist can fulfill in this type of environment. The strength of our approach was the use of multiple methods of information gathering and our process orientation. By learning from scientific and local literature, watching and learning from residents and staff, and reflecting on what we were doing and learning, we have been able to build the strength of the shelter, its staff members, and the residents who are served. ▲

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