Exploring the perceptions and experiences of previously homeless persons regarding the impact of a work skills programme on their worker role

A DISSERTATION IN FULFILMENT OF THE DEGREE

M.Sc OCCUPATIONAL THERAPY

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DECLARATION

I, Petra van der Pol, declare that the work on which this thesis is based is my own original work (except where indicated otherwise), and that it has not previously, or in its entirety, or in part, been submitted for a degree at this or any other university.

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This thesis is a testimony of those who have suffered from the heinous imbalances of society: who have battled to survive on the street and have worked hard to overcome addictions, manage their mental illness, battled against their destructive behavioural patterns and conquered the most unfavourable circumstances. It is evidence of the fact that you do not have to remain a product of your life circumstances and your past actions. Everyone deserves an opportunity to change and grow, even when belief in *self* is lost.

This thesis gives credit to the fact that hard work, perseverance and belief in a person can help them believe in themselves again. This thesis acknowledges the praiseworthy work of the employees at U-turn, who continue to believe when others have stopped believing, who hold on to hope when there seems to be none and who decide to see beauty in what the world sees as lost.

Many thanks to my supervisors, Professor M. Soeker and Dr L. Hess April from the University of the Western Cape, Department of occupational therapy for guiding me in this journey and allowing me to engage deeply with a topic that I am so passionate about. Thank you to the staff at U-turn for being so dedicated to their work with the homeless and for making time to help me on this research journey. I also want to show gratitude towards my profession for giving me the knowledge and terminology to understand and express the process that the people under investigation went through, so that more homeless persons may be helped in future.

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DEFINITION OF TERMS

Homelessness: Homelessness is viewed on a continuum, starting with those who are living on the street, followed by those living in a night shelter and then those who are at risk of being homeless because they are either staying with friends or family temporarily or are spending high amounts of their salary on housing (Frankish, Hwang & Quantz, 2005). Added to this definition, The United Nations Human Rights Council (2015) refers to homelessness as a *'human rights crisis'* which requires a global response as it occurs in all socioeconomic contexts and affects a great diversity of people groups. This study also adopts the modern view of homelessness, which relates the concept to a form of social exclusion that places the homeless individual at a disadvantage to the rest of society, in terms of both access to opportunity and chance in life (Kriel, 2017), emphasising that this is not a choice of preference.

Occupational therapy: According to the World Federation of Occupational Therapists (2003), occupational therapy is a client-centered health profession, concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities, to enhance their ability to engage in the occupations they want to, need to, or are expected to do. Alternatively, they modify the occupation or the environment to better support the clients' occupational engagement (WFOT, 2003).

Health and well-being: Health is defined by the World health organization (2014) as *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"* (p. 1) and well-being is the subjective experience of a person's thoughts and feelings concerning their life satisfaction, positive emotions and whether their life has meaning (Martino, 2017).

U-turn Homeless ministries: U-turn is a registered Christian non-governmental organisation based in Cape Town. They have existed for 21 years and in that time crafted an innovative skills-based programme, designed by occupational therapists, with long term results for rehabilitation and reintegration. Six months after graduating from the programme, more than 80% of participants remain employed and sober. The programme is phased and starts with basic needs relief, such as providing clothes, food and activities for the clients to engage in. Clients are then supported through drug and alcohol rehabilitation, if there is need for it, and finally take part in the Life Change programme, which lasts on average 19 months (U-turn Homeless Ministries, 2018).

Life change programme: This is the second phase of the programme and aims to develop the clients' personal and vocational skills, as well as their relapse prevention capacity. The Life Change Programme is at the heart of U-turn's skills development model and offers work-placement at one of their charity shops across Cape Town. The managers of the shops are also former programme participants who have graduated from the Life Change Programme. The simulated work experience provides on-the-job learning of merchandising, stock taking, customer service and other hard skills. Participants also access weekly occupational therapy counselling sessions, relapse prevention and formal training in English literacy, IT, money management and other life skills. Participants take however long they need to finish the programme; it is not a one size fits all. Upon graduation they go into the open labour market as they are given time and support on the programme to find employment (U-turn Homeless Ministries, 2018).

Champion: For the purpose of this study, this is the name a person receives when they are clients on the Life Change Programme. In the quotes participants at times refer back to the time when they were *'champs'* or *'champions'*.

Case management: It is the process of assessment, intervention and the evaluation and co-ordination of supplied intervention that address the improvement of a client's quality of life. It includes the advocacy for services and options to meet the clients' holistic needs (Marfleet, Trueman, & Barber, 2013).

Open Labour Market: For the purpose of this study, this term refers to a job that is not sheltered or protected in any way, but reflects higher work demands and productivity needs.

Trans-theoretical Model (Stages of change): The trans-theoretical model views change in behaviour as a continuous process and proposes that it progresses through six stages: 1) pre-contemplation, when one is unaware of a problem; 2) contemplation, when awareness begins; 3) determination and 4) action to change behaviour; 5) maintenance, when change is assimilated. They add relapse as a sixth stage, afterwhich re-entry into the change cycle can occur (Procheska & Velicer, 1997).

Occupational adaptation: Theory of Occupational Adaptation will guide this research's view of transition. It was originally defined by Schkade and Schultz (1992) as a framework or theoretical perspective to describe a process of normal development leading to occupational competence, processes through which occupational therapy has benefited the outcome and a perspective that endorses holistic practice.

Relapse: A setback that happens during the course of the change process, the setback causes an interruption in the progress and maintanence of the intended behaviour change (Hendershot, Witkiewitz, George, & Marlatt, 2011). For the purpose of this research, the goal of sobriety from substance use is interrupted through the setback of re using substances.

Therapeutic use of self: According to Mosey (1981), the ability to use the *'self'* therapeutically is the deliberate use of *'self'* in a therapist's response to his or her client as part of therapy. This

term captures the role of the therapist in the therapeutic relationship, to use her own qualities to facilitate an outcome that is optimal for her client. The skill encompasses electing appropriate responses to a client and achieving the self-awareness, flexibility, honesty, empathy, humour, humility and compassion as a basis for those responses.

Role competence: Humans have a need to interact effectively with their environment and to achieve a level of competence within this interaction by exercising their capacities (Ryan & Deci, 2017)**.** The roles refered to within this research are social roles such as family and friendships as well as work roles.

Self-efficacy: This is defined by Bandura (2012) as the beliefs one has about their own capability to execute behaviours that have influence over their life. Self-efficacy results in the confidence to exert control over one's own thoughts, behaviours and motivation.

ABSTRACT

Globally, high rates of homelessness exist and continue to grow, despite interventions offered by government and suggested by policy. Evidence suggests that long term intervention and vocational skill development can facilitate an escape from homelessness and support the transition of homeless persons into a worker role in the open labour market. Occupational therapists advocate for occupational justice in the lives of all individuals and therefore have a role to play in the intervention of the homeless who are experiencing disengagement in occupation, leading to a poor sense of well-being.

The current study aims to describe and explore the experiences and perceptions of previously homeless individuals who escaped homelessness by means of a vocational skill development programme. The study explores the barriers and facilitators that the participants experienced in their change process and how the programme facilitated their adaptation to their worker role in the open labour market. A qualitative research design was employed to investigate the experiences and perceptions of ten participants who were purposively sampled. In addition, two occupational therapists were selected to participate as key informants. Written and informed consent was obtained and ethical standards were maintained throughout the study.

The researcher collected data by recording semi-structured interviews, which were then transcribed. The transcribed information was analysed by use of thematic analysis, sorting the information into codes, categories and themes that emerged out of the findings. The themes looked at barriers experienced by the participants, facilitators experienced by the participants, motivational factors for engagement in the skill development programme and the usefulness of an occupational therapist as part of the intervention team. These themes were discussed, using

the theory of Occupational Adaptation as well as the Trans-theoretical model of change. The researcher attempts to answer the objectives of the study by discussing the findings and themes that have emerged out of the data.

Analysis of the findings suggest that if homeless persons are provided with vocational skill development, acceptance and support, mental health care and provision for sustenance needs, they can transition and adapt to a role in the open labour market and consequently experience an improvement in their sense of well-being. Occupational therapists are equipped to play an important role in the intervention of homelessness. Recommendations of the research focus on policy development, further research and intervention in homelessness. The researcher suggests that occupational therapy's role in homelessness should be clearly defined and articulated. Research is also needed to prove the efficacy of long term development programmes as opposed to short term employment or training opportunities that may not prove to be sustainable.

KEYWORDS

Homelessness, Skill Development, Pre-vocational training, U-turn Homeless Ministries, Homelessness, South Africa, Cape Town, Occupational therapy, rehabilitation.

LIST OF ABBREVIATIONS

LCP – Life Change Programme

OLM – Open Labour Market

OT – Occupational Therapist

NGO – Non-governmental organisation

SDP – Skills development programme

WR – Worker role

CHAPTER ONE: OVERVIEW OF THE STUDY

1.1 Introduction

This study presents information taken from the subjective experiences of previously homeless persons living in Cape Town who participated in a work skill development programme after which they re-entered the employment setting, as well as reintegrated into society. The findings of the study address a need that has become a growing concern in all cities, as numbers of homeless persons are on a steady increase; as a result of which, the issue of homelessness is increasingly receiving attention in research and intervention practices (Lloyd & Bassett, 2012).

Despite interventions, homelessness remains a concern. The researcher lived in the City of Cape Town, where it is impossible to turn a blind eye to the issue of homelessness, especially when having had the privileges of sleeping under a roof in a warm bed all her life. The desire to see a change in the lives of homeless persons in Cape Town prompted the researcher to start looking for centres or organisations in the city that make a difference. This led the researcher to an non-government organisation named U-turn homeless ministries. U-turn offers rehabilitation and work skill development services for the homeless with a significant success rate. The researcher wrote this thesis to provide subjective findings of the factors that aided the integration of homeless persons from the street into the open labour market

1.2 Background and problem statement

Homelessness is an obvious issue that can be witnessed in all areas of our city. One does not have to travel far from home to witness the disposition and marginalisation of the homeless as they sleep under bridges, on benches and on sidewalks all over Cape Town. Cardboard box houses and people standing at traffic lights with signs asking for work or help are such a common sight that one can easily start overlooking this monstrous injustice. It is an

understandable fact then, that homeless people make up the lowest socioeconomic group in society and are some of South Africa's most vulnerable people (Wilkinson & Marmot, 2003; Cross & Seager, 2010).

In 2016 the IHS Global organisation conducted an economic analysis to find that inequality statistics, based on household income, indicated that South African cities have extremely high levels of inequality and that South Africa is ranked among the highest countries in the world in terms of the inequality in their income (Maree & Tshaka, 2016). Past policies and segregation in our country have caused inequality and poverty and have stunted our economic growth in recent years (Woolard, 2002). Poverty now also exists as a consequence of high rates of unemployment as well as because of the policies governing South Africa's economy which are not able to provide concrete resolutions to insufficient job opportunities (Triegaardt, 2006). Homelessness is a complex phenomenon with a wide range of contributing factors; the above mentioned issues of poverty, unemployment and inequality continue to contribute to the rise in homelessness and result in the serious need for intervention in this area.

There is a steady increase in the number of homeless persons in the South African metropolitan areas (Du Toit, 2010). This is not unique to South Africa, as the global number is also on the rise (Kriel, 2017). Current global responses to homelessness look at prevention tactics, such as affordable housing and increasing employment opportunities, as well as alleviation strategies, such as grant money and emergency shelter services (Cross, Seager, Erasmus, Ward & Donovan, 2015). These efforts are found to be ineffective as statistics continue to show a global increase in the numbers of homelessness.

Another fundamental principle missing from intervention for the homeless is that it is not sustainable. Once people are reintegrated into their homes there is often no adequate support and they migrate back to the streets due their poor health conditions and poor social structure

(Pascoe, 2017). Long term and effective strategies are needed to provide solutions to homelessness. This research is conducted to address this problem, by learning from existing successful interventions, to provide recommendations for evidence-based intervention and policy development for the eradication of homelessness.

There is evidence to underpin that persons living on the street can adequately and sustainably reintegrate into their communities through employment.Therefore, adequate training needs to be provided to attain gainful employment (Munoz, Reichenbach & Hansen, 2005; Morse, Calsyn, Allen, Tempethoff & Smith,, 1992; Patterson & Tweed, 2009; Nzula, 2017). Empowering homeless persons through skill development is a sustainable option for the increase in well-being and productivity of the homeless. The problem, however, lies therein: efforts to eradicate homelessness are currently not focussed on the above strategies, but instead resources are directed towards emergency shelters, affordable housing and social grants (Cross, Seager, Erasmus, Ward & Donovan, 2015; Finch, 2013). These services meet basic needs of the homeless, but a distribution of resources could provide sustainable change.

With this investigation, the researcher hopes to provide evidence-based practice to build upon the aforementioned statement and prove it to be true. The evidence will prove relevant for occupational therapy and all other professions concerned with the reduction of homelessness and the provision of skills based intervention for the homeless. The results of the research will aim to provide an analysis of and recommendations concerning the factors that facilitate persons from a life on the street to gainful employment in the OLM and ultimately the enhancement of their health and well-being.

1.3 Occupational therapy and homelessness

Homelessness has been recognised by the profession of occupational therapy as a field of practice and occupational therapists, with their unique client-centred approach, have a role to

play in the development of community programmes at shelters (Grandisson, Mitchell-Carvalho, Tang, & Korner-Bitensky, 2009). Occupational therapy programmes, as an intervention in the lives of homeless persons, have been successful in aiding homeless people, through facilitating their participation in work skills development programmes (Thomas, Gray, & McGinty, 2011). Unfortunately this has not been documented enough.

Homeless persons themselves have identified that finding employment and developing skills is an important point of intervention (Biswas-Diener & Diener, 2006; Grandisson *et al*, 2009). The importance of life skills, job skills, interpersonal skills and money management have been identified in particular (Munoz *et al*, 2005). In terms of the subjective well-being of homeless persons, Biswas-Diener & Diener (2006) found a strong correlation between good social relations and a higher life satisfaction while living on the street and that homeless persons identified the importance of social factors in their lives, as well as their need for the enhancement of their social skills. Conceptualising and addressing these needs is unique to the practice of occupational therapy. Emerging roles are requiring therapists to recognise the skill they can offer to this marginalised group. Although occupational therapy intervention has been documented, there is little literature available that measures the success of interventions. This research project gives an in-depth look into the experiences of previously homeless persons who have received intervention for rehabilitation of work skills.

In addition to finding better and more effective ways to provide pathways out of homelessness, the purpose of this study is also to explore and generate an understanding of the important role that occupational therapy programmes play in the intervention of homelessness and to provide evidence for practice. Through analysing the experiences of the service beneficiaries that have taken part in a programme developed in partnership with OTs, the findings can be used to inform

the development of effective interventions offered to homeless people, as well as policy on homelessness reduction.

1.4 *U-turn:* The work skills development programme

The study was conducted with participants who have previously participated in and graduated from a work SDP at an NGO named U-turn Homeless Ministries. It is situated in the southern suburbs of Cape Town. They are a faith-based organisation with a vision to equip homeless people with the skills to overcome homelessness. The people who participate in the programme, named the Life Change Programme (LCP), are all either living on the streets of Cape Town, living in a night shelter in Cape Town, or are at risk of becoming homeless, either through poor social or family structure, drug addiction, or because they do not have work and cannot afford rent much longer.

U-turn started as a charitable service to meet the basic needs of the homeless. As other stakeholders got involved, it evolved into an organisation that seeks to achieve sustainable and long-term results among street people and to provide a service that addresses all their needs, rather than merely providing service delivery that lasts for a night. In order to develop a programme, the director of the organisation was advised that he should hire an OT, which was not common practice, as social workers typically worked in this sector. The OT helped to set up a SDP, which at first focused on construction and maintenance, and later on retail. U-turn opened second-hand clothing stores across Cape Town, which bring in revenue and offer a platform for training skills.

The U-turn Model works as follows:

Phase 1: Their first level of contact happens at a service delivery centre. At this centre, anybody can access services and get three meals a day. A voucher system creates a way for the homeless

people to come in. The public can buy vouchers from U-turn and hand them out to people on the street. The homeless people can then redeem the vouchers at the centre for clothes and food. Once they have used their vouchers they can engage in various productive voucher-earning activities to access more services. These services also include a programme called Ignite, which includes various recreational groups and learning groups, as well as a clothing shop. An OT manages this centre. Once contact is made and a person shows consistency in attending services, the first phase centre facilitates access to drug and alcohol rehabilitation. U-turn then funds their stay in a shelter and their transport to and from the rehab centre.

Phase 2: Upon graduation of drug or alcohol rehabilitation, the service beneficiaries have the option to participate in the LCP, which is the SDP. The duration of the programme at U-turn is one to three years, depending on the participant's progress. A simulated OLM experience is created through a retail business. The public donates second-hand clothing to U-turn which are washed, distributed and sold in five different clothing stores in and around Cape Town. The LCP candidates will work in any of the following areas: laundry, clothing shops, or at the service centre. They adhere to normal working hours, strict presentation requirements and various work tasks that need to be completed daily. They also receive a stipend that covers shelter fees and transport and are held strictly accountable for budgeting and spending. One day per week, a programme participant from each area attends a rehabilitation day. On this day they have sessions with their OT and attend classes to learn skills such as CV writing, social skills, communication skills, problem solving, conflict management and parenting.

During their first few months on the LCP, they work through a self-study module designed by the OTs. They complete it on their own during work hours in the shops on computers. They graduate from the various lessons that help them work through their past, form healthy socio-emotional habits and set goals for the future.

Within the programme the attendees have opportunities to grow within shop management. Once they have been on the programme for three to four months, they start on the shop progression. This is a progression with various levels of responsibility in the store, as well as written manuals they need to study and write a test on. The levels go from Helper, to Manual Cashier, to Assistant Reliever, Reliever, Training Manager and Manager.

Their assigned OT case manages and facilitates their entire process on the programme and uses his or her own discretion on whether the candidate is suitable for the programme and whether the candidate is ready to graduate into the OLM. For the duration of the programme the OT guides and coaches the client in various aspects of growth and skill development (money management, goal setting, problem solving, emotional regulation, networking, family matters and balanced lifestyles) and builds a good interpersonal relationship with the client to help set specialised goals for change and growth.

1.5 Research question

What are the experiences and perceptions of homeless persons regarding the usefulness of a work SDP that facilitated the development of their WR in the OLM?

1.6 Aim of study

The aim of the current study is to explore the experiences and perceptions of previously homeless persons regarding the usefulness of a work SDP in enhancing their WRs and reintegration into society.

1.7 Objectives of study

- To explore the experiences and perceptions of homeless persons in regard to the barriers they faced in fulfilling their WR, after participating in a work SDP.

- To explore the experiences and perceptions of homeless persons with regards to the facilitators that aided them in fulfilling their WR, after participating in a work SDP.

- To explore the experiences and perceptions of homeless persons in terms of adapting to their WR, after completing a work SDP.

- To explore homeless persons' perceived sense of well-being after developing a WR, through participation in a work SDP

1.8 Overview of subsequent chapters

Chapter two reviews the relevant literature consulted for the study. The chapter presents evidence and an argument for the rationale of this study's objectives and provides an in-depth background on the complexity of homelessness.

Chapter three describes the study's methodology. It outlines the research design, research setting, and a description of the participants and sampling strategies, procedures and data collection, how trustworthiness was achieved, as well as ethical considerations and limitations of the study.

Chapter four reports on the findings of the study gathered and analysed by the means described in chapter three.

Chapter five commences with a discussion of the findings reported in the previous chapter. During this chapter, the researcher attempts to answer the research questions and evaluates the findings integrated with the relevant literature. Based on the findings of the discussion, recommendations are made for occupational therapy practice, further research, policy development and recommendations for organisations who are currently working in the field of homelessness.

Chapter six makes conclusions and recommendations based on the findings and discussion of the research. Recommendations address policy development, further research and clinical practice.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The literature review starts with a focus on the statistics of homelessness globally and nationally and stresses that they are on the rise everywhere. Factors surrounding homelessness, such as etiological factors, experiences of being homeless, comorbidity of addiction and mental health, as well as its impact on health and well-being, are discussed, so that the complex nature of homelessness might be better understood. The researcher also highlights the need for holistic approaches and skills development here.

The literature review then takes a closer look at current responses to homelessness and how policies address issues such as affordable housing and employment creation. However, the researcher poses an argument that not enough attention is given to long-term solutions such as SDPs. The need for this particular study is therefore highlighted too.

Existing intervention for the homeless by therapists are critiqued and the setting of this study is explained. Lastly, the profession of occupational therapy's view on homelessness and their need and obligation to provide intervention for the homeless is discussed, followed by the theoretical framework of the thesis, the Model of Occupational Adaptation.

2.2 Statistics of homelessness internationally and in South Africa

Homelessness affects all humans alike. Homeless populations consist across age, race, class and gender and both in the developing and developed world (United Nations Human Rights Council, 2015). To get an accurate estimate of global numbers of homeless people is a near to impossible task, as the definition of homelessness varies from one country to the next (Global Homelessness

Statistics, 2019). It is, however, estimated that 100 million people worldwide do not have a place to live and therefore sleep outside. This number would be exceeded if it included those who do not have adequate and secure provision of proper housing, i.e. are living in shacks (United Nations Human Rights Council, 2015). The majority of literature on the topic supports the fact that this great range of definitions exists. In fact, Tipple and Speak (2005) argue that a single definition could even be considered inappropriate, as various definitions are needed to underpin policy development and intervention.

Although the exact definition and statistics are unclear and conflicting at this point in time, the fact that homelessness is on the rise globally is an undisputed fact. This increase is not only occurring in the developing world, but also in the USA, Europe, England and Australia (Kriel, 2017). Homeless Link (2015), for example, reports an increase of 165% of people living on the street in England from 2010 up to date.

In the year 2000, Olufemi (2000) estimated around 50,000 homeless people in South Africa. However, in a study by the Human Sciences Research Council, an estimate was made that there are between 100,000 and 200,000 people living on the street in South Africa if rural areas were included (Rule-Groenewald, Timol, Khalema & Desmon, 2015). There is an estimate of 7,000 persons experiencing homelessness by living in the streets of Cape Town, (Finch, 2013) the setting of the current study. It is not clear whether this number has increased much or little over time, but if one looks at the global trend, it is clear to see that homelessness is on the rise. This gives rise to a general acceptance that current intervention strategies and policy implementations are ineffective in the prevention and response to street homelessness.

2.3 The aetiology of homelessness

The aetiology of homelessness is directly linked to poverty. In 2015, in South Africa, 52% of the population lived below the upper-bound poverty line (Lehohla, 2017), which means that half of

the population earned less than R577 per month. In addition to this, Stats SA showed that approximately 80% of people with little to no education were found to be living under the poverty line and that those with matric and higher education had the highest employment rates (Lehohla, 2017). The country's low economic growth and unemployment rates clearly affect the poor, uneducated population most. Persons without higher or formal education are more likely to fall into poverty, or were born into poverty and are thereby susceptible to homelessness. It can also then be assumed, that if those that are homeless would naturally fall under the poverty line, it is likely that 80% of the homeless are also likely to have only primary education or no education at all. This draws attention to the fact that adults who are homeless are not only disadvantaged by a poor formal education, but also a range of cognitive, emotional and social skills that accompany completing higher formal education.

Similarly, Cross and Seager (2010) found that the main causes for homelessness in South Africa can be ascribed to employment factors but equal weight was also put on family factors, such as disputes and divorce, as well as aspirational factors, such as seeking a better life or independence. Drug abuse and psychiatric disorder were found to have high causation for homelessness (Heuchemer & Josephsson, 2006). The researcher elaborates on the effects of mental health and substance use on the functioning of a person later in the review. Retrenchment or companies having been shut down (Aliber *et al*, 2004) and psychopathology or the incidence of trauma (Biswas-Diener & Diener, 2006) are also mentioned.

The homeless population's subjective perception on this was researched by Makiwane, Tamasane and Schneider (2010), who found that the homeless population themselves identify poverty, unemployment, disability, abuse, underprivileged childhood, substance abuse and poor education as causative factors that left them homeless. Acknowledging the fact that homeless persons have ended up on the street due to a combination of these factors – poor education, poor

mental health, traumatic backgrounds and substance abuse – it cannot be disputed that the way for them to regain functionality is to build up the skills they have lost, or never learned, to re-enter society as functional beings in a vocational, social and productive way.

To address the unemployment crisis, the Expanded Public Works Programme (EPWP) was introduced in 2004. The programme offers four month employment with life skills and on-the-job training or learnerships. These jobs are available to the homeless too. The EPWP has, however, received criticism, since it only offers short-term employment and does not offer nearly enough work compared to the demand for work. The EPWP provides unsustainable, short term employment and is not a dependable response to the unemployment crisis (Triegaardt, 2006). Bearing in mind the grave effects of homelessness and the many influencing factors that result in people ending up on the street in the first place, a four month learnership is simply not a sustainable answer to ending street homelessness.

Aside from the debate that homelessness is caused by a complex range of factors involving unemployment and poverty, there is also an ongoing global debate about the direct effect that unaffordable housing has on the homelessness crisis (Cross*et al.* 2010). Du Toit (2010) ascribes causes for homelessness to a destructive combination of expensive housing and unemployment. He highlights that homelessness has traditionally been viewed by government solely as an issue of social dependency, but argues that it can actually be primarily attributed to the lack of affordable housing.

Contradictory to this notion, Cross, Seager & Erasumus *et al* (2010) argue that the approach of addressing housing and poverty has not made a clear difference in reducing the numbers of people living on the street who are already homeless. They state that poverty and the directly linked lack of affordable housing alone is clearly not the only problem, since even highly developed countries struggle with huge homeless populations. Nonetheless, the majority of

government resources for homelessness is targeted at social wages and free housing to the poor (Cross & Seager, 2010) and it should therefore be queried whether this approach is addressing merely the tip of the iceberg and whether these policies are informing effective intervention at all.

2.4 Challenges or threats to the health status and quality of life of the homeless

Vulnerability to health risks

The causal relationship between health and homelessness is often mentioned in research concerning the homeless (Seager & Tamasane, 2010; Frankish, Hwang & Quantz, 2005; Biswas-Diener, 2006). For example, mental illness is often evident in the homeless, but it is possible that poor mental health leads to homelessness and expulsion from the family in the first place. This is then exacerbated by the trauma of living on the street (Seager & Tamasane, 2010).

Taking a look at health, defined as not only an absence of disease, but a complete state of physical, mental and social well-being (WHO, 1986), countless factors have been pointed out that could cause serious deterioration of health in persons living on the street. Violence and vulnerability to injury, sexual abuse, limited access to ablution and hygiene facilities, being vulnerable to traffic accidents, inadequate nutrition and being vulnerable to sexually transmitted diseases, as well as HIV infection, have all been found to be the main threats to health, according to the homeless and workers in the field alike (Seager & Tamasane, 2010).

It can therefore be argued that homeless persons experience a great risk to ill health and a high incidence of poor well-being; whether this poor health was suffered prior to, or after the occurrence of living on the street is a separate matter.

Substance abuse, mental health, trauma and homelessness

The evidence for the occurrence of mental illness and substance use in situations of homelessness is widely available in research (Seager & Tamasane, 2010; Neale, 2001; Hopper, Bassuk, Olivet, 2010). Literature focuses on the causal relationship between these factors and homelessness, i.e. whether substance use leads to sleeping rough, or whether homelessness contributes to substance use.

South African literature provides relatively little data on the aforementioned experiences and risks to our homeless populations. Data from the developed world is more commonly available (Seager & Tamasane, 2010). It can be expected that persons who are homeless have suffered some form of trauma and are still experiencing trauma by being homeless (Hopper, Bassuk & Olivet, 2010). A study on the negative outcomes of childhood abuse, found that physical, sexual and verbal abuse during childhood, can lead directly to poor mental health and chronic homelessness and that it is a predictor to future alcohol and drug problems (Stein, Leslie & Nyamathi, 2002).

A study by Seager and Tamasane (2010) showed that out of a sample of 900 homeless people living in the streets of South Africa, 58% indicated signs showing them to be suffering from a mental illness. 21.9% of those over the age of 18 reported ongoing drug use and 37% of those under the age of 18 reported ongoing drug use. 21.4% of the sample also reported regular drinking.

In a study by Johnson and Chamberlain, (2008) one-third of the sample of homeless people who abused substances, had started using substances after becoming homeless and two-thirds used them before becoming homeless. Those that used substances before, often lost their job due to

their addiction and then needed to start looking for alternative sources of income to support their drug or alcohol addictions, for example by creating debt or borrowing from friends and family. Naturally, the next thing to be affected in their lives was their social network, making them extremely vulnerable to homelessness (Johnson & Chamberlain, 2008).

A study on homeless youth in Durban found that substance use was a common occurrence, as the youth stated that they used the substances as a way to cope with the hardships of living on the street (Hills, Meyer-Weitz & Asante, 2016).

It is undisputed that mental health, substance use and homelessness go hand-in-hand for great parts of the homeless population and any attempt at providing intervention, as well as policy development, needs to consider the implication of treating each homeless person with these health needs in mind. This is especially important when considering reintegrating homeless persons back into working in the OLM.

Statistics of homeless persons using substances is also highly relevant to this study, as more than 70% of homeless people that access the services at the setting of this research project, struggle with substance addictions and are requiredto attend rehabilitation before being considered for skill development training.

Aside from the harmful effect of substance addiction, cognitive functioning is impaired by repeated substance use, affecting executive function, verbal ability, memory and information processing ability (Bates, Voelbel, Buckman, Labouvie, & Barry, 2005). These affected components have a direct impact on social function and interpersonal skills. Social function has also been affected by the state of extended social isolation that results from living on the street.

Long-term homelessness and substance use has devastating effects on a person's mental health and physical health and on their interconnectedness with society. Due to their need to come to

terms with traumatic events and rehabilitation from addictions, it is not realistic to expect recovery for a person like this to be a speedy process (Johnson & Chamberlain, 2008). This supports the conclusion that longer term rehabilitation and skill development is needed for homeless people to reintegrate into society, and, that only offering affordable housing, cannot counter the above patterns of abuse, poor social connection and illness which may result in them ending back on the street (Pascoe, 2017).

Deprivation of occupational choice

Participation in meaningful occupation enhances well-being (Whiteford, Jones, Weekes, Ndlovu, Long, Perkes, & Brindle, 2019). Homeless persons are precluded from meaningful occupations in the occupational areas of work, education, self-care and leisure due to their context and socio-economic position. This restriction they experience is known as the injustice of occupational deprivation (Whiteford, 2000). Homeless persons face daily social exclusion, restricted opportunity to care for their own basic needs, threats to personal safety and security, as well as minimal to no access to affordable and attainable vocational and educational activities.

Experiencing occupational well-being partly depends on occupational opportunities available to the individual. Occupational needs are threatened through limited occupational opportunities, as occupational choices become restricted (Doble & Santha, 2008). Homeless persons experience a restriction in choice due to barriers such as vulnerability to health risks, low status in society, stigma concerning homelessness, as well as poor socio-economic status. As long as they are unable to meet their occupational needs, they live occupationally deprived and marginalised lives and are unable to orchestrate their lives to meet their occupational needs.

2.5 Current response to homelessness

Emergency shelter, provision of housing and social grants have been the main alleviation measures taken by the government; policy efforts have put the focus of budgetary needs largely on the funding of shelters (Cross & Seager, 2010), indicating that funding towards skill development is currently entirely neglected. These shelters are merely a response to homelessness, meaning that comprehensive preventative measures have not been attempted (Cross & Seager, 2010).

The Policy for Street People Document (Finch, 2013) governs service delivery in Cape Town. Its investigation into the services most frequently available to the homeless confirmed that the majority of resources are indeed largely aimed at providing emergency services, such as food and shelter for the night.It also confirms the reality, that little resource is currently spared for long-term development and sustainable change.

The government's strategies for the homeless to help them return to their homes or communities sadly cannot solve the issue of the repetitive cycle the homeless often find themselves in: the quick return to living on the streets after their introduction to a new housing situation, due to the lack of holistic and adequate support from within their communities. The policy seeks to empower people living on the street through providing assistance in terms of access to skill development services, employment and social grants, which should act as the catalyst for reintegration into their society, community and family (Finch, 2013).

Despite the introduction of the abovementioned policy, however, 65.8 % of homeless persons in Cape Town were still not accessing the shelters (Little, 2014). It should therefore be investigated whether the Street People Policy by itself is an effective document in promoting improved service delivery and accessibility to services for the homeless.

The majority of literature mentions job provision and housing as a pathway out of homelessness, but little recognition is given to the need for job readiness training or rehabilitation of skills. On

top of this, the majority of literature about homelessness in South Africa deals solely with demographics, causation and the evaluation of current policies for intervention (Olufemi, 2002; Du Toit, 2010; Naidoo 2010; Makiwane, Tamasane & Schneider, 2010). Conversely, a small amount of literature provides adequate reviews of current intervention strategies or successful interventions that can be used for replication.

Policies tend to address social grants, emergency shelter availability, cost-effective housing and employment creation policies. Causation is generally attributed to unaffordable housing, shortage in housing, or insufficient institutional care and many conclusions suggest that if these issues are addressed the problem of homelessness would disappear (Cross *et al,* 2010). Again, literature makes little mention of skill development in the prevention or intervention of homelessness. Contextual literature on evidence-based practice for intervention of homelessness in South Africa is also missing.

This gap in literature is concerning, as it is clear that the long-term needs of the homeless will not be met by a single targeted intervention, such as the provision of housing alone (Rule-Groenewald, Timol, Khalema & Desmond. 2015). It highlights a disturbing notion that, to this day, the complexity of pathways into and out of homelessness has not yet been fully understood. In light of the statistics made mention of earlier in this review – evidencing the epidemic global growth in homelessness – this unmet need in discovering effective intervention indicates the critical importance of and need for urgent research into effective, long-term solutions.

By considering the great amount of contributing factors and outcomes of homelessness, it is clear that a comprehensive approach and wide range of interventions is needed. A four year study done by the Human Science Research Counsel (2015) on homelessness in South Africa states that this range must consist out of:

> "*…treatment for substance abuse, provision of health and mental health services, skills development to facilitate job creations, shelter and housing and reintegration*" (p.2).

Experiencing social exclusion, alienation and inequality as a result of living on the street robs the street people of many developmental stages, during which the opportunity to learn the various soft and hard skills that are required to successfully enter the OLM and maintain healthy social networks and sobriety, have been taken away from them. It can be expected that time and intervention is needed to allow them to acquire these missed developmental opportunities and to recover from the various health risks they have been exposed to, as well as to be offered rehabilitation from substance abuse and intervention for post-trauma and other mental illness.

This research looks at how long-term SDPs for the homeless are therefore a viable option for the reintegration of homeless people into the workforce as fully functional members of society and that occupational therapy driven skill development can be presented as an effective pathway out of homelessness. This research will also add to South African literature concerning the homeless and offer an example of a working and successful model for other organisations to replicate, should they wish to accomplish the same result. The research focuses on the experiences of the previous participants of the programme, as this gives insight into the specific factors that they believe to have helped them escape homelessness.

2.6 Existing literature on reintegration through skill development

In her thesis, Nzula (2017) explores the subjective experience of homeless persons regarding an organisation that operates in Cape Town for the homeless and looks at the services available to the homeless. The author concludes from her findings, that homeless persons found that employment opportunities made available to them were too short lived to truly attain new skills, if there were new skills to be learned at all. As opposed to being handed short term employment

contracts, they suggested that forms of job readiness training would be more useful to them. It is interesting to note that Nzula's thesis topic actually focuses on the adequacy of emergency or relief service delivery to the homeless, however, the homeless in her sample group indicated the need for training and opportunities for self-development.

Similarly, in aquantitative study by Patterson and Tweed (2009), factors that facilitate escape from homelessness were explored among participants who were either currently homeless or had escaped from homelessness already. The findings showed that having their basic needs met, such as through receiving housing, was important, but that those who had already escaped from homelessness mentioned an equally important facilitator to the process: the enhancement of self-esteem through the steady realisation of own ability and potential. Due to the qualitative nature of the study it was not possible to delve deeper into how exactly their self-esteem was developed. Nevertheless, the results unanimously showed that personal development was necessary for them to escape homelessness. These studies highlight that, although meeting the immediate and basic needs of the homeless is imperative, it is not sufficient to break the cycle of homelessness.

Although out-dated, the hypothesis of a study by Morse *et al* (1992), offers valuable findings which demonstrate how continuous individual coaching noticeably improved the outcome for homeless persons with mental illness. He made comparisons between the outcome of three services: a continuous care programme, which included intensive case management, counselling and skill development; an outpatient mental health facility; and a service delivery shelter that catered to basic needs.

The results showed that the continuous care programme team achieved better results in reducing homelessness and in client satisfaction compared to the other treatment methods analysed. The treatment team was also able to produce positive follow up results at both the sixth and twelth months prior to programme engagement, presenting strong evidence of the positive long-term

effects. The clients had higher satisfaction levels with this form of treatment, they were better integrated in their community and able to access any services as and when they needed them most. The study proved that intensive long-term skill development and case management of homeless persons produces better long term results, than short-term service delivery, which only provides temporary alleviation.

Munoz, Reichenbach and Hansen (2005), outlined a similar intervention model as the one which the current research setting, U-turn, uses. They highlight that homeless persons often lack life skills that include social skills and skills for independent living, as well as vocational skills and skills for engagement in leisure. They state that success in the work place hinges on the capacity of a person to manage everyday living and they include skill development in their programme to address poor self-esteem and improve goal setting, money management and interpersonal skill development; all areas, which are closely linked to the domain of practice for OTs. The project is marked as an effective programme by the author, as it concludes that 50 out of the 65 enrolled clients were functioning within productive roles by the end of the year in education, work or through volunteering. This statistic, however, does not offer insight into the lasting effects of that particular programme, overlooking further opportunity for follow up six to 12 months later.

The U-turn programme focuses on similar skills training as the above mentioned programme, boasting an 80% success rate at the sixth month follow up stage where clients were still sober, employed and off the street (U-turn Homeless Ministries, 2018). The current research takes a closer look at where the success of the U-turn programme lies and what contributes to their effective rate of returning people to the OLM, so that it may be presented as an effective and replicable strategy.

Adding to the accumulated evidence supporting the success of SDPs as a choice for intervention, the researcher hopes to inform policies of evidence-based practice for the homeless, as well as

direct attention and resources to organisations like U-turn and others in South Africa carrying out similar work, in order to enable them to continue towards their goal of eradicating homelessness in South Africa.

2.7 Occupational therapy intervention in the lives of the homeless

The issue of homelessness in occupational therapy is regarded as a relatively new, but developing field of practice (Grimer, 2006; Lloyd & Basset, 2012). Despite this, there is an extremely large set of research and literature available on the role of occupational therapy in homelessness (Thomas, Gray & McGinty, 2011; Heuchemer & Josephsson, 2006; Herzberg & Finlayson, 2001; Petrenchik, 2006).

Occupational therapy is built on the individual and his or her occupations and the activities which they carry out in their environment. The key tasks that form pillars of occupation are: work, play, rest and sleep. OTs believes that health is developed and maintained through engagement in occupation.

Persons experiencing homelessness face economic and social barriers that deprive them from meaningful engagement in occupations such as education, housing, social networks, employment and health care (Lloyd & Basset, 2012). It can therefore be said that homelessness has a direct impact on health, as occupations are directed towards mere survival on the street. The profession of occupational therapy would take special interest in the quality of occupational performance of persons living on the street, with the aim of intervention being the enabling of meaningful engagement to improve health and well-being.

Occupational therapy programmes were identified in a review by Thomas, Gray and McGinty (2011) as an important part of intervention to break the poverty cycle and to improve homeless persons' chance of getting off the street. Interventions included money management, coping

skills, employment and activities for education and leisure. The importance of life skills, job skills and interpersonal skills were also emphasised (Munoz *et al*, 2005).

However, Thomas, Gray and McGinty (2011) found that, although literature was available on the topic and intervention approaches were outlined, there were only three articles that evaluated the effectiveness of the provided interventions. The problem therefore exists that, although occupational therapy intervention has been documented, evidence of its efficacy has not. There is therefore little literature available that measures the success of interventions. This study addresses this gap, by taking a closer look at how the interventions offered by an occupational therapy driven programme were experienced by homeless people and what they perceived to be the facilitators and barriers of the intervention.

2.8 Theoretical Framework: Model of Occupational Adaptation

The model of occupational adaptation as described by Schkade and Schultz (1992) is a useful occupational therapy based model that can be used to explore the adaptation process that clients undergo, particularly when developing work-related skills. It is built on the assumption that adaptation in humans occurs through occupation and that the demands of the changing environment, as well as the intrinsic factors of an individual, could motivate them. Whether adaptation occurs or not, is reliant on the personal satisfaction and the congruence of the environmental demands in relation to their occupations. If the quality of the interaction and adaptation between the person, the environment and the occupation is successful, this leads to mastery over occupational challenges.

The state of occupational adaptation is a state of relative mastery over challenges as one responds to occupational challenges successfully. The process of occupational adaptation is the process of interaction between the person and the environment as they face occupational challenges to achieve the state of occupational adaptation.

This model was useful in the current study as it helped to conceptualise the adaptation to the WR that the research participants experienced. The participants underwent various adaptations as they achieved mastery over occupational challenges, such as altering their lifestyle from having no daily structure and begging on the street, to a lifestyle of adhering to rule and structure to earn money. Their mastery over occupational areas, and consequently their adaption to their WR, will largely be determined by their perceived self-efficacy concerning how their personal desires and environmental demands have shaped them and affected their sense of well-being. The model was therefore used to answer the research question, by determining the participants' subjective view of how they had mastered work related skills and adapted to their WR in the OLM.

2.9 The Trans-theoretical Model

The Trans-theoretical Model, more commonly known as the Stages of Change Model, was developed by Procheska and Velicer (1997) and has the core belief that change implies a phenomenon that occurs over time. It was developed in response to literature that often theorised change in behaviour as an event at one point in time, rather than a process over time. Procheska and Velicer (1997) described the change process in health behaviour as consisting of six stages.

The first stage is pre-contemplation, in which people do not yet intend to take any action for change in the near future. People may be in this stage due to their ignorance regarding the harm their behaviour may cause, or because they are demoralised after failed attempts at change. Contemplation is the second stage. In this stage people have the intention to change and become aware of the benefits of changing, they are still, however, very aware of the disadvantages and cost of changing. For people to move on from contemplation, they need to perceive that the benefit outweighs the cost.

Preparation is the third stage during which people are intending to start taking action to change in the near future; individuals in this stage are already thinking of a plan or about joining a class or

group that will help them. The stage of action is the fourth stage, by this time people have made evident changes to their lifestyle and are making use of structures, groups or resources to help make the change. Since this stage can be observed, behaviour change has often only been equated with action, however the model sees the change occurring over all six stages.

In the fifth stage, called maintenance, people are making an effort to prevent a relapse but are not as actively applying strategies as they were in the action stage. The temptation for relapse is less intense and their self-confidence in their ability to maintain change progressively increases. Relapse is a form of regressing to a previous stage, generally moving back from the maintenance or action stage. In the termination stage, the sixth stage, people have a strong enough self-efficacy to have the resilience to know for certain that they will never relapse back into old habits.

The Trans-theoretical Model was helpful in the current research as it assisted the researcher with a broad understanding and interpretation of change. It assisted the researcher in the interpretation of the findings and interrogation of the entire change process, not just the change that is visible through behavioural actions. It also gave the researcher a sense of how vulnerable change is and how hard the participants needed to work to achieve the elements that would finally lead them into maintaining their change. According to Procheska and Velicer (1997) the termination phase can only be noted after five years of maintenance. The majority of the participants in the study were still in the stage of maintenance at the time of the data collection.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

This chapter discusses the methods used by the researcher to conduct the study. The chapter starts with revising the problem statement for the study and then clarifies the aims and objectives for the study. Research methodology is then discussed by describing the paradigm in which the study was positioned. Sampling strategy, criteria and descriptions are provided for the study participants and setting. The data collection and analysis process is then discussed. In the last two sections, research trustworthiness and the ethical statement of the study are reviewed.

3.2. Problem statement

The low attendance and participation in programmes or shelters made available to persons living on the street by the government and the steady increase in the number of homeless persons in South African metropolitan areas (Du Toit, 2010) indicate that current policies are not effective. It can be concluded that there is a clear limitation in the government's strategy for the reintegration of homeless persons into society, communities and families. There is ample evidence to suggest that persons living on the street can only adequately reintegrate into their communities through employment. For this reason it should be a prerequisite that they receive adequate training in order to attain gainful employment (Munoz, Reichenbach & Hansen, 2005; Morse *et al*, 1992; Patterson & Tweed, 2009; Nzula, 2017).

The practice of occupational therapy has a unique approach to intervention on the issue of homelessness and emerging roles are requiring therapists to recognise the skill they can offer to this marginalised group. Although occupational therapy intervention has been documented, there is little literature available that measures the success of interventions. This research aims to address this gap by taking an in-depth look at the subjective experiences of previously homeless

persons who have been offered such interventions. In particular, this study aims to investigate their experiences of transitioning to a WR in the OLM following their completion of a vocational SDP at an organisation named U-turn Homeless Ministries, based in Kenilworth, Cape Town.

3.3. Research paradigm

3.3.1. Interpretive paradigm

The interpretive paradigm is described by Creswell (2009) as the assumption that social constructs, such as shared meanings, language and consciousness, give us access to current truth. Reality can only be understood through understanding the meaning that people ascribe to certain phenomena which they experience (Creswell, 2009). Humans develop meaning and sense out of their situations; interpretive research therefore aims to understand these interpretations and viewpoints by engaging with individuals in their natural setting by means of qualitative data collection (Creswell, 2009).

Through the interpretive paradigm, the experiences and perceptions with regard to the usefulness of a work skills programme were explored for a set of individuals who previously lived on the streets. Their shared life experiences were then interpreted in support of this research study in order that this people group's reality concerning the research question may be understood more fully.

3.3.2. Qualitative research

The researcher desired to explore, gain and describe an accurate understanding of the meaning derived by individuals concerning the research question, through carrying out detailed analysis, by means of a qualitative study (Creswell, 2009). Essential qualities of qualitative research as described by Flick (2018) were considered in the methodology. He revealed that choosing appropriate theories and methods, analysing and recognising various perspectives, incorporating

the researchers' reflective processes in data production and using various approaches and methods are essential to a qualitative study. Using this approach the researcher wished to analyse sequential events through collecting peoples' expressions and activities within the particular context (Flick, 2018).

The heuristic design of the qualitative approach facilitated the researcher to gain in-depth understanding of the lived experiences of a specific phenomenon, allowing this insight to be used to inform evidence-based practice (Newman, Thompson & Roberts, 2006). Aside from advising practice and policy, it can be a catalyst for further research or action on the topic (Magilvy & Thomas, 2009).

To discover behaviour beyond the observable, the researcher had a responsibility to assess the subjective meanings and perceptions of the subject under study. The researcher's intention was for the meaningful data and results that were collected and deduced from the study, to guide evidence-based intervention in the area of homelessness.

3.3.3. Exploratory descriptive research design

Within the approach of qualitative research, the researcher sought to *"open the human experience to description"* (Magilvy & Thomas, 2009, p. 298). This was done through exploring a phenomenon through the views of the research participants. The description of the data broadened the researcher's understanding of the current practice through the interpretation of the role players in the chosen phenomenon (Newman, *et al* 2006), enabling them to draw conclusions and make recommendations based on the data.

The experiences of the population set outlining the collective perceptions, about how the U-turn programme assisted them in transitioning into the OLM, have not previouslybeen recorded. The researcher also found that there was no information in literature on the usefulness of this specific

work skills development programme in the Western Cape, nor was any other documentation available that provided an in-depth analysis of homeless people integrating into the OLM. Exploring this experience is thus unique and appropriate, as it allows for new descriptions and conclusions to be made from data that has emerged from the study.

3.4. Participant sampling

3.4.1. Sampling strategy and setting

After the researcher had obtained permission to conduct the study at the NGO, U-turn Homeless ministries, an OT from the programme assisted the researcher in the recruitment process. Purposeful selection was used to recruit participants for the study, meaning that the participants were selected, based on a certain set of criteria (Magilvy & Thomas, 2009), to investigate a targeted phenomenon. The OT contacted potential candidates that adhered to the criteria and sent the study information sheet, consent form and interview questions to them. Any candidates who confirmed with the OT whether they were interested in participating were then referred to the researcher, who received the names and contact details for each participant. A total of ten participants were chosen to take part in the study.

3.4.2. Selection criteria

The participants purposively sampled for the study were all either previously homeless, or previously at risk of becoming homeless. They all successfully finished the LCP at U-turn Homeless Ministries. The participants also successfully transitioned and adapted to a role in the OLM. The participants were not excluded based on colour, gender, age or the type of work that they did.

Inclusion criteria

- Completed the LCP and have graduated from it successfully.
- Are able to communicate with the researcher in English or Afrikaans.
- Have worked at least six months since transitioning from the LCP, so that they might be able to articulate their facilitators and barriers in the work place better.
- The participants had to be over the age of 18 years old.

Exclusion criteria

- Participants who were displaying active symptoms related to a psychiatric disorder or substance use due to relapse were excluded, as this would have had an impact on their ability to report back on their programme attendance.

3.4.3. Key Informant technique

The key informant technique is used within the qualitative research method with the purpose of allowing the researcher to rely on a key informant as an expert source of information (Faifua, 2014). Key informants play a role that exposes them to more specialist information about the study topic. For the purpose of this study two key informants were selected.

The key informants selected were both OTs working at U-turn full-time. Both were willing to co-operate and communicate their opinions and talk about their experiences in the form of an interview. Their extensive involvement in the LCP, in terms of assessment, intake, case-management, graduation and transition of the clients on the programme, made their input into this study invaluable. These particular individuals were selected as key informants on the basis of their professional experiences at U-turn and their knowledge about the process: which included the design, monitoring and evaluation of the LCP. For this reason they were in a better position than anyone else to give essential supplementary expertise on the subject matter that would add value to the study.

3.4.4. Description of study participants

Out of the 12 participants, seven were female and five were male. Nine participants were coloured, two were white and one was black.

Participant one (P1): P1 is a middle aged coloured female who has her matric. She was addicted to substances for 17 years and lived at a restoration centre for eight months, as she had nowhere to go. She had ruined relationships with her family due to her substance use. Having heard about U-turn through her sister, who was also in addiction recovery, she decided to join their first phase of the programme whilst attending outpatient rehab, after which she attended the LCP. She graduated from the programme in 2014. She now lives with her family again and has been reconciled with them in terms of relationship. She works as a recovery assistant to others who are currently attending drug and alcohol rehabilitation.

Participant two (P2): P2 is a 45 year old black female, who completed grade 12 and is living with Bipolar Mood Disorder. Due to her mental condition, she always struggled with interpersonal relationships and could never maintain a job. She lived in a shelter in Cape Town for two years and kept moving from one shelter to the next. In 2011 she heard about the U-turn programme via the shelter and she decided to join the programme. She graduated from the programme in 2014 and is now working as a call centre agent at the city council. She has maintained this job for two years, which is the longest she has ever kept a job.

Participant three (P3): P3 is a coloured female, age 46, who completed grade 12. She lived with her husband on the street for almost a year and they were in addiction for 22 years. One evening her husband told her he had given his life to God and wanted her to join him to go to U-turn, as he had received a voucher for a meal there. She started attending services at the service centre

and then eventually joined the programme. She was on the programme for one year. She graduated from the programme in 2018 and now works as a retail manager in a clothing store and lives with her husband and two daughters.

Participant four (P4): P4 is 45 years old and she is a coloured female who completed grade nine. She had been living on the streets with her husband for five years and one night, while she was sleeping on the street in Cape Town city centre, the Cape Town City Central Improvement District took her to a shelter, which was where she heard about U-turn. Her two children had already been taken away from her after a court ruling, as she was also addicted to substances. She was motivated to join the programme as she could see the programme would help her to achieve her goal of getting her children back. The first time she was on the programme it was too tough for her and she relapsed. She came back a second time and this time managed to complete it. After nine months she finally graduated from the programme in 2012 and now lives in a place of her own with her two children.

Participant five (P5): P5 is a 37 year old coloured male who finished grade 12. He was homeless for six years and used substances for 18 years. He attended rehabilitation services in Muizenberg. One evening he was sleeping on the street and prayed to God for help. The next morning the rehabilitation centre called him in to tell him someone wanted to sponsor his stay at a long term shelter. Others at the shelter were attending the U-turn programme and he was interested in it as he could see how much it was helping them. He joined the programme and two years later graduated in 2017. He now works for a company that manufactures canopies and is saving up to move into a place of his own.

Participant six (P6): P6 is a coloured male, age 35, who obtained grade 12 at school. He lived on the street for six months and used substances for 15 years. He heard about U-turn at his drug rehabilitation programme. He was interested in the programme because it was something that

would provide an opportunity for engagement and slow change, as opposed to his other option, which was to go back home and face the tough decisions he had made in life until then. He graduated from the programme in 2017 and now lives on his own and is a head waiter at a coffee shop.

Participant seven (P7): P7 is a coloured male, age 30, who lived on the streets of Cape Town and was an alcoholic. A different organisation named Straatwerk, which also operates in Cape Town, referred him to the U-turn Programme. He was attracted to the programme because of the skills he could learn. He joined the programme and graduated in 2010. He now works in retail logistics and has a healthy relationship with his girlfriend. He also lives on his own.

Participant eight (P8): P8 is a 48 year old coloured female who completed grade 12. She smoked drugs for ten years and had also been to Pollsmoor prison for a month after stealing from her mother to support her addiction habits. She came out with a criminal record and struggled to find work. Her son was also taken from her. She did the Matrix drug rehabilitation programme and had nothing to do in the afternoons, so she began spending time at the U-turn service centre. Here she became familiar with the organisation and she joined the LCP after completing drug rehabilitation. She graduated from the programme in 2017, after one year and one month and is now a receptionist. Her son lives with her and they have their own place, which is walking distance from work.

Participant nine (P9): P9 is a coloured male, age 48, who obtained grade seven. He lived on the street with his wife. He was also using drugs for 34 years intermittently and he had tried various drug rehabilitation programmes. He unfortunately kept relapsing due to poor social structure and sobriety support. He had been to prison on multiple occasions. He heard about the U-turn programme at a soup kitchen. Knowing that if he kept living the way he did, he would end up in hospital, in jail, or dead, he joined the U-turn programme. After relapsing he left the first time,

but the second time he was determined to complete it successfully. He graduated in 2018. He now works for a security company. His wife also completed the U-turn LCP and has a job at a hotel. They now rent a flat together.

Participant ten (P10): P10 is a coloured male, age 38, who completed grade nine. He was living on and off the streets for four to five years and was using drugs for 20 years. His mother got him into using and his two brothers also used. He had many arguments with his mother and eventually she kicked him out of her house. He also had a young daughter, whose own mother was also living on the street and using drugs. His daughter was placed into foster care by the court for three months. Motivated by not wanting his daughter to be taken away from him for longer, he reached out to U-turn, as he had heard about them from a friend. He first needed to detox from heroin use, which he explained to be the worst time of his life. After he managed to maintain sobriety by attending outpatient rehabilitation services, he spoke to the OTs at U-turn about joining the programme. He joined and then graduated in 2017 after participating in the programme for one year and seven months. He is now a manager in a retail store and is doing a business management learnership. He lives back with his family, in a challenging environment, but does it so he can look after his sick dad. His daughter lives with him again.

Key informant 1 (KI1): KI1 is a 34 year old white female who has worked at U-turn for eight years. She holds a BSc degree in occupational therapy, obtained from the University of Stellenbosch. She was originally involved in designing and implementing the programme and has been case managing clients on the programme ever since.

Key informant 2 (K2): KI2 is a 31 year old white female who has worked at U-turn for five years. She holds a BSc degree in occupational therapy, obtained from the University of Stellenbosch. Her role description also includes individual case management with clients, as well as the continuous evaluation and development of the programme.

3.5. Data collection

Semi-structured interviews were the main source of data collection for this study (See appendix 3). It is a common data collection method in healthcare research and gives participants guidance as to what to talk about (Gill, Stewart, Treasure & Chadwick. 2008). Although several key questions were designed to define the areas which were to be explored, a flexible approach was taken by the researcher to maintain freedom to further explore certain ideas or responses by the participants that are deemed important enough to be looked at in more detail. This makes room for the discovery of data that the researcher may not have considered as important at first (Gill *et al*, 2008). The researcher prepared for this by adding probing questions to each key question in anticipation to participant responses.This method was chosen as it offered the researcher the flexibility for questions to be elaborated on to provide deeper discovery and description of information that was contributed by the research participants. This way, new data and themes emerged that the researcher had potentially not considered during the initial analysis.

3.5.1. The interview process

To complete the interview, the researcher had to meet with the participants face to face. To set up the interviews the researcher contacted each participant via phone or WhatsApp to schedule an appointment with them. Seven of the interviews were scheduled and conducted by the researcher at the U-turn office in Kenilworth, four of them took place in the participants' work place and one took place at a participant's place of residence. Interviews were conducted in private spaces where they could be conducted without interruption. The researcher reimbursed

the participants for any costs incurred to get to the interview. These costs varied between R8 to R20, depending on where they were travelling from.

To start the interview process, the participants were given the information sheet to explain the research project they were taking part in (see Appendix 1). This was provided in both English and Afrikaans. Participants were able to first read it and it was also verbally explained to them in their respective language. The participants all agreed to continue and were then provided with consent forms (see Appendix 2). These forms specified and confirmed once again that their information would remain confidential and that they were welcome to stop or exit the interview at any point should they wish to do so.

A semi-structured interview of about 40 to 60 minutes was conducted with each of the ten participants and the two key informants, making it a total of twelve interviews. The interview questionnaire can be seen in Appendix 3. An example of one of the questions asked in the interview is as follows: "*Now that you have completed skill development and are working, have you been able to adapt to the changes in circumstance?"* The researcher would probe with the following question in order for the participant to elaborate: "*Have you been able to adapt to the change in role and responsibility?"* The participants could also deviate from the specific question. The researcher would, where appropriate, provide a moment of silence to allow an open space for the participant to discuss the chosen topic further, but would eventually guide the interview back to the interview questions.

Interestingly, following the second interview with the first key informant, it became clear in subsequent interviews that data saturation had in fact occurred already. Speaking to the key informants early on in the process provided the researcher with almost exactly the same information concerning the perceptions of the facilitators and barriers of the LCP as the research participants themselves.

Although the participants always gave new information in terms of their life story and how they began their journey with the LCP, their experiences on the programme and the experiences transitioning into the OLM were similar. After ten interviews, the researcher was confident that data saturation had occurred and any further comments confirmed that only the participants' personal stories provided a different take on the findings, i.e. their history and choice in work type. The information gathered from the key informant interviews proved to be fundamental to bringing structure to the findings from the other interviews completed in the study.

An audiotape recorder was used to record each interview. Recordings were saved on a password protected computer. The interviewer noted that the research interviews served to be therapeutic for the participants, as they were able to fully reflect on their growth in the past and they commented on the fact that it felt good to recount how far they had come.

3.6. Data analysis

After conducting the interviews, the researcher used the recorded audiotapes to begin the process of data analysis. The researcher used the process of thematic analysis to analyse the data. Thematic analysis is defined by Braun & Clarke (2012) as a method to gain insight into a data set by recognizing, categorising and organising similar patterns and shared experiences or meaning found in the data. The researcher used this method by making use of the six phases of analysis proposed by Braun and Clarke (2012). The six phases occurred as follows:

In phase one the researcher became familiar with the data (Braun & Clarke, 2012). This was done through firstly recording the interviews and transcribing them verbatim. The researcher became familiar with the data through the process of transcribing the twelve interviews and reading through the transcripts.

In phase two, initial codes were generated (Braun & Clarke, 2012). The researcher completed this step during the process of transcription by highlighting quotes in the interview that were of significance to the research question, aim and objectives. The researcher could then extract these quotes from the individual interviews and collate them into one document for easier organising and categorising.

In phase three the researcher searched for themes (Braun & Clarke, 2012). The codes were used to group similar data and patterns of experience together, forming subcategories. Together, the subcategories formed categories, which in turn formed themes. A theme captures an important element in accordance with the research question and gives a broad overview of the findings of the study.

Phases four and five involved reviewing the themes to ensure that they were meaningful to the topic of the research and all themes were then named (Braun & Clarke, 2012). To carry out these phases the researcher made a final table with all themes, categories and subcategories in it naming them simultaneously. This allowed for chapter four of this thesis to be written, which outlines all the findings that were defined in the table.

In phase six the researcher discussed the findings of the data. The conclusions and recommendations that follow in subsequent chapters are based upon these findings. During this phase the researcher analysed relationships between the themes, literature review and the objectives of the study. The researcher discussed the findings by using the objectives of the study as guidelines.

3.7. Establishing trustworthiness

The qualitative research design has often been criticised for not being rigorous enough and therefore possibly presents unreliable data. Criticism is particularly aimed at such research being subjective and that it is subject to research bias and therefor cannot be generalised because it only looks at smaller quantities of information (Koch & Harrington, 1998). However, qualitative research is still highly valuable research which develops theory, describes phenomena and explores experiences. It should therefore not be considered to be an inferior type of research (Vishnevski & Beanlands, 2004). In pursuit of a trustworthy and dependable study, the researcher used the criteria for qualitative rigour as outlined by Lincoln and Guba (1985) in order to garner trust in the findings presented by the research (Thomas & Magilvy, 2011). Although the criteria referenced may seem out-dated, the researcher found the content to be relevant, as many similar and current studies in health and humanitarian literature (Nzula, 2017; Houghton, Casey, Shaw, & Murph, 2013) still accept and use the same criteria to evaluate the trustworthiness of the completed study. The four criteria include credibility, transferability, dependability and confirmability. Each criteria is discussed in the following section.

3.7.1. Credibility

Credibility is defined as the component of qualitative research that allows information presented in a study to be recognisable to others who share that same experience (Thomas & Magilvy, 2011; Krefting, 1991). The importance of proving the research to be credible is that it needs to demonstrate that, even under scrutiny, the participants still provide a true picture that can be used as research data (Shenton, 2004). Due to the fact that participants may feel they need to give socially appropriate answers, data gathering could in fact result in views that are based on an

idealistic society, as opposed to on reality. Lincoln and Guba (1985) argue that to establish trustworthiness, credibility is one of the most important factors.

3.7.1.1. Well established research methods

The researcher firstly ensured credibility by means of using research methods that have been well established in terms of general use in science and research (Shenton, 2004). For example, the techniques of thematic analysis, semi-structured interviews, descriptive study design and purposeful sampling were derived from research projects comparable to this one and had successfully been utilised. This strategy is important as it means the researcher relied on tried and tested research methods and did not devise their own strategies.

3.7.1.2. Establishing trust and honesty

The researcher also ensured credibility by becoming familiar with the organisation participating in the research prior to formal data collection. The researcher's preliminary visit to the organisation aimed to obtain documents which provided greater context of the setting of the research. The researcher also visited some of the work places of the participants and spent informal time with them. This reflects the concept of prolonged engagement between the researcher and the participants and prolonged field experience (Erlandson, 1993; Anney, 2014).

The importance in spending informal time with the participants is that it allowed for the participants to get to know the researcher, creating an opportunity to build trust. The purpose of this approach was to encourage a more relaxed setting in the formal interview, thus eliciting answers that are as near to the full truth as possible.

The researcher also reassured participants in the formal interview that no answer would ever be interpreted as right or wrong and that any answer given would remain anonymous, meaning that they could therefore talk freely and be honest with their answers.

3.7.1.3. Member checking

Member checking is a technique used for testing data and interpretations, by checking them with participants or informants. It provides a way to eliminate researcher bias during analysis of the results (Lincoln & Guba, 1985; Anney, 2014). The researcher conducted member checking in the current research, by contacting the participants once the findings had been drawn from the research data. The researcher contacted them by telephone and made recordings of the conversation. The researcher explained that they would receive a summary of the themes and findings of their experiences and that, if they had any questions or disagreements with regard to the findings that they should feel free to object. The researcher received positive comments from all the participants contacted and they agreed that the findings were an accurate representation of their experiences.

3.7.1.4. Peer review

For peer examination, the researcher applied a similar process to that used for the member checking process. However, in this instance, it is completed by discussing the research process and findings with colleagues who are impartial to the research and who have experience with methods of the qualitative design. The purpose of this is to aid the researcher in conceptual development of the research as well as prevent bias (Morse, 2015). The researcher discussed their research ideas and process with their university supervisor and co-supervisor, for them to review and advise whether the process of the research was acceptable. The researcher also discussed the analysis of the findings informally with a number of colleagues who had also obtained post graduate degrees and conducted studies in qualitative research designs. Peer review assists with the credibility of the study, as the researcher allowed criticism from informed peers to guide the evolving study.

3.7.1.5. Reflexivity

Reflexivity refers to the researcher's awareness and reflective practice by considering the fact that the investigation can be influenced by personal qualities, such as background, interests and demographic. Therefore, being reflexive requires an attitude that is self-critical about the way the research may be affected by one's own preconceptions (Ruby, 1980; Thomas & Magilvy, 2011).

The process of reflexivity was engaged in by the researcher through means of adopting techniques such as peer review and also by keeping a research journal. The researcher, being a white female and young adult with a privileged background, needed to be aware of any internal bias that could affect any part of the process whilst pursuing the study topic in question, or indeed any bias in regard to the way they perceived participants and their responses to the topic, so that the researcher's own perceptions would not interfere with the data collected.

The researcher had never lived in similar situations to any of the participants, i.e. living with drug addictions and on the street for years. Having lived a life of comfort and privileges, such as having a home and primary, secondary and tertiary education, made the researcher incapable of understanding fully what the research participants went through. This experience could inform incorrect perceptions, as well as particular biases about homelessness and substance use, which could taint the view of the researcher towards their participants. It was therefore important for the researcher to forgo any preconceived notions of what such a life would entail; instead focusing to maintain an open mindset to learn as much as possible from the organisation, the setting and participants.

To combat this concern, the researcher engaged in reading documents, case studies and success stories that had previously been published bythe organisation. This ensued a change in mindset concerning the complexity of homelessness and removed what may have formerly reflected the

often ill-informed view that society has of homelessness as a result of a lack of knowledge or empathy on the matter in question.

The researcher noted that throughout the data gathering process it was impossible to ignore the challenge to their own traditional viewpoints on the causes of homelessness. They were also intrigued to observe many characteristics displayed by the participants that invalidated the universal picture painted by society of persons subjected to homelessness.

Shifting the researcher's mindset, by allowing the information to shape the researchers' opinion, rather than the other way around, ensured that the strategy of bracketing was used. Bracketing allows a researcher to remain objective and set aside his or her own predispositions and values, in order to increase awareness and decrease assumptions (Koch and Harrington, 1997; Sorsa, Kiikkala, & Åstedt-Kurki, 2015).

The researcher acknowledged the power dynamic between herself and the research participants with regard to how the relationship with them may have been affected by her profession as an OT. As the participants work in close proximity with OT's, in mentoring and counselling, the researcher took note that interview responses could be adjusted to match their pre-conceived idea. The strategy adopted by the researcher was to take care in explaining to the participants that they were not at all being tested or trained during the interviews. The researcher laid emphasis that their answers should be as authentic as possible and that it would be held entirely confidential.

3.7.2. Transferability

Transferability refers to the extent to which data gathered in a qualitative study can be transferred to other contexts (Anney, 2014). Strategies to enhance transferability are important in

this research because they assist the researcher in making generalisations about the topic (Krefting, 1991). In qualitative research, this becomes a greater challenge because a research setting is often unique to the situation or context. The researcher should therefore provide great detail on the historical and background information about the participants and the context in which research is set (Anney, 2014). This increases the applicability of the study, as the detail, context and demographical information provided can be transferred to a similar setting or situation.

The researcher provided each of these aspects in the current thesis by providing information about the organisation that is partaking in the study, as well as on the participants that volunteered to join. The researcher also provided contextually appropriate literature in the review to describe the situation through using definitions, statistics and relevant causes of homelessness in the city where the study was conducted.

3.7.3. Dependability

Dependability looks at how reliable the study is and that if the study was to be repeated, whether similar results would be obtained (Shenton, 2004). Dependability strategies ensure that the findings of the research remain consistent (Guba, 1981). The researcher aimed to increase dependability of the study by describing in detail the paradigm, research approach and method and all steps taken to conduct the study. The term *auditable* was used by Guba (1985) when he described that leaving a clear trail of decision making would enhance an investigator's dependability on the study. The researcher used triangulation to ensure dependability of the study.

The purpose of triangulation is to use a wide range of methods for data collection strategies (Shenton, 2004). By gathering data from various sources, which included the previously homeless participants and key informants, the researcher deployed a triangulation technique

called Informants Triangulation. This refers to utilisation of various informants to enrich the quality of the data (Anney, 2014).

3.7.4. Confirmability

This criteria looks at the objectivity of the study, which refers to the need to certify that the results of the findings are as far as possible the subjective ideas and experiences of the informants and that they are not tainted by the preferences of the researcher (Shenton, 2004).

Through triangulation, peer review and reflexivity, the researcher aimed to be consistently objective and tried to keep the findings as pure a reflection as possible of the subjective data. Transcripts were used as data, which document word-for-word what each of the participants said, in order to help preserve the subjectivity of what they told the researcher. The researcher was in this way able to bring across a true message of what the participant was explaining concerning his or her experience.

3.8. Ethical consideration

The researcher used the World Medical Association Helsinki Declaration (General Assembly of the World Medical Association, 2014) as a guideline on safe and ethical research, because the study involved human subjects. The study took considerations in protecting the well-being of the human subjects, by promoting respect and protectecting their health, rights and dignity. The research was carried out by a researcher who had obtained a BSc degree and was completed under the supervision of a clinically competent supervisor. The study further adhered to the Helsinki Declaration, as the subjects participated voluntarily. Their information was treated with confidentiality and they were informed of the right to withdraw from the study and given informed consent of the study in writing.

The proposal for the study was submitted to the University of the Western Cape's Higher Ethics Committee for ethical approval. Thereafter, permission to conduct the study was obtained from the director of the Non-Government Organisation U-turn. Once this was obtained, the ten

participants and two key informants were invited to take part in the study. They were informed about the study either by email or phone call and were asked to give their consent in writing. The researcher kept the signed forms securely in a file inside a locked cupboard. Documents containing information about the participants were not removed from the centre (U-turn) and the researcher did not make copies of sensitive information.

Confidentiality was maintained at all times and pseudonyms were used in reporting on the findings of the study. Place names and details were left out of the study if they revealedin any way who the participant was. In order to demand veracity, all interview questions were relevant and probes were prepared to provide clarity to participants in case any misunderstandings occurred. Insensitivity was avoided by eliminating any actions that could be harmful to the participants.The researcher always acted in the best interest of the participant. If in the interview any emotional reactions were elicited that were traumatic for the participant, the researcher made sure that contact details for relevant support services were provided to them and would also inform the organisation of this action. Although these precautions were taken, the researcher did not have to rely on them during the interviews as no such event took place. In conclusion, this study was done in the best interest of the participant and followed scientific procedure with the aim of improving therapeutic procedures, such as vocational and mental health interventions offered to persons living on the street.

3.9. Limitations of the study

The participants all attended the same programme, thus limiting the ability to generalise the findings. The researcher addressed this limitation by giving a detailed explanation of the context and programme, as well as providing literature in the review about similar programmes.

Some of the interviews were slightly rushed as the participants were on their lunch break or had an appointment to get to. Due to the fact that the researcher is an OT, the participants may have

altered their responses to match their perception of the OTs on the programme. The relationship they had with the OTs on the programme may have been transferred to the researcher. This could be perceived as a facilitator to the interview, as it may have enhanced trust in the researcher by the participants, due to their positive therapeutic relationship with the OTs on the programme. However, it could also have been a limitation, as their responses could be filtered through their idea of what a desired response to the questions may be, for example in regard to the programme's limitations and their own true growth.

CHAPTER FOUR: FINDINGS

4. Introduction

This chapter discusses the findings of the study. As described in the previous chapter, the data that was collected through interviews and transcription was analysed by extracting codes of information that were meaningful to the research question; these were then sorted into subcategories, categories and overarching themes.

The first and third themes look at facilitators for participation on the programme.. The second looks at barriers experienced during participation and whilst working in the OLM.The final themelooks at how the skills programme is enhanced through the profession of occupational therapy and explores strategies for further enhancements.

With a total of five themes drawn from the study, they are fully outlined here:

- Motivational factors that lead to participation in the SDP;
- the difficulties encountered on and after the programme;
- the facilitators that aided growth and success in the OLM;
- the improvement in quality of life during and after the programme;
- the value of an OT in this process and how sustainable change is achieved in this context.

Each theme will be discussed separately and in detail, alongside their relevant categories and subcategories.

4.1. Theme 1: Motivational factors that lead to engagement in the programme and sustain engagement in the programme

Theme one describes the collective reasons why participants decided to engage in the programme, after having lived on the street for various amounts of time. It highlights which elements of the programme addressed which of their needs and what it was that attracted them to the programme.

<table>
<tr><td rowspan="5">Theme 1

Motivational factors that lead to engagement in the programme and sustain engagement in the programme</td><td rowspan="3">Category 1:

Factors that enhanced the participants' motivation to join the programme</td><td>Subcategory 1:

Factors that enhance the participants' motivation to participate in the programme</td></tr>
<tr><td>Subcategory 2:

Constructive engagement in occupation serving as motivational factors to participate</td></tr>
<tr><td>Subcategory 3:

Addressing basic needs so that participants are able to participate in the programme</td></tr>
<tr><td rowspan="2">Category 2:

Factors that motivated participants to continue engagement in the programme</td><td>Subcategory 1:

Motivated by the positive effect of unconditional acceptance and support</td></tr>
<tr><td>Subcategory 2:

Receiving support through difficult times</td></tr>
</table>

4.1.1. Factors that enhance the participants' motivation to participate in the programme

Category one looks at various factors that attracted the participants to the programme, as they recognised that the programme gave them the opportunity to gain access to a more constructive way of life or a more hopeful future. One participant indicated that, even though he used to have no trouble finding a job, he never seemed able to keep the job and he acknowledged that this was the reason he perceived his life to be stagnant.

> *"My biggest motivation was really to grow and get out of that stagnant life of being in one spot and not being able to move forward. It's not difficult to find a job, it's difficult to stay in the job, so that is what kept me stagnant all the time." P2*

Subcategory 1:

The promise of a better life serving as motivation to participate in the programme

The theme emerging from the following set of quotes pointed to the fact that the participants were looking for a way to get out of their current situation of homelessness and unemployment. A key informant pointed out that the participants came to look for a safer environment. She stated:

> *"…it's an alternative to begging on the street and you know it's a positive environment, it's a fun and safe environment."* KI1

A participant articulates in the below quote that learning new skills and receiving support were both motivators to join the programme.

"Dit was die life skills meestal, ook die feit dat ons op die computer gesit het en begin leer het op die computers, dan die support. Moenie opgee nie, druk deur, dinge gaan reg kom." P7

"It was the life skills mostly, also the fact that we were put by the computer and started learning on the computer, and then the support. Don't give up, push through, things will be okay." P7

The below quote is from a participant who mentioned that the programme could help achieve their desired reality and goals for the future and this served as motivation to join.

"Ek wil 'n plek gekry het vir my eie en my kinders by my gehad het." P4

"I wanted to get a place for myself and I wanted my children with me." P4

Participants also outlined the desire to not only change their lives to achieve a preferred future, but also to get away from the lifestyle they had at the time:

"Eventually what caused me to make the decision to come onto the programme is because I was rock bottom. I could feel myself becoming weaker every day. I could feel that it was just a matter of time before I would land up in prison living the lifestyle I was living, or I was going to land up in hospital." P9

Subcategory 2:

Constructive engagement in occupation serving as motivational factors to participate

Prior to programme participation, the participants were in dire circumstances, still living on the street. They were actively engaged and involved with the U-turn service centre. They could attend the centre daily and were provided with basic service delivery and all-day activity groups and engagement. The following three quotes describe this subcategory, because the participants

similarly comment on the fact that it was better for them to have engagement, as opposed to being disengaged all day and having no definite daily purpose; verbalizing that this was their sole reason for joining the programme.

> *"I saw it was a perfect opportunity for me to grow in my recovery because it is going to keep me busy, it's going to keep me off the streets, it is going to give me a chance to explore the working environment again."* P6

Their perception about being disengaged is a rather negative one, since they label it as 'being bored' and as it being a 'gateway to bad behaviour'. Therefore, the state of engagement in itself was a positive motivator for the participants, even assisting them in their recovery.

> *"…but then you get bored and if you get bored you think of doing bad things, so U-turn was also a place to go in the afternoons to occupy my time."* P8

> *"… it's a constructive way for you to spend your day rather than hang out on the street, which shows where the guys are actually starting to consider an alternative lifestyle."* KI1

A participant displayed insight into the fact that being idle and disengaged all day would cause her to return to activities related to her addiction and that therefore skill development and learning was a better alternative for her.

> *"…an idle mind for sobriety is the worst thing to do, and U-turn offers a programme where you cannot be idle, that's the best thing and skills development where you can learn."* P1

Subcategory 3:

Addressing basic needs so that participants are able to participate in the programme

An important factor concerning why participants decided to join the programme is because U-turn made it financially viable for them to do so. They received a stipend on the programme and this covered their rent, food and transport for each week. Participants joined the programme as they had a guarantee that their basic needs would be met.

> *"…because I didn't have an income, so U-turn, if I join the programme, they cover your stay and give you a stipend, so I thought okay that is a good thing and then after I graduated* [drug and alcohol programme], *I went to the U-turn programme."* P5

> *"That is something that I had done here also at U-turn, I never used to stay absent because my mindset was always that I need to work to pay my rent, because I don't want to go back to the street."* P9

> *"…what helped me overcome it was the money. I hadn't been working and living with my mom and I wasn't earning an income. On the programme I was. It was a weekly income that contributed to our household."* P8

4.2.2 Factors that motivated participants to continue engagement in the programme

A strong recurring theme was that the participants felt love and acceptance from the programme staff that was beyond anything they had felt or received before. This was a strong motivating factor to push them through the difficult times and to keep them going in spite of wanting to give up. A participant found:

> *"It's a U-turn, you don't get* [judged by] *how you look, or your behaviours in the past, or your back ground. They always encourage you to move at your own pace and to handle*

yourself okay. It's usually, all the support, at U-turn. They will always help you get over it." P5

Subcategory 1:

Motivated by the positive effect of unconditional acceptance and support

It was family based. It was like a home. You were happy to come here because the people here … are sincere." P1

The way the participant described the environment in the above quote, gives an impression of warmth and acceptance for the participants. Creating a happy and sincere environment encouraged the participants to return to the programme daily.

"Soos wat hulle my in die winkel sit dan dink ek die mense weet ek was op drugs gewees, ek kan alles vat en weg hardloop, maar kyk hoe trust hulle vir my. Daai het vir my gemotivate. People trust jou so moenie verkeerd trap nie." P4

"When they put me in the shop I thought these people know I was on drugs, I can take everything and run away, but look at how they trust me. That motivated me. People trust you so don't do anything wrong." P4

The above quote is significant not only because the trusting and open relationships motivated her to stay in the programme, but it also motivated her to want to do the right thing. The fact that people trusted and accepted her altered her behavioural choices.

Feeling like you matter, are accepted and not judged for your past is what helped one participant and made them want to stay. The participant articulated the following about themselves and fellow programme attendees:

"They receive counselling, an income and they feel like they matter. That is the most important thing. You know, you feel like you matter." P2

Subcategory 2:

Receiving support through difficult times

Participants needed to overcome difficulties during their time on the programme and findings showed that the support from staff and OTs helped them to push through.

"The worst part was when I lost my mother. I got a lot of support from U-turn." P6

There was a lot of upliftment, there was a good support structure here, there were times when I wanted to just give up you know and sob here like a baby, There was always encouragement to keep on trying." P1

"I know for a fact that if I wasn't on the programme, if I wasn't surrounded by the people that had the same vision as me, walking the same path as me, I would have derailed, because of my personal issues in my personal life and I would have gone to smoke again." P6

The above quote from a participant reveals the impact of fellow programme attendees, mentioning that if others were not walking the same difficult path of sobriety and working hard to leave old habits behind, he would have not made it through the challenges and would have left the programme.

In summary, the theme shows the various recurring factors that either led to participation or helped sustain participation in the programme. Meeting basic needs, learning new skills, a supportive environment, constructive engagement and providing a hope for a better future, were

all factors that motivated participants to work towards their goal of leading independent and healthy lives.

4.2. Theme 2: Barriers experienced during and after engagement in the programme

Theme two provides the findings with regards to any barriers the participants experienced during engagement in the SDP, during transition to the OLM and during adaptation to their WR in the OLM.

<table>
<tr><td rowspan="5">Theme 2:

Barriers experienced during and after engagement in the programme</td><td rowspan="3">Category 1:

Factors causing the participants to experience barriers while participating in the LCP</td><td>Subcategory 1:

Struggling to get used to new responsibilities and a new way of life</td></tr>
<tr><td>Subcategory 2:

Struggling with internal emotional challenges and behaviours from the past</td></tr>
<tr><td>Subcategory 3:

Battling to adhere to the structure of the programme</td></tr>
<tr><td rowspan="2">Category 2:

Factors causing the participants to experience barriers after transitioning to the OLM</td><td>Subcategory 1:

Difficulty transitioning from the shelter of the programme to the OLM</td></tr>
<tr><td>Subcategory 2:

Struggling to adapt to a new environment and role</td></tr>
</table>

4.2.1. Factors causing the participants to experience barriers while participating in the LCP

The participants felt out of their comfort zone as they needed to cope in new environments. The programme and their new responsibilities forced them to get used to new habits and to make

different choices to the ones they were used to. A participant experienced normal daily routine in the programme as a challenge, due to their prior long term use of substances and how it had impaired their ability to interact socially.

> *"... the most challenging one for me was interacting with customers in the shop, or even interacting with the therapists. I was a person so long in addiction; I didn't know what it was to have a conversation anymore with somebody."* P3

Subcategory 1:

Struggling to get used to a new responsibilities and a new way of life

Making the difficult choice of changing, and being accountable to others and to a programme, was difficult for the participants. In particular, they struggled to let go of old habits, adhere to new rules, and conform to a manager or supervisor's suggestions. These struggles are outlined in the following quotes. A key informant commented on the difficulty of this adjustment to a new life.

> *"...do I want to live in society again? Do I want to live according to the rules of society? do I want someone to expect me to get up at a certain time? So that's a hard decision, also do I actually want to do the hard work of letting go of drugs or alcohol?"* KI1

A participant similarly verbalised feeling like the adjustment was difficult. The key informant explained:

> *"I think I was taken out of my comfort zone when I was put into the shops. I was sort of like forced to do this, so in the beginning it was difficult for me, but the programme demands a change and I knew that and I knew the change wasn't going to just be a physical thing, it had to be within also."* P3

The following participant verbalised that the challenge for him was to persevere through working long hours for little money, despite knowing he could quickly get that money through begging. He had to submit to a different way of earning money and living his life.

> *"It's like all this hours in the shop and I go home with a R20 on the Friday. If I go out on the street I would stand by the shop for a minute most probably then I would have a R20 on the shop stoep you know doing something that is wrong."* P5

The key informant shared findings concerning relapse in addiction and reasons why participants may have left the programme and the struggles they face.

> *"…money is a big trigger and even emotional stuff, anger, uhm, disappointment, relationship stuff like that can very quickly trigger them too, the only way that they have always known how to cope with these things is by using [drugs]"* KI2

Various incidents could be triggers for the clients to start using substances again, for example not being able to cope with their emotional state due to disappointment or anxiety, earning money again or being in romantic relationships.

Subcategory 2:

Struggling with internal emotional challenges and behaviours from the past

In the following subcategory the participants shared how they needed to engage in introspection in order to get over hurts of the past and to be able to accept the way the programme would change them.

> *"With a lot of soul searching, I needed to understand the fault wasn't the programme. The fault was me not wanting to submit or give it a chance. I was coming to the programme with my old ways." P10*

One participant, who had only completed the programme the second time around, had relapsed the first time due to not coping with the pain of the past. The second time she came back she was able to talk about her past and let it go. The participant found:

> *"Humility. My biggest challenge is taking orders. Somebody else being in charge of me, telling me what I need to do, and also I was off the drugs for a while, lot of things I was still hiding from my family. They didn't know the real reason why I started using drugs. They only came to find out maybe three of four years ago why I really started using drugs so at the age of seventeen I was raped twice by a gangster. I was an innocent girl. I fell pregnant and had an abortion. I kept that for twenty years to myself. I think that is where my relapses stemmed from because I kept that secret and only when I came back I let go of it, the second time around."* P1

A key informant expounded why it was so difficult for the clients to continue on the programme and why they have the above personal struggles. The key informant stated:

> *"The emotional development often gets stunted through trauma, parents' divorce, drug use and so on, but it's almost like your development stopped there and now, twelve years later, now you are expected to be responsible."* KI2

Subcategory 3:

Battling to adhere to the structure of the programme

The following subcategory focuses on the fact that the participants struggle with the structure of the programme. Key informants shared their insight into why the participants struggle with this in particular, sometimes even to the point of them wanting to leave.

"...some people battle with the strictness because we are very structured, very, very structured, you know you have to be here on time, you need to wear a certain uniform, you need to listen to your manager, so many people battle with the structure." KI1

"For others they leave because they relapse…. Or just the structure, if they really battle to submit under authority, they really battle with the structure, then they might say 'no this is not for me, I am not lus for this' and then they will leave." KI1

Being accountable for the money you spend and your actions is part of the programme. A participant explained how this was something that was difficult for her to start doing.

"Die slippies, dan wanneer jy geld kry moet jy kom wys die slippies wat het jy gedoen met die geld, en as mens nie in daai gewoonte is nie, dan is dit baie moeilik, die accountability was baie moeilik in die begin." P4

"The slips, when you need to get more money you need to come show what you did with it, and if that isn't a habit, then it is very difficult, the accountability was very difficult at the start." P4

A participant describes how he struggled to adapt to the programme and living life on someone else's terms and how this wasin huge contrast to his life before coming to U-turn. The participants needed to re-learn emotional regulation after years of addiction in order to not lash out.

"The structure of the programme, because one of the things, besides the classes, you get held accountable for things that in the past you never thought was important. You lived your life on your own terms. Now you came to U-turn and there's a certain structure you need to abide by. A lot of things that come up is things you don't understand in essence of what you are feeling, you feel like lashing out, you feel like acting out in the old person,

but you come to understand that U-turn is trying to… come alongside you and show you a better part of yourself and a better part of life." P10

The following quote similarly encompass the struggle participants faced with having to abide by the programme rules of punctuality, uniform, cleanliness and way of communication.

"…trying to adhere to authority, where I came from there was no such thing as authority anymore, trying to be punctual, structure, self-motivation to keep myself up and clean and starting to try and speak properly." P3

In summary, the above category looks at how participants struggle on the programme due to personal struggles and the the need toadapt to the structure on the programme. They felt they were out of their comfort zone; they were being challenged in ways that seemed to hard for them to cope with, such as the concept of being held accountable, or personal issues, including past addictions or romantic relationships that could cause them to lose focus on their change process. Some of the quotes point to the fact that simply choosing to change is difficult, especially choosing whether they could sacrifice their past life and habits.

4.2.2. Factors causing the participants to experience barriers after transitioning to the OLM

The difficulties involved in transitioning from the programme to the OLM for the participants mostly concerned finding work and the early days of adjusting to a new environment. A key informant stated the following:

"*… a lot of them say that they, when they hit the OLM, you know that it's, it's a lot more ruthless, it's hard, uhm they, they don't over explain things to you, no molly cuddling and stuff.*" KI2

Subcategory 1:

Difficulty transitioning from the shelter of the programme to the OLM

After a participant graduated she was unable to cope in the new environment, but was able to use the support from U-turn to overcome the barrier. The participants stated:

> *"I was at U-turn and then I got a job at a call centre… I only stayed there for a month, again conflict situations, again I couldn't handle it, again I came back to my OT telling her I failed, but my OT said to me, You don't give up now. We are not going to give up now, we are going to keep fighting. So I got the support, I got another job."* P2

Struggling with the job seeking process was a common barrier, as the participants had not engaged in this for so long. One participant was worried that his extended time of not working would hinder him to find work, he stated:

> *"… the other challenge that I was faced with, which was a bit, heavy for me, was finding a job. Because I was so worried about that, because I was a long time at home, didn't know the world."* P6

The key informants stated what their experience was in terms of the transition process and that the OLM could often be harsh for the participants and that work was hard to find.

> *"…that's something we have to keep encouraging them, they really need to develop the skill of building healthy connections, otherwise they, I mean, they come out of U-turn, now suddenly there is nothing, so ideally a bit of family reintegration if and where possible, ya, sobriety support."* KI2

Subcategory 2:

Struggling to adapt to a new environment and role

Due to the fact that there was so much support for the clients on the programme, it offered a therapeutic environment that nurtured growth and made room for mistakes. The OLM did not always offer this for the clients and it was hard for them to adapt to the reality of life on their own. The following participant stated the significant differences between U-turn and the OLM that he struggled to adapt to.

> *"The new environment is, I am not used to the different type of personalities. At U-turn everyone is either homeless or in recovery and you can relate to the person. No one is interested in that, you are just here to do your job. So that has been hard."* P5

Getting used to new roles and responsibilities was also a big jump for the participants and they struggled to adapt to the new tasks. A participant stated:

> *"So from me being a champion to being a supervisor was an epic change, from trying to learn how to delegate, it was one massive challenge for me also taking a bigger responsibility."* P3

A participant discussed, in the following quote, how she found it difficult when her manager was harsh and the communication was difficult.

> *"…like sometimes my manager can be harsh, can speak a bit harsh with you or the supervisor doesn't want to help you with something, like they tell you no, you can handle that… or sometimes it's just my colleagues coming to work with a bad mood and they don't want to talk to you and you want to find out what's happening and what's going on and why is she not speaking to me or why is she ignoring me."* P2

A participant described his difficulty with communication, as he has a stutter that increased with social anxiety and how he had to force himself to put himself out there in the OLM. The participant stated:

> *"You are going to have to put yourself out there, regardless of the language barrier, as long as you keep on with eye contact and speak clearly. For me it's difficult because I've got a slight stutter but when I get too nervous it's not just a slight stutter, then it's a whole… if I could I would just go into my shell and put someone else there and tell them what to say. But it's helped me a lot at U-turn too."* P10

In summary, the above category looks at the struggles and barriers the participants experienced after transitioning from the programme. Their subjective experiences were that they struggled with finding work, adapting to new roles, taking on more responsibility and adjusting to an environment with less support and co-workers that did not have a similar story and background to relate to as they had at U-turn.

4.3. Theme 3: Facilitators experienced during and after engagement in the SDP

Theme three describes the facilitators that helped the participants grow, change and develop on the programme. It describes the perceptions of the participants and their feelings towards them being facilitated to grow, as well as the factors built into the programme for them to grow. The theme also describes how the participants perceived that the skills they learned were carried over into the OLM and how the participants put the learned skills into practice.

Theme 3: **Facilitators experienced during and after engagement in the SDP**	Category 1: Hard skills developed on the programme and utilised in the OLM	Subcategory 1: The hard skills learned by the participants
		Subcategory 2: Hard skills used in the OLM
	Category 2: Soft skills developed on the programme and utilised in the OLM	Subcategory 1: Soft skills that were challenged and shaped on the programme
		Subcategory 2: Using learned soft skills in the OLM to overcome challenges and improve occupational performance
	Category 3: Facilitators built into the programme to overcome challenges	Subcategory 1: Structure, values and rules of the programme that offer challenges for growth and learning
		Subcategory 2: Strategies adopted by the OT to support transition to the OLM
		Subcategory 3: Enhancing training through external networking and referrals**.**

4.3.1. Hard skills developed on the programme and utilised in the OLM

This category looks at how the participants used the skills they learned on the programme in the OLM, as well as the perception of the participants in regard to how they used and valued these skills.

> *"... so there is a lot of what I learned at U-turn, like IT skills, but they saw the potential in me that I never saw before as a salesman on the floor in the stores as well."* P5

Subcategory 1:

The hard skills learnt by the participants

The participants' growth was facilitated through learning new hard skills. The participants mentioned those skills that were meaningful to them and helped in their overall growth and self-confidence.

> *"There were a lot of other things they offer, you know, computer classes, getting to know how to work again… computer skills got incorporated again, I didn't know how to set up a system or anything about doing it with stores, so the retail manager helped me a lot with that, getting things put on the computer in terms of what the garments are, pricing all that."* P1

> *"They help you how to deal with your financials, how to deal with situations in your life, helping you understand your part in it. I would have to see on the programme that I would have taxi fare and toiletries so I learned to save."* P1

> *"I did manual sales that was very exciting for me, to learn to do manual sales. Learning to work with the money and manual sales, that was good for growth."* P9

"…the things like IT skills, oh they can also do their learners and drivers licence here, which is a lot more affordable here than outside, but so ya the hard skills are definitely helpful in seeking work but the, getting work and keeping work is a different thing." KI2

The above quote is from a key informant, who elaborates on the hard skills made available to the participants. In the last sentence she addressed the fact that not only hard skills are needed to keep a job, it is keeping the job in the first place that is the most difficult thing the participants struggled with. She is alluding to the fact that it is actually the soft skills that then become more important, once you have shown that you have the skill to get a certain job.

Subcategory 2:

Hard skills used in the OLM

This subcategory looks at the way hard skills facilitated the participants' WRs in the OLM. The following participant had a skills history in client services and the following quote was said in response to the researcher enquiring whether this skill was built on in the duration of the programme and whether this then benefited him later in the OLM.

"It actually grew yes, and I can use it now also [in his current Job]*. Customers love me. Also, working on point of sale system, cashing up, getting the responsibility of management, these skills I learned at U-turn"* P6

A participant made the following comment with regards to how she now manages her money more effectively because of the financial management skills learned at U-turn.

"Ya actually it helps in helping the finances, the income that I am earning is a lot more than I used to earn at U-turn and because I could manage the little that I had, I still have

a sense that if you have a little you can get by, if you have a lot you can do a lot more." P5

The quote below gives a good summary of how one of the participants recognised that the hard skills of working in shops and retail had helped him get their life back on track and opened up the way for them to work in the OLM again.

"I was used to my pattern of being on the street and skarreling and so it was quite hard for me to get out of that system, so I was actually going into the U-turn programme where I had to go into the retail, working in the shops, it was a great help for me to kick start my whole career, going back to work and opening that path for me again." P6

4.3.2. Soft skills developed on the programme and utilised in the OLM

The majority of the findings concerning skill development pointed to the soft skills that the participants gained. The participants mentioned those skills that were meaningful to them and helped in their overall growth and self-confidence.

"I think because of being at U-turn I developed a lot of patience, I never had that, patience, communication skills, how to deal with people. Because today I have to sit and listen to people, they come with their stories." P1

The above quote is from a participant who worked in rehab assistance after graduating from the programme. She now works with people who come from a similar background as herself and shares that the most important soft skills that she now uses are patience and interpersonal skills.

Subcategory 1:

Soft skills that were challenged and shaped on the programme

This subcategory looks at some of the variety of soft skills taught to the participants while on the programme. The following quote shows the participant's perception that learning soft skills facilitated growth, by allowing her to put the hard skills into practice, because they gave her the confidence to do so.

> *"It* [the programme] *has given me the self-esteem to use the skills."* P5

The soft skills of problem solving and planning were taught to the participant (see the quote below) through learning various topics on this in the classroom. He had explained in the interview that this taught him to plan ahead with his rent money, which in the long term helped him to manage his salary well and always have a roof over his head.

> *"Problem solving, better planning, ek onthou daar was een klas gewees van, 'good, better, proactive' van hoe jy jou lewe organize en so."* P7

> *"Problem solving, better planning, I remember there was a class on being 'good, better, proactive' about how to organize your life."* P7

A participant mentioned how she learned the skill of setting and achieving goals.

> *"U-turn has shown me that I can achieve certain things if I really put myself into it, I can set a goal that is achievable."* P1

In the following quote the participant described that through the lessons learned on the programme, they learned about better conflict management and how to deal with their own urges to always respond in a 'fight or flight' mode. The participant explained:

"... what I learned also in my anti-virus [lessons on program] *where either you fight or you flight. Am I going to fight? Or flight? Or I am going to face it? And also when I am in a situation where I have a disagreement with somebody, this person makes me very upset, you know how I am going to react to that whole feeling in a positive or negative way. Conflict I can sort out better. I can see when someone is trying to pull me down and I will be able to say no to this person and put my boundary down."* P6

Subcategory 2:

Using learned soft skills in the OLM to overcome challenges and improve occupational performance

This subcategory describes the way the participants overcame challenges in the OLM by using the soft skills they had learned. The researcher probed whether the participant felt that their confidence in their work had improved after the programme and the participant responded positively.

"*A lot. Really a lot. Even now at work also, because I deal with customers on a daily basis all the time, because of the fact that I dealt with customers on a daily basis in the retail industry, I am able to take that with and use my charm to charm them to tip me."* P6

The participant was able to use the soft skill of good interpersonal skills, learned through customer service in retail, and transfer it to his current job as a waiter.

The following quote is from a participant who shared how her punctuality and discipline with time and routine improved during the programme and helped in her job in the OLM.

"Being at U-turn, what the life change programme taught me was punctuality, because they were really strict about that. And also just one thing I am still very surprised at myself is and what taught me routine, rain or shine I get up and make sure I am on time at work, and I was not like that." P8

A reoccurring finding was that gaining conflict management skills was a valuable skill for the participants. They put it into practice at work by following the right channels, as opposed to using old street behaviour like fighting or arguing. The participant verbalised:

"So I learned okay if you try to resolve something and it doesn't work then you go to the authority and so I spoke to the manager and it was spoken about. So when I have a problem with people I am not going to argue and fight with them, no speak nicely if they don't listen then I take him to the manager." P9

The following quote from a participant describes how she adjusted to handling conflict in a more constructive way. The participant stated:

"I normally just quit. So this time, instead of quitting and instead of trying to win an argument, instead of wanting to be right, I decided to step aside, step out of the situation and do some soul searching and try to understand why it is that I feel so strongly about this issue. My problem with IPR has always been conflict situations. So I find myself in conflict situations, but I find a way to get out of it without feeling down trodden and wanting to walk out." P2

4.3.3. Facilitators built into the programme to overcome challenges

This subcategory discusses how the participants perceived the programme in terms of facilitating their own growth by the way the programme was designed, or the things that were protocol for

the staff working there. For example, receiving consequences for unhealthy behaviour, or receiving outside training which helped to maximise growth and change.

> *"…they also go through induction module which takes about ¾ months and that teaches them all the values of U-turn, what we stand for, on the programme. Stuff like honesty, and not pulling each other down, but helping each other up, and you will only learn if you face challenges. Challenges are hard, but if you go through them you learn. So basic principles that we believe in."* KI1

A key informant described in the above quote the values and principles they built into the programme for optimal growth.

Subcategory 1:

Structure, values and rules of the programme that offer challenges for growth and learning

The key informants described that the U-turn LCP was developed over time and through extensive evaluation and monitoring, to finally end up with an intricately designed programme providing just the right elements for challenges and growth for the participants. The following quotes are some examples of those challenges and of how U-turn incorporated the values needed for skill development and an improvement in health and well-being.

> *"... we ask them if money is a trigger. If it is, then we will negotiate with them to really only put the necessary amount of money in their hands… So that's how we help them with money and we help them make wise decisions about how money should be managed."* KI1

The above quote is from a key informant who explained that money can be a trigger causing relapse. To provide a facilitator to overcome this, the programme has a very strict structure with

finances, giving only the bare minimum when they start out and saving the rest on their behalf. A participant gives an outline of how this helped her grow in the following quote, she stated:

> *"Waar ek begin geld verloor, waar hulle geld aftrek en ek verloor. Die consequences het vir my gehelp… mos as jy op drugs is dan dink jy net alles moet kom op 'n skinkbord. Jy moet alles kry, daai entitlement. Met daai het ek ook baie geleer."* P4

> *"Where I started losing money, where they deducted money and I lost it. The consequences helped me… when you are on drugs, then you think everything should come on a tray and you must get everything, that entitlement. With that I also learned a lot."* P4

The below quote is from a key informant who is giving an example of how she deals with various challenges the programme participants deal with, like struggling to be punctual. She mentioned how they address the challenge with practical solutions, however they also provide support for the participants who need extra time to get used to a new way of life.

> *"Battling with punctuality. That's just making plans, practical plans of how you can be on time, set an alarm, let somebody phone you to make sure you are awake. In terms of battling with the structure, we just give that time. So we support them, listen to why it is difficult for you, but if you give it enough time, people actually start enjoying the structure, because those boundaries mean safety."* KI1

A participant shared how he learned boundaries through consequences and was then able to experience positive outcomes by making the right choices. He stated:

> *"… they used to penalise you for coming late or not filling in the right paper work. With earning a little money and still having to take ownership, or punctuality, or deductions,*

or late over time for tea time, once learned that if you do right, everything is going to be right." P9

In summary, this subcategory looks at some of the facilitators offered through the therapeutic relationship with the therapists, as well as facilitators built into the programme, like completing lessons that instil various values. These values help the clients overcome barriers from both the perspective of the participants and the key informants.

Subcategory 2:

Strategies adopted by the OT to support transition to the OLM

In theme two, concerning barriers, the programme participants mentioned that for various reasons, transitioning from the programme to the OLM was a big struggle for them. Below are quotes that all relate to how the participants felt supported in their transition and how the OTs have ensured support for the clients during their transition.

The support after transition was described as an open door policy; access to support was participant directed. Once they graduated from the programme, they were always welcome to come back for support or advice, or to communicate with the OTs. The participants acknowledged that at times they did go back and use that avenue for support.

"There was this one time yes, there were times I would send my OT a WhatsApp, that is something I am comfortable with because I was told once you leave here it doesn't mean the door is closed, the door is always open to you." P9

"I'm still in contact with some of the clients and with my OT, every now and again we check in how everyone is doing, I have them on Facebook. So there is always, it's not a everyday thing, but I know if I need to, I can always pick up the phone." P1

Similarly, a participant recalled, that as time went on, they got stronger and could solve more problems on their own, due to the fact that they gradually let go of the U-turn support. To help with transition they still initially used the support as a crutch.

> *"...maar soos die tyd gegaan het en ek sterker geraak het en dan as ek 'n probleem het dan try ek dit te solve… maar ek dink daai support en die crutch en dat sy my so stukkie stukkie laat los het."* P4

> *"... but as the time went on I became stronger and then when I had a problem I would try to solve it… but I think that support and the crutch and because she let go of me bit by bit.*" P4

A key informant explained strategies used in supporting the client, such as having a clear open door policy and making sure people built healthy networks to ensure that their exit was sustainable and that they had support outside of the programme.

> *"Not formally, there is support, in the past they would have phoned their OT and said listen I am really going through a hard time, can I come and see you, and we make sure in our exit interview that we state that very clearly. You remain part of the U-turn family, if ever there is a problem, please come and ask us and we can talk through it. Some people use it, some don't."* KI1

> *"So we now deliberately encourage people to build a support network, even if it is one or two friends outside of U-turn, so hopefully by the time that they leave, they have somebody else they can actually draw on."* KI1

Subcategory 3:

Enhancing training through external networking and referrals

The OTs who case manage the participants on the programme often send clients out to attend external trainings or external health professionals for optimal therapy and skills rehabilitation. These referrals are often made when the need is beyond the scope of the therapist, or if U-turn is unable to deal with it. Referrals occur for things like psychosocial assistance, or if it is a skill the client cannot learn at U-turn, but is really interested in.

The participants found external trainings to be very meaningful.

> *" My OT het saam met my na die social workers en kinder huise toe gegaan. Ek moet ook kan gewys het ek wil 'n ma wees, ek moet kan deel geneem het aan parenting courses. Die parenting courses het ek baie van geleer…"* P4
>
> *"My OT went with me to social workers and children's homes. I had to prove I want to be a mother, I had to be able to take part in parenting courses. I learned a lot from the parenting courses."* P4
>
> *"...maar ek het baie geleer soos ek gewerk het, veral op die building course het ek niks geweet van plastering nie maar daar het ek begin leer, die building course en die brick laying course."* P7
>
> *"But I learned a lot as I worked, especially on the building course, I knew nothing about plastering, but there I started to learn, the building course and on the brick laying course."* P7

For the clients to get the best support to adjust to their new roles and work through hurts from the past, the OTs referred to psychologists outside of the programme. The following quote describes the way the participants perceived these visits.

> *"U-turn also helped me get a psychologist, which I went to go see on a regular basis. That helped me a lot. I went to sessions at her house on a probono basis. She really helped me to let go."* P1

One of the key informants explained that it is also more efficient for her own goals to refer the client with specific needs elsewhere, so that she can focus on the functional goals of building soft and hard skills. The key informant stated:

> *"... we are very happy to outsource and to use the community with what they are good at. For example if someone has got long standing childhood trauma then we find it consumes that hour you have got with them and then it keeps you from working on functional goals and things, so we phone a counsellor that they can see."* KI2

In summary, the above theme looked at the various factors perceived by the participants that helped them grow, the soft and hard skills they learned and the way the programme was structured to facilitate growth and instil values.

4.4. Theme 4: Notable improvement in quality of life during and after the programme

Theme four describes the experiences and perceptions of the participants concerning the affect the programme had on their well-being. Not only in terms of the positive thoughts they had concerning their family role fulfilment, but also how spirituality was addressed and how their self-esteem was affected.

Theme 4 Notable improvement in quality of life during and after the programme	Category 1: Participants' positive perception of their well-being	Subcategory 1: Perceptions of the participants in terms of an increase in their self-esteem and confidence in their roles
		Subcategory 2: The positive feeling that participants have about improvement in their own psychological state
		Subcategory 3: Better role fulfilment in family relationships
	Category 2: Impact of spirituality on growth and quality of life	Subcategory 1: Positive impact of focusing on meaningful spirituality during intervention

4.4.1. Participants' positive perception of their well-being

The first category looks at how the well-being of the participants was affected during and after attending the SDP. The participants share how their growth impacted their ability to interact with others and form relationships. The following quote from a participant describes the category well:

"U-turn just kind of rebuilt me. They grew me a bit again from where I was to where I am now. I really don't have a problem with speaking to people anymore. This programme and the therapists taught me about self-esteem and don't ever second guess yourself or don't think that you are less of a person. I have made a lot of friends in this time." P3

Subcategory 1:

Perceptions of the participants in terms of an increase in their self-esteem and confidence in their roles

This subcategory describes the participant's perception concerning how they felt the programme impacted their self-esteem and confidence, as well as their competence in their work roles. Years of chronic drug use robs them of self-esteem and self-worth. Participants verbalised that gaining self-confidence was a priority in therapy in order to learn that they are capable of changing and growing.

"The drugs also made me feel insecure. So when I came here I thought I wasn't able to do it, but they helped me see that I am capable." P1

"… ek het vaardighede gehad… maar met drugs dan verloor jy mos jou self vertroue. So self-confidence het ek en My OT baie aan gewerk, met self vertroue, want ek het altyd gese 'Ek Kan nie." P4

"… I had skills, but with drugs you lose your self-confidence. So my OT and I worked on self-confidence a lot because I always said 'I can't'." P4

The programme had built in factors to promote feelings of achievement and success and to improve self-confidence, for example through handing out certificates and organising

ceremonies for the participants. A participant's self-worth was improved through this. One participant stated:

> *"… telling me that I am worth it at the end of the day. They would have functions and you would get certificates saying that you are a conqueror and things like that. Those were things I needed. I always felt less than others. When I was told I'm doing a good job, those are things I never heard. So it was a very positive influence on me."* P1

The following participant felt that he was not able to work with customers due to his stutter problem, U-turn recognised his potential in working in sales and he started disregarding his stutter. The participant explained:

> *I have this stutter problem, but they overlooked that you know and when I am in the stores I was later a gorilla sales man as I had been placed in all the stores and usually when I am in the stores then there is sales in the stores. I never saw myself as a sales person, but they saw it in me. And I took advantage of that."* P5

Subcategory 2:

The positive feeling that participants have about improvement in their own psychological state

The participants commented on how they felt about the change they had made from who they were before deciding to join the programme and that the change they had made was for the better.

> *"And it made me feel good. I thought I think I have moved to a different level now."* P6

> *"… it changed my life completely from had you seen me three years ago and what I am now today, ask my OT, she will tell you, I was deurmekaar* [a mess]*!"* P3

"It was, getting to know myself again. I had lots of masks. They helped me learn to be me." P1

These participants described the values they learned and how the programme shaped them. The participants stated:

"I love that it taught me to give back and how to love again. To forgive people, listen, stop, think and then act. The programme, God, and U-turn and the people really moulded me into what He wants me." P3

"I've become more grateful for what I have in this moment. Also because of U-turn because they helped me understand that you can't always have everything you want, you have to work towards it. Today I worked towards how I am. And I never thought I would be where I am." P1

Participants described their change after the programme as positive, this can be seen in how the following participant expressed her perception concerning her growth and healing:

"Look at me now! I love laughing, I make the most boring situation the most happy situation, okay yes I have my moments like we all do in life, but I think I am more up than down." P3

Subcategory 3:

Better role fulfilment in family relationships

Participants commented on the fact that after the skills development programme they were better able to fulfil family roles and were more responsible towards their social relationships.

The following two participants stated that that they were reconciled to their family and able to have healthier and more responsible relationships with them.

"I have learned how to deal with her (my mother) in a responsible manner, ...before they [her family] *would never give me their card to go draw money, now they ask me to go draw them money. So that is a big stepping stone for me at the end of the day."* P1

"They helped me reconcile with my family." P5

Many of the participants had roles and responsibilities as mothers. A participant rediscovered her purpose as a mother as she could no longer see the destruction that her lifestyle had caused in her children's lives in the past. The quote below also shows how a participant fulfilled her role better as a mother, by having learned emotional regulation skills.

"Ek het mos nou 'n purpose om 'n ma te wees. Ek het 'n werk om te werk. Ek kon ook nie die destruction sien nie." P4

"I couldn't just blow my gasket and throw my toys out of the cot, I've got a child, I'm a mother, I need to be responsible, I need to be an example to her" P1

4.4.2. Impact of spirituality on growth and quality of life

Addressing spirituality contributed to the participants' sense of well-being and overall feeling of success in the programme, as it was meaningful to them. Participants placed importance on incorporating spirituality into the programme.

"One of the most important things that helped me grow, first and foremost is the word of God, my foundations. I know He has taken me through valleys and He has always been there and I said: 'God this I am going to do, but I need you to help me'." P9

Subcategory 1:

Positive impact of focusing on meaningful spirituality during intervention

Participants commented that it was meaningful to them that the programme incorporated their spirituality. This relates to their well-being, as they considered the progamme to be spiritually enriching and felt it enhanced their growth and sense of identity.

The participant stated:

> *"The spirituality was also very important to me because I come from a spiritual background and that is what saved my life."* P1

> *"Teaching us spirituality was the foundation, God saved me, U-turn only assisted me with the tools to get to where I am today."* P10

> *"…they helped me in the sense of knowing who I am and I discovered that who Jesus really is. When I accepted Jesus as my Saviour, I wanted to know all of Him. I wanted to know Christianity, I was eager to learn. And [*our teacher*] on the programme, he teaches us the Bible, I was really interested in the Bible and Jesus, but I could never learn how to reference the Bible. That is how I learned at U-turn they helped us with referencing the Bible."* P5

In summary, the above theme looked at quotes from the participants that related to an improvement in their sense of well-being. The participants stated that they felt that their self-confidence, self-esteem and self-worth had improved over the courseof the programme and that they had become completely different from who they used to be. Their satisfaction with life had improved. They came to see that they had the capacity to fulfil work roles and became competent in social roles that already existed prior to their programme attendance, including family

responsibilities for example. They felt enriched through the use of spirituality on the programme and it added to their sense of identity.

4.5. Theme 5: The value of an OT and how sustainable change is achieved in this context

Theme five discusses the experiences of participants concerning how their skills were developed sustainably and how this gave them resilience for the future. It also looks at the usefulness of an OT in the work place for case management and programme management.

<table>
<tr><td rowspan="3"><u>Theme 5</u>

The value of an OT and how sustainable change is achieved in this context</td><td rowspan="2">Category 1:

Providing sustainability and empowerment through skill development</td><td>Subcategory 1:

Skill development providing empowerment and sustainable change</td></tr>
<tr><td>Subcategory 2:

Strategies to enhance the sustainability of the skills development programme</td></tr>
<tr><td rowspan="2">Category 2:

Value of case management by an OT</td><td>Subcategory 1:

The great value in having someone to talk to and support you</td></tr>
<tr><td>Subcategory 2:

Use of professional skills to empower the participants</td></tr>
</table>

4.5.1. Providing sustainability and empowerment through skill development

The participants are enabled through skill development to discover their capacity, learn to better fulfil their roles, learn to maintain sobriety, improve interpersonal skills to maintain a healthy support network, as well as grow generic hard and soft skills. The importance of this is that the

programme provides lasting change, as opposed to momentary relief. The theme summarises the perceptions of the research participants on how they think the programme prepares them for the future, by enabling them through skill development and empowering them for the future.

A participant stated that he felt that the training equipped him for what he needed to go out into the OLM. He stated:

> *"So it's all structured to let you, it encourages you to look into yourself. Skills prepare for the future. It's like U-turn gives you the tools to scratch and dig a bit deep so that when you do go out that you would be prepared."* P10

Subcategory 1: Skill development providing empowerment and sustainable change

Training someone on how to gain their own income is a long term solution for meeting one's needs. A participant stated the following to describe the value that the training held for him. He stated:

> *"…gee nie iemand 'n vis nie, leer hom eerder hoe om 'n vis te vang… dis common sense om jou rent te betaal maar hoekom moet ek nou rent betaal as ek net 'n R100 het en ek kan buite slaap. Maar die life skills wat jy in die session van die OT gehoor het is soos jy weet as jy jou rent betaal is jou dak gecover vir die hele week, en jy kan eet en slaap in die shelter en dan raak lewe beter en terwyl jy nog net miskien min rand verdien."* P7

> *"… don't give someone a fish, rather teach him how to fish… it's not that I didn't know it is common sense to pay your rent, but why should I pay rent now if I only have a R100 and I can sleep outside. But the life skills that you learn in the session with the OT taught you that if you pay your rent then your roof is covered for the whole week and you can eat and sleep in the shelter and then life gets better, even when you only earn a little bit of money."* P7

Different work tasks or contexts can be used as a medium for training; it is both a means and an end. The end is a lifetime of gainful employment and independence. A key informant pointed to the fact that the clients simply learn the skills they need at U-turn to go out into society and be able to use their skills in different environments of work. The key informant stated:

> *"We are not trying to create retail specialists; we are just using the retail field to teach the basics of job skills."* KI2

Receiving a foundation that shapes you and teaches you certain values helps with sustainability of skills and with resilience in difficult times ahead. Participants were able to overcome barriers due to the fact that new skills helped them to adapt and persevere. A participant stated:

> *"With the structure that it comes in, yes. It would give you the discipline and the… it moulds you to deal with whatever the world out there throws at you. It may knock you, but it won't knock you back into your old ways. It teaches you to adapt and persevere."* P10

A key informant described how the programme is designed to act as a bridge for homeless persons to safely cross from the vulnerable state of recovery from addiction, to working in the OLM.

> *"…what the work program tries to do is to kind of be a link between, 'okay I'm clean from alcohol now' and the OLM where there is limited support, there's limited grace, there's, you have got to be ready when you get there… they don't have the skills to actually use that money in the correct way, so it is a massive trigger and then they work the first month successfully, they get their pay check and they relapse."* KI 2

In summary, the above category looked at the different ways in which the programme provides sustainable change through skill development and prepares participants for their future, through building healthy support networks and giving them a good foundation and habits for success.

Subcategory 2:

Strategies to enhance the sustainability of the skills development programme

The LCP is continually being monitoring, evaluated and adjusted for more optimal outcomes. The following subcategory describes strategies in which the SDP can be improved.

The lessons and classes offered at U-turn are not standard or modular; a key informant stressed , in the below quote, the value that lies in formalising the modules to adhere to a specific standard.

> *"Lots of our training sessions aren't modular at this point in time, like IT … we sort of run it off the cuff. So those are things that I think can also be formalised in time... but that we also want to formalise to see 'oh ja, I've actually passed this with distinction, or I've failed it I need to learn more in terms of English communication skills.' Even the OT groups in terms of planning, or boundaries or goal setting, you know there is nothing concrete telling you, you have actually mastered this skills so we are working on that."* KI1

A measurement for when somebody is ready to leave the programme is another strategy that the key informant felt they needed to develop. Currently the OTs use their individual clinical judgement. The key informant believed:

> *"How do we measure when someone is ready to leave? Because at this moment it is the OT's gut feel, and we feel because of that the process lays a lot in our hands because we decide when they are ready."* KI 1

Maintaining the balance between ensuring therapeutic benefit and also exposing a client to the full consequences of their choices is a hard balance. A key informant stated the following concerning changes needed on the programme.

> *"Ya, sometimes we are too soft, sometimes we don't allow them to actually feel the consequences of choices that they make. If we rescue them in those times then they don't learn, they don't get stronger in those times, so uhm we can do better at having, having clear consequences for certain choices and sticking to them."* KI2

Establishing networks with employers in the OLM could be beneficial for a smoother transition from the programme to the workplace. These employers could be provided with understanding and background of the client and provide a bit of extra support. A key informant stated:

> *"... finding more OLM partners that would be willing to take our clients on, because it is hard to find work and if you have a supportive employment system rather than just sending them up into the OLM, not the big wide world, which is very harsh."* KI1

4.5.2. The value of case management by an OT

The participants all spoke about the fact that the OTs were like their rock and that this was something that helped them make it through the programme. The OTs in charge of case managing the participants spoke a lot about the way they worked with the participants, in other words, their professional relationships with the participants and how their actions could lead to more skill improvement. A participant stated:

> *"One of the important things in the programme was the OT's, you sometimes can't just speak to anybody, it's not anybody that is going to understand what you have to say or take the time to listen to what you have to say. In the world out there, you go to a*

psychologist or an OT you will have to pay money so here at U-turn it was a real plus with the benefit of OT sessions." P9

Subcategory 1:

The great value in having someone to talk to and support you

The participants all shared their perceptions on how and why it really helped to speak to an OT during their time on the programme. A key informant explained the logistical relationship between the therapist and client:

"They've got an OT assigned to them who they see once a week for an hour. They can obviously also call us during the week, which they do from time to time. They immediately plug into a support network." P5

The following quotes are from participants who shared how they felt about having OTs available to them on the programme and why it was useful:

"I got that regular support from my OT. She was really a rock for me. I really relied on those sessions because I had many conflict, not as many verbal conflict as much because I tried to back down on arguing, but things that angered me but I didn't want to verbalise it I kept to myself so I could discuss it with my OT." P2

"Dealing with lots of challenges and ya, they were really supportive, they are a pillar. I think that if there wasn't OT's that place wouldn't stand. They really are there for the clients, they support the clients. Even afterwards, you can count on them for anything." P5

Subcategory 2:

Use of professional skills to empower the clients

The key informants described that they used themselves in a therapeutic way to help the clients with problem solving and reasoning skills.. The key informant mentioned:

> *"We* [OTs] *have to become pretty good at throwing that ball back to them, supporting them in it through the challenge, but not doing it for them. Because they are not going to learn the skill and get stronger uhm if they don't actually go through the challenge. They come to us with a problem, we reason in our mind 'do x, y, and z' we need to teach them to think because next time around you are not there and then they can't."* KI2

Solving their own problems or reasoning through their own dilemma to find a solution, empowers a client to be more independent in the future. Participants described how the OT helped them solve their problems:

> *"My OT would make time to see me once a week and we could talk about my problems and my challenges and how we can overcome these problems. So we talk about it, we analyse it, we find ways to overcome it, we find strategies of working around it or getting through it."* P2

OTs have the professional skill to determine the fit between a person and their task and if the task is too demanding, or if it is just the right challenge for them to achieve success and mastery.

> *"…through clinical judgement you get a sense where a person is at and then you want to meet the task, not on the same level, but just slightly above that so that you stretch them, but it's not too high that it is going to break them, they are going to fail, it's not too low so they get bored."* KI2

This skill was applied by rearranging a task for a client who found working in the shops too demanding. The participant had wanted to leave but the OT found an alternative arrangement to facilitate her growth. The participant stated:

> *"My OT spoke to me, she called me a couple of times and just spoke to me and we came to an arrangement that I would come back to U-tur,n but I won't come back to work in the store anymore. I was just attending the computer class until she could find something else for me to do to keep me occupied while we worked on my problem. Then my OT started introducing me slowly into the shops, allowing me to come to the shop one day in a week and work with my colleagues and then work back at the attic again and sort out the clothing."* P2

In summary, this theme described the value of an OT, as part of a team, providing intervention to homeless persons, in the form of vocational skill development, by being involved in programme design and evaluation, the therapeutic relationship and through their ability to facilitate sustainable skill development.

4.6. Summary

Information gathered from the research participants was considered valuable as it pertained to the research question and objectives concerning the participants' experiences in regard to how a work SDP helped them adapt to their role in the OLM. The information was sorted into common themes in the current chapter and the themes focused on the barriers and facilitators throughout the skill development and stage of transition.

The themes also focused on the participants' adaption to their WR in the OLM and the improvement of their well-being after having attended the work SDP. The last theme also looked at how skills were developed sustainably and what the value is of having an OT as part of skill development for previously homeless persons who wish to achieve independence.

The following diagram (figure 1) gives an overview of a consolidation of the themes and the way in which they interact with the Trans-theoretical model, as described in the literature review. Each stage of change is compared to the event in the person's life, as well as the themes emerging from the study. During the pre-contemplation stage, participants are ignorant about what is needed for change and there is no desired change in their future. There are no findings that correspond with this event or stage.

During the contemplation stage the participants start to consider an alternative way of life and the findings present various motivational factors that bring about this stage and event. During the stage of action, the participants actively apply strategies and principles for action and maintenance of change in their lives, while on the LCP. This corresponds with findings in themes two and three concerning facilitators and barriers.

If the participants make it to the last stage, they maintain the change brought about through contemplation and action. Findings from theme four and five concerning sustainable change,

adaptation to WRs and improved quality of life, correlate with this last stage and event, as the findings show what contributed to reaching it.

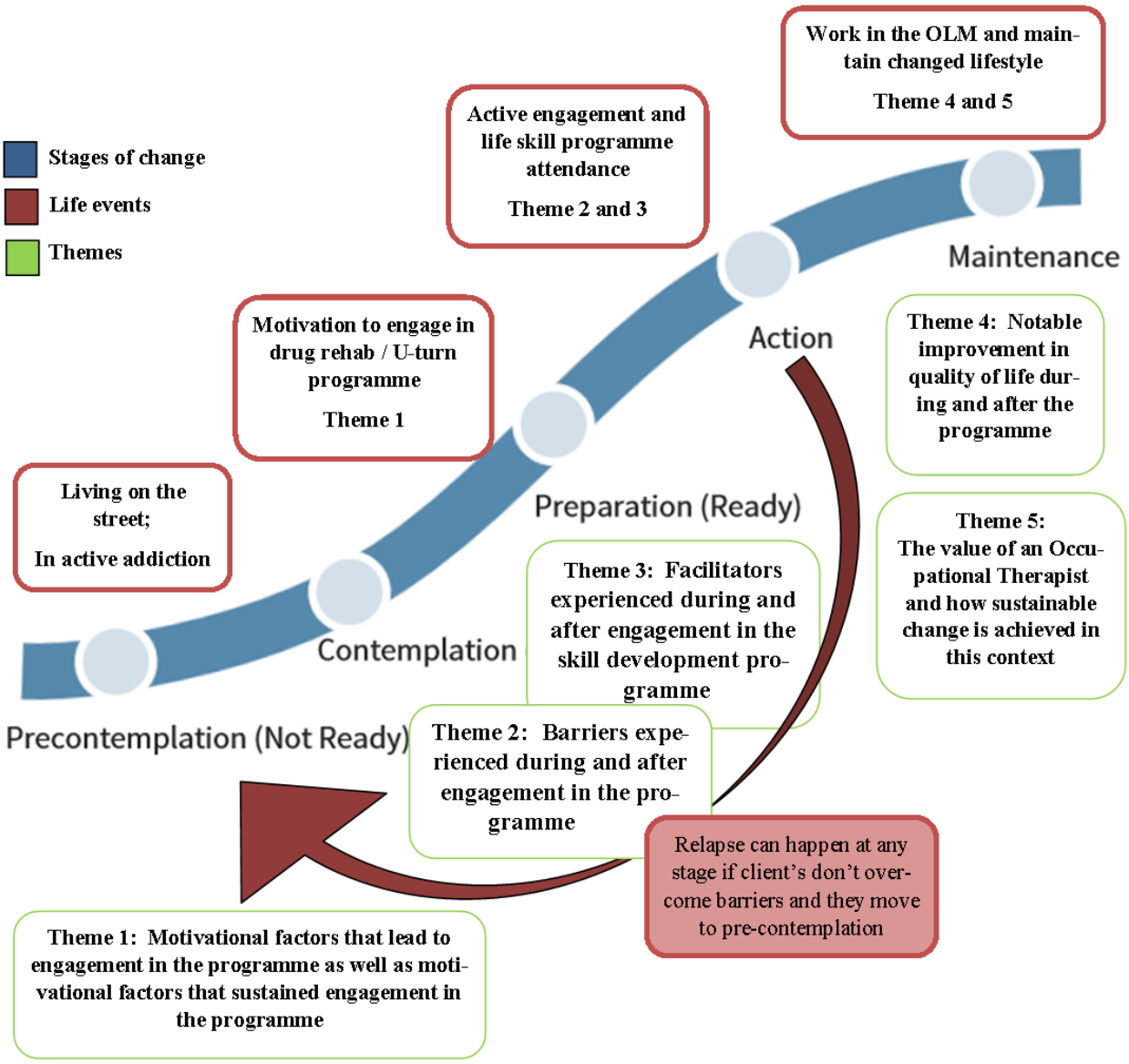

Figure 1: Diagrammatical presentation of themes related to the Trans-theoretical model of change

CHAPTER FIVE: DISCUSSION

5.1 Introduction

In the following chapter the researcher will discuss the original research question concerning what the experiences and perceptions of homeless persons are regarding the usefulness of a work skills development programme in facilitating the development of them in their WR in the OLM. The chapter will discuss the various objectives of the study, firstly looking at the first objective concerning facilitators experienced by the participants. The second objective is discussed looking at the barriers that were encountered. The third objective aimed to look at how they adapted to their WR and this is discussed in the third section. Lastly, objective four is discussed by looking at how the SDP resulted in an improvement in sense of well-being after completing the programme.

5.2 Facilitators

In the current study, facilitators refer to the characteristics of the SDP that helped the previously homeless participants develop from a life on the street, to eventually adapting to a WR in the OLM. The facilitators empowered the participants and provided a positive experience for them to be able to successfully adapt to their WRs in the OLM. This section will answer the second objective concerning the experiences and perceptions of homeless persons about the facilitators that aided them in fulfilling their WR, after participating in a work skills development programme.

5.2.1 The power of unconditional acceptance and support

In theme one, category two, the findings present, that despite the hardship of changing, the participants were motivated to continue, due to the fact that they felt accepted. The participants found it significant that they were not judged for the things they had done or been through. They were attracted by the altruistic, empathic, supportive and accepting environment. It was a safe and fun alternative to the harsh reality on the street and there was always someone motivating them when they wanted to give up. The participants described that they felt supported by the therapists, whilst at the same time receiving honest advice to help them achieve their goals.

Altruism is a term used to describe placing another's need before your own and behaving in a way that benefits the other person (Batson, Ahmad, Lishner & Tsang, 2002). Psychologists have determined that empathy is a possible source of altruism, as it is also an emotional response that is other-centred and is elicited by another's perceived welfare. This emotional response includes sympathy, softheartedness, tenderness and compassion (Batson *et al,* 2002). Empathy has been found to be important in the therapeutic relationship due to the outcome and aim of the relationship (Mercer & Reynolds, 2002). The empathic relationship with a healthcare professional facilitates: supportive interpersonal communication, understanding, empowerment to learn, learning to cope effectively with one's environment and reduction or resolution of one's problems. These outcomes link up directly with the outcomes that the SDP aims to bring about in the participants.

A participant explained that she felt trusted and this made her want to do the right thing. She realised that the staff on the programme knew her past, they knew she had been addicted to methamphetamines and they knew that she was capable of stealing, yet they trusted her with the shop keys and responsibility. The mere fact that they trusted her motivated her to do the right thing. This phenomenon can be explained through a theory of behaviour change, theorised by

Fogg (2009), which suggests that social acceptance is a motivator for performing favourable behaviours. This strengthens the assumption that the participant's performance and behaviour was positively influenced by the accepting environment.

5.2.1.1 Case management by an OT

In the fifth theme, first and second categories findings present perceptions of the participants with regard to the value they placed on having an OT as their case manager. The categories also considerwhat they perceived the value to be that the OTs added to the vocational SDP. The participants were all assigned to an OT, who was dedicated to their growth on the programme and had weekly coaching sessions with them to discuss problems they may have encountered at their work places or in their home environments, as well as to talk about past hurts and future goals. The participants found great meaning in this relationship with the therapists, seeing them as someone they could freely speak to about anything; someone who would help them when they did not know what to do and someone who would always support and accept them.

Emerging roles are requiring therapists to act as case managers, which includes advocacy regarding the needs of the homeless (Grandisson, Mitchell-Carvalho, Tang & Korner-Bitensky, 2009). Munoz, Reichenbach and Hansen (2005) described the case manager's role as one which covers the management of the factors involved with supporting problem solving, childcare issues, educational, vocational and mental health needs, legal, and housing or community referrals.

Although outdated, findings in a research by Allen (1992) match current findings on similar vocational development models for the homeless. He stated that the therapeutic relationship improved problem solving skills, offered networking and referral services, provided crisis intervention, improved interpersonal skills and facilitated community reintegration.

5.2.1.2 Therapeutic relationship

In theme one, category two, theme three, category three and theme five, categories one and two, the findings present the various ways in which the therapists used this therapeutic skill to empower the participants, through continuous support and empathy. The participants shared how they were empowered through being accepted for who they were. They were encouraged by speaking to an OT about their struggles and felt motivated by the trust the received from the therapist.

According to Taylor, Lee, Kielhofner and Ketkar (2009) the therapeutic relationship refers to the emotional exchange, communication, partnership and collaboration between a client and his or her therapist. The therapists on the U-turn programme facilitated the participants' growth through therapeutic use of self, contributing to their experience of skill development, ultimately leading to a better transition into the work place.

Therapeutic use of self refers to the skill that therapists can possess to use themselves and their own personality traits, perceptions, insights and judgements as tools for intervention (Punwar & Peloquin, 2000; Solman & Clouston, 2016). The concept encompasses the way therapists interact with their clients, demonstrating empathy: the concern and care they have for their clients' experiences and perspectives (Taylor *et al,* 2009).

The participants were able to rely on the therapists for external motivation, as they sometimes wanted to give up, but the therapists partnered with them and encouraged them to keep working hard. The participants felt welcomed by the altruistic environment, like they were listened to, understood and had someone to rely on. They received guidance, support and encouragement through difficult times. This environment was not familiar to them and many experienced a loving environment for the first time.

All of these perceptions held by the participants, were experienced in response to the fact that the OTs made use of themselves, their personality and traits therapeutically and facilitated the participants' growth, both on the programme and in the OLM, as they adapted to their WRs.

5.2.1.3 A sense of belonging

The perception that the environment was like a family was significant for the attendees. Staff and peers facilitated a positive environment for growth. The participants had all either alienated themselves from their own families, or their families had pushed them away. They had not really mattered to anyone while on the street. The participants benefited from the fact that they all came from the same background and were all going through the same process.

Rehabilitation and skill training practitioners can define a sense of belonging as "*a subjective feeling of value and respect derived from a reciprocal relationship to an external referent that is built on a foundation of shared experiences, beliefs or personal characteristics. These feelings of external connectedness are grounded to the context or referent group, to whom one chooses, wants and feels permission to belong."* (Mahar, Cobigo & Stuart, 2013, p.1). Having a sense of belonging implies that one belongs to something. The external referent that grounds the participants' belonging in this case, is their shared experiences, histories and change process.

The participants were encouraged by seeing each other's growth and this helped to motivate them to keep on going. Witnessing people similar to yourself succeed thanks to perseverance and hard work, creates a mindset that you also have the capability to succeed in a similar way; this creates and enhances perceptions of self-efficacy (Bandura1994). In theme one, the participants stated that they would not have made it in their change process, if it was not for the fact that they were surrounded by people on a similar path to them, facing the same battles. One participant described that they would have 'derailed' were it not for the feeling of belonging. Another

participant expressed feeling encouraged and motivated by seeing others around him grow and change too.

Feeling a subjective sense of belonging in the life skills programme and to the others on the programme provided an overall positive experience towards the participants' skill development.

5.2.1.4 The importance of meeting basic needs

In theme one, category one, subcategory three, the participants stated that they were motivated to join the programme because they would be receiving a stipend, which would cover their rent to stay with their family, or to stay in a long term shelter. The money also provided for groceries and transport, as well as school fees for their children. The basic needs of the participants were met, which enabled them to concentrate on developing their skills.

While they were on the street they may have had a vision of a preferred life, but with their basic needs going unmet, they were not able to work towards this life. Maslow (1954) proposed a hierarchy of needs to describe human motivation. He theorised that before one can reach theirfull potential, various other needs must be met in a particular order, namely: physiological needs, safety and security needs, relational and belonging needs and needs of being esteemed.

Patterson and Tweed (2009) conducted a study to determine the factors that helped to facilitate people out of homelessness. After identifying the factors, the researchers asked current and previously homeless persons to rate the factors according to which they perceived to be most important. They identified that subsistence level needs were perceived to be important to homeless people. When the researchers probed about which other events facilitated them out of homelessness, the participants mentioned skills such as realising your self-worth and other cognitive events. These events of gaining self-confidence and self-worth only followed once their needs for survival were met, which is consistent with Maslow's hierarchy of needs.

5.2.2 Occupation as both a means and an end

In theme five, category one, a key informant commented on the fact that the programme is not trying to 'create retail specialists', but rather that they are using retail as a medium to teach job skills. Individuals find meaning and improved health through engagement in daily occupations that enable them to participate in society (Bilics, Hanson, Duncan, Higgins, Orr, Parham, & Harvison. 2011).

The philosophy of occupation underpins the fact that well-being and development across one's lifespan is shaped by participation in occupations and that occupations can be used to promote the health of individuals, communities and populations (Bilics *et al*, 2011). Occupation can be used as a means to therapy and intervention, meaning that occupational engagement has therapeutic value for change and that occupations can also provide a lasting solution to intervention, as engagement in occupations is the ultimate goal of the intervention in the first place (Bilics *et al*, 2011).

The concept of occupation as a means and an end can be applied to the current model of skill development. The programme offered both the means for intervention and skill development through occupation and helped participants achieve long-term occupation. It also prepared the participants for the end goal of transitioning into the OLM and greater occupational performance in the areas of social, daily living and leisure engagement.

5.2.2.1 Empowerment through occupational engagement

A principal assumption in the profession of occupational therapy is that well-being is influenced by occupational engagement (Hammel, 2008). OTs are committed to all people's rights, not only those who are defined as persons with disability. Hammel (2008) argues that OTs should assert for all people to have the right to meaningful engagement in occupations that have a positive outcome on their well-being.

With regard to the right to meaningful engagement, homeless persons experience a deprivation due to disengagement or engagement in occupations that have a negative outcome for their well-being. They also face being marginalised from society due to the government's approach of forced removal or eviction (Olufemi, 2002). Being stigmatised leads to their disconnectedness and disassociation from society and this places constraint on the fulfilment of their needs and the solutions provided to them, ultimately aggravating their disconnectedness and exclusion from society (Olufemi, 2002).

Wilcock and Townsend (2000) refer to this deprivation, exclusion and marginalisation as an indicator of occupational injustice. Occupational justice entails recognition and provision of the occupational needs of communities and individuals, as well as the creation of an empowering and fair society. The authors also make a striking comment concerning justice, that: *"unless the occupational nature and needs of people are recognised leading to the creation of policies that allow people's occupational nature and need to flourish, societies will continue to be unjust"* (Wilcock & Townsend, 2004, p84). The researcher finds this statement highly significant as the issue of homelessness is a great example of occupational injustice, due to the systemic denial of homeless persons' occupational nature and needs, and, the denial of their participation in society. Interventions provided do not recognise the need that homeless persons have for engagement in meaningful and empowering occupations. Instead, homeless persons continue to be subject to alienation form society, focussing their daily routine on occupations for survival, or occupations associated with substance abuse, which have a negative outcome on their well-being.

In theme one, category one, subcategory two, participants express that the prospect of being occupationally engaged attracted them to the programme, as they were disengaged prior to attendance and had insight into the fact that disengagement and being idle were triggers for relapse. Their occupational needs were starting to be met. Ultimately, occupational engagement was a pathway for the participants to start their process of moving out of a life on the street.

Occupation was used as a means of engagement and as intervention, as the type of occupation used on the programme provided rehabilitation and skill development. The participants commented in theme three, category two, about the various soft and hard skills they had relearned through engaging in occupation on the programme, after years of drug use and homelessness had stunted their social, emotional and cognitive development.

5.2.2.2 Simulated learning

In theme three, category three and theme five, category two, the findings show that the structure of the SDP offered learning opportunities for the participants. They were provided with a safe learning environment to address various emotional triggers and to slowly alter harmful behaviours and decision–making tendencies, while at the same time being given the responsibility of adhering to a full time job with set hours, leave days, uniform requirements etc. The programme is therefore a simulation of working in the OLM, so that the participants can learn from their challenges and increase preparedness for transitioning to a WR.

The concept of simulation is used for teaching and learning and can be used across many trainees in various disciplines (Lateef, 2010). Simulated learning can help affect the way trainees develop skills, attitudes and knowledge, while protecting them from the same risks they were previousy exposed to. For example, the risk in this scenario would be that if participants were to go straight into the OLM after drug or alcohol rehab, they may be triggered to relapse once they receive a large salary. Thus, in preparation, they receive small amounts of money, which increases with time as they improve their financial management skills. Another example of this is when the participants had arguments on the shop floor. The manager was trained to deal with this and the conflict situation was treated as a learning opportunity to gain conflict management skills. This also resonates with a quote made by a key informant in theme five, category one, in reference to the findings concerning sustainable growth: stating that the programme aims to provide a bridge

between drug rehabilitation and working in the OLM and to ensure a positive transition and adaption to their WR.

In conjunction with simulation of an OLM experience, the programme also utilises experience-based learning. It is a preferred teaching style for adults as it is client-centred and learner directed (Andresen, Boud & Cohen, 2000). The foundation of EBL is that reflection, reconstruction and evaluation form the process of analysis, so that participants may draw insight and meaning from their prior experiences. The reflection of prior experiences may lead to greater insight and selection of new action (Andresen, Boud & Cohen, 2000). The therapists guided the participants in such a way that they did not provide all the answers, but only what was necessary for the participants to learn to reason and problem solve independently.

In the findings, a key informant referred to this as '*throwing the ball back to them'* in order that the participant can be empowered to solve their own problems. For example, the participants explained in theme five that they could go to their therapist with something they experienced in the past week, whether it was positive or negative. This meant that the session with the therapist was client-directed and experience based. They would allow the participants to reflect on, discuss and analyse their own experience providing opportunity to make use of the new skills the participants had acquired, giving space for them to practice using the tools they had learned to solve problems by themselves.

These strategies of learning meant that the final goal – the goal for participants to secure long-term occupation – could be met by means of transitioning into the OLM and maintaining employment and independent living.

5.2.3 Empowered through skill development

In theme three, categories one and two, the findings present information concerning the hard and soft skills the participants learned and how these skills facilitated growth and adaptation to their WR. A universal and longstanding assumption, that underpins the stigmatisation of homelessness in society, is the thought that the homeless ended up on the street by consequence of their own choices and preference (Parsell & Parsell, 2012). Olufemi (2002), however, established that homelessness is caused by a myriad of structural and personal factors, including poverty, unemployment, alienation from families, poor education, racial segregation, policy and a lack of skills. Together, these factors create a sequence of crises in the life of the person concerned and the consequence of this sequence is the lack of a roof over a person's head, or a decent shelter (Olufemi, 2002).

Olufemi (2002) mentions a lack of skill and poor education as part of the causation of homelessness. This is consistent with the findings of the current study because the participants were attracted to the programme as a result of the skills they expected to develop. This finding can be seen in theme one, category one, subcategory two. Many of them did not have work skills to start with; others had a foundation of work skills and completion of secondary education, but had lost these skills.

The nonnecessity for punctualityand deteroration in interpersonal skills due to years of living on the street, chronic drug use and being alienated from work settings, were all reasons these skills were lost. When they were homeless the participants faced disempowerment as a result of the above mentioned social issues, which are caused by an inequitable distribution of resources or access to those resources (Zimmerman, 2000).

The term empowerment was popularised by Freire (1996), who viewed empowerment as a process and an outcome of the improved ability to behave autonomously and think critically,

thereby enhancing one's sense of self-efficacy (Anderson & Funnell, 2010). The participants were thus empowered through the process of the SDP as they started to gain mastery over their lives and their occupational choices, resulting in an improved self-efficacy.

5.2.3.1 The balance between hard skills and soft skills

In theme three, categories one and two, the findings present information on soft and hard skills that the participants developed and put into practice. In theme one, category one, one could see that the participants were attracted by the hard skills of working on a computer and having the daily responsibility of work in order to receive a stipend. However, looking at the various reasons that contributed to the participants on the programme becoming homeless, including poor social or family networks, or the inability to keep a job due to poor conflict management, it was also clear that they needed the soft skills to utilise the hard skills.

Work place training often focuses on hard or technical skills that are required for specific job skills, however, employees are often evaluated based on their soft skills and interpersonal abilities (Matteson, Anderson & Boyden, 2016). In theme three, category two, some participants commented on the fact that they did not know how to speak to people anymore after years of substance use and because their self-esteem was so low. Bates *et al* (2005), state that repeated substance use affects one's verbal ability, information processing and executive function. These components have a direct effect on one's interpersonal skills and volition.

Soft skills are important in any work setting and are seen as intangible skills, invisible skills or people skills (Matteson *et al,* 2016). The authors agree that actions constitute skills and that execution is central to the definition of skill. Nonetheless, they acknowledge in their review of soft skills, that literature refers to personality traits, such as motivations and preferences, as 'skills', as these ultimately affect behaviour. This is consistent with the next section in this discussion, which focuses on the internalisation of values that led to behaviour that had a positive

effect on well-being and ultimately supplemented to the list of skills that the participants were able to develop.

The findings, in theme three, categories one and two, point to the fact that soft skills meant more to the participants than the hard skills. They acknowledged the importance of the hard skills, but various participants commented on the fact that they needed the self-confidence and the skills to be on time, work with others and take initiative, in order to put their hard skills into practice. This was an unexpected finding for the researcher, as the researcher had assumed that the hard skills would be the greatest factor in preparing the participants for work in the OLM.

The participants also commented a great deal about how they had felt after they had learned various hard skills such as money management, doing sales in a shop and stock control. If they did not have the self-esteem to take on learning the task, the therapists and staff came alongside them and supported them in learning it. This showed them what their capacity was and subsequently resulted in higher motivation and volition.

5.2.3.2 Make good decisions to experience positive consequences

The participants shared in theme three, category three and theme five, category two, that the way they learned values was through facing consequences to their actions. To reason and think consequentially, one needs the skill to determine alternative outcomes and to understand the consequences that those outcomes will have (Zeki, Goodenough, Baird & Fugelsang, 2004).

It is an essential component of human reasoning and the development thereof. The structure of the programme is designed in such a way that the participants learned to embrace new values and principles, which encourage positive decision making and thinking. Most participants pointed to the consequence of losing money as a result of them lying or coming late to work. Participants stated that this taught them to take ownership of their actions and that this simultaneously taught them values such as truthfulness, helping others and losing the sense of entitlement they had

when they were homeless. A participant summarised the notion of the consequential thinking skill he learned and stated:

> "O*nce learned that if you do right, everything is going to be right. There will be consequences if you do the wrong thing." P9*

The theory of reasoned action and planned behaviour explains the relationship between human action and attitudes, as well as the fact that behaviour is predicted by individual motivational determinants (Montano & Kaspryzk, 2015). Attitudes concerning behaviours are shaped by the believed outcome of performing a behaviour (Montano & Kaspryzk, 2015).

At first, when the participants engaged in inconsequential thinking, their attitude towards harmful behaviour was not neccesarily negative, even though the behaviour itself would lead to a negative consequence, as viewed by socially acceptable or healthy standards. When the therapists held the participants accountable for their actions, by enforcing negative consequences, it changed the belief or attitude concerning the believed outcome of the behaviour. This caused the participants to become motivated to change their behaviour and illicited a more favourable outcome for them once they truly understood that the initial outcome would be negative.

5.2.3.3 External training and referrals

In theme three, category three, subcategory three, the findings present quotes concerning how external training and referrals facilitated growth for the participants and improved their adaptation to life and work roles. The OT in charge of case management provided the participants with appropriate referrals for health and training. The training was selected based on the participants' needs, for example, parenting training, or an external course based upon a participant's particular interests, such as barista training. Referrals for health were also made to psychologist and other health professionals.

A key informant states in theme three, that a referral to a psychologist improved efficiency of intervention, as the hour that the OT spent with the client could be used in its entirety to focus on functional and occupational goals and learning, whilst still meeting the participants' mental health and psychological needs. Washington (2002) conducted a similar study to the current study, investigating the experiences of homeless persons who had attended a transitional housing programme, with a successful follow up as an outcome. He found that networking was also an important part of intervention, as the participants utilised resources that empowered them by improving their awareness of available facilities and programmes for assistance. Being connected to other services opened up a broader range of opportunities for the participants, increasing their chance to find work.

Including networking in the case management of the clients improves effectiveness of care because it improves the continuity of care. Continuity of care refers to a person-centred approach that governs the management of a particular case by various health providers, each of whom work from a different perspective and for a different purpose. The information and management of the case, however, is shared to achieve a common goal for that client (Haggerty, Reid, Freeman, Starfield, Adair & McKendry, 2003).

The benefit in continuation of care to other care providers is that it provides a pathway to care in the future (Haggerty *et al,* 2003). One of the participants commented on the fact that he still goes to the original psychologist he saw when he was initially on the programme and another participant said she still attends the same religious support group that she joined when attending the U-turn programme. Other participants were encouraged to find a sponsor for the duration of the programme, with whom they maintained a relationship with, to strengthen sobriety support after transitioning into the OLM.

5.3 Barriers

Barriers, is the term used in the findings and discussion to describe the struggles that the previously homeless research participants faced in the process of receiving skill development and during transitioning and working in the OLM. The barriers caused difficulties with the process of adaption to their WR and in their transition into the OLM. This section will answer the first objective of the study concerning experiences and perceptions of homeless persons, about the barriers experienced in fulfilling their WR, after participating in a work SDP.

5.3.1 Recovery from the past

In theme two, category one, subcategories one, two and three, findings are presented from the participants that indicate the difficulty they had in adjusting to a new way of doing things, as a result of chronic drug use and homelessness. Living standards, post substance recovery, can be dramatically improved if the person is employed, which would in turn support recovery. However, those recovering from substance abuse face a variety of barriers to employment, including poor qualifications and work experience, criminal records and health problems (Duffy & Baldwin, 2013). Having faced the difficulties that had resulted in their state of homelessness, the participants now faced greater challenges in overcoming the sets of behaviours and life events they experienced before and during being homeless.

The following section discusses some of these challenges from the experience of the participants, as mentioned in theme two.

5.3.1.1 The difficult process of recovery from substances

In theme two, category one, subcategory two, the key informants state that, if the participants were not able to overcome the barriers and struggles they experienced on the programme, it most often led to relapse. The current study explored the various causes and effects homelessness has

on individuals in the literature review. Past hurts, family disputes, divorce, drug abuse, psychiatric disorders, retrenchment, trauma, abuse, underprivileged childhood and poor access to education are a few of the greatest causal factors that were looked at (Cross & Seager, 2010; Heuchemer & Josephesson, 2006; Aliber *et al,* 2004; Rober & Biswas-Diener, 2006; Makiwane *et al,* 2010). The after effect of these life events on socio-emotional, vocational and cognitive function and skills puts the person at a great disadvantage.

One of the key informants in the study also stated that the emotional development of the participants was stunted due to "*trauma, parents' divorce, drug use"* and she described that their "*development stopped there and now twelve years later you are expected to be responsible".* A participant similarly commented on the fact that she was so long in addiction, that she did not know how to have a conversation with anyone anymore. The various factors that contributed to their barriers included not being able to cope with their own emotional state, when triggered by past hurts and trauma; earning money again and using this for drugs; struggling too much with the structure of the programme; or being in romantic relationships and losing focus on their progress.

5.3.1.2 Past hurts and trauma

Theme two, category one, subcategory two, findings present that participants had to receive healing from the things they had done in the past in order to overcome barriers in the present. For example one participant stated that she had left the programme due to relapse, but when she returned a second time, she realised her initial substance use and her relapse stemmed from past emotional difficulties and abuse. She was only able to open up about the abuse when she returned to the programme. One of the participants commented that '*soul searching'* lead her to conclude that it was not actually the programme that was at fault, but that she was trying to enforce her old behaviour patterns that she used on the street, in the programme.

Social and emotional support is predicted to be lower for those with a low socio-economic status and a lack of social support may hinder such a person from escaping the street (Patterson & Tweed, 2009). The authors also state that improved emotional support would improve a person's well-being and provide them with resilience to overcome barriers. Through counselling and support the participants were able to heal from their wounds over time and by facing these struggles, they came out stronger on the other end.

5.3.2 Adapting to a new way of life

The following two sections will discuss findings from theme two, category two, concerning the adjustments that the participants had to make to adapt to a new structure and different behaviour. It will also discuss the difficulty of leaving the support of the sheltered environment for the new roles and environment of the OLM.

5.3.2.1 Adapting to new behaviour and structure

In the second theme, first category, the findings show that it is very tough for the participants to live their lives according to the rules and structures of society. While living on the street they had done whatever they pleased.Changing behaviours and mindsets was a difficult process for the participants. A participant commented that while living on the street, he easily gathered money while begging and that he had to adjust to the fact that he now needed to work in a shop all day to make that same amount of money.

One participant, who was diagnosed with Bipolar Mood disorder, described the challenge of controlling her emotions and her assessments of people's intentions and behaviours, as she often had false perceptions of the people around her. Persons diagnosed with Bipolar Mood Disorder commonly experience difficulty in maintaining employment, due to the nature of the disorder. This leads to gaps in a person's work history, poor work performance and a reduced social network (Tse & Walsh, 2001). The disorder led to the participant becoming homeless and

continued to remain a barrier for her during the SDP, her transition into the OLM and her maintaining work in the OLM.

The key informants explained that because some of the participants had never had work experience or unlearned basic vocational skills, it was very hard for them to adhere to the structured and strict routine of being on time, wearing a uniform, budgeting and listening to their manager. In a research study by Duffy and Baldwin (2013), concerning barriers post treatment for recovering substance addicts, they found that structured vocational activities could potentially lead to a negative situation if there was too much pressure on the person. They discovered that not only did too little engagement put them at relapse risk, but too much engagement could do the same (Duffy & Baldwin, 2013). This ratifies a comment made by a key informant concerning the fact that sometimes the participants would decide that they did not want to adhere to so many rules and would therefore leave the programme. To maintain the balance of a therapeutic, supportive environment, whilst still achieving vocational goals through implementing an appropriate level of structure, is an imperative aspect to a programme such as this one.

5.3.2.2 Leaving the shelter of the programme and adjusting to a new environment and new roles

In theme two, category two, subcategories one and two, the participants discussed the barriers they faced when leaving the shelter of the programme. The shelter of the environment of the programme subsequently led to becoming a barrier for them when they transitioned to the OLM, as they were forced to face the harsh reality that not everyone was as understanding and accepting as the people they engaged with on the programme. Some participants still drew heavily on the support from U-turn, wanting to give up, as it was too difficult. Finding work was also daunting to the participants, as they had not engaged in the occupation of job seeking for such a long time. A participant stated that the difficulty for him was leaving the environment where everyone had a similar story to his and were also in recovery.

In response to this barrier, the therapists adopted a strategy that made sure that the participants worked on building a solid support structure for when they left the programme, either through rebuilding family ties, joining a church or finding a sponsor for sobriety support. This stronger social network continued to facilitate growth for the participants as they worked in the OLM and helped them to overcome barriers.

The therapists also recognised the need to create a network with partners in the OLM who could offer work for the participants and who also understood their background. This would enable them to offer a slightly more supportive and understanding approach to the participants' reintegration process.

A similar study done by Munoz *et al* (2005) about a vocational SDP in the USA named Project Employ, described the phases of the programme that facilitated homeless people from a life on the street to OLM employment. The programme offers a twelve month learning and counselling module to participants, before they explore opportunities to work in the OLM. If participants are not yet ready to transition to the OLM due to poor work history or significant barriers, they then enter another phase in the programme that offers paid work experience. Once they are competent in that area of work, they can transition into the OLM. Project Employ enters the clients into phase four of their programme when they transition into the OLM.

Formalised services span from six to twelve months post transition and services include intensive outreach, structured service for support and follow up, as well as performance evaluations and site visits. Individual sessions continue to help remove any new barriers the clients may encounter on the way.

The U-turn programme offers a different integration, in terms of receiving counselling and teaching during the participants' work experience, however, the strategies that Project Employ make use of are the same as the strategies mentioned in theme five, concerning continuous

monitoring and evaluation by the OTs. They suggest that follow up support, after the participants' transition to the OLM, should be formalised and more structured. Implementing this strategy may help the participants to more effectively overcome barriers and achieve better self-efficacy in adjustment to new roles.

5.4 Adaptation to the WR

The following section will discuss the third objective in answering the research question, concerning the experiences and perceptions of homeless persons about adapting to their WR, after completing a work skills programme.

The theory of Occupational Adaptation has been found valuable in the description of the event of homelessness. It has established a suitable guide for evaluation and intervention strategies in the adaptation process that is needed to move from homelessness into a productive and independent life (Johnson, 2006). The theory of Occupational Adaptation can influence education, research and practice in regard to how humans interact within their occupational environment. It states that people encounter processes of adaptation through occupational responses elicited by extrinsic or intrinsic motivators (Schkade & Schultz, 1992).

In theme three, category three, and theme five, categories one and two, various facilitators are mentioned which assisted the participants to adapt to their WRs. These facilitators included sustainable skill development, support during transition, case management of an OT regarding participant job readiness and self-confidence drawn from increased role competence.

5.4.1 Support during the transition phase

In theme three, category three, subcategory two, the findings show that the OTs continued to provide support to the participants once they left the programme, which positively impacted the participants' adaption to their WRs in the OLM. The therapists generally offered support through

on-site visits, follow up phone calls, cell phone communication or follow up sessions, whenever the participants needed them. The therapists approach to follow up was informal: they ensured that the participants knew that their door was always open, should they ever need to make an appointment. Support and contact with the therapist decreased in frequency as time went on, until the participants felt that they could stand on their own two feet.

The programme provided the participants with educational and practical components for skill development. This made the transition into independent living a goal that was attainable (Kuno, Rothbard, Avery & Culhane, 2000). Services for the homeless that include a form of life skills training achieve greater success in attaining and maintaining independence (Helfrich & Fogg, 2007). The primary focus of the transition support phase should be to support the participants to not only maintain the vocational role, but to reintegrate into other areas of occupation, such as leisure, family roles, self-care and social networks (Munoz *et al,* 2005).

Due to the fact that participants experienced a positive transition into the OLM, they were able to adapt to their WRs easier and the participants could start relying on their restored family and social relationships.

5.4.1.1 Individualised time frame and work tasks

When the participants were on the programme, the OTs determined their work area, tasks and judged when each client was ready to start job searching and exit the programme. The value of an OT in this setting is evident in theme five, categories one and two. The timeline of the programme was not set, as the OTs acknowledged that each participant needs varied amounts of time to recover from their past, learn and accumulate new skills, as well as build a strong support network. The researcher believes this positively impacted the adaptation process, as it prevented them from graduating prematurely and ultimately relapsing due to a systemic fault.

OTs are qualified to match the strengths and limitations of a client with a task and to determine in which environments the participant will be successful (Munoz *et al,* 2005). OTs determine the participants' potential for success by measuring how well they apply newly learned skills and habits to healthy occupational performance in work, social participation, every day activities and leisure (Munoz *et al,* 2005).

A key informant stated that she uses her clinical judgement to assess at what level a client is at and then provides a task of a slightly more difficult level, so that the participant is 'stretched'. Though not so much so, that they are likely to 'break' or 'fail'. An example of this, is a finding from a participant who wanted to leave the programme because of her own poor interpersonal skills. Instead of letting her leave, her OT made a way for her to stay, in a capacity she was able to deal with, and then slowly increased the challenges so that she could master the skills she formarly lacked.

OTs are important in determining whether a person has achieved mastery over their occupations and are ready to move on to higher challenges in a graded fashion. They are also important in providing the participants with individualised intervention, offering them the best outcome.

5.4.2 Occupational adaptation and mastery

In the fourth theme, first category, the participants discuss their growth and their feelings of how they have mastered various areas in their lives with which they struggled before. They discuss how an increase in self-confidence and self-esteem led to improved functionality in life. The theory of Occupational Adaptation states that adaptation is constantly influenced by the desire for mastery over occupational contexts, such as work or leisure. Occupational competence or mastery is a *"state of competency in occupational functioning toward which human beings aspire"* and the process of adaptation occurs when a person is faced with the demand to act in

response to an occupational challenge, which requires an occupational response (Schkade & Schultz, 1992, p831).

Applying these concepts to the current study allows us to investigate the transition process from an occupational perspective; giving us the understanding that the participants were able to engage in the process of change, due to being faced with occupational challenges and the need to achieve mastery in these occupational situations. Largely, the findings in theme four, category one, as well as in theme three, category two, concerning social skill development, show that the participants faced the barrier of low self-esteem due to years of drug use, resulting in poor self-confidence to implement new skills, as well as poor interpersonal and social skills needed to attain and maintain work. Achieving competence and mastery in vocational areas of occupation allowed the participants to perceive an increase in their self-esteem and self-efficacy.

5.4.2.1 Self-efficacy and self-esteem assisting in the process of adaptation

In theme three, category two, the participants shared about their implementation of newly learned skills in the working environment and the self-confidence they needed to overcome challenges. Improving an individual's sense of efficacy and competence is assumed to be a very useful facilitator in helping people escape homelessness (Patterson and Tweed, 2009).

Self-efficacy is a person's perception concerning their capacity to adhere to a given level of performance. A strong sense of self-efficacy enriches personal accomplishment and well-being as people have a greater expectancy that they will be able to produce a desired outcome (Bandura 1994; Maddux, 2016). When people have high confidence in their capabilities, they approach a difficult occupational task as one that can be mastered, rather than as a threat to be avoided.

A higher self-efficacy also relates to a better outcome in the Trans-theoretical Stage of Change which the participants are in: the stage of maintenance (Procheska & Velicer, 1997). In this stage, the participants are retaining the skills that they applied in the previous stage, the stage of

action, during which they received a lot more support and external motivation. Self-efficacy is imperative here, as the participants are the most independent they have been, since the start of their change process. This can be seen in a finding in theme three, category three, concerning support after graduation. A participant discussed that he "*became stronger"* and that when faced with challenges now he "*would try to solve it".*

The participants needed to regain self-confidence to face occupational challenges after years of drug use. A participant stated that she always said '*I can't'*, until she was made to see her capacity. In theme one, category two, the findings show that the participants valued the encouragement they received on the programme in regard to their capabilities and achievements. Social and verbal persuasion strengthens perceptions of efficacy, by persuading them that they do have the capabilities they need and that they have what it takes to master a given activity and remain perseverant in difficulties (Bandura, 1994; Bandura, 2012).

In a similar vocational SDP for the homeless, findings suggested that the counselling services provided to the participants, enhanced their self-esteem and taught them better emotional regulation techniques (Washington, 2002). Similarly, the findings in theme four, category one, highlight how the facilitators on the program led to an increased level of self-efficacy, which resulted in perceptions of occupational mastery. For example, a participant reported that they felt '*rebuilt'* and that the programme developed them to be able to overcome challenges.

Motivation is dependent on the belief that people have about the outcome of an action. If they believe that they are incapable of accomplishing something, they will avoid the action or behaviour, but if they experience mastery in areas of occupation, it leads to a sense of efficacy. This improved resilience, motivation and goal-directed behaviour in the face of difficulties (Bandura, 1994; Bandura 2012).

Another participant discussed that she still experiences fear in the face of interpersonal work tasks, but instead of backing out, she encourages herself to do them. This is a great example of having achieved occupational mastery in response to challenges of social interaction, as the challenge did not prove to be a threat that needed to be avoided.

The participants valued the altruistic environment and the therapists prioritised celebrating each other's accomplishments. Bandura (2012) states that witnessing others succeed, through perseverance, can raise the observers' belief in their own capability. He also states that self-efficacy improves when success is measured through a sense of self-improvement, rather than a feeling of triumph over others.

The findings suggest that the participants started feeling an improved self-efficacy, either through mastering skills, fulfilling role competence, or through improved self-esteem, as a result of overcoming challenges. Motivation, mastery and self-efficacy worked together to continuously facilitate their adaptation to their WR and helped them overcome barriers. They were able to overcome life's stressors, as their perception concerning their ability to deal with these stressors had been altered.

5.4.2.2 Drawing confidence from skills learned and challenges overcome

In theme five, category one, concerning sustainable skill development, a participant made a comment about the resilience she had been taught through attending the programme. She felt that it had moulded her to deal with anything the world could throw at her. Even if she was '*knocked',* she would never be '*knocked back into her old ways'*. This determination to persevere is an indicator of a high sense of efficacy. According to Bandura (2012) a strong sense of efficacy is needed to maintain resilience and goal-directedness when situations are demanding and challenging, which leads to good accomplishing performance.

The participants were better able to fulfil tasks in the OLM due to the work experience they had gained on the programme. For example, communication skills for the participant, who had become a recovery assistant and customer service skills for the participant, who had become a head waiter. This participant also benefited from the experience of working on point of sale, as this carried over into his job at the coffee shop.

Learning to excel in punctuality on the programme meant that one of the participants was seen as highly reliable in his job as a security guard. Another participant was able to more effectively apply introspection in the middle of conflict and achieved better social relationships with co-workers. The participants displayed a strong sense of efficacy as they perceived the challenges to be tasks that they could overcome, thus contributing positively to their competence and adaptation to their WR, as well as to themaintenance of their change.

5.5 Well-being

The following section discusses the fourth objective of the research question. The final objective was to determine how attendance of the vocational SDP contributed to the well-being of the participants. Well-being was measured through their subjective experience of feelings and thoughts regarding their life satisfaction, meaning in their lives and positive emotions (Martino, 2017). In category one of theme four, the participants make valuable comments concerning the positive perception they had about their well-being, after having transitioned into the OLM. They share their perception concerning their well-being, spirituality and improved role competence.

5.5.1 Occupational well-being

In theme four, category one, participants discussed their positive perceptions concerning their improvement in well-being. The profession of occupational therapy holds the assumption that engagement in occupation affects the well-being of individuals (Wilcock, 1998; Hammel &

Iwama, 2012) and that the individual's perception and experience of the occupation influences their health (Doble & Santha, 2008). Personal transformation therefore becomes possible through meaningful engagement in occupation (Wilcock & Townsend, 2000).

As mentioned before, the participants were experiencing occupational injustices when they were subjected to homelessness. On the vocational SDP they experienced empowerment, equity and fairness through engagement in meaningful occupations and spiritual nourishment through having their physiological and psychological needs met; all elements that are imperative in the endeavour towards achieving occupational justice (Wilcock & Townsend, 2000).

In theme four, categories one and two, the participants described feeling like they had moved to a new level. They had learned to be themselves again, come to understand how to work towards achieving the things they wanted out of life and how to be happier than they were before. When asked what changes the programme required, the participants shared their perception that they felt it was very balanced.They received teaching, counselling and paid work experience and the structure and discipline helped them in their change process. The participants also enjoyed the programme because it did not just '*scratch the surface',* but took them deeper into their past and helped them to identify their challenges.

The researcher ascribes the positive perceptions participants had, of both themselves and the programme, to having received opportunities and resources that enabled them to strive towards equitable and meaningful occupational engagement (Wilcock & Townsend, 2000). These aspects provided them with a greater sense of efficacy to continue towards their journey of independent goal-directed living in their communities.

5.5.2 Spirituality

In theme four, category two, participants commented concerning spirituality on the programme. Spirituality has been defined by Puchalski, Vittillo, Hull, and Reller, (2014) as characteristics of a person. It indicates the process of seeking and expressing meaning and purpose, as well as the way through which they experience being connected in the moment to their environment and to what they perceive as 'significant' or 'holy'. U-turn is a faith-based organisation and therefore integrates topics of faith in their teaching and counselling. The participants do not have to belong to the same, or any faith group, to be on the programme. However, those who did follow the same faith as the organisation found great meaning in the incorporation of spirituality.

MacKnee and Mervyn (2002) list spiritual experiences as one of the facilitators that enabled people to escape homelessness. A participant commented that it taught her to forgive and love again and that she felt God brought her to U-turn to mould her into who He wants her to be. Others referred to spirituality as their foundation and that U-turn was merely a tool that God used to help them get to where they are today; or that spirituality was a factor they could rely on to get them through the difficult times.

A clear link exists between a sense of fulfilment in engagement of spirituality and an individual's perceived well-being, or life satisfaction. This link was explored in a study by Cohen (2002), who concluded that spirituality, religion and belief were predictors to an improved measure of life satisfaction. The researcher believes that this link between spirituality and life satisfaction was evident in the findings and that their experiences regarding spirituality gave them an increased sense of well-being.

5.5.3 Better role fulfilment

The fourth theme, first category, encompasses the positive perception that participants had of their well-being and the various ways in which they fulfilled their social roles better. The participants expressed that they were reconciled with their families, able to have their children live with them again, fulfilling better roles as mothers in how they disciplined their children and being trusted by their family again.

MacKee and Mervyn (2002) found that a facilitator to escape homelessness was for people to be able to deal with present and past responsibilities. Some of the participants were parents who had their children taken away from them. Their participation in the programme helped them get their children back. Participants in MacKee and Mervyn's (2002) review were driven by their responsibility of being a parent, and through feeling accountable for decisions they had made before.

Doble and Santha (2008) argue that positive occupational well-being is more likely to be perceived by individuals when they have exercised the right to choose which occupations they engage in and when they can determine how their occupational needs are met. The researcher interprets, through the findings of this study, that there is a relationship between the participants' well-being and their improvement in social role competence, as the latter meets their needs for companionship, affirmation and renewal of relationships that were lost before (Doble & Santha, 2008).

5.6 Conclusion

Analysis and discussion of the collected data suggests that once homeless persons are offered vocational skills development, mental health care, life skills classes, basic provision for needs, support and empathy, paid work experience and occupational therapy services, transition to the OLM and maintenance of employment is possible.

Barriers that these participants may face when coming out of a life on the street and drug dependence include adjusting to new structures, routines, thinking patterns and behaviours and the need for external support in adapting to these changes. The difficult nature of transitioning into the OLM too, requires extra support; making structured follow up or on-site visits a useful approach to fulfilling this need.

The findings also suggest that each person needs an individualised length of treatment and that OTs are qualified to determine whether someone is ready to transition or not. OTs and the therapeutic relationship played a big role in the lives of the participants and the findings prove that OTs are equipped to bring about effective change in the lives of the homeless.

The findings suggest that a vocational programme such as the one provided by U-Turn described in this thesis is able to improve the well-being of homeless people and help them reintegrate with their families. Although the interviews included were only from participants who were successful after the U-turn programme, the data still gives an understanding of what is required for success. The U-turn programme has a success rate of 88% at six and twelve month follow ups (U-turn Homeless Ministries, 2018) and it can therefore be stated that the majority of the participants attain success; indicating that the findings from this research are reliable and significant.

CHAPTER SIX: RECOMMENDATIONS

6. Introduction

The transition of homeless persons from a life on the street to a life of independent working in the OLM is explored in this thesis and provides findings that provide implications for theoretical and practical application. In order for the successful reintegration of homeless persons into gainful employment in the OLM, the following recommendations are provided and considered imperative to occupational practice, education and research, as well as for policy makers in South Africa. The recommendations of the current thesis form part of the growing body of literature that seeks to provide solutions to the issue of homelessness.

6.1. Recommendations for the U-turn programme

- In the life skill classes the participants learn life skills modules. However, there is no standard or test to determine what level of knowledge they have acquired in a particular module, such as the IT or English communication module. Providing standardised and formalised modules for learning will allow the participants on the programme to achieve the same high standard of learning by the time that they graduate. An entry and exit exam would also give a better indication of the degree of learning that the participant has achieved.
- Organising resources to formalise the aftercare support, following participants' completion of the programme (or in other words, the support and services available to the participants after graduation) could be valuable. This could include a structured and more regular follow up plan and the creation of a clearly defined strategy, which slowly phases out the support given to clients. Regular follow up could happen within the first three months after graduation, with job site visits and counselling sessions, after which support could become less frequent. This

would be beneficial to the transition process of the participant, addressing the barriers they face when leaving the safety of the programme.

6.2. Recommendations for organisations currently providing intervention for homelessness

- Long term training should be provided, as opposed to short term training, as this will contribute to and prepare individual participants for the possibility of taking on more long term types of employment opportunities, rather than short term employment opportunities. Training duration should be individualised and should depend on the needs of the client, to ensure optimal facilitation into independence.
- A multi-disciplinary approach for case management should be utilised to improve the client's access to community and services and to provide a holistic and effective care plan.
- Designing intervention models to provide both simulated environments for training and work experience, as well as a therapeutic environment for support and growth is a proven method of intervention for facilitation of persons out of homelessness.
- Intervention provided to adults needs to be experience-based and learning should be transferrable to the adaptation into WRs. This also assumes that learning is client-directed.
- Great consideration should be taken to ensure programmes facilitate the self-efficacy and well-being of the homeless, as this provides an optimal outcome for maintenance of change and improves mastery over occupational tasks and areas.
- Consideration should be made to add an OT to an intervention team, particularly at existing social and welfare organisations, in order for the intervention to benefit from the qualities and skills the therapists possess and to improve the efficacy of the organisation.
- Organisations should be open to information sharing and the possibility of franchising the models or programmes that have shown success. In addition, considering the increased rate

in employment for this marginalised people group, such organisations should promote their working model with the Department of Labour for replication or government funding.

- Shelters and centres for emergency services can evaluate their services and capacity for expansion of services, to provide skill development training and paid work experience, in addition to meeting sustenance needs.

6.3. Recommendations for occupational therapy practice

- OTs need to ensure that undergraduate students are efficiently trained concerning their knowledge, skills and beliefs about homelessness and the intervention thereof.
- Self-advocacy needs to be promoted amongst those who have been able to escape homelessness, as they can be considered experts in their own process of change. They should therefore be empowered to advocate for both equity in their own occupational engagement and in the occupational engagement of those who are still living on the street.
- OTs need to clearly define and take a stance on their role in intervention for homelessness, as well as in their role as case managers or programme developers. A position paper focused on defining the role could be published, to clearly outline the standpoint that OTs take on the issue and their responsibility in it.
- Further research could be conducted as a follow up study selecting only participants who are in the termination stage of the change model after attending a similar vocational SDP, to investigate the sustainability of this intervention type. Research focussing on the limitations of these programmes could also be conducted, by focussing on the participants that relapse from the programme.

6.4. Recommendations for further research

- Studies that utilise comparative analysis should be carried out to determine the difference in outcome between short learnerships and long term vocational training programmes. This

could help to inform policy and government decisions concerning the homeless in regard to the long term rehabilitation and training that is required for persons to escape homelessness.

- The utilisation of randomised control trial, that compares the effectiveness of vocational rehabilitation programmes to other skills training programmes, should be conducted in the future. This type of study could inform evidence-based practice with strategies that prove better outcomes.

6.5. Recommendations for policy development

- Through this study it became apparent that short term skill development intervention and job provisions were seen as less efficient, compared to long term vocational SDPs.The homeless themselves preferred the latter. Government response, however, still currently focuses on meeting sustenance needs and providing short term employment for example the Expanded Public Works Programme. Policy makers could look into the fact that these short term intervention plans have a higher rate of relapse and re-entry into living on the street, thereby increasing the cost spent on interventions that are unsuccessful.
- The current study identified that individuals experiencing homelessness face difficulty in finding and maintaining employment in the OLM. This can be attributed to the associated factors that cause homelessness, as well as the effects of homelessness that stunt skill development and self-confidence. Government should consider funding availability to improve the support that is already established for the homeless, by providing intervention which focuses on facilitating homeless persons from the street into the OLM.

Conclusion

The findings of this research prove that with vocational skill development, mental health support, basic need provision and individual coaching, homeless persons are able to transition from a life on the street into the OLM. The findings also prove that using occupation as a platform for

training, as well as as an outcome of training, is a viable method to develop sustainable skills and help clients transition through the Transtheoretical Stages to achieve lasting change.

When a homeless persons' need for exercising meaningful and healthy occupation is met through skill development, they are empowered and able to exercise mastery over occupational choice and their desired futures. Case management by OTs is a proven and efficient method of intervention for the homeless in a long term vocational development programme and adds to the sustainability of the intervention provided, through creating an increase in self-efficacy, as well as through internalising values for lasting change.

United across disciplines and professions, we should not tire in the search to provide solutions to combat the unjust issue of homelessness. Evidence-based practice needs to continually be recorded and tested, to prove effective strategies in the prevention and intervention for the homeless. The researcher hopes that this thesis will contribute significantly to the growing body of research aimed towards reduction of homelessness in South Africa and globally. The researcher also hopes that it will add to the growing body of evidence, proving that long term vocational skill development is a workable and sustainable method for facilitation of homeless persons from a life on the street, to a worker role in the open labour market.

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Appendices

Appendix 1: Participant consent form

Title of Research Project: The perceptions and experiences of homeless persons regarding the impact of a work skills programme on their WR.

The study has been described to me in a language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

___ I agree to be audiotaped during my participation in this study.

___ I do not agree to be audiotaped during my participation in this study.

Participant's name……..

Participant's signature…….

Date……

Appendix 2: Information sheet

Project Title: The perceptions and experiences of homeless persons regarding the impact of a work skills programme on their WR.

What is this study about?

This is a research project being conducted by a post graduate Occupational Therapist at the University of the Western Cape. I am inviting you to participate in this research project because you have participated in a SDP at U-turn. The purpose of this research project is to explore the experiences and perceptions of individuals, who have previously lived on the street and progressed into a WR in the open labour market.

What will I be asked to do if I agree to participate?

You will be asked to take part in an interview at a place that is mutually convenient to you. This interview will be 45 to 60 minutes long. In the interview you will be asked questions about the SDP and how it helped you get work.

Would my participation in this study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity your name will not be included on the collected data and a pseudonym will be used instead.

This research project involves making audiotapes of the interviews conducted, allowing the researcher to gather the data as accurately as possible. To ensure your confidentiality, the voice recordings and transcriptions of the findings gathered in the interviews will be locked away in a cupboard, and only be accessed by the researcher. Once the study is completed the voice recordings will be deleted. If we write a report or article about this research project, your identity will be protected.

What are the risks of this research?

There may be some risks from participating in this research study. All human interactions and talking about self or past emotional situations carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention or you will be provided with information of services which will provide further support.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the researcher learn more about the programmes used, and the effectiveness thereof, which guide individuals living on the street into leading meaningful lives. We hope that, in the future, other people might benefit from this study.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to partake in it. If you decide to participate in this research, you may withdraw from the study at any given time. If you decide not to participate in this study or if you withdraw from the study, you will not be penalized or lose any benefits to which you otherwise qualify. If you decide to withdraw from the skill development or stop your current job, your participation in the study would still be appreciated as the study would benefit from understanding why you chose to stop participation.

What if I have questions?

This research is being conducted by Petra van der Pol, Occupational Therapy Master's student at the University of the Western Cape. If you have any questions about the research study itself, please contact Petra van der Pol at: 082 385 1768, *email: 3250056*@myuwc.ac.za or petravdpol7@gmail.com

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

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This research has been approved by the University of the Western Cape's Senate Research Committee. (REFERENCE NUMBER: *to be inserted on receipt thereof from SR*)

Appendix 3: Interview questions

SEMI STRUCTURED INTERVIEW QUESTIONS: Participants

Project title: The perceptions and experiences of homeless persons regarding the impact of a work skills programme on their WR.

The following questions are open ended questions:

1. How did you come in contact with U-Turn?

Probe: What contributed towards making your decision to join the program?

Probe: What about the program made you want to participate in it?

2. Can you describe any challenges you experienced in the Life Change (skill development) stage of the program?

Probe: Was there anything difficult for you to deal with during the program?

Probe: Were there aspects of participation in the programme that were hard?

3. Can you describe factors that have helped you grow and learn in the program?

Probe: What were the factors that encouraged you or helped you to keep going?

Probe: Which parts of the program did you enjoy the most?

4. Did you feel that the program was suitable to you and your existing skills?

Probe: Did the program help you develop existing skills?

Probe: Did you feel you have developed new and useful skills?

Probe: Did you feel that this was enough to give you the confidence and skills to find and maintain a job

5. Now that you have completed skill development and are working, have you been able to adapt to the changes in circumstance?

Probe: How has your identity been affected?

Probe: Have you been able to adapt to the change in role and responsibility?

6. What has been challenging for you in your new environment?
Probe: How has this affected you?

Probe: How have you dealt with the challenges?

7. Can you describe the support that you have when you feel that you are struggling to cope within your work environment?
Probe: How do you make use of these supports?

Probe: Please describe your confidence in terms of overcoming the challenges in your job?

8. Can you think of any ways how the life skills program that you participated in could be improved so that others attending it would be able to better adapt to working?

Probe: Can you describe how the training you received helped you to cope better within your work environment and in adjusting to new roles and responsibilities?

9. Can you think of any ways the rehabilitation program that you participated in to improve your ability to find a job could be improved so that others attending it would be able to better adapt to working?

Probe: Can you describe how the rehabilitation you received helped you to cope better within your work environment?

SEMI-STRUCTURED INTERVIEW QUESTIONS: Key informants

The following questions are open ended questions:

1. What are the main challenges faced by the participants in your program as they transition from a life on the street to participation in the program?

Probe: What aspects of the program do they struggle to adapt to?

Probe: What are the main reasons they are likely to relapse back to a life on the street?

2. Describe the aspects of the program and environment that helped your clients cope with participation in the skill development training?

Probe: What type of support do they receive?

4. Describe aspects of the skill development program that are most challenging to them?

Probe: What do they tend to struggle with most?

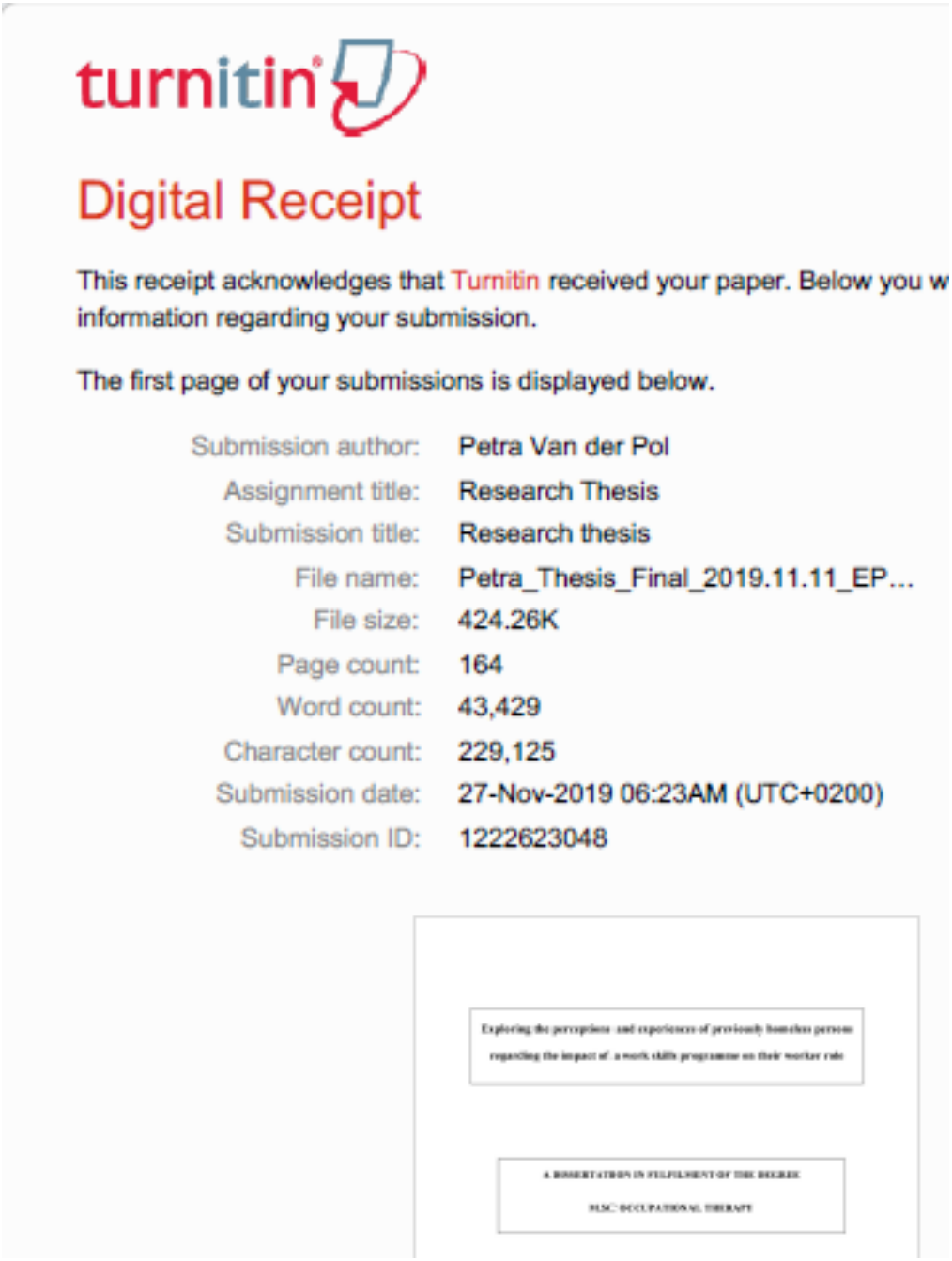
5. How have you dealt with these challenges?

Probe: Have you needed to adapt the program to address these challenges?

Probe: Are the challenges faced common among participants?

5. What are the main aspects of the program that prepare the participants for transitioning into the open labor market?

Appendix 4: Turnitin report



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