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Social inclusion for women experiencing homelessness

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A thesis submitted in partial fulfillment of the requirements for the Master of Science degree in Nursing

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ABSTRACT

Background: People experiencing homelessness have been described as one of the most socially excluded groups in society due to their inequitable access to basic necessities (Everett 2009; Labonte, 2004). Particular consideration regarding social inclusion should be given to the unique vulnerabilities of sub-populations of those experiencing homelessness, such as women (Wesely & Wright, 2005) due to their increased rates of ‘hidden homelessness’ (Walsh et al., 2009) and experiences of violence and discrimination (Roschelle, 2017; Weiser et al., 2009). Community participation, particularly sports activities, have been cited as one method towards increasing social inclusion among people experiencing homelessness. However, differential access to sport activities have been found for women experiencing homelessness (Oudshoorn, Misener, Richards, unpublished). Exploring the barriers and facilitators to social inclusion for women experiencing homelessness, in addition to their experience of sports, may provide the information required to increase their access to community activities and result in increased inclusion.

Methods: Situated within a critical theoretical lens, qualitative thematic analysis was used to explore women’s homelessness, social inclusion, and sports. Data was collected using semi-structured interviews with eleven women residing in a multi-service shelter in a mid-size city. The interviews were transcribed verbatim, and text quotes were extracted into code files. The codes were analyzed for themes relating to the research questions, paying particular attention to both similarities and differences among the participants (Lather, 1993). Quotes were then extracted and arranged into themes that expressed the participants’ experiences of social inclusion and sports.

Findings: Four themes emerged from the interviews: (a) *poverty is exclusion*, (b) *housing is not (necessarily) a prerequisite for social inclusion*, (c) *women play sports*, and (d) *it's just a piece of paper*. These themes represent the barriers to and facilitators of social inclusion that the participants experienced, as well as their experiences and interests in sports.

Conclusion: The findings revealed that while women may be interested in sports as an opportunity to experience inclusion, they faced many barriers in accessing sports as a service for people experiencing homelessness. The findings of this study may inform organizational and government policy, and nursing practice, education, and research. Further intersectional research is needed to understand how gendered experiences of homelessness intersects for Indigenous or racialized persons.

Keywords: homelessness, women, social inclusion, social exclusion, sports

CO-AUTHORSHIP STATEMENT

Jenna Richards completed this research under the supervision of Dr. Abe Oudshoorn and Dr. Laura Misener, who will be co-authors of any publications resulting from this manuscript.

DEDICATION

This research is dedicated to all the women who shared their stories with me for this study; your resilience inspires me.

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TABLE OF CONTENTS

ABSTRACT AND KEYWORDS	i
CO-AUTHORSHIP STATEMENT	iii
DEDICATION.....	iv
ACKNOWLEDGEMENTS.....	v
TABLE OF CONTENTS.....	vi
LIST OF APPENDICES.....	viii
CHAPTER I – BACKGROUND AND SIGNIFICANCE	1
Purpose of the Study	5
Research Questions.....	5
Methodology.....	5
Theoretical Perspective.....	5
Research Design.....	6
Relevance to Nursing.....	8
References.....	9
CHAPTER II – MANUSCRIPT.....	12
Literature Review.....	15
Social Inclusion, Homeless, and Poverty.....	16
Social Inclusion and Sport	21
Sport, Social Inclusion, and Women.....	23
Statement of Research Problem and Purpose	25
Ethical Considerations	26
Theoretical Perspective.....	26
Methods.....	27
Setting	27
Sampling Strategy.....	27
Recruitment.....	28
Data Collection	29
Data Analysis	30
Rigor	31
Findings.....	34
Poverty is Exclusion	34
Housing is Not (Necessarily) a Prerequisite for Social Inclusion.....	37
Women Play Sports.....	39
It’s Just a Piece of Paper	41
Discussion	43
Limitations	51
Conclusion	52
References.....	53
CHAPTER III – IMPLICATIONS FOR NURSING	62

Implications for Policy.....	63
Implications for Nursing Practice	65
Implications for Nursing Education.....	66
Implications for Nursing Research	67
Conclusion	68
References.....	69
LIST OF APPENDICES.....	71
CURRICULUM VITAE.....	77

LIST OF APPENDICES

Appendix A: Recruitment Poster	71
Appendix B: Letter of Information	72
Appendix C: Consent Form	74
Appendix D: Semi-Structured Interview Guide	75
Appendix E: Demographic Questionnaire	76

CHAPTER I

BACKGROUND AND SIGNIFICANCE

In Canada, approximately 4.5 million people live in poverty (Government of Canada, 2017). Poverty can be described as a lack of access to basic necessities and services required to achieve and maintain a minimal standard of physical well-being (Lammam & MacIntyre, 2016). Of Canadians living in poverty, an estimated 150,000 to 300,000 people experience homelessness in a year (Gaetz, Dej, Richter, & Redman, 2016; Watson, Crawley, Kane, 2016). However, the number of people living in poverty and homelessness was not always this high. Since the 1990's, the number of people who are homeless has been on the rise, coinciding with the Canadian government's disinvestment in the welfare state and in affordable housing (Gaetz et al., 2016). Along with this growing number, the population of people who are homeless has become increasingly diverse with more women, youth, families, indigenous people, and immigrants becoming visibly homeless (Gaetz et al., 2016). People who are visibly homeless are characterized as those utilising emergency shelter, sleeping outside in public, and are present in statistics related to homelessness (Whitzman, 2010). Formerly, the response to the influx of people who are homeless was a reactive approach, with the government opting to build shelters and drop-in spaces (O'Grady, Gaetz, & Buccieri, 2011), doing little to help people exit homelessness (Gaetz et al. 2016). However, in 2008, the response to homelessness shifted to efforts that focused on reducing homelessness, including system integration and implementing Housing First programs (Gaetz et al., 2016). This shift occurred due to a greater understanding of evidence-based responses to ending homelessness and the systemic causes of homelessness.

The causes of homelessness are diverse and interactive, situated at the personal, system, and structural levels and rooted in inequities (Gaetz, Donaldson, Ritcher, & Gulliver, 2013). Within the neoliberal ideologies that frame much of Canadian politics, personal factors are frequently associated as the sole cause of homelessness. These narratives focus on abuse of substances, mental health challenges, and criminal involvement (Benzies, Rutherford, Walsh, Nelson, Rook, 2008). However, solely citing individual factors as the cause of homelessness fails to recognize the larger structural factors present, such as lack of affordable housing, insufficient income, and discrimination (Gaetz et al., 2013). Within neoliberal ideology in Canada, solving social problems, such as homelessness, is reliant on the self-determination of the individual (Collins & Bilge, 2016). As government spending on social safety nets are often cited as wasteful and irresponsible within neoliberalism, there are finite resources and supports to address the structural inequities that perpetuate homelessness (Collins & Bilge, 2016). This creates impetus on band-aid solutions such as shelters and soup kitchens that support individuals but do not address the root causes of homelessness. Furthermore, the structural inequities and system failures present in Canada are argued to be a consequence of an oppressive system, which results in an unequal distribution of power (Labonte, 2004). When certain social groups, through their explicit and implicit power, inhibit access to basic necessities, such as housing, income, education, and health care, to another social group – a system of oppression occurs (Dover, 2016). People experiencing homelessness have been found to have inequitable access to these necessities, therefore being one of the most socially excluded groups in Canadian society (Everett, 2009; Labonte, 2004).

Not only are people who experience homelessness personally denied access to basic necessities, but the geographic location of services aimed at assisting them is also frequently contested due to the stigma associated with these services and the individuals who access them (Snow & Mulcahy, 2001). Disputed locations for services are often a result of a community discourse of 'Not In My Backyard' (NIMBY), which serves to displace individuals through excluding assistive services (Harter, Berquist, Scott Titsworth, Novak, & Brokaw, 2005). Harter et al. (2005) argues that these discourses are symbolic of a hegemonic society, where people who experience homelessness are considered unwanted and are intentionally socially excluded. Consequently, people who are homeless are figuratively, and literally, being forced further onto the edges of society, exemplifying social exclusion.

While exclusion is experienced generally across those who are homeless, various social locations, such as gender, can further impact these experiences. Homelessness as an experience is frequently approached in a gender-neutral framework, and therefore little is understood in relation to social inclusion and homelessness through a gender lens (Wesely & Wright, 2005). In considering the gendered nature of homelessness, women in particular have frequently been over-looked due to their lower numbers in relation to men in street counts of homelessness. However, Wesely and Wright (2005) argue that women should be viewed as a distinct group, as women may display unique ways of being and responding to homelessness. In particular, some women experiencing homelessness are found to avoid shelters, relating to fears of safety and abuse (Walsh, Rutherford, & Kuzmak, 2009). As a result of women's hidden homelessness, they remain even more invisible compared to men who are homeless, despite surviving with insufficient income, less employment opportunities, and living in fear of their safety (Walsh et al., 2009). The

hidden homelessness that women experience can add to women's unique experiences of social exclusion (Watson, Crawley, & Kane, 2016). Given this potential uniqueness, and the limited research looking particularly at the needs of women, a gendered approach in this study will focus on experiences of those who identify as women.

Social inclusion is a multifaceted concept that can be explored on individual, community, and structural levels. On individual and community levels, social inclusion can be characterized as an individual's personal resources and opportunity to participate in social, cultural, and political activities (Clifton et al., 2013). It can be viewed as a person's capacity to enact their social roles and participate in their community how they choose (Wright & Stickley, 2013). Furthermore, the process of confronting oppression and structural inequities can be defined as social inclusion, whereby participation in cultural, social, political, and economic activities is enabled (Clifton, et al., 2013). Participation in community activities is cited as one method towards social inclusion and improved well-being (Kelly, 2011; Seebohm, Gilchrist, & Morris, 2009). Particularly, community programs geared towards people experiencing homelessness can offer opportunities for participation and social inclusion. However, it is imperative to explore the complex nature of women's homelessness and social inclusion, which intersects with multiple facets of their lives (Wesely & Wright, 2005).

For women experiencing homelessness, little is known regarding how social inclusion is perceived and experienced. Currently, most studies have focused on poverty and social inclusion, social inclusion and sport, or women and sport. There have been limited studies that have examined the intersecting oppression women experiencing homelessness face in relation to their experience of social inclusion and sport as a potential avenue to build inclusion.

Purpose of the Study

This research study examined how women experiencing homelessness perceive social inclusion in relation to the intersecting oppressions they may experience. Furthermore, sport programs were considered as a potential support for social inclusion, and the women's previous experience in sports and community activities were investigated, along with the facilitating factors and barriers to participation in community sport programs. Ultimately, this study offers potential considerations on how to improve social inclusion opportunities for women who are experiencing homelessness.

Research Questions

The research questions for this study are: 1) How do women who are homeless experience social inclusion? 2) What are perceptions of women experiencing homelessness regarding sports-based activities to improve social inclusion? The research questions were answered to address what the participants perceived as social inclusion, to identify the facilitators and barriers to experiencing social inclusion, and to ascertain gendered nature of sports for inclusion with a focus on women, in particular why women are under-represented in such programs.

Methodology and Theoretical Perspective

This work is situated within the critical social paradigm, and particularly feminist critique. The project design for this study is qualitative description, as the intention for the study is to understand and discover the perspectives of the participants involved (Bradshaw, Atkinson, & Doody, 2017; Lambert & Lambert, 2012). The specific theoretical lens is that of intersectionality. Core ideas of intersectionality were conceived in the 1960's and 1970's with black-feminist movements, and Mexican-American feminists, along with the understanding that addressing oppression in siloed frameworks

of class, race, gender, or sexuality would not solve oppression (Collins & Bilge, 2016). Intersectionality from a critical inquiry perspective is informed by several theories including feminist theory and critical race theory (Crenshaw, 1991). This lens requires the researcher to consider the intersections and overlapping social identities of people in terms of their marginalization and exclusion (Crenshaw, 1991). Intersectionality involves critically examining the social, historical, cultural, and political implications that perpetuates a system of power-imbalances, social organizations, and injustices (Crenshaw, 1991). What is particular about this theoretical lens is the shift from one-dimensional thinking, such as examining gender or race in silos, which diminishes multifaceted experiences of oppression, as well as hinders knowledge production and social justice movements (Cho, Crenshaw, & McCall., 2013). Intersectionality is rooted in challenging the dynamics of power in society, facilitating the discussion of the coinciding and opposing dynamics of gender, class, race, ethnicity, sexuality, and ability – among other inequalities present (Cho et al., 2013). It is important to not discuss intersectionality in terms of categories but as overlapping social processes (Cho et al., 2013). Crenshaw (1991) found that when interventions failed to consider the structural dimensions of the situation, women were revealed to be particularly vulnerable, taking into consideration the overlapping oppression endured.

Research Design

This research study evolved out of a parent study that explored social inclusion and physical literacy in the context of homelessness, and noted a lack of female-identified participants in a sports intervention. A multi-service shelter in a mid-size city was one of the main recruitment sites for the parent study intervention. As such, this follow-up study utilized the same shelter as the setting to explore further research questions.

Due to the under-representation of women in existing research on homelessness, and the under-representation of women in the sports intervention in the parent study, the sample included women without a fixed address who accessed services at an emergency shelter. The inclusion criteria were: people who self-identify as women, who are currently residing at the shelter, who are not participating in the shelter's recreational programs, but who are aware of these recreational programs, and who are aged 18 or over. The exclusion criteria included: people who lack the cognitive capacity to independently provide informed consent. The researcher collecting the data, a Registered Nurse, assessed for any cognitive or mental impairment upon pre-recruitment and used appropriate judgment to determine if recruitment should occur.

To recruit participants, posters informing shelter residents about the study were displayed at the shelter on the women's floor one week before the scheduled interview date. This approach is reflective of convenience sampling (Polit & Beck, 2016), a method of use when a population is transient and less likely to have any means of communication. On the scheduled date, a private room was booked to conduct the interviews. Those interested in participating approached the researcher the day of the study and interviews were either completed that moment, or they were given a time to return for their interview. Interviews were audio recorded to capture comprehensive data. A monetary incentive of twenty dollars was provided to the participants for their time, consistent with other studies in this community with this population, and recognizing the value of people's time. In total, eleven semi-structured interviews were completed and transcribed for data analysis.

Feminist researcher Patti Lather's (1993) perspective on quality of analysis was used to guide the analysis. The transcribed interviews were coded, then inductive analysis

was employed to generate themes by looking for similarities and contrasting content. Lather (1993) recommends noticing contradictions, and feelings of unsettlement within the data, as contradictions should remain in the analysis and total consensus should be avoided. This nuanced version of thematic analysis avoids a consensus-only process of developing themes and ensures that tensions within the data have space in the final themes.

Relevance to Nursing Practice

The Canadian Nurses Association (CNA) highlights the necessity for nurses to engage in social justice initiatives through focusing on the root causes of inequity (CNA, 2009). To address the root causes of the oppression, nurses are uniquely positioned to advocate and to be involved in policy formulation that address the social determinants of health. Women experiencing homelessness are found to be particularly vulnerable to health and social inequities due to the oppression they may face (Wenzel, Koegel, & Gelberg, 2000). Due to nurses' proximity to women experiencing homelessness, they have the ability to address particular social determinants of health, such as social inclusion, by exploring inclusionary interventions such as community sports programs.

Current research shows a notable negative impact of social exclusion on women's health (Saito et al., 2012). However, there is limited knowledge on how women who are homeless experience and perceive their social inclusion, and how they participate in their community, particularly around the role of sports. The findings from this study can help inform nursing practice and public policy in order to address the ongoing social exclusion of women experiencing homelessness. The findings will prepare nurses with the necessary knowledge of how social inclusion is understood and experienced, and how nurses can best advocate for women experiencing homelessness. The results of this study

will also help inform nurses of the barriers to social inclusion, thereby equipping nurses with the ability to influence public policy to create a more inclusive society.

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CHAPTER II

MANUSCRIPT

In spite of GDP growth across the developed world, neoliberal policies continue to shift resources to a shrinking segment of the population while homelessness continues to grow. With the coinciding disinvestment in the welfare state and rise in neoliberalism in the 1980's, the Canadian government weakened investments in social and health supports and affordable housing (Gaetz et al., 2016). As well, due to economic restructuring, Canada saw a decline in full-time permanent jobs (Gaetz et al., 2016). Consequently, as estimated in the past few years, 35,000 individuals are suspected of experiencing homelessness every night in Canada (Gaetz et al., 2016). Historically, people who were visibly homeless were more likely to be single men experiencing chronic homelessness. Visibly homeless are characterized as people who are utilising emergency shelter, sleeping outside in public, and are present in statistics related to homelessness (Whitzman, 2010). With the rise in homeless statistic numbers, the population of people who are homeless has also become more visibly diverse, with women, youth, newcomers, and indigenous people being increasingly more likely to access services for those experiencing homelessness (Gaetz et al., 2016). Despite data showing the growing diverse homeless population, people who are homeless are often still discussed, researched, and resourced as a homogenous group (Wesely & Wright, 2005). Failing to highlight the unique populations that experience homelessness can result in underserved sub-groups and further the structural barriers and discrimination faced by this population.

Often, women who are homeless are portrayed stereotypically as sexually available, unclean, and addicted to drugs. These negative stereotypes perpetuate the

classist and sexist hegemonic structures that exist in Canadian society and disregard the experiences of women who are homeless. It is found that women who are homeless face higher rates of violence and discrimination, mental health challenges, and are more likely to be incarcerated (Roschelle, 2017; Weiser et al., 2009). Furthermore, indigenous women comprise 35% of the population of incarcerated women (Mahony, 2011). Conducting research regarding homelessness that does not address the unique ways certain social locations, such as gender, race, and sexuality, intersect and how different groups may experience and respond to homelessness risks perpetuating stereotypes and exclusion. That said, it is noted that women who are homeless can be challenging to locate, therefore requiring their inclusion in knowledge development to be intentional. Compared to men, women who are homeless are more likely to experience 'hidden homelessness' (Whitzman, 2006). This includes individuals who do not have stable housing but also do not use the shelter system or sleep 'rough' in visible locations. This aspect of 'hidden homelessness' makes it challenging to accurately predict the number of women experiencing homelessness, as well to connect and understand their experiences. Furthermore, this can add to women's experiences of social exclusion (Watson, Crawley, & Kane, 2016).

Social inclusion is a multifaceted concept that can be explored on individual, community, and structural levels. On individual and community levels, social inclusion can be defined as an individual's personal resources and opportunity to participate in social, cultural, and political activities (Clifton et al., 2013). It can be viewed as a person's capacity to enact their social roles and participate in their community how they choose (Wright & Stickley, 2013). However, social inclusion is more than including people who are deemed excluded into the local community through participation. There

are other aspects in a person's social environment that can dictate access to services and may have influence over one's choices (Marmont, 2009). Because of the relationship to structural elements such as access to resources and the necessities of life, in order for social inclusion to be achievable, the sociopolitical and economic systems that perpetuate inequities need to be challenged (Labonte, 2004). However, social inclusion and exclusion are not mutually exclusive concepts, meaning an individual can feel both socially included, as well as experience social exclusion simultaneously.

Social exclusion does not always occur by choice, but rather is more often a process that results from institutional structures isolating individuals from full participation (Everett, 2009). Challenges a person may encounter, such as poverty or mental health, are viewed as an individual's responsibility within neoliberal societies, perpetuating a system of discrimination against those who are not able to "succeed" in neoliberal conditions (Labonte, 2004). In relation to social inclusion, altering the structural barriers and challenging neoliberal concepts can create more access to economical, social, cultural, and political opportunities for inclusion (Le Boutillier & Croucher, 2010). That said, system approaches to inclusion have some risk as social inclusion policies have been scrutinized as a potential means to assimilate society. For example, social inclusion policies have been criticized for not explicitly discussing diversity (Everett, 2009). When policy fails to explicitly state the value of diversity, it puts the onus on the individual or group to assimilate to mainstream society (Everett, 2009). In fact, labeling groups of people as socially excluded can itself be a process of marginalization (Wright & Stickley, 2013). Therefore, it is vital to understand what social inclusion means to each individual (Le Boutillier & Croucher, 2010) and how inclusion at a systemic level can be facilitated in an empowering manner.

For women experiencing homelessness, little is known regarding how social inclusion is perceived and experienced. Currently, most studies have focused on only one or two aspects of the challenge of poverty, inclusion, gender, and sport, such as poverty and social inclusion, social inclusion and sport, or women and sport. There have been limited studies that have examined the intersecting oppression women experiencing homelessness face in relation to their experiences of social inclusion and particularly inclusion through sport.

Sports can be defined as any form of physical activity that increases a person's fitness, and mental and social well-being. In sport for development purposes, sport is often referred to as the 'hook' that engages marginalized populations into a program with the intention of further involving the group in other aspects of society (Hartmann & Kwauk, 2011).

This research study examined how women experiencing homelessness perceive social inclusion in relation to the intersecting oppressions they may experience. Furthermore, sport programs were considered as a potential support for social inclusion, and the women's previous experience in sports and community activities were investigated, along with the facilitating factors and barriers to participation in community sport programs. Ultimately, this study offers potential considerations on how to improve social inclusion opportunities for women who are experiencing homelessness.

Literature Review

A scoping literature review was completed with the intention of broadly mapping the key concepts surrounding this research and to identify and gaps in existing research (Arksey, & O'Malley, 2005). The scoping review was conducted using CINAHL, PubMed,

and Scopus. Key words used in various order with Boolean operators included: homelessness, homeless, poverty, marginalized populations, women, social inclusion, social exclusion, sports, sporting events, sports organizations, and physical activity. The search was refined to include only English written, peer-reviewed full text journal articles that were written between the years of 2000 and 2018, to ensure the research is current. Articles written from South America, Africa, and Asia were excluded, due to the differences in culture and political structure, with the exception of one paper set in Japan. Fourteen articles were chosen based on their relevancy to social inclusion for people experiencing homelessness and poverty, or their relation to social inclusion and sport. Social inclusion, homelessness, and poverty will first be discussed, followed by social inclusion and sports.

Social Inclusion, Homelessness, and Poverty

People experiencing homelessness and living in poverty may experience severe social exclusion that moves beyond their lack of fundamental material well-being (Watson et al., 2016). A qualitative study by Watson et al. (2016), aimed to explore the social exclusion of people who are homeless through semi-structured interviews ($N=21$). Three overarching themes emerged from this study, including: health behaviours, social environment, and health status (Watson et al., 2016). The participants cited that their health behaviours were affected by their lack of social supports and inadequate social environment, and could be seen as a coping mechanism for their social and material deprivation (Watson et al., 2016). The narratives regarding the participants' social environment described inadequate social supports, the necessity of proper housing, and the insufficient quality of shelters (Watson et al., 2016). With regards to health status, the researchers suggest that people who experience social exclusion related to homelessness

face unique barriers to promoting their health (Watson et al., 2016). However, a study by Tsai, Mares, and Rosenheck (2012) found that even with housing, social exclusion still remains a significant issue with previously homeless individuals. Tsai et al., (2012) examined the social inclusion of people who were previously homeless in the United States and enrolled in a housing initiative. The researchers found that after the participants ($N=550$) were housed for one year they showed significant improvement in their mental health ($p<0.001$), their drug and alcohol use decreased ($p<0.01$), and they exhibited improvements in their overall health (Tsai et al., 2012). However, the researchers did not find a statistically significant difference in the participants' social inclusion after they were housed for a year (Tsai et al., 2012). They found only a minimal increase (2% to 3% variance) in community participation, religious activity, and civic activity, and no increase was found in social support or participation in work (Tsai et al., 2012). A study by Sylvestre et al. (2018) found similar results. In this study, they conducted interviews with participants ($N=64$) to understand how individuals with precarious housing histories perceive their housing situations, and the affect it has on their health and well-being (Sylvestre et al., 2018). Overall, they found that when the participants were housed, it did not significantly impact their health or wellbeing. For some, the reduced professional support when housed resulted in isolation and put them at risk for re-entering homelessness because their need for support went unrecognized (Sylvestre et al., 2018). These research papers challenge current housing first initiatives that often cite social integration as part of their mandate (Quilgars & Pleace, 2016). That said, others, such as a systematic review by Quilgars and Pleace (2016) found that housing first may have some limited effects on social integration. The researchers recommend conducting further research into specific interventions that could specifically

target formerly homeless peoples' sense of social inclusion (Quilgars & Pleace, 2016; Tsai et al., 2012).

People experiencing homelessness often have little to no income (Poremski, Distasio, Hwang, & Latimer, 2015). A study by Stewart et al. (2008) set to examine the role of income in relation to the social determinants of health and the subsequent social inclusion and exclusion. The study used mixed-methods and was completed in two urban cities in Canada. Interviews were conducted with low-income ($N=59$) and high-income ($N=60$) participants, followed by a telephone survey ($N=1671$) (Stewart et al., 2008). Many differences were found between the low-income and high-income groups, including how they socialized. The low-income participants were found to be more likely to attend community centres with friends, while the high-income participants went to restaurants, and participated in activities that involved substantial costs (Stewart et al., 2008). Nearly all of the low-income participants cited that they could not participate in educational, work, cultural, family, and leisure activities compared to approximately half of the high-income participants (Stewart et al., 2008). Structural barriers to participation for the low-income groups include discrimination, lack of access to amenities, unsafe communities, low funding for services, and lack of opportunities (Stewart et al., 2008). Similarly, people experiencing homelessness often face equivalent barriers to participation and accessing services (Watson et al., 2016). Stewart and colleagues (2008) found that approximately half of those in a low-income group cited not participating in activities due to health challenges related to pain, chronic illness, disability, and depression (Stewart et al., 2008). They also stated that they avoided the public in an attempt to cope with the hostility from others (Stewart et al., 2008). Similar to the findings from Watson et al. (2016) and Tsai et al. (2012), Stewart et al., (2008) found a

statistically significant relationship between having poor health and low levels of social inclusion. Furthermore, the telephone surveys indicated a statistically significant positive relationship between level of education attainment and participation in their community, when other demographic variables were controlled (Stewart et al., 2008). However, a limitation to the study was that the study only interviewed English speaking people and those with a land-line telephone. Furthermore, they excluded anyone without a fixed address, such as people experiencing homelessness (Stewart et al., 2008). In conclusion, the study by Stewart et al. (2008) recommends an alliance between multiple government and community groups to enhance social inclusion.

Research has demonstrated a relationship between social exclusion and poor health, particularly in the context of poverty. A study by Saito et al. (2012) aimed to test the effect of social exclusion on mortality rates in older adults living in Japan. The study used data from the Aichi Gerontologic Evaluation Study (AGES) and survey results from 14,804 people. The study found that social exclusion could predict risk for premature mortality (Saito et al., 2012). The authors suggest that 1% to 5% of deaths could be avoided annually by reducing social exclusion (Saito et al., 2012). The study also found differential outcomes among genders. Where poverty had a stronger negative impact on men's health compared to women, social isolation impacted women more significantly (Saito et al., 2012). Poverty, in itself, was not a risk factor for mortality among women, however their risk increased when they did not participate in their community and were socially excluded (Saito et al., 2012). Overall, social exclusion impacted Japanese women's risk of mortality more than men (Saito et al., 2012). This study highlights the importance of understanding women experiencing homelessness' social exclusion, due to the potential negative health impacts. The study by Saito et al. (2012) proposed that

multiple areas of health are impacted from social exclusion due to the lack of social support and access to amenities. The researchers outlined limitations to their study including incomplete analysis on social exclusion as it did not include material deprivation relating to poor housing conditions, for example (Saito et al., 2012). For future research, the Saito et al. (2012) recommend focusing on further understanding the differences in gender and social exclusion as well as solutions to the exclusion. Furthermore, they recommend looking at activities that can promote inclusion with specific gender considerations (Saito et al., 2012).

A study by Fortune and Arai (2014) aimed to understand the social inclusion of women ($N=9$) who had been incarcerated in a jail in Ontario, Canada, and sought to encourage their future involvement in constructing an inclusive environment. This research paper is pertinent as women experiencing homelessness are found to be more likely incarcerated, specifically women who experience homelessness on the streets for over 90 days (Weiser et al., 2009). In addition to homelessness, women who have been incarcerated have often endured many difficulties including living in poverty, lack of educational opportunities, and substance abuse (Fortune & Arai, 2014). Three overarching themes developed from the analysis of the study's semi-structured interviews: "Being pushed out of the community", "being pulled into community", and "negotiating issues of responsibility pertaining to social inclusion" (Fortune & Arai, 2014, p. 87). The participants all stated they felt excluded from their community and mainstream society before they became incarcerated due to their experiences with addiction and poverty (Fortune & Arai, 2014). As well, they were dealing with feelings of stigmatization, which had a harmful effect on their sense of belonging (Fortune & Arai, 2014). When feeling drawn into community, the women cited various social

supports that connected with them after they were released from prison, which made the women feel more included (Fortune & Arai, 2014). Related to the final theme, the participants debated where the responsibility lies after being incarcerated to become socially included (Fortune & Arai, 2014). Some women felt it was ultimately up to the individual to make the changes necessary to be included, while others felt government intervention and social supports were necessary (Fortune & Arai, 2014). However, in general, the women expressed that they felt they needed to alter major aspects of their self to be accepted by their community (Fortune & Arai, 2014). As a result, the researchers expressed the need for programs and policies to welcome difference, as some social inclusion policies can promote conformity and diminish differences (Fortune & Arai, 2014). This paper outlines some important considerations that are required, such as supporting diversity when creating programs that aim to promote social inclusion.

Social Inclusion and Sport

Internationally, sport is being recognized as a potential means to promote social inclusion and positive societal outcomes (Bloyce, Smith, Mead, & Morris, 2008; Kelly, 2011). In a study by Kelly (2011), the researcher aimed to analyze a sports program called Positive Futures, aimed at youth and crime reduction, to assess its impact on social inclusion for participants. The researcher interviewed key stakeholders ($N=88$) involved in the program, as well as the participants (Kelly, 2011). From the analysis, four themes emerged: “sport for all, social cohesion, a pathway to work, and giving voice” (Kelly, 2011, p. 127). The program was perceived as sport-for-all because it allowed access to leisure activities that would otherwise be unaffordable to its participants (Kelly, 2011). The program was found to be beneficial for the participants’ social inclusion and integration in community (Kelly, 2011). However, research has also found that social

exclusion occurs in and from sports, related to factors such as gender, ethnicity, income, disability, and sexuality (Goodwin & Peers, 2011; Kingsley & Spencer-Cavaliere, 2015).

Kingsley and Spencer-Cavaliere (2015) aimed to understand experiences of sport from young people who were living with lower incomes. Six parents and ten young people participated in individual and group interviews where three themes emerged from the researcher's analysis (Kingsley & Spencer-Cavaliere, 2015). The theme, "The Fundamental Isn't Even There" describes how the participants believed that participating in sports at an early age is key for success in sports later in life (Kingsley & Spencer-Cavaliere, 2015). "The Way You're Brought Up" illustrates how a person's upbringing influences their social capital and inclination to participate in sports (Kingsley & Spencer-Cavaliere, 2015), and the theme, "One of the Worst" describes how the young participants felt when their sport abilities did not meet expectations (Kingsley & Spencer-Cavaliere, 2015). Although the costs of participation in the sports are supplemented through the fee assistance programs, all of the participants in this study opted to no longer participate in sports at the conclusion of the study (Kingsley & Spencer-Cavaliere, 2015). Although this decision appears as a choice the participants made, the article outlines that choice is not a straightforward concept, and the difference between forced exclusion and self-exclusion cannot be concluded (Spaaij, Magee, & Jeanes, 2014). To confront the outlined exclusionary processes experienced by low-income participants in sports, the authors suggest that sport activities may need to be altered to improve inclusion, with individuals who experience exclusion from sport leading the conversation (Kingsley & Spencer-Cavaliere, 2015).

In a qualitative study that examined the experiences of people who participated in the Homeless World Cup (HWC) ($N=8$), the researchers held pre and post interviews to

identify any outcomes of participating in the HWC (Sherry, 2010). The researchers found that the participants developed a sense of pride and belonging, and re-engagement in the broader community through stable housing, employment, and educational opportunities (Sherry, 2010). While sport has been shown as a compelling engagement tool for marginalized people, the researchers outline that sports alone can not affect change, and a shift in the broader societal framework is required (Sherry, 2010). Furthermore, the researchers assert that sport programs cannot be assumed inclusive to all, and structural changes within programs need to be considered for vulnerable groups such as women and indigenous people (Sherry, 2010).

The organization 'Back on My Feet' aims to involve individuals experiencing homeless through running and subsequent involvement in educational, employment, and housing opportunities (Inoue, Funk, & Jordan, 2013). Inoue et al. (2013) conducted a research study that explored if increased running involvement resulted in greater confidence and self-esteem of the participants. A regression analysis indicated that the participants' ($N=148$) feelings of improved self-sufficiency was explained by the increase involvement in running (Inoue et al., 2013). This finding indicates that sport, particularly running, has psychological benefit for individuals experiencing homelessness. However, as the researchers outline in the study, to participate in the Back on My Feet programs, individuals must abstain from substance abuse within 30 days of participation, have no psychotic episodes, have a consistent residence at a shelter, and have a physical examination by a health professional (Inoue et al., 2013). These criteria exclude a large portion of individuals who may benefit from participating in the program, and results in exclusion of individuals who have more than just housing and employment needs (Inoue

et al., 2013). This is consistent with the finding of Van Hout and Phelan (2014) that described how sport can also be isolating to some individuals.

In a grounded theory research paper by Van Hout and Phelan (2014), they described how organized sports can be isolating to some young adults as there are comparable elements of society that individuals may conflict with; conformity and compliance with rules, extreme competition, and pressure to accomplish externally mandated objectives. Furthermore, sport programs need to recognize their participants' needs. In Van Hout and Phelan's (2014) study, they focused on community reintegration for male offenders through organized sports and physical activity. The authors discussed creating sport programs that have choice, drop-in access, and limited stringent rules to allow for greater inclusion and participation (Van Hout & Phelan, 2014). Understanding the needs of the participants is required in order to foster social inclusion through sports-based activities.

Sport, Social Inclusion, and Women

Traditionally, sport is an area where conventional gender roles are shaped, reinforced, and disputed (Collins & Kay, 2014). In the Positive Futures sport program, the participants' participation had a positive effect on their level of social inclusion and community integration, however, women were found to be under-represented (Kelly, 2011). The key stakeholders of the Positive Futures program state that they are committed to engaging young women and having equal participation, however the program is geared towards crime reduction in youth, which is generally male-dominated, further excluding women (Kelly, 2011). Women also find they are excluded in sports as consequence of reinforced gender roles and male dominance (Kay & Jeanes, 2008). These gender expectations can be quite isolating to individuals that do not conform to the

heteronormative narrative often present in organized sports (Wellard, 2006). In-order-to enact equal participation across genders, a focus on promoting sport to young women is necessary (Kelly, 2011). However, there may still be barriers for women's participation in sport that were not discussed by Kelly (2011).

Cortis (2009) conducted a study that explored the access and barriers of sports and sport amenities in culturally diverse women. In all, fifteen stakeholder interviews and twelve focus groups ($N=94$) were completed (Cortis, 2009). In the focus groups, the participants discussed barriers such as lack of self confidence to participate, lack of access, the need for more culturally sensitive sport programs, as well as more programs that are geared towards women-only (Cortis, 2009). However, in the researcher's interviews with the stakeholders, it was found that they did not see the necessity to promote activities to a particular gender or culture – as they perceived their programs to be, by default, inclusionary (Cortis, 2009). This finding outlines the need for attitudinal and structural changes to be made to promote the activities to women (Cortis, 2009). Ball et al. (2010) set to examine if a person's neighbourhood is a structural barrier for women to participate in physical activity. In this study, they examined relationships between social capital of communities and physical activity of women (Ball et al., 2010). Ball et al. (2010) analyzed data from women ($N=1405$) residing in neighbourhoods with varying socioeconomic status and found a positive correlation between women educated at a university level who were well connected to their neighbours, participated in their community, resided in a community with high social cohesion, and their level of physical activity and walking in their respective neighbourhood (Ball et al., 2010). The results of this study demonstrate the inequalities present in neighbourhoods, with more educated and affluent communities having higher physical activity levels (Ball et al., 2010). While

more research is required to discern the causal relationship of these associations, it is apparent that structural changes addressing socio-economic inequalities is required to improve women's participation in physical activity. While addressing macro level initiatives is necessary, to approach this issue now, both Ball et al. (2010) and Cortis (2009) recommend combining policy in public health, sports, and social inclusion to devise a program that promotes physical activity and inclusion to women.

The overall themes that emerged from the literature review include: adverse health in the socially excluded (Saito et al., 2012; Stewart et al., 2008; Tsai et al., 2012; Watson et al., 2016), the need for gender-specific programs (Ball et al., 2010; Cortis, 2009; Fortune & Arai, 2014; Kelly, 2011; Saito et al., 2012), and specialized interventions that target social inclusion directly (Ball et al., 2010; Collin & Kay, 2014; Cortis, 2009; Fortune & Arai, 2014; Kelly, 2011; Saito et al., 2012; Stewart et al., 2008; Tsai et al., 2012; Van Hout & Phelan, 2014; Watson et al., 2016). However, none of these studies address or particularly explore the combination of women experiencing homelessness, sport programs, and social inclusion.

Statement of Research Problem and Purpose

From the literature review, it is evident there are gaps in the literature for women experiencing homelessness and the challenges they face in regards to social inclusion, including through sports. The intersecting oppression that people experiencing homelessness may face, relating to gender, race, class, and immigrant status, is not well understood in relation to how they perceive and seek social inclusion (Benbow, Forchuk, Gorlick, & Ward-Griffin, 2015). Current programs providing sports as an opportunity to build inclusion for people experiencing homelessness have shown differential access by male-identified and female-identified persons (Oudshoorn, Misener, & Richards,

unpublished). There needs to be an improved understanding of homeless women's perceptions of social inclusion and barriers to their participation in sporting opportunities, otherwise women may continue to face disproportionately high levels of social exclusion.

This research study examined how women experiencing homelessness perceive social inclusion in relation to the intersecting oppressions they may experience. There was a focus on social inclusion as developed through sport programs, and the women's previous experience in sports and community activities, along with the facilitating factors and barriers to participation in community sport programs. Furthermore, the women in this study expressed the necessary changes that need to occur in the community for their social inclusion to thrive. The research questions that guided this research study are:

1. How do women who are homeless experience social inclusion?
2. What are perceptions of women experiencing homelessness regarding sports-based activities to improve social inclusion?

Ethical Considerations

Ethics approval was granted through the Research Ethics Board (REB) at the University of Western Ontario. To ensure an ethical process, a thorough and honest explanation of the research study's purpose was provided to each participant through the letter of information. The researcher assessed for any risk to the participant before joining the study. For example, if they did not appear to have the cognitive capacity to consent, the potential participants were not asked to join the study. This included anyone who was noticeably under the influence of drugs and alcohol, as well as demonstrating active signs of a psychotic disorder. Participants deemed able to participate were asked for an informed consent form signed and the assurance of confidentiality was explained. Confidentiality was assured through giving each participant a code, and only this code

being connected with their transcript, along with storing the consent in a secure locked cabinet by the primary researcher. Following the interviews, the participants were advised of the services available on-site at the shelter for mental health support. A sum of twenty dollars was given to each participant after their interview for an acknowledgment of their time, but was not previously advertised in order to limit the likelihood of participation solely for monetary gain.

Positionality Statement

I am a woman and a Registered Nurse, pursuing a Master of Science in Nursing. Throughout my experience as a Registered Nurse, I have worked with vulnerable populations who experience barriers to accessing care, such as homelessness, addictions, and mental health challenges. I am interested in grassroots movements and change in order to achieve a more equitable society. This research study is an opportunity to listen to women experiencing homelessness whose voices are often silenced or ignored as a result of systematic oppression frequently experienced in Canada.

Methodology and Theoretical Perspective

This work is situated within the critical social paradigm, and particularly feminist critique. Critical social theory aims to create change by uncovering social and political inequities present in the lives of vulnerable populations (Collins & Bilge, 2016). The project design for this study is qualitative description, as the intention for the study is to understand and discover the perspectives of the participants involved (Bradshaw, Atkinson, & Doody, 2017; Lambert & Lambert, 2012). The specific theoretical lens is that of intersectionality, which is informed by several theories including feminist theory and critical race theory (Crenshaw, 1991). Feminist theory recognizes women and their lived experience as imperative for social change (Varcoe, 1998), while intersectionality

focuses on critically examining the social, historical, cultural, and political implications that perpetuate a system of power-imbalances, social organizations, and injustices (Crenshaw, 1991). Furthermore, this lens requires the researcher to consider the intersections and overlapping social identities of people in terms of their marginalization and exclusion (Crenshaw, 1991). What is particular about this theoretical lens is the shift from one-dimensional thinking, such as examining gender or race in silos, but considering how many different social locations influence each other and shape power present in people's lives and in organizations (Collins & Bilge, 2016).

Methods

Setting

This study was conducted at a multi-service shelter in a mid-sized city in Canada. This shelter was chosen as community sport activities for the purpose of social inclusion were organized and run through this organization. The shelter provides residential services, community services, withdrawal management, and spiritual care.

Sampling strategy

For the purpose of this study, convenience sampling was used to obtain in-depth interviews of women's experiences of social inclusion and sport while experiencing homelessness. Convenience sampling is a method of use when a population is transient and less likely to have any means of communication (Polit & Beck, 2016). This method was chosen as any women could participate when the researcher was on-site, within the limits of the inclusion and exclusion criteria. Critical qualitative studies, focused on the subjective experiences of participants, depend on rich data generated from manageably constrained sample sizes. In this context, ten participants in a study is often viewed as an adequate sample size (Sandelowski, 1995). However, data collection should be performed until data saturation is achieved and no significant new patterns or categories

are generated (Boddy, 2016). In this study, eleven participants constituted the final sample, as data saturation was determined by beginning preliminary analysis during the process of data collection. The researcher returned to the setting three times until data saturation was determined through repetition of the varying experiences of the participants.

The inclusion criteria for participation in this study were: people who self-identify as women, who are currently residing at the shelter, who are not participating in the shelter's recreational programs, but who are aware of the shelter's recreational programs, and are aged 18 or over. The exclusion criterion was: people who lack the cognitive capacity to independently provide informed consent. The researcher collecting the data, a Registered Nurse, assessed for any cognitive or mental impairment upon pre-recruitment and used appropriate judgment to determine if recruitment should occur. Cognitive impairment included not being able to answer questions appropriately during pre-recruitment, and any overt signs of psychotic episodes such as distress, hallucinations, and delusions. The researcher also aimed to include people who self-identify as women, such as transgender women. The inclusion of transgender women is due to the understanding that gender is a social construct (Winter, 2015), while the focus on women is based on the historical under-representation of women in research on homelessness. However, it is noted that there were no transgender women at the shelter during the recruitment period. Furthermore, it was intended that the sample for this study would include women of diverse races, cultures, and immigrant status. Despite multiple points of contact with the research site, only Caucasian women were available at the times of the data collection. The participants' ages ranged from 21 to 55 years old, with the median age being 33. The age where the women first became homeless ranged from age 15 to 45

years old, with all of the women experiencing chronic homelessness of over 1 year. Most of the women had between a grade 10 and 12 education, with a couple having attended college and university. Furthermore, some of the women disclosed challenges relating to substance use and many discussed concerns they had with their mental health.

Recruitment

Recruitment included recognition of lack of contact options for persons experiencing homelessness, while providing opportunities for potential participants to take time to consider participation. The researcher initially contacted the manager of the women's floor at the shelter to inform them of the study and book a private room at the facility. Following contact, posters with information of the study were placed around the women's floor, including the researcher's name, contact information, main intent of the study, and date and time the researcher would be available for interviews (Appendix A).

On the scheduled date at the shelter, participants both approached the researcher if they had prior knowledge to the study, or the researcher approached women in the halls and discussed the study. If the individual expressed interest in participating, the researcher brought them to the private booked room and reviewed inclusion and exclusion criteria. If the woman met the inclusion criteria, then a letter of information was reviewed and given to the participant (Appendix B) and written informed consent was obtained (Appendix C). In total, the researcher used three separate dates to recruit and interview participants to allow opportunity for a diverse sample of women to be eligible to participate in the study. During the recruitment dates, the researcher was attuned to personal presentation in order to limit real and perceived power differentials (Noy, 2009).

Data Collection

Data was collected using semi-structured interviews (Appendix D). This method allows for open-ended discussion to gain an in-depth understanding of the participants' experiences and understanding (Kallio, Pietilä, Johnson, & Kangasniemi, 2016). The interviews were conducted in a private room one-on-one, using probes if necessary to gain a deeper understanding of the participants' experiences. Following the interview, a demographic questionnaire was completed to collect contextual information (Appendix E). The interviews were all audio recorded with the participants' permission. Following the interviews, the recordings were anonymized through removal of any personal information and uploaded to a digitally locked computer.

The interviews were transcribed verbatim by the researcher and lasted approximately fifteen to thirty minutes. Before and after all the interviews, the researcher asked if the participant had any questions, as well as reminded the participants of the available supports at the shelter if requiring psychosocial support. This provided a non-judgemental way to provide support should the discussion of inclusion and exclusion lead participants to experience negative emotions. To thank the participants for their time, a twenty-dollar honorarium was provided, as this is standard compensation for individual interviews in this city and with this population. Field notes were written during and after the interview to ensure any nonverbal observations were documented and to note disruptions that may have occurred (Mulhall, 2003).

Data Analysis

To guide the analysis for this research study, feminist researcher Patti Lather's (1993) perspective was utilized. Inductive analysis was employed to generate themes from the transcribed interviews. The process of analysis occurred throughout as well as subsequent to the data collection process, allowing for assessment of data saturation

(Boddy, 2016). To organize the data and develop themes, a descriptive coding system was developed. As per Lather (1993), codes assist the researcher to emphasize text, however not everything labeled is ultimately integrated into themes. Seventeen preliminary code words were generated from listening to the recorded interviews and reading the transcripts. Codes were chosen based on repetition of words and relation to the research questions. From that, seventeen Word documents were created, and the transcripts were coded and segments of text placed in their respective Word documents. Once reviewed and approved by the primary thesis supervisor, thematic analysis followed by examining the codes for similarities and contrasting content. As per Lather (1993), contradictions and feelings of unsettlement within the data remained in the analysis and total consensus was avoided. Any significant patterns were examined and collected in separate files in order to revise the viability of each potential theme (Braun & Clarke, 2014). Seven themes initially emerged from the analysis of the code word documents. The preliminary themes were then collapsed based on similarity, and thoroughly reviewed to ensure the participants' indented messages were evident (Braun & Clarke, 2014). The researcher examined the themes to avoid any absolutes and any issues of power and privilege present (Lather, 1993). Following, a detailed review of each theme occurred, involving explaining the focus of each theme and deciding on informative names (Braun & Clarke, 2014). Subsequently, four themes were developed from the analysis.

Rigor

To ensure rigor in this research paper, Hall and Stevens' (1991) framework for rigor in feminist research was used. Rigor is the standard in which research findings can

be deemed appropriate and dependable (Hall & Stevens, 1991). To achieve adequacy in feminist research, this set of criteria is applied.

Reflexivity. Reflexivity is the practice of reflective thinking, acknowledging of relative truths, and making values explicit (Hall & Stevens, 2011). To achieve reflexivity, the research design needs to support the researcher's reflection on their theoretical and political values and commitments and how they fit within the empirical study (Lather, 1993). During the research process, the researcher reflexively questioned both the data and the process of analysis through, asking questions such as: "How is this woman like me?", and "How is that interaction affecting the course of the research?" (Hall & Steven, 1991, p. 21). The researcher's perceptions need to be critically reflected upon for conflict and unsettling feelings that might emerge (Lather, 1993). Reflexivity was enacted through sharing reflections with the primary thesis supervisor throughout both data collection and analysis. Additionally, reflexivity occurred prior to data collection through inclusion of a declaration of self in the research proposal.

Credibility. A research paper is defined as credible when it portrays an accurate representation of the participants' experiences (Hall & Steven, 1991). To achieve credibility, while acknowledging the potential transience of participants, member checking was done in the moment, which is when the researcher receives validation from the participants that the researcher is portraying their experience accurately (Hall & Steven, 1991). This involved the researcher providing a summarization of their perception of the client's key points at the conclusion of the interview, and seeking feedback on the accuracy of this summarization. Member checking in the moment was appropriate as it confirms to the researcher what the participants were wanting to say, allows for clarification of statements, and acknowledges the potentially transient

experiences of the participants. Additionally, the words of participants are utilized extensively throughout the presentation of the findings so that others can judge alignment between the words of the participants and the assessed themes.

Rapport. Rapport is the positive engagement with participants to develop more depth in the data (Hall & Steven, 1991). Rapport can be achieved by creating trust in the relationship through frequency of contact, or by being sensitive to language used and the participant's lifestyle (Hall & Steven, 1991). As frequency of contact was not possible in the method of one-off interviews, the focus was instead on the quality of dialogue.

Through working as a Registered Nurse and research assistant with individuals experiencing homelessness, the interviewer has spent significant time building rapport with the population of focus. This emic knowledge was utilized to inform the nature of dialogue with participants and demonstrated effectiveness due to the length of time participants were willing to take to discuss their experiences (Hall & Steven, 1991).

Coherence. A research paper achieves coherence when the themes that emerge are consistent with the raw data and congruent with the stories of the participants (Hall & Steven, 1991). Coherence was achieved through ongoing outside assessment by the thesis supervisory team reviewing drafts. Any concerns with coherence were addressed through draft revisions and will be furthered by feedback garnered through the thesis defence.

Complexity. Complexity is the recognition that feminist research should reflect the complex nature of reality (Hall & Stevens, 1991). This was achieved during analysis of the data through acknowledging the different experiences of participants, for example, looking for dissimilarities between the participants' stories as much as the similarities (Hall & Stevens, 1991). Lather (1993) recommends letting the contradictions and dissimilarities remain in the analysis and that these should be reflected in the final

themes. Ultimately, the analysis presented herein reflects both similarities and differences.

Relevance. Relevance is the appropriateness of the research and if the questions posed by the researcher addresses the participants concerns (Hall & Stevens, 1991). To achieve relevance, reflection of how others may use the findings was considered, as this is a key indicator of relevance in feminist inquiry (Hall & Stevens, 1991). The first stage of relevance has been achieved through the supervisory committee agreeing with the analysis and following will be from the examining committee. Ultimately, it is those who will read this work who will determine its relevance. The likelihood of relevance has been promoted through a thorough analysis of existing literature and considerations of how this work fits within broader research in the subject (Hall & Stevens, 1991)

Naming. Naming is the act of looking beyond the taken-for-granted social process that exist and addressing the participants' lives on their terms (Hall & Stevens, 1991). This is achieved by using their language in developing codes and themes, and by presenting participant's words verbatim through writing the findings (Hall & Stevens, 1991). In coding and theming the work, efforts have been made to be critically aware of the social processes underpinning what participants share, as well as maintaining their own words throughout the presentation of the findings and themes.

Findings

From the analysis of the semi-structured interviews, four overarching themes emerged: (a) Poverty is exclusion; (b) Housing is not (necessarily) a prerequisite for social inclusion; (c) Women play sports; and (d) It's just a piece of paper.

Poverty is Exclusion

The extreme level of poverty experienced by the women in this study is exemplified through their daily lives. Many do not have time for leisurely activities – but are spending their time trying to meet or maintain the basic necessities of living. The women’s average day often involves searching for safe and affordable housing, looking for a job, meals, and connecting with services. Furthermore, the income the women do receive through social assistance is found to scarcely cover daily expenses. The extreme poverty the women in this study experience is a primary root cause of exclusion.

The women shared their average daily activities, with most expressing that looking for housing was their top priority. Many discussed the ongoing challenges with securing housing, including cost, lack of references, and safety concerns. These barriers manifest in prolonged difficulties in acquiring housing – resulting in continued exclusion from being able to participate in their community.

When prompted about her average day, one woman discussed her daily routine of looking for housing and a job, and the lack of stability that coincides with not being housed:

“P4: Um looking for housing, and a job, yeah. Get up, have breakfast, go out, look for a job and look for a place to live...it’s a little bit difficult [to find housing], in the price range yeah so...Right now everything is just up in the air so, it’s hard to concentrate on that [community activities] when you gotta concentrate on yourself.”

Similarly, another woman expressed that her priority is to find housing, then she could consider participating in the community:

“P1: How do I spend my free time...right now I’m trying to find an apartment...having an apartment first. [would increase my participation in the community] And then I’d go from there.”

However, despite spending their days trying to find housing, the women faced many barriers in acquiring housing. A couple of the women spoke of the difficulties they

have with obtaining housing due to their position in previous relationships. One woman spoke of her lack of landlord references because her previous leases were always in her partner's name, as she did not have an income since she stayed at home with their children. Similarly, another woman found it difficult for landlords to rent to her because of her low credit score due to a shared account with a previous partner.

One of the main barriers the women spoke of was the unaffordable cost of housing. They expressed the particular challenges of trying to rent with their extremely limited budget on social assistance:

“P1: Trying to find an apartment and I can't find one. They expect you to get right out there like that (snaps fingers) and find an apartment. And they cut you back on your [social assistance] cheque. How you supposed to find an apartment if they cut you back? (...) I would get an apartment if I had the cash I'd be gone ages ago. But instead they cut you back on your cheque so how you supposed to find anything. I've saved a few times in my life, money, but I end up having to spend it. (...) Cause you're always needing something.”

Furthermore, while there are subsidized housing options available in Ontario, some of the women spoke of the challenges related to receiving and living in subsidized housing. This includes a long waitlist, experiencing harassment in the building, and poor conditions of the buildings:

“P3: (...) The thing is that through here [shelter] (...) they put you on a [subsidized] Housing List, which can be up to a year, year and a half. And then the Housing List...they're all places that if I have a chance of you know [having my children], I have 50/50 custody with my kids but they're living with their father and cause he lives at home with his parents, so it's steady for them you know. But um I don't want to have them see me in this situation, but I definitely do not want to have them be, or me, live in a place like down here. I need to be away from the area.”

“P1: And then I'd go from there...I haven't been on the street all my life, I'm finally searching different places, different apartments. The last apartment, I was at [subsidized] housing I was there 6 years, and 5 months...going on 7. That is when the shit hit the fan, people were knocking on my door. Got the wrong door. Trying to put up with it for quite a long time, they just kept on banging, banging on the walls, banging on the doors, threatening me and stuff like that. I just got

fed up (...) And I just took off. (...) I ended up on the street. Running all over the place, trying to find shelter, like it was nuts.”

From the women’s stories, it is apparent that seeking specific opportunities for inclusion is rare in the context of constantly searching for hard to obtain housing. Two women expressed they would rather be homeless and search for more appropriate housing than live in the subsidized housing units that were available to them, due to their concern for safety for themselves and their family. On top of looking for housing, one woman described her average day as helping other residents meet their basic needs, including looking for housing, different community programs, and meals:

“P9: We go to the library, we look up housing. I got her connected with the [city] abused womens center. Um we go to [women’s shelter] yesterday cause they had haircuts and what else...there was something else going on, I cant remember...a different...oh basic needs maybe? I think? So I’m bringing her to different places where she can get meals and stuff and then at [the] church cause she doesn’t know about them, cause with crash beds you only get one meal a day.”

Affording things for everyday life is also a challenge. One woman spoke of her difficulties she had affording things like bus tickets and a cup of coffee while on social assistance:

“P3: You know people here only get money once a month. And it’s a measly like less than \$300 dollars, so it doesn’t stretch too far when you have to consistently replace things that have been taken, or you know so. Bus tickets aren’t cheap. (...) When you have no money you can’t go get a coffee in the morning.”

This woman’s exclusion from everyday life, from difficulty affording bus tickets to get around, to getting a cup of coffee, is a direct relation of living in poverty. The intersections of gender, disability, and poverty that the women experience are very apparent in the stories they shared. For many of the women, participating in their community is not their priority as they are trying to survive everyday life through finding shelter, food, and a livable income.

Housing is Not (Necessarily) a Prerequisite for Social Inclusion

In this theme, a sense of identity and membership in the social and physical environment of homelessness is apparent. Homelessness does not define the women, as chronic homelessness becomes normalized, and individuals accept a social role within their community of those who are homeless. This notion challenges some current research that states housing is a prerequisite for social inclusion. Many women participating in this study felt socially included and had a sense of self and self in relation to others, shaped from their shelter and street life. It should be noted that while some women found inclusion in the context of homelessness, for others, a lack of housing was absolutely seen as a barrier to inclusion.

It is notable that several participants expressed satisfaction with their current level of social inclusion. They described themselves as socially included and felt content within their circle of friends and their level of participation in the community, even if they did not participate in any formalized activities. When asked about their social inclusion, some women responded similarly to this participant:

“J: (...) Would you say that you are socially included?

P4: Um yeah.

J: Are you happy with your current level of social inclusion?

P4: Um yeah at the moment, for now yeah.

J: Is there anything you’d want to change about your social inclusion?

P4: Um no, not at the moment.”

Another woman described herself as socially included while also explaining how she prefers to keep to herself:

P1: Yeah, I guess [I’m happy with my social inclusion]...its alright. (...) I don’t bother with too many people. I’ve got a few friends and I just keep to myself. I like to be private, a private person. (...) I keep my nose out of people’s business. I don’t talk about other people or talk about myself.”

While these women may not appear socially included from society's perspective in terms of engaging in numerous recreational activities or having large social networks, their subjective experience of being socially included challenges 'social inclusion checklists' that deem individuals as socially included or excluded. Objective checklists of who is socially included potentially compromise individuality, demonstrating that inclusion is a highly subjective measure based on one's desires for one's own life.

In the context of their street-involved community, some of the participants found specific roles that were communal in nature and added to a sense of belonging. One woman in particular described her role in the community as helping others navigate homelessness and street life by showing other women where to access meals, programs, and search for housing. While she acknowledged her own need to be housed, she voiced her concern of being socially isolated once housed – as she would be losing her sense of identity she has gained through helping others. The notion of housing leading to social inclusion among people who have experienced homelessness needs to be approached with nuance, as obtaining housing does physically move people away from their current community, and some identify closeness with this community as positive.

However, while some women felt socially included and content with their current position, others felt socially excluded and like they are not able to participate in the community how they would prefer due to real and perceived barriers.

For instance, one participant described how she has not participated in the shelter's sport program because she is concerned she will be kicked out, as that has been her experience with similar groups. Furthermore, she stated she only has 30 days to stay at this shelter, creating limited opportunity to attend the sports events, even though they were hosted outside of the shelter. This woman's experience of forced exclusion of being

kicked out of previous events creates a barrier for future opportunities due to lingering feelings of being rejected and unwanted. As a result, she feels socially excluded while simultaneously fearful of potentially inclusionary opportunities.

Feelings of social exclusion persisted among many of the participants. One woman described her feelings of social exclusion:

“P3: I’m actually not so much happy with my [social inclusion] (...), to be honest, I feel like a loser because I’m not included in anything in the community. And like I said with the big brothers and big sisters and the volunteering, I would love to do stuff like that (...).”

Many of the women’s powerlessness in their current position of homelessness and lack of resources manifests in a poor sense of self due to their exclusion from society. They wish to be more included in society but are unable to participate because of their lack of available choice, opportunity, or perceived barriers.

Women Play Sports

The impetus for this study was the low participation of women in sport activities for people experiencing homelessness (Oudshoorn, Misener, Richards, unpublished). Therefore, one possibility was that the women in this population simply were not interested in sports. However, embedded in all the interviews with the participants is a strong history of playing sports while growing up. Most of the women state they really enjoyed playing sports, with many women citing a diversity of sports played throughout their youth. Therefore, this theme reveals that the fact that the community program in discussion is sports-based – is not seen as a barrier to their participation. This theme challenges gender-based stereotypes of women not being interested in being active or playing organized sports.

Throughout the interviews, many women expressed their fond memories of playing different sports growing up:

“P1: I used to play sports in uh public school and high school. (...) I belonged to a soccer team. (...) I was the only girl on my team, the rest were guys. That was fun. (...) I loved it. (...) I played baseball, and flag football...Uh hockey, floor hockey. Uh went in the weight room and did weights and stuff. Oh I loved weights, I loved lifting weights. Different stuff. Bowling, I was on a bowling team when I was little, or younger.”

“P10: My experience with sports...I used to play soccer in school, I did, I played soccer, and softball, football, uh ball hockey, ringette...I used to play a lot of sports.”

While most women’s experiences of sports occurred through their school, some women had the opportunity to play outside of school sports. One woman discussed her time in gymnastics:

“P3: I did gymnastics from the time I was 4 until I was 18. And then they asked me to go competitive and my parents said no because they wanted me to continue on with schooling. Cause they were actually saying, you know if they wanted, it was going to be a 5000-dollar fee and that would have led to the Olympics (...)”

Another women discussed how she was able to play organized sports through her previous employer:

“P4: Um I used to play basketball, volleyball, (...) I played baseball in the summers stuff like that yeah. And then when I worked at [coffee chain], we played baseball and, what was it, soccer? I think soccer, we had teams anyway at [coffee chain] where we worked so yeah.”

While none of the women interviewed were currently involved in organized sports, some did state they would prefer to be involved in sport activities compared to other community programs. It is evident from these interviews that the women have been playing sports from a young age and would likely have the sport literacy and ability to play sports currently. Assumptions of women’s interest or ability to be involved in sports should not be based on gender-stereotypes. Equitable access to sports programs need to

be evaluated on the basis of intersecting identities such as gender, race, and disability. It should be noted that the participants in this study, all Caucasian, may have differential experience and access to sports compared to other racialized persons or those with childhood experiences that did not include sporting activities.

It's Just a Piece of Paper

In this theme, the ineffectiveness of impersonal recruitment for women was explored. At the shelter, there were flyers posted around the building advertising the sports activities. However, it is revealed from the interviews that this is not an effective way to recruit women to join these activities.

Many women described hearing about the sports activities but not knowing any details of the program. A couple of the women described the passiveness of placing advertisements on the wall:

“P3: Um probably more advertisement of them I would say [would increase my participation]. Cause like you know you don't see, other than the bulletin board, which you know its easy to pass by them, because they always say the same things, that's always like the same signs have been on there five years ago. So if they like made it, maybe had um, staff in the TV lounge, cause a lot of the women hang out in the TV lounge...”

“P6: Yeah like you are [aware of the sport activities] but its just one piece of paper you know that might get torn down or something (...)”

From these women's interviews, it is apparent that advertisements posted on a wall tend to be overlooked, perhaps due to the multitude of other posters, or due to the women's transient and unsettled day-to-day lives. Other women described how they have overheard staff discuss the sports program but did not have the information to pursue:

“P5: Um well they don't really publicise it too much when it goes on, or anything. I mean I've heard about them but I don't know when they go on really.”

“P10: They don't really [advertise]...they put up a sign for softball or baseball or whatever but that's about it. They don't really talk about the soccer or anything

else really. Like it's basically you overhear the staff talk about it but that's it. You don't really, there's not really much advertisement for it.”

Another women stated that she would prefer if she could have a preview or know what the atmosphere is like before participating. The lack of personal knowledge and recruitment regarding the sport activities appears to be a barrier to participate for the women interviewed. This finding is confirmed in the parent study, which examined the social inclusion and physical literacy of the shelter's sport program's participants. In the parent study, they found no women from emergency shelter attending the community sport programs. All participants from the shelter of study were male-identified, meaning that there had been a very differential uptake of information posted on the flyers. The lack of women from emergency shelter attending the sports activities confirms that the current recruitment strategy for women appears to be a barrier for participation.

Creating more equitable access to the sport programs through recruitment process needs to be considered as men and women may access programs differently. This notion was suggested in one women's interview:

“P5: Um well they don't really publicise it [sport program] too much when it goes on, or anything. I mean I've heard about them but I don't know when they go on really. (...) So they don't post that, for women especially. There seems to be more for men.”

This woman's perception that there is more program recruitment for men may be an accurate inference. Furthermore, while the women interviewed are Caucasian, it is important to consider how other races, genders, or immigrant status may impact recruitment and access to sport programs as this was not discussed in the interviews completed.

Discussion

Findings related to the theme *Poverty is Exclusion* are similar to other findings around the exclusionary nature of living in poverty. Other researchers identified people experiencing material deprivation, such as a lack of housing and lack of income, as being subjected to social exclusion due to trying to access basic human needs (Averitt, 2003; Norman, Pauly, Marks, & Palazzo, 2015; Norman & Pauly, 2013; Watson et al., 2016). In the current study, the time spent trying to meet basic human necessities for living, precludes participation in community activities. Finding appropriate housing, food, and a livable income was found to leave no time for the women to participate recreationally in their community. Similarly, in a study by Norman et al. (2015), they also described the participants' daily commitment of trying to access services within the city that related to their survival – leaving little time or energy to participate in the community. Meeting survival needs is described as a work-day for people who are homeless as everyday is dedicated to survival (Norman et al., 2015). Furthermore, participation in a community activity was found to be risky as it means potentially not getting a meal, or a place to sleep for the night (Norman et al., 2015).

In this study, participants stated they would consider participating in community activities once they were housed. This finding is also confirmed in a scoping literature review where the authors discuss how people experiencing homelessness often have to travel great distance just to access meals, showers, and drop-in centres (Norman & Pauly, 2013). By addressing people experiencing homelessness' basic human needs, such as food and housing, it would begin to equalize power relations compared to housed people – allowing them to attend community activities or contribute to policy or program development meetings (Norman & Pauly, 2013). While gender was not explicitly addressed in the study by Norman & Pauly (2013), it is anticipated that there are many

similarities in the relationship between material deprivation and social exclusion across genders.

In this study, many of the women faced barriers trying to obtain housing, including no landlord references, and poor credit score – both as a result of previous relationships. Furthermore, a lot of the women expressed difficulty finding affordable housing while living on social assistance. Numerous other studies have also had similar findings, with participants being unable to afford housing (Averitt, 2003; Goering et al., 2014). While the Canadian government has expressed plans to build 100,000 affordable housing units, this plan is not expected to begin until after the next election in 2019 (Government of Canada, 2017). Furthermore, it makes this plan potentially precarious, depending upon which Federal government is elected.

In a study looking at the lived experience of mothers who are homeless living in shelters, Averitt (2003) found that women experienced many barriers to accessing basic human needs such as money, safe childcare, and affordable housing. Furthermore, lack of time and support systems were noted as a barrier (Averitt, 2003). This was consistent with the findings from this study. While not all the women in this study were mothers, they faced similar barriers to obtaining basic human needs that may speak to the gendered nature of poverty. In this study, a few of the women discussed the lack of safety they felt in the subsidized housing that is available. Some women felt safer living in shelter, and one woman expressed she could not live in the subsidized housing available for her or her children's safety. Another woman discussed the constant harassment she experienced while living in a subsidized housing building. Other researchers have found similar findings, with women opting not to live in certain housing due to fear of their safety and their family's safety (Clough, Draughon, Njie-Carr, Rollins, & Glass, 2014; Lazarus,

Chettiar, Deering, Nabess, & Shannon, 2011). This finding is an example of the gendered nature of poverty, where women are forced into homelessness due to safety concerns.

The United Nations Development Programme found that women are more likely to live in extreme poverty compared to men and face more barriers leaving poverty (Bradshaw, Chant, & Linneker, 2017; Chant, 2008). Furthermore, racialized women are more likely to be living in poverty, compared to men (Government of Canada, 2013). It is important to consider the intersections of gender, race, disability, sexuality when examining poverty and barriers to accessing human rights. Furthermore, how these extreme levels of poverty coinciding with a person's intersections of identity may impact their access to social inclusion.

The theme, *Housing is not (necessarily) a prerequisite for social inclusion*, is similar to other research findings, where people experiencing homelessness have a sense of identity within their community and are content with their social inclusion (Bell & Walsh, 2015; Stickley, Hitchcock, & Bertram, 2005). In this study, many of the women expressed that they were happy with their current level of social inclusion and would not want to formally change anything about their social inclusion, even if they did not participate in any formal community programs. This is contrary to popular belief that people who are homeless are by default socially excluded and feel excluded from society.

In a study by Bell & Walsh (2015) that looked at informal social support networks of men living in a shelter found that the relationships the men formed with each other allowed them to move beyond their current position of homelessness in society, into feeling like a member and contributor of a community. Some of the men were described as occupying social identities in relation to each other, for example one participant was characterized as the caregiver of the group because he was always looking out for the

other shelter residents and protecting them (Bell & Walsh, 2015). As expressed by the participants in the current study, many of them were satisfied with their social inclusion. While these women may not participate in any activities or programs in a traditional sense, their community within the women's shelter may be acting as a place of social inclusion and identity for them. Social identities among the women were also revealed; with one woman describing herself as helping other residents of the shelter navigate services for basic needs. The social roles the women in this study occupy may be a form of survival against chronic homelessness in order to remove themselves from the stigmatizing conditions of mainstream society (Gonyea, & Melekis, 2017).

However, Bell & Walsh (2015) did find that due to the social and physical environment of shelter life that became the norm for participants, they felt more removed from mainstream society and many were unable to sustain housing. The researchers found that providing just housing is not enough as individuals leaving homelessness need opportunities to engage meaningfully in their community (Bell & Walsh, 2015). Many of the women in the current study also had difficulty sustaining housing. These findings challenge the notion that housing is an absolute precursor for social inclusion; for some, social inclusion exists in the absence of housing. Furthermore, for people who are homeless and feel socially excluded, obtaining housing has led to mixed and inconclusive results in its ability to generate social inclusion (Quilgars & Pleace, 2016). Katz, Zerger, and Hwang, (2017), assert that programs, such as housing first programs that aim to house individuals who have experienced homelessness, should not be seen as resolutions to social inclusion and homelessness as this could lead to further government disinvestment of structural solutions. Even permanent housing of choice with appropriate supports does not guarantee inclusion in the broader community (Quilgars & Pleace,

2016). Furthermore, housing first programs as solutions to social inclusion and homelessness may disregard the intersecting ways sexism, colonialism, and racism, among others, still need to be challenged within Canadian society (Katz et al., 2017).

However, while some women in this study felt content with their social inclusion, other women described the social exclusion they experienced and the powerlessness they felt. Other researchers have identified similar findings with people experiencing homelessness or poverty being subjected to social exclusion due to structural constraints (Fortune & Arai, 2014; Van Straaten et al., 2018; Watson et al., 2016). The structural constraints present in society are a result of an oppressive system that forms power imbalances, creating limited power to advocate for oneself among different marginalized social groups, such as women who are homeless. The powerlessness these women experience make it difficult to leave their current situation of homelessness. While it may appear these women have choice in their actions and to participate in their community to improve their social inclusion, the concept of choice is not straightforward. The experience of different socio-environmental factors and normative barriers determine access to services and opportunities, which influence an individual's choice in the first place (Marmont, 2009; Spaaij et al., 2014). Therefore, it is challenging to decipher the difference between self-exclusion and forced-exclusion. Spaaij et al. (2014) argues that perceived self-exclusion should not be distinct from an individual's social environment and perceived acceptance, as the greater environmental impact is not clear-cut.

In the theme, *Women play sports*, it is uncovered that the participants all have previous experience of playing sports growing-up, and many cited they would like to continue to play sports currently. This theme is stated in an intentionally obvious manner

as it may be apparent that women play sports, however it was found that gender stereotypes about sport still require confronting. This research finding is fairly unexplored by other researchers, in terms of women who are homeless and their experience with sports. Researchers have focused on men who are homeless, and their experiences in sports (Koch, Scherer, & Holt, 2018; Randers et al., 2011; Sherry, 2010), but scarcely has any attention been paid to women's homelessness and the concept of sport. Research papers exploring women who are homeless have referred to 'leisure activities' to improve well-being (Klitzing, 2004; Klitzing, 2003), but the mention of sport activities is limited, or non-existent. The lack of attention to sports for women who are homeless may be entrenched in gender stereotypes that present women as finding inclusion in social activities other than sport (Gentile, Boca, & Giammusso, 2018).

Gender-stereotypes and sports have been challenged among mainstream society, with many campaigns being focused on involving girls and women in sports (Government of Canada, 2018). However, there has been limited focus on understanding and involving people with different intersecting identities of gender, poverty, and race and their participation in sports (Government of Canada, 2018). The findings from this study contest gender-stereotypes regarding sports and show that women do have interest in playing and being involved in sports but are unable to participate due to various barriers experienced.

Cortis (2009) looked at ethnically diverse women's participation in sports and found barriers for their participation to include lack of access, and confidence, and the need for more culturally-sensitive and women-only sport activities. It is evident that these women do not participate not because they are uninterested, but because of unique barriers experienced. Similarly, in a study by Reid, Frisby, and Ponic, (2002) that

examined women living in poverty and participation in community recreation programs, they found that the barriers to participation were related to difficulty accessing due to costs, transportation, lack of child care, and equipment and clothing required - not because of disinterest in recreational activities. While more is required to remove barriers for more women to participate in sports, particularly women experiencing homelessness and living in poverty, it is evident that many women have the experience and interest in participating in sport activities.

Findings related to this theme, *It's Just a Piece of Paper*, are consistent with findings from other research. Researchers have described how passive recruitment for sports and recreational activities, or 'open-access' for all, does not lead to participation and social inclusion for all groups equally (Collins & Kay, 2014; Cortis, 2009; Vandermeerschen, Van Regenmortel, & Scheerder, 2017; Waring, & Mason, 2010). In this theme, the women described hearing or seeing posters about the sport programs, but generally felt they did not have the knowledge to participate. This contrasted with the high participation of men noted in the primary study. Similarly, a research paper by Waring and Mason (2010) looked at a sports programme in the UK aimed to improve social inclusion. They found that there was a preconceived assumption among stakeholders that merely opening quality recreational facilities within proximity of neighborhoods that previously did not have access, would by default, bring the community to participate in the facility thereby improving their social inclusion (Waring & Mason, 2010). However, as the researchers discuss, no longer excluding individuals does not mean inclusion happens (Waring & Mason, 2010). After the facilities opened, projects that included intensive purposeful outreach work focused on specific groups,

such as women, had the most success in raising participation from the previously excluded groups (Waring & Mason, 2010).

The women in this study discussed the lack of purposive recruitment as they mostly just saw posters about the sport programs or overheard staff discussing the sports. The absence of deliberate recruitment is a barrier for women experiencing homelessness, as people in poverty often experience intersecting areas of oppression (Sadler, Lee, Lim, & Fullerton, 2010), which can impede an individual's ability or choice to participate. The necessity for women experiencing homelessness to have targeted recruitment is imperative as underserved or oppressed populations are often harder to reach due to sociodemographic reasons (Sadler et al., 2010). In order to improve women's participation in sport programs, using a snow-ball strategy to recruit women experiencing homelessness may improve participation. The snow-ball strategy would include finding a woman experiencing homelessness who is interested in participating in the sports programs and using her social network to recruit similar individuals to participate. Following, the initial recruits would then invite people from their social networks, thus enabling purposeful contact with otherwise hard-to-reach groups (Sadler et al., 2010).

Limitations

The findings from this study advances nursing knowledge in understanding social inclusion for women experiencing homelessness. However, several limitations are still present. First, there was a limitation on the diversity of the women interviewed. While the researcher aimed to recruit women from various ethnic backgrounds, the majority of women staying at the shelter were Caucasian at the time of the study. The researcher attempted to use multiple points of time in-order to allow for opportunity for a diverse population of women to stay at the shelter and potentially participate in the study.

However, even with consistent contact with shelter staff to check-in, they reported little to no changes in their demographics at the shelter. Future studies will need to focus on a diverse population of women to see how the intersections of race, gender, and homelessness impact social inclusion and inclusion in sport-based activities.

Furthermore, a limitation of the study was the lack of females of diverse gender identities. With the understanding that gender is a social construct (Winter, 2015), the researcher wanted to include transgender women and other women of minority gender to have their voice present in this research study. However, only cisgender women were available at the time of the study.

Another limitation was the lack of ability to member check after the themes were created for the study. Ideally, the researcher would have liked to return to the participants to see if the themes align with what the participants wanted to convey. However, due to the transient nature of homelessness and the shelter system, the researcher was unable to perform member checking.

Lastly, due to the nature of the shelter system only allowing residents to stay for thirty days, it would have been beneficial to be able to complete interviews over the course of many of the shelter cycles – as there may be discrepancies between participants knowledge of the sports activities depending on which shelter staff was available at the time. For example, the organizer of the sport activities transferred to another position before the interviews could be completed, potentially resulting in the women at the shelter at the time of the study having less knowledge of the sports compared to the women previously.

Implications

This research study has several implications for policy, nursing practice, nursing education, and nursing research. The findings from this study have implications for housing policies that address the needs of women who are homeless. For example, participants spoke of the unsafe conditions and locations of some current subsidized housing. This finding emphasizes the necessity for safe housing in varying locations, depending on where individuals feel safe. As well, housing policy that outlines having congregated and scattered-site affordable housing options, particularly focusing on the needs of women. The inability for the women in the study to participate in their community because they are spending their days trying to meet basic human needs, such as trying to find safe housing, needs to be highlighted in current and future housing and social assistance policies. Ensuring financial security through policies, such as social assistance increases or a universal basic income, could provide equitable access to the basic human rights of housing, along with potentially increased access to community participation and subsequent social inclusion (Schulz, 2017). This study also has implications on policy on a micro level, for organizations interested in promoting inclusion of women experiencing homelessness. The findings of this study emphasize the importance of policies to support inclusionary practices, such as personal purposive recruitment for vulnerable or hard to reach populations. As well, organization policy needs to explicitly outline the inclusion of diverse populations through purposive recruitment.

For nursing practice, given the potential impact social exclusion has on women's health (Saito et al., 2012), nurses should inquire about individuals' financial well-being, housing stability, and social inclusion as parts of comprehensive health assessments. It is

recommended the nursing organizations outline policy that require nurses to provide screening to address these areas.

Nursing students need the opportunity to engage with people who are homeless through clinical placements, in order to understand the lived experiences of this vulnerable population (Stanley, 2013). Through the creation of nurse-client relationships, students have the opportunity to challenge any bias they may have and decrease stigma through connection. Within nursing curricula, specific learning opportunities so that nursing students should have an opportunity to engage with individuals experiencing homelessness are recommended.

Implications for future research include an understanding of how different intersecting identities may influence experiences of social inclusion and sports. In particular, inclusion of ethno-cultural minorities as well as women of diverse genders would provide a more comprehensive understanding of the barriers to social inclusion in the context of sports. Furthermore, it is recommended that future research pursue a mixed-methods study focused on recruitment of women experiencing homelessness into community sport programs, measuring the number of women who participate in the sports after intensive recruitment versus passive recruitment, as well as the participants' subjective experiences of social inclusion after participating in the community sports.

Conclusion

This study uncovered a deeper understanding of women who are homeless and their understanding and experiences of social inclusion, while highlighting understandings of sport as a potential inclusionary activity. Based on the research questions for this study, the themes *Poverty is Exclusion*, *Housing is Not (Necessarily) a Prerequisite for Social Inclusion*, *Women Play Sports*, and *It's Just a Piece of Paper*

emerged from the analysis. The themes from this study reveal the complex nature of social inclusion for women experiencing homelessness. The women shared their stories of exclusion experienced through living in poverty, their social identity in the environment of homelessness, and the powerlessness they felt in their current social position. The women challenged gender stereotypes by discussing their interest in sports, however revealed that a lack of personal recruitment was a barrier for participation. The findings from this study highlight the unique considerations required for women experiencing homelessness' social inclusion, and the sociopolitical and organizational policy changes required.

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CHAPTER III

IMPLICATIONS FOR NURSING

This study examined how women experiencing homelessness perceive social inclusion in relation to the intersecting oppression they may experience. Furthermore, the facilitating factors and barriers to participating in sport programs were examined. The women in this study expressed the necessary changes that need to occur in the community in order for their social inclusion to succeed by their account. This study was guided by the critical social perspective of intersectionality, which was used as to support thematic analysis. Through individual semi-structured interviews, the women discussed the obstacles they faced related to homelessness and their experiences of social inclusion and exclusion, and sports.

Four themes emerged from the data: (a) *Poverty is Exclusion*, (b) *Housing is Not (Necessarily) a Prerequisite for Social Inclusion*, (c) *Women Play Sports*, (d) *It's Just a Piece of Paper*. The findings from the study reveal that women experiencing homelessness face structural barriers to accessing social inclusion opportunities due to the innate exclusion that exists within living in extreme poverty. Furthermore, the findings reveal that some, despite their poverty, still feel socially included within their community, where as others feel deeply excluded based on their experience of homelessness. In terms of sports as a potential avenue for inclusion, all the participants had experience playing sports growing up and most enjoyed playing sports, but it was the lack of personal recruitment that served as a barrier to participating in available sport activities. In this chapter, potential implications for policy, nursing practice, nursing education, and nursing research are discussed.

Implications for Policy

Due to shifts in Canadian policy relating to the reduction of the welfare state in the early 1990's, there was an increase in the inequitable distribution of resources within society, negatively impacting the health and well-being of many citizens. The result has been an increase in poverty, homelessness, and insecurity relating to food, jobs, and housing (Gaetz et al., 2016). In this study, many of the women described barriers related to achieving social inclusion due to the extreme poverty they endure. Particularly, the women described challenges in finding affordable and safe housing. Therefore, one foundational element to inclusion is ensuring that all Canadians have access to the basic necessities of life, particularly housing. In response to the housing crisis that exists in many parts of Canada, a national housing policy was released this past year including the acknowledgement of housing as a human right (Government of Canada, 2017).

The Canadian National Housing Strategy (NHS) is a ten-year, forty-billion-dollar plan that aims to reduce chronic homelessness by 50% (Government of Canada, 2017). The housing strategy used Gender Based Analysis Plus (GBA+) and plans to prioritize vulnerable populations such as women, while recognizing the distinct needs of intersecting identities such as race and socio-economic status (Government of Canada, 2017). The strategy outlines that at least twenty-five percent of the investments will be specifically for projects addressing the needs of women and girls (Government of Canada, 2017). While the strategy is a welcomed element of reducing housing loss, it is only predicted to address a portion of the current affordable housing shortage (Campbell, 2017). Furthermore, most of the funding is not set to begin until after the next federal election in 2019, neglecting the urgency of Canada's housing crisis, and the people who endure the consequences of homelessness today.

The findings from this study have implications for housing policies that address the needs of women who are homeless. For example, participants spoke of the unsafe conditions and locations of some current subsidized housing. This finding emphasizes the necessity for safe housing in varying locations, depending on where individuals feel safe. This housing could be inclusive of both congregated and scattered-site affordable housing options, particularly focusing on the needs of women. The inability for the women in the study to participate in their community because they are spending their days trying to meet basic human needs, such as trying to find safe housing, needs to be highlighted in current and future housing and social assistance policies. Any government programs that increase the stock of affordable housing, or that increase access to income so that market rent housing is more attainable, are welcomed.

Along with the decrease in affordable housing since the 1990's, the welfare safety net has since unraveled (Gaetz et al., 2016). The women in this study, all on social assistance, described the difficulty they have affording costs of daily life from housing and transportation, to a food and the needs of children. Merely surviving is challenging on social assistance, let alone having the additional money required to participate in community activities and recreation. Ensuring financial security through policies, such as social assistance increases or a universal basic income, could provide equitable access to the basic human rights of housing, along with potentially increased access to community participation and subsequent social inclusion (Schulz, 2017).

Both an increase in the amount of safe and affordable housing, along with policies that support financial security would be beneficial in preventing and ending homelessness. Homelessness will not be solved through one sector alone, rather the government should collaborate between varying policy arenas, such as health, education,

the justice system and social services. Prevention of homelessness should be viewed as a 'fusion policy' issue, as varying levels of government need to coordinate policy, legislation, and funding across multiple arenas (Gaetz & DeJ, 2017). Furthermore, as the Government of Canada is using GBA+ to analyze all new policies, this is encouraged to continue as women may have unique experiences of policy outcomes.

Despite challenges relating to poverty, many of the women still expressed interest in playing sport activities in their community. This study also has implications on policy on a micro level, for organizations interested in promoting inclusion of women experiencing homelessness. The findings of this study emphasize the importance of policies to support inclusionary practices, such as personal purposive recruitment for vulnerable or hard to reach populations. As well, organization policy needs to explicitly outline the inclusion of diverse populations through purposive recruitment. Organizers must take into consideration the intersecting identities of the individuals who would benefit from their service and not assume that because certain groups of people are not participating, they are not interested. A program cannot be assumed as inclusionary because it is open to all, as different groups of people may experience various barriers in accessing the activity.

Implications for Nursing Practice

Nurses are uniquely positioned to advocate for the needs of women experiencing homelessness, on a front-line level, as well as through policy and political action. Through working directly with women who are homeless in acute and primary care settings, or in the community and public health, nurses can screen for disparities in social determinants of health. Particularly, given the potential impact social exclusion has on women's health (Saito et al., 2012), nurses should inquire about individuals' financial

well-being, housing stability, and social inclusion as parts of comprehensive health assessments. It is recommended the nursing organizations outline policies that require nurses to provide screening to address these areas. Furthermore, nurses should be aware of programs available in the community and collaborate with organizations to ensure equitable access for vulnerable populations, such as women who are homeless. Given the exclusion experienced by women who are homeless, nurses should be equipped to provide housing screening and support for individuals requiring housing. Nurses in hospital settings need to advocate for housing access while patients experiencing homelessness are in hospital to prevent discharge to no fixed address (Forchuk et al., 2008).

At a macro level, the Canadian Nurses Association (CNA) has called nurses to action to participate in sociopolitical change for the purpose of promoting health equity (CNA, 2012). With nurses being the largest regulated group of health care professionals (CNA, 2013), they have the power to lobby governments and enact political advocacy through engaging with multiple community stakeholders (Whitehead, 2003). Practicing nursing through a social justice lens means engaging with policy, which can challenge discriminatory policies and confront the oppressive forces that exist within Canadian systems. Through nurses working together through protest, political activity, writing letters, and petitions, we can demand change for a more equitable and healthy society.

Implications for Nursing Education

Nursing education should explain root causes of women's homelessness, including lack of housing availability, a viable social safety net, and living in poverty (Stanley, 2013). The findings from this study demonstrate the extreme challenges the participants have in exiting homelessness, which are unrelated to individual factors. The

neoliberal philosophy influencing Canadian politics, which emphasizes individual responsibility and rejects systemic and structural causes for homelessness (Collins & Bilge, 2016), needs to be thoroughly explored in nursing education. Nursing students need the opportunity to engage with people who are homeless through clinical placements, in order to understand the lived experiences of this vulnerable population (Stanley, 2013). Through the creation of nurse-client relationships, students have the opportunity to challenge any bias they may have and decrease stigma through connection. Within nursing curricula, specific learning opportunities could be included so that nursing students could have an opportunity to engage with individuals experiencing homelessness.

Nursing curricula focused through a critical social justice lens, such as intersectionality, may assist in educating nursing students of the power and oppression that exists in society, in relation to socio-political forces. The role the social determinants of health play in the health and well-being of Canadian citizens, along with their intersecting identities, should transcend all areas of theoretical and practical learning in nursing curriculum, not just selected courses. This would withdraw focus from the biomedical model of health and place impetus on creating healthier communities through ecological models.

Implications for Nursing Research

The findings from this study have provided insight into women who are homeless and their experience of social inclusion and sport. However, further research is required to understand how different intersecting identities may influence experiences of social inclusion and sports. In particular, inclusion of ethno-cultural minorities as well as women of diverse genders would provide a more comprehensive understanding of the

barriers to social inclusion in the context of sports. Furthermore, it is recommended that future research pursue a mixed-methods study focused on recruitment of women experiencing homelessness into community sport programs, measuring the number of women who participate in the sports after intensive recruitment versus passive recruitment, as well as the participants' subjective experiences of social inclusion after participating in the community sports. Pursuing this study would provide a quantitative measure of the potential effectiveness of intensive recruitment, as well as obtaining subjective experiences of social inclusion. However, it is recommended that future studies work with women who are homeless as a participatory process through participatory action research (PAR).

Participatory action research is an action-oriented research process aimed at creating social change in communities and empowering the individuals involved (Baum, MacDougall, & Smith, 2006; De Chesnay, 2014). The participants are viewed as co-researchers as their voices are essential to every step of the research process (De Chesnay, 2014). Therefore, researchers should partner with women who are homeless to examine the sociopolitical changes required to improve social inclusion, and particularly how community sport activities can be more inclusive to women in specific. The women involved may gain power through their expertise and ability to enact change.

Conclusion

The findings from this study reveal the complex nature of social inclusion for women experiencing homelessness. Through individual semi-structured interviews, the women shared their stories of exclusion experienced through living in poverty, their social identity in the environment of homelessness, and the powerlessness they felt in their current social position. The women challenged gender stereotypes by discussing

their interest in sports, however revealed that a lack of personal recruitment was a barrier for participation. The findings of this study can be used to inform housing policy for women, along with organizational policy to improve inclusion for women who are homeless. The sociopolitical factors influencing social inclusion can help inform nursing practice, nursing education, and future research objectives. The nursing profession should partner with government organizations to challenge health and social inequities, for social inclusion among women who are homeless to thrive.

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Appendix A



PARTICIPANTS NEEDED FOR RESEARCH IN SOCIAL INCLUSION AND WOMEN EXPERIENCING HOMELESSNESS

We are looking for volunteers to take part in a study of social inclusion and the role of sports for women, who meet the following criteria:

1) Identify as female; 2) Are aware of the shelter's sports programs but have not participated.

If you are interested and agree to participate you would be asked to do a single 30-60 minute interview.

In appreciation for your time, you will receive \$20 compensation.

To learn more about the study or participate, a Research Assistant will be at the shelter, [room], on the following dates and times:

[Dates, Times]

For more information about this study, or to volunteer for this study, please contact:

Jenna Richards
School of Nursing

[email address]

Appendix B

Project Title: Sport and Social Inclusion: An Evaluation of Active for Life

Principal Investigator: Dr. Abe Oudshoorn, Health Sciences Addition, Arthur Labatt Family School of Nursing, Western University.

Dear Potential Participant:

Purpose:

We are writing to invite you to participate in a research study. Researchers from Western University are evaluating the baseball, floor hockey, and sports programs provided by the shelter, as well as Street Soccer London (known collectively as Active For Life). You are being invited to participate in this study because you have not participated in any of these programs.

What is the purpose of the study?

The purpose of this study is to evaluate the Active For Life programs with a focus on two potential program outcomes: physical literacy and social inclusion. Physical literacy is the understanding of sport skills and the relationship between active living and health. Social inclusion is both feeling like you belong in a community, and actually being able to participate actively in a community the way you would want to. These will be evaluated over a two year period, involving up to 200 participants and non-participants. We are also interested in exploring barriers to participation, particularly for women.

What will I do?

If you consent to participate in the project you will be asked to participate in a 30 to 60 minute interview to talk in detail about your experiences with sports and community participation, and your reasons for not participating in the shelter programs or Street Soccer London. These interviews will take place at the shelter and will be audio recorded.

There are no negative consequences with deciding not to participate or to withdraw from the study. Choosing not to participate in the research will not affect your access to shelter, or future participation in Street Soccer London.

What are the risks and benefits of the study?

Discussing personal experiences of social exclusion may be difficult. If you are in need of support, shelter staff are available to assist with immediate one-on-one counselling support. Staff can also provide referrals to other supportive services if you would like them.

All attempts will be made to keep your information confidential.

You do not waive any legal right by signing this consent form.

You will be provided \$20 compensation for your time.

The analysis will be de-identified, a study ID will be attached to your interview, and a master list maintained with your name and the study ID. You will not be identified in any way in the research results. All identifying information will be removed from interviews. Your participation, or not, in the study will not in any way affect the services you receive through the shelter.

All identifiable information will be removed from interview data that is transcribed. No audio files will be shared publicly. Paper copies of consent forms will be stored in a locked cabinet in the locked office of the Principal Investigator. Transcribed qualitative data will have any identifying names or information removed during transcription. Digital data and hard copies of consent forms will be stored for 7 years post-publication. Digital data will be permanently erased. Hard copies will be shredded through Western School of Nursing's confidential shredding service.

Is the study voluntary and confidential?

The decision to participate or not is entirely voluntary and confidential. You can withdraw at any time without explanation. You may also request at any time prior to publication to have your data removed from the study. All the information collected will have any identifying information removed.

Results of the Study

The results of the study may be published in scholarly journals, presented at national/international conferences, and shared in a best practices guideline on sport for social inclusion.

For More Information:

Representatives of The Western University Health Sciences Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research. If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics [phone number].

Please call Abe Oudshoorn from Western University, Arthur Labatt Family School of Nursing at [phone number], or email him at [email address] with questions regarding the project.

Sincerely,

Dr. Abe Oudshoorn

I have read this letter of information: _____ (initial)

Appendix C

Consent Form

Project Title: Sport and Social Inclusion: An Evaluation of Active for Life

Principal Investigator: Dr. Abe Oudshoorn

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

Participant's Name (please print):

Participant's Signature:

Date:

Person Obtaining Informed Consent (please print):

Signature:

Date:

Appendix D

Interview Guide

1. Can you just start by telling me a bit about yourself, how long you've been in London, and how long you've been at the Centre of Hope?
2. Thinking about your average day, how would you say you spend your free time?
3. What activities or community programs, if any, are you a part of?
 - a. Prompt: cultural, religious, sport, art
 - b. (if yes, continue to question 3. If no skip to question 8)
4. How did you get involved in these activities?
5. Why did you choose these activities?
6. Have the activities you are a part of make you feel any more or less connected?
7. Have you met new people through these activities?
8. Have you had any trouble accessing these activities?
9. What would increase your participation in community activities?
10. What, if any, is your experience with sports?
11. Why have you been unable to or uninterested in participating in the in the shelter's sport activities?
12. What kind of activities or programs would you prefer to be involved in?
13. When I say 'social inclusion', what does that mean to you?
14. Would you say that you are socially included?
15. Are you happy with your current level of social inclusion?

Conclude with summarizing perception of key points back to the participant.

1. Do you feel that this captures accurately what you have wanted to tell me?
2. Is there anything I have said that you would say differently?

Inform participant of social and mental health supports available on request from staff at the reception desk

Appendix E

Demographic Post-Questions

1. What is your age?
2. Marital status?
3. Highest education achieved?
4. What is your ethnicity?
5. What is your main source of income?
6. How long have you been currently homeless for?
7. How many times have you been homeless in the past?
8. Age of first instance of homelessness?

ETHICS APPROVAL

Date: 18 December 2017
 To: Abram Oudshoorn
 Project ID: 108466
 Study Title: Sport and Social Inclusion: An Evaluation of Active for Life
 Application Type: HSREB Amendment Form
 Review Type: Delegated
 Full Board Reporting Date: 09JAN2018
 Date Approval Issued: 18/Dec/2017 14:54
 REB Approval Expiry Date: 18/Nov/2018

Dear Abram Oudshoorn ,

The Western University Health Sciences Research Ethics Board (HSREB) has reviewed and approved the WREM application form for the amendment, as of the date noted above.

Documents Approved:

Document Name Document Type Document Date Document Version 108466 Revised
 Protocol - Dec 13 WesternProtocol 13/Dec/2017 3 Non-Participant - Recruitment Poster
 Dec 12 Recruitment Materials 12/Dec/2017 2 Non-Participant Interview Guide Interview
 Guide 12/Dec/2017 2 Non-Participant Letter of Information and Consent - Dec 18
 Consent Form 18/Dec/2017 4 Participant Letter of Information and Consent - Dec 18
 Consent Form 18/Dec/2017 4 REB members involved in the research project do not
 participate in the review, discussion or decision.

The Western University HSREB operates in compliance with, and is constituted in
 accordance with, the requirements of the TriCouncil Policy Statement: Ethical Conduct
 for Research Involving Humans (TCPS 2); the International Conference on
 Harmonisation Good Clinical Practice Consolidated Guideline (ICH GCP); Part C,
 Division 5 of the Food and Drug Regulations; Part 4 of the Natural Health Products
 Regulations; Part 3 of the Medical Devices Regulations and the provisions of the Ontario
 Personal Health Information Protection Act (PHIPA 2004) and its applicable regulations.
 The HSREB is registered with the U.S. Department of Health & Human Services under
 the IRB registration number IRB 00000940.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Nicola Geoghegan-Morphet, Ethics Officer on behalf of Dr. Joseph Gilbert, HSREB
 Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

CURRICULUM VITAE

Jenna Richards, RN, MScN *Candidate 2018*

Education

Master of Science in Nursing at Western University	<i>December 2018</i>
◦ Specialization in Health Promotion	
Bachelor of Science in Nursing with Distinction at Western University	<i>April 2016</i>
◦ Dean's List – Maintained over 80% average	

Qualifications

CPR and Health Care Provider Certificate	<i>March 2018</i>
Police Record Check – Vulnerable Sector	<i>October 2018</i>
Crisis Prevention Institute Training	<i>June 2014</i>
AODA Customer Service Training	<i>June 2014</i>
Standard First Aid and CPR Certificate	<i>March 2011</i>

Professional Memberships

Health Providers Against Poverty	<i>2018 to present</i>
Toronto Alliance to End Homelessness	<i>2018 to present</i>
College of Nurses of Ontario	<i>2016 to present</i>
Sigma Theta Tau Honor Nursing Society Member	<i>2015 to present</i>
Registered Nurses Association of Ontario	<i>2015 to present</i>

Professional Experience

TGH Hospital Care Coordinator – Toronto Central LHIN	<i>2018-present</i>
◦ Collaborate with interdisciplinary team to provide complex discharge coordination and system navigation to transition clients into the community.	
◦ Develop individual care and service plans with clients and their families.	
◦ Coordinate and monitor delivery of care plans.	
Primary Care Registered Nurse – London InterCommunity Health Centre	<i>2016-2018</i>
◦ Provided primary health care within an interdisciplinary team to those who experience barriers to care.	
◦ Addressed factors that impact the client's health and well-being such as income, housing, social support, employment, environment, and access to affordable and healthy food.	
◦ Solidified nursing skills: Phlebotomy, immunization administration and recording, TB testing, health education, dressing changes and wound assessments, accurate and detailed documentation, head to toe assessments.	

Registered Nurse for MyCare program – London InterCommunity Health Centre

2017-2018

- Provided case-management and outreach support to individuals living with HIV that experience barriers to accessing care.
- Monitored anti-retroviral medication adherence and worked with the client to increase adherence through creative means.
- Provided health teaching, performed venipuncture, and monitored blood work.
- Addressed clients' social determinants of health.
- Collaborated with community agencies to provide coordinated supports.
- Organized and ran monthly specialist HIV clinics with the MyCare Team.

Research Assistant – University of Western Ontario. *2015 - 2018*

- Conducted surveys and interviews with participants of the Salvation Army's Healthy Homes Active for Life community sport program to measure outcomes related to physical literacy and social inclusion.
- Researched academic resources and provided assistance in the preliminary research process.

Personal Support Worker – Saint Elizabeth Healthcare, Ottawa. *Summer 2015*

- Provided psychosocial support to clients in their home.
- Aided in activities of daily living.

Special Needs Support Worker – City of Ottawa. *Summer 2014*

- Worked one-to-one with children who have special needs.
- Successfully de-escalated unpredictable scenarios.
- Adapted routines to accommodate children's needs.

Volunteer Experience

Point in Time Count, London Ontario. *April 2016*

- Collaborated with a team to gather information through a SPDAT survey about individuals and families who are experiencing homelessness.

Awareness Day Coordinator for the Western University Student Council – Health and Wellness Committee. *2015 – 2016*

- Planned, organized, and implemented events on campus to promote the health and well-being of students and raised awareness of mental health issues.
- Educated students about mental health resources available on campus.

Leave the Pack Behind, London Ontario. *2015 – 2016*

- Provided education and resources for students that want to quit smoking or help someone else quit.

World Homeless Action Day – WHAD, London Ontario. *October 2015*

- Advocated for individuals experiencing homelessness; resulted in increased awareness among the community of London, Ontario.

Event Coordinator for the Western University Student Council – Sexual Health and Consent Education. *2014 – 2015*

- Coordinated events to raise awareness of sexual health services on campus.
- Educated students on consent and healthy relationships.

The Western University Red Cross. *2013 – 2015*

- Organized games at Participation House in London with clients who have special needs.
- Coordinated craft activities and assisted children at the Red Cross Women's Shelter, London, Ontario.

References: Available Upon Request.