Discussion

Over the last 30 years, there has been wide-ranging scholarly discussion pertaining to the impact of community integration and quality of life, on housing and homelessness. At times this discussion has been focused on specific types of housing (such as permanent supportive housing), or on a specific subset of persons (such as people living with a serious mental illness). Increasingly, this discussion has turned to the concept of Meaningful Daily Activities (MDA). Sometimes referred to as Meaningful Occupation, this area of inquiry examines how the daily pastimes of an individual or family may influence their ability to remain stably housed. Profiles of formerly homeless people that have been housed and then return to homelessness suggest that boredom, isolation and lack of activities that bring meaning was one of the factors contributing to their return to homelessness (or the factor triggering other behaviours that then led to loss of housing).

Variation exists even further when one tries to factor in different types of activities (from employment through to pets; spirituality to life skills), and an understanding of meaningful activities versus “busy time” that may fill a day but provide little satisfaction. While there is some discussion in the literature as to what constitutes “meaningful”, the general conclusion is that this is a qualitative personal measure. The most useful approach seems to focus on attempting to understand how satisfied the person or family member is with the activity, and the frequency with which this activity is undertaken.

Case-Smith (2012) uses Matuska’s work to examine the core concept of life-balance and how it relates to MDA. Life-balance is defined as, “A satisfying pattern of daily activity that is healthful, meaningful and sustainable to an individual within the context of [their] current like circumstances.” The congruence between the activities a person finds satisfying and the ability to participate in these activities is strongly related to both physical and psychological health outcomes. The presence of MDA significantly affects health outcomes, and “may be more important than any specific activity limitation”. On the other hand, the inability to participate in MDA can lead to self-reinforcing cycles of negative health, as poor health can, in-turn, lead to an inability to participate in MDA.

The pathway to full participation in MDA is not a linear one for many people, nor is it absolutely dependent upon entry or settlement in housing. Studies show that peers can be important for normalizing the process of participation, and that early attempts at an activity and the feelings of actual attachment to an activity may be quite different. Nonetheless, even discussing participation with others tends to lead a greater likelihood of attempts at MDA. Commitment to any particular activity can be a struggle for any person that has not consistently been involved in activities of this type, or is not accustomed to daily routines.
Participation in MDA can play a significant role in facilitating community integration. It can be argued that the more MDA an individual or family undertakes, the greater the sense of community integration. Throughout the literature on Urban Studies and Social Capital, community integration is proven time and again to be impactful on perceptions of safety, inclusion, quality of life, and overall satisfaction with a particular building or neighborhood. Several urban theorists suggest that more important than the MDA itself is the interaction with the external environment that the MDA entails. This interaction increases the familiarity with others in those surroundings, as well as the feelings of safety and belonging that occur through that familiarity.

Our review of the literature indicates that additional research is needed to fully understand how different types and loci of MDA relate to different aspects of community integration. Community integration is a multi-dimensional and multi-stage process, requiring shifts in cognition, emotional response, and behaviour. These shifts require time and a variety of different types of MDA that may change over time. It is unlikely that someone immediately housed or re-housed will instantly find herself with a litany of MDA that she has strong association with; nor is it likely that sense of community is felt strongly in the early days of being housed/re-housed. While each individual will have a different experience based upon life history and circumstance, there is reason to believe that the more time spent homeless, the harder and longer it takes to reintegrate into mainstream activities as behavioural habits and social ties are strongest with the street-involved community. In the beginning of re-housing, therefore, it is common and possibly advantageous to create social networks with people going through a similar process, while concurrently beginning to initiate integration with larger mainstream community activities. Over time, greater choice in the types of activities to participate in is likely, and there is greater opportunity for scheduling those activities to meet one’s lifestyle and means.

Community Integration and MDA are seen as playing a major role in mental and physical health recovery. Drawing upon the Occupational Therapy literature, it is clear that participation in activities that have meaning to the person performing them provides a greater feeling of self-worth, improves self-esteem, expands other skills, increases opportunities for socialization, and may expose the individual to environments where they must learn (or re-learn) skills of constructive conflict. Studies have also concluded that stigma and feelings of inferiority are reduced through these MDA. Individuals are more likely to feel included in their surroundings and feel that their housing is central to this experience of integration. Nevertheless, there can be incongruence between the desired MDA and the actual activity. For example, a person may want to join a bowling league but has insufficient finances to do so, and thus has to resign themselves to bowling twice a month instead of joining a weekly league. Or a person may have a desire to participate in oil painting, but does not have ready access to the art supplies necessary for this to occur. As a result of a mismatch between desire and activity, people that have no MDA are at risk of engaging in a range of other negative behaviours, and are at a higher risk of depression, loneliness, and social isolation.

The absence of MDA may also stem from other circumstances that are not related to an individuals level of interest. The side-effects of some psycho-tropic medications, for example, can increase feelings of lethargy to the point of making it difficult for people to participate in desired activities. In other cases, a person may be prohibited from engaging in activities because it occurs at a local community center where there are children, and are unable to be in proximity of children due to previous legal issues. Furthermore, some individuals use the experience of becoming rehoused to assert
greater independence from the social group that they had previously been engaged with while homeless. As a result, their lack of activities is part of recreating their social circle.

Housing type may play a role in determining the range of MDA available to an individual or family. People living in congregate permanent supportive housing are more likely to have the opportunity to participate in MDA within their own building, which provide a good degree of satisfaction and a good level of housing retention, but a low degree of community integration. Within scattered site housing, MDA tends to occur more in balance between the person’s own apartment and in the surrounding community. Satisfaction is mixed for this group, while housing retention and community integration remains good. This research suggests that the wrong housing type may curtail the formation or continuation of MDA.

The structure of the MDA does not appear to influence outcomes. Some MDA is purpose-built for people of a particular population (for example, an art program for previous consumers of mental health programs) whereas others are open to the general public (for example, a pick-up basketball game on Thursday evenings). Some MDAs have intentional program facilitators, others are part of the roles of routine staff, some are led by health professionals, others volunteers, and others still from within the general public. None of these seem to have a bearing on the quality of the MDA, the satisfaction derived from the MDA, or the housing retention amongst those involved in the MDA.

Some emerging evidence suggests that those who participate in MDA have similar experiences of those who participate in therapeutic groups. While not specifically therapeutic, MDA are shown to increase feelings of connectivity to others and community, and result in decreased substance use and mental health symptoms. Other studies that examine MDA amongst formerly homeless persons that use substances such as alcohol have found that adjusting to the personal limitations that may stem from the substance use are important, and may draw attention to the fact that substance use in and of itself is not a MDA. However, MDAs structured appropriately for substance users can lead to a safe space away from using, and can be a positive distraction that leads to decreased substance use.

Within specific population groups there are some subtle differences in the discussion of MDA, but nothing that contradicts the broader implications of MDA importance on housing stability, community integration, and stabilization. Literature examining MDA amongst youth has concluded that MDA are important for this group. Although there are no marked differences between youth and other groups as to the importance and preference for employment, there can be greater meaning found in educational attainment.

Similarly, MDA plays an important role for family members. Meaningful family activities and routines are a form of shared family quality time, and are beneficial for the family’s integrity and sense of unity. Positive effects of MDA include improved parent-child relationships and attachments, sense of community and sense of belonging, and overall better health outcomes. In high-stress situations, such as residing in a shelter or transitional housing, MFA plays an important role in coping (possibly as a buffer for stress), as it can create a sense of stability in times of transition. Within families – as a unit and as an individual members within the family – the continuation of MDA once housed can be critical for breaking down a longing for a return to activities that were previously found in the shelter or transitional housing.
In the select few studies that considered MDA amongst older adults that were previously or currently homeless, it is generally concluded that while modifications to some of the activities may be necessary because of limitations brought on by ageing, there are no other fundamental changes required.

Levels of participation in MDA can present differently in rural contexts. While MDA are still seen as a pathway to social integration and greater housing stability, the format of the activities is often different than in urban environments and suburban environments where there is likely to be more variety of MDAs and more opportunities to choose different activities if those initially attempted lack meaning.

**Socializing of the Component: Key Findings**

Surveys (23 completed), interviews (9 completed), and focus group discussions (139 participants) with persons experiencing homelessness or that had previously experienced homelessness influenced the creation and finalization of this component in several important ways:

- Socio-recreational activities were the most cited type of activity that has meaning and that people preferred to have occupy most days of the week. The phrase “socio-recreational activities” was used to encompass a series of activities that were named such as: Bingo; cards; dominos; bowling; nature walks; swimming; visiting.
- Employment and volunteering were also frequently mentioned as activities that provide meaning.
- Previously homeless people and family members made nuanced but important distinctions between trying new activities and feeling connected to the activity.
- All (100%) of previously homeless people indicated that connection to MDA (whether that was in the Permanent Supportive Housing building they were living in or in the broader community) was a critical factor in feeling stably housed and part of the broader community.
**Structure of MDA in SPDAT**

The MDA Component of the SPDAT is structured as follows:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Has activities related to employment, volunteering, socio-recreation, etc. that provide fulfillment intellectually, socially, physically, emotionally, spiritually, etc., occupying most times of day and most days of the week, and which provide a high degree of personal satisfaction.</td>
</tr>
<tr>
<td>1</td>
<td>Has some activities related to employment, volunteering, socio-recreation, etc. that provide some fulfillment intellectually, socially, physically, emotionally, spiritually, etc., occupying some times of the day and/or some days of the week, which provide a good degree of personal satisfaction.</td>
</tr>
<tr>
<td>2</td>
<td>Attempting activities that may provide fulfillment intellectually, socially, physically, emotionally, spiritually, etc. but not occupying most days or most parts of any given day, and not yet providing a good degree of personal satisfaction.</td>
</tr>
<tr>
<td>3</td>
<td>Discussing or in early stages of attempting activities that may provide fulfillment intellectually, socially, physically, emotionally, spiritually, etc. but not fully committed. At times disengaged from activities, and activities are not yet occupying most days, nor providing personal satisfaction.</td>
</tr>
<tr>
<td>4</td>
<td>Not engaged in any meaningful daily activities that provide fulfillment intellectually, socially, physically, emotionally, spiritually, etc. Very little to no personal satisfaction.</td>
</tr>
</tbody>
</table>

The MDA Component of the Family SPDAT is structured as follows:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Each member of the family has activities related to employment, volunteering, socio-recreation, etc. that provide fulfillment intellectually, socially, physically, emotionally, spiritually, etc., occupying most times of day and most days of the week, and which provide a high degree of personal satisfaction.</td>
</tr>
<tr>
<td>1</td>
<td>Each member of the family has some activities related to employment, volunteering, socio-recreation, etc. that provide some fulfillment intellectually, socially, physically, emotionally, spiritually, etc., occupying some times of the day and/or some days of the week, which provide a good degree of personal satisfaction.</td>
</tr>
<tr>
<td>2</td>
<td>Some family members may be attempting activities that may provide fulfillment intellectually, socially, physically, emotionally, spiritually, etc. but not occupying most days or most parts of any given day, and not yet providing a good degree of personal satisfaction.</td>
</tr>
<tr>
<td>3</td>
<td>Some family members may have activities that provide satisfaction, while others are just discussing or in early stages of attempting activities that may provide fulfillment intellectually, socially, physically, emotionally, spiritually, etc. but not fully committed. At times family members are disengaged from activities, and activities are not yet occupying most days, nor providing personal satisfaction.</td>
</tr>
<tr>
<td>4</td>
<td>One or more family members are not engaged in any meaningful daily activities that provide fulfillment intellectually, socially, physically, emotionally, spiritually, etc. Very little to no personal satisfaction.</td>
</tr>
</tbody>
</table>

**Conclusions**

Meaningful Daily Activities play an important role in housing stability. Measuring for a client’s connectivity to MDAs allows consumers and their supports to determine if the MDA are well established and in place, or whether there is an opportunity make them stronger.
**Bibliography**


Meaningful Daily Activities Discussion Paper


Yanos, Stefancic, & Tsemberis, (2012). Objective Community Integration of Mental Health Consumers Living in Supported Housing and of Others in the Community. Psychiatric Services, 63, 438-44.