



Bereavement in the Context of Homelessness: A Rapid Review 2023

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Abstract

It is common for the bereaved who are experiencing homelessness to be unrecognized grievers, who are then not adequately supported in their bereavement. This rapid review gathered published information from 17 references on how bereavement is experienced within the context of homelessness (from 509 references imported for screening). Four themes identified for understanding the bereavement experience were bereavement as a risk factor for homelessness, anticipatory grief, increased frequency of death, and ways of processing grief. Current practices used for support were themed into memorials, advocacy, and trauma-informed care. Themes for gaps and barriers to support were bereavement being systematically overlooked and environmental features present. The summary of findings is intended to help inform future research, policy, legislation, and cultural responses to grief and bereavement with the hope it may reduce people's grief from being disenfranchised.

Introduction

Homelessness has varying definitions: it may refer to individuals who are unsheltered (e.g., living in public spaces, on the streets), residing in emergency shelters, being provisionally accommodated (e.g., couches, cars), residing in substandard housing, and at risk of homelessness (Canadian Observatory on Homelessness, 2012). Research has highlighted that experiences of homelessness are associated with a shorter life expectancy (Aldridge et al., 2018; Cheung & Hwang, 2004; Thomas, 2012), and with the current ongoing drug toxicity crisis (e.g., increase in fentanyl related deaths) (BC Coroners Service, 2022; Ellefsen et al., 2023), mortality rates are increasing even further for those who use illicit drugs and are experiencing homelessness. It seems likely that

for people experiencing homelessness, that these higher mortality rates and lower life expectancies would translate to a greater number of deaths of people they care about that are also experiencing homelessness (e.g., "street family"). Additionally, research has found that risk factors to transitioning into homelessness can be adverse life events, mental health problems, and copings by the use of avoidant/escapist means (e.g., drug or alcohol use) (Grattan et al., 2022; Schreiter et al., 2021), which could be directly or indirectly related to a death of someone prior to homelessness. If so, it means bereaved people are transitioning to homelessness and will need support for their grief.

Due to variable discourse, stigma, and the unique health care utilization of individuals experiencing homelessness, it is likely that available statistics and enumeration systems do not capture the vastness of exposures to death (prior to transitioning to homelessness and during). This would underestimate the scale of bereavement within the context of homelessness. We are using the term bereavement to mean the period of time following a death of someone you care about (human or animal), during which a person experiences grief and mourning, whereas the term bereaved means to be deprived of someone you care about (human or animal) through their death.

It may be common for the bereaved who are experiencing homelessness to be unrecognized grievers in their communities and to not be adequately supported in their bereavement (Hwang et al., 2017). Given this gap in service, people experiencing homelessness may rely on community service workers for support (which goes beyond the workers training and duties) (Giesbrecht et al., 2022). To be able to better support individuals who are experiencing homelessness and bereavement, we need to understand how bereavement is experienced in the context of homelessness. There exist no literature reviews to our knowledge that specifically address bereavement and homelessness.

The aim of this rapid review is to gather current and relevant information on how bereavement is experienced within the context of homelessness. Therefore, in this rapid review we aim to address the following research questions:

1. What can we learn about how individuals frame and understand the bereavement experience in the context of homelessness?
2. What are the current practices to support the bereavement experience in the context of homelessness?
3. What are the gaps and challenges in addressing bereavement for individuals experiencing homelessness?

Methods

A search strategy was developed by the first author and reviewed by the second author. Dobbins (2017) Rapid Review Guidebook provided a framework to direct the review. The parameters of the review were research studies published in the English language between 1970 to 2022 that investigated bereaved individuals with lived/living experiences of homelessness. A single reviewer (first author) independently screened the reference list twice for any included articles. To reduce bias, the first and second author both reviewed the included full articles independently to generate themes. Themes were generated using the 6 phases of thematic analysis described by Braun and Clarke (2006). The

following databases were searched: Ebscohost (N = 263), Scopus (N = 72), PsycInfo (N = 65), Web of Science (N = 43), CINAHL (N = 39), and MedLine (N = 26). The search was restricted from 1970 to 2022. There were language restrictions (English-only) set for the search. The search terms used were: (homeless* OR “vulnerable housing” OR “street people” OR unhoused OR “vulnerably housed”) AND (bereave* OR mourning OR “death event” OR grief OR grieving OR loss).

There were 508 articles imported for screening on July 8, 2022. Hansford et al.’s (2022) qualitative study was manually imported because of its more recent

publication date, increasing the total number of screened articles (N = 509). Excluded studies used bereaved or bereavement terminology to refer to a plethora of circumstance such as removal of a child, an embodied experience, loss of a place in the world, and absent parental figure(s). Much of the literature that could not be accessed were paywalled publications. The first author searched grey literature databases (e.g., Google) as an additional measure seeking alternative means of accessing these articles. This allowed for abstracts to be reviewed in which articles were deemed to meet exclusionary criteria. The first and second author used a process of inductive coding to establish relevant themes. Seventeen qualitative studies were included in the analysis (Armstrong et al., 2021; Burns et al., 2018; Cleary et al., 2021; Hansford et al., 2022; Hughes & Fleming, 1991; Lakeman, 2011; Mackelprang et al., 2021; Mayock et al., 2021; McCarty et al., 2022; Meris, 2001; Perry et al., 2017, 2021; Robinson, 2005; Scanlon et al., 2021; Selfridge & Mitchell, 2021; Selfridge et al., 2021; Stajduhar et al., 2020) (see the PRISMA Flowchart in Figure 1). The 17 included studies were completed in the United States (N = 5), United Kingdom (N = 4), Canada (N = 4), Australia (N = 2), and Ireland (N = 2).

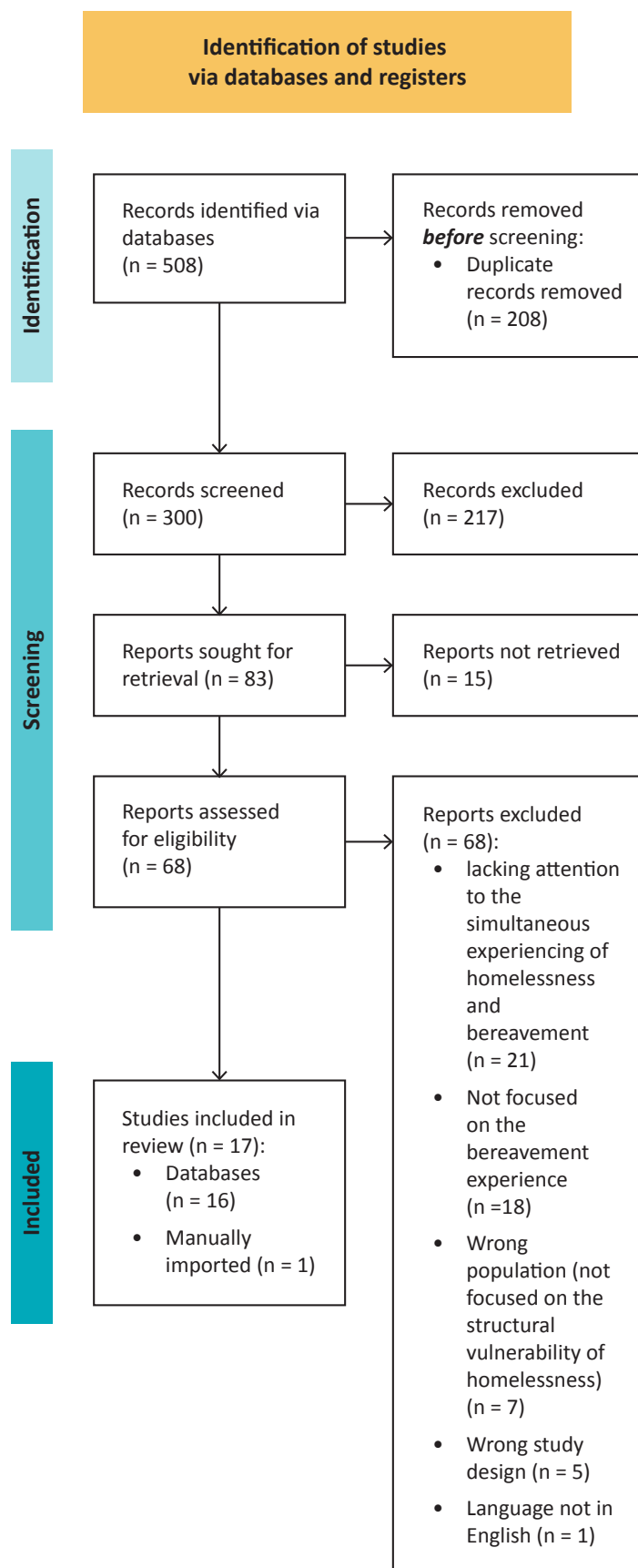


Figure 1.
PRISMA Flowchart.

Results

How individuals frame and understand the bereavement experience in the context of homelessness

There were four themes that were identified in understanding the bereavement experience in the context of homelessness: 1. Bereavement: A risk factor for homelessness, 2. Anticipatory grief, 3. Increased frequency of death, and 4. Ways of processing grief.

Bereavement: A risk factor for homelessness

The death of a someone that was cared about can be a primary risk factor for transitioning life trajectories towards experiences of homelessness (Burns et al. 2018; Hansford et al., 2022; Mayock et al., 2021; Perry et al., 2017; Robinson, 2005). This is evidenced in the literature in which bereavement is often articulated as a contributing factor to entering homelessness alongside a number of other predictive factors (e.g., losses and traumas, domestic violence, loss of employment, and health crisis) (Burns et al., 2018; Mayock et al., 2021; Perry et al., 2017, 2021; Selfridge & Mitchell, 2021). Mayock et al.'s (2021) study illustrates this, as it was common for participants to describe their "life story beginning with an ending" (p. 420). It was found that 17 of the 40 participants (42.5%) explicitly connected bereavement to the time they felt life changed or "fell apart" (i.e., was the turning point for transitioning to homelessness), with 13 participants stating it was a death of a parent and four stated it was a death of a sibling or half-sibling (Mayock et al., 2021).

This information is relevant to understanding how people experiencing homelessness may frame and

understand their bereavement process, as they may need bereavement support to continue to process their grief from deaths prior to experiencing homelessness. Mayock et al. (2021) states bereaved participants described being overwhelmed and struggled to cope with their feelings of grief prior to experiencing homelessness (e.g., problematic behavior patterns began to occur). Given this loss was not integrated into their life, it may be influencing their current behavior, as well as provide a framework to how they will process any new losses (e.g., how to cope). Also, any new grief from a death of someone they cared about while experiencing homelessness may trigger unresolved emotions from their prior loss(es), which will compound their feelings of grief.

"Like the reason I am homeless is because of my mother passed away and my family home got boarded up, so I literally had to become homeless ... See after my ma died my head kind of [pause] ... I went blank, I could not even remember anything ... I stayed in my friend's house for three months, stayed with my da for two months, went back to my friend's house for another three months. I was only 18 so I did not think she was going to die, like I always thought in my head that she was going nowhere." (Mayock et al., 2021, p. 420).

Anticipatory grief

In some cases, the grieving process begins prior to the death event. Anticipatory grief, which is a grief response that occurs prior to an impending loss, is mentioned in three studies in this review (Clearly et al., 2021; Hansford et al., 2022; Scanlon et al., 2021). Two studies stated that individuals experiencing homelessness who have pets may have anticipatory

grief for their pet's death (Clearly et al., 2021; Scanlon et al., 2021). A participant spoke on their anticipatory grief during the final stages of his dog's life, "I think back on it now and it was bloody awful. It was very, very distressing, especially the dog trying to hang on for dear life...I dreaded losing her...I literally collapsed" (Clearly et al., 2021, p. 744).

The third article discussed how someone who is being provisionally accommodated or at risk of homelessness can experience heightened anticipatory grief. They may feel anticipatory grief for the death of the person, but also the secondary losses that will occur when the person dies, like not knowing where they will live (e.g., the griever is not on the tenancy agreement or will not be able to pay rent alone when the person dies) (Hansford et al., 2022). Despite this being a cause of worry, people found it hard to navigate conversations involving housing insecurities prior to the death of the significant other because of feelings of guilt associated with perceptions of this being 'selfish' (Hansford et al., 2022).

Increased frequency of death

The high frequency of death experiences in people's lives is observed both prior to, and during experiences of homelessness (Lakeman, 2011; Mackelprang et al., 2021; Meris, 2001; Perry et al., 2017, 2021; Selfridge & Mitchell, 2021). Many of the deaths are experienced as sudden and unexpected for people (Lakeman, 2011). Meris (2001) found that study participants who identified as HIV-infected gay men that were experiencing homelessness recalled an average of 15 HIV/AIDS related deaths in their life. Participants stated they have also witnessed other deaths, with the average number of deaths participants recalled witnessing while experiencing homelessness being nine (Meris, 2001). Given the high frequency of deaths, this can lead individuals to becoming desensitized to death (Perry et al., 2021). As a participant in Selfridge and Mitchell's (2021)

study claimed, "Everybody's so used to people dying now that nobody treats anything like a big deal anymore... I honestly don't know who has died and who's alive... I can't take time to grieve anything." (p. 543).

Moreover, Mackelprang et al. (2021) found that 15 of the 44 participants (34%) interviewed who lived in a Housing First (HF) complex had exposure to death in that setting. HF entails the provisions of immediate, permanent, and low barrier-based housing for people experiencing homelessness. HF has been presented to be an evidence-based means of addressing some health inequities (Mackelprang et al., 2021). One participant in this study stated, "For some of these people here, this is their last stop, you know? I've seen three or four people die here . . . because they were so sick when they came in here that they were beyond help. And what they did is they just came in here to die." (p. 472).

Ways of processing grief

It can be very difficult for bereaved individuals to process their grief while concurrently experiencing homelessness, as homelessness itself evokes grief responses (Burns et al., 2018; Hughes & Fleming, 1991). Thus, it is likely bereaved individuals experiencing homelessness may be struggling with unresolved grief (Hughes & Fleming, 1991), in addition to trying to process their layered losses from being unhoused. That said, the articles discussed diverse coping mechanisms utilized by those bereaved who were experiencing homelessness.

Some articles had information about the importance of honoring those who have died, talking with others, and shared mourning processes (Burns et al., 2018; Mackelprang et al., 2021; Perry et al., 2017; Selfridge & Mitchell, 2021). This may be facilitated by talking with shelter staff (Burns et al., 2018), being around their pets (Clearly et al., 2021), creating photo and candle memorials (Mackelprang et al., 2021),

helping others on a day honored to the deceased (Perry et al., 2017), and using social media to offer condolences, enable collective discussions over the death, and share memories (Selfridge & Mitchell, 2021). These activities exemplify a profound capacity to adapt and respond to the immediacy of a death by individuals experiencing homelessness. Many of these activities do relate to how people who are housed will cope with their grief, with the exception of talking with shelter staff.

Often, bereaved individuals experiencing homelessness may be estranged from networks of support, leaving individuals to process their grief in isolation (Hughes & Fleming, 1991; Meris, 2001; Perry et al., 2017). This may be due to stigmas related to the nature of the death event (e.g., suicide, death by a toxic drug supply), the relationship to the deceased (e.g., street family), or ruptures in previously held social supports as a result of entering homelessness. Hughes and Fleming (1991) stated that this lack of access to support networks may hinder coping capacities and processing grief for bereaved individuals experiencing homelessness. Without adequate support, people may utilize more avoidant or escapist means of coping, such as the use of drugs and alcohol to cope (Hughes & Fleming, 1991; Lakeman, 2011; Mayock et al., 2021; Meris, 2001; Perry et al., 2017, 2021). Some participants stated using substances to cope only after experiencing a death of someone they cared about. An example of this can be seen in the study by Mayock et al. (2021), where a participant stated “I started drinking again after my brother died. I started drinking twice a week, and then three times a week and then I started taking cocaine.” (p. 420).

Current practices to support the bereavement experience in the context of homelessness

Very little theoretical, procedural, or evidence-informed processes for making sense of bereavement

in the context of homelessness emerged in this rapid review. A few studies brought attention to memorials, advocacy, and trauma-informed care being used to provide support alluding to the bereavement process.

Memorials

One support strategy in the literature that was used by those bereaved or that was recommended was the practice of holding memorial services to honor the deceased (Armstrong et al., 2021; Lakeman, 2011; Mackelprang et al., 2021; McCarty et al., 2022; Selfridge et al., 2021). These memorials can be in shelters and other housing services, or larger public settings. Creating space for memorials can provide a safe avenue for people to grieve together and promote collective mourning, which can build a sense of community aimed at reducing social exclusion during bereavement (McCarty et al., 2022; Selfridge et al., 2021). Additionally, public memorials can promote collective responsibility for suffering and give the bereaved the ability to make meaning from the death by raising awareness of subjects that matter to them (McCarty et al., 2022; Selfridge et al., 2021). Private memorials at housing organizations were received well by the bereaved clients, with some clients sharing with staff that they felt cared for in their grief and that the deceased were not just a number (Armstrong et al., 2021). Honoring their grief allowed bereaved clients to feel supported, which seemed to reduce clients blaming staff or institutions for the death (Armstrong et al., 2021). It should be noted that memorials are a common method to support the bereaved that are housed also, but specific to those who are experiencing homelessness can be very important as their grief is typically disenfranchised and may be important for support staff to consider.

Advocacy

Often, not only are the death(s) in the context of homelessness disenfranchised (not acknowledged in society), but the accommodating grief experiences are also not publicly acknowledged. In terms of bereavement in the context of homelessness, advocacy may be a necessary component to support by ensuring grief processes are not immobilized by the functions of social stigmas and by providing opportunity to make meaning from the deaths by challenging social injustices. As a form of advocacy, some memorial services were created to be more public, raising awareness of inequities existing for both death and bereavement in the context of homelessness (McCarty et al., 2022; Selfridge et al., 2021). Another form of advocacy, the Women's Housing Equality and Enhancement League (WHEEL) in King County, Washington, illuminates the injustice of people dying from causes specific to homelessness and demands public attention of such preventable death(s) (McCarty et al., 2022). One way WHEEL does this is by holding public memorials that seek to challenge the phenomenon of "a social death." A social death is when individuals presumed to be dying are cast aside by society and considered "as good as dead" before their physical death (Wright, 2013). This supported those bereaved by facilitating a communal space for shared mourning and by interrogating social norms that conspire to disenfranchise grief in the context of homelessness.

This initiative shares some resemblance to Selfridge et al.'s (2021) creative vigil space in Victoria, British Columbia, that aimed to show communities the deep failures of society in which some deaths may be stigmatized as inevitable and not deserving of bereavement support. This project included art from the deceased or bereaved, as art can carry one's stories and grief, and it was healing for some sharing their grief through art (Selfridge et al., 2021). These forms of advocacy and communal mourning spaces may prove to be powerful affirmations of human

dignity, challenging social stigmas associated with both homelessness and bereavement by mobilizing action towards ensuring all lives are worthy of being grieved (Selfridge et al., 2021).

Trauma-informed care

Of the literature, themes relevant to trauma, mental health, and substance use may further promote potential practices that may be helpful in supporting bereavement in the context of homelessness (Burns et al., 2018; Fleming, 1991; Hughes & Lakeman, 2011; Mackelprang et al., 2021; Robinson, 2005; Selfridge & Mitchell, 2021). The fundamental principles of a trauma-informed practice may be cornerstones in caring for the bereaved, especially considering the depiction of housing insecurities interacting with grief as traumatic (Hansford et al., 2022). The described accumulation of traumatic occurrences likely taxes individual resources and capacities to navigate through grief related processes. For bereaved clients who are willing to talk about their grief, it was recommended that housing organizations incorporate grief counselling services that can provide both one-on-one and group support options to clients (Burns et al., 2018; Mackelprang et al., 2021), as well as additional staff training and policy development around death, dying and bereavement (Armstrong et al., 2021; Hansford et al., 2022; Lakeman, 2011; Stajduhar et al., 2020). There is also the importance of integrating harm reduction approaches to care in training (Mackelprang et al., 2021; Stajduhar et al., 2020). This should be standard training in all approaches to care with the bereaved (housed and unhoused), but with the increase in traumatic events and the common approach of coping through substance use for those who are experiencing homelessness, it needs to be mandatory when supporting and developing programs for them.

Gaps and challenges in addressing bereavement for individuals experiencing homelessness

Systemically overlooking death and bereavement: Preparing staff

Service providers working with populations who are experiencing homelessness claim that staff orientations and training do not typically include knowledge of bereavement, death, and palliative concerns (Armstrong et al., 2021; Hansford et al., 2022; Lakeman, 2011; Stajduhar et al., 2020). This is relevant as people working with populations experiencing homelessness do not tend to enter the work force prepared to provide support for bereavement, especially, across a continuum of grief experiences (Lakeman, 2011). A study by Armstrong et al. (2021) that connected palliative care specialists with staff that supported those experiencing homelessness found that a common concern for staff was how they could support their bereaved clients. Staff having the ability to talk and be trained on all aspects of palliative care (including bereavement) was seen to be very beneficial (Armstrong et al., 2021).

Additionally, staff can have their own bereavement experiences in relation to the death of a client (Armstrong et al., 2021; Lakeman, 2011; Mackelprang et al., 2021; Stajduhar et al., 2020). Staff can have overwhelming grief after a client's death, and need support in the workplace (Lakeman, 2011; Mackelprang et al., 2021; Stajduhar et al., 2020). Some common grief responses when a client died were to feel shocked, guilt for professional failings, blaming systems and bureaucratic bodies for not protecting the client (e.g., failing to provide shelter, not enough support for them), or anger at not marking the client's death in a meaningful way (Lakeman, 2011; Stajduhar et al., 2020). Another challenge that may arise for staff is in relation to finding or witnessing the death event (Lakeman,

2011; Stajduhar et al., 2020). The staff's grief can have an impact on their ability to manage stress, which may have ripple effects on how they are able to support their clients and on employee retention (Lakeman, 2011; Stajduhar et al., 2020).

The environment of homelessness has been described as one of bearing witness to escalating death rates, which may give rise to a growing perception of government inaction (Stajduhar et al., 2020). The experience of grief for service providers may also lead to moral distress. Here, moral distress is defined by an emotional response to morality and a sense of what to do being usurped or conflicting with institutional norms, policy, and procedure (Jameton, 1984; Savel & Munro, 2015). In the context of homelessness, filling the gaps in service provision often means acting against or outside of policy, which many staff do to help their clients (Stajduhar et al., 2020). Ultimately, people (workers) are being exposed to processes, and systems that function in ways that do not support the worker's grief or the ability to support their bereaved client's grief. Grief and bereavement literacy training needs to be increased to all service providers that work within the context of homelessness (Lakeman, 2011).

Environmental features accompanying experiences of homelessness

The exhaustion and anxieties of survival and adapting to homelessness may leave bereaved individuals with little energy to engage in processing their grief (Burns et al., 2018; Hughes & Fleming, 1991). The environment accompanying experiences of homelessness can make it very challenging to process grief (Burns et al. 2018; Cleary et al., 2021; Hughes & Fleming, 1991; Mackelprang et al., 2021; Meris, 2001; Selfridge & Mitchell, 2021). Some difficulties mentioned were the lack of bereavement support for people who are experiencing homelessness (Burns et al., 2018; Hughes & Fleming, 1991; Mayock et al., 2021; Meris, 2001), anger and hostility towards

an unjust society because of the lack of services for those experiencing homelessness (Meris, 2001), unable to afford to bury or cremate the deceased (Cleary et al., 2021), and their living circumstances (e.g., unpleasant and unsafe shelter conditions, rigid shelter rules) when experiencing homelessness (Burns et al., 2018). These layered grief experiences likely act as barriers hindering journeys through loss related processes. It should be noted that these challenges would also be barriers to people who are housed (e.g., lack of support, anger at an unjust society, and unsafe living conditions).

Another reason for difficulty processing grief following a death can be the inability to store or keep the belongings of the deceased (Hansford et

al., 2022). Individuals experiencing homelessness may have to dispose of the deceased's possessions without agency and choice, as they may not be able to transport the belongings or store them due to limitations related to cost and lack of physical space. Feeling forced to clear out the deceased's belongings faster than they are psychologically prepared for can make bereaved people's grief more difficult to process. This difficulty can be heard through the voice of a participant in the study by Hansford et al. (2022) "... not wanting to dispose of all of her things but not feeling able to go through them and thinking about paying for storage or where on earth am I going to put these things? It just adds to everything else. Makes it all a bit harder to cope." (p. 7).

Discussion

Through this rapid review, we sought to learn about the bereavement experience, current practices in supporting the bereaved, and the gaps and challenges in addressing bereavement in the context of homelessness. This synthesis of findings reflects unclear evaluations of bereavement in the context of homelessness. The articles lacked attention to detailed or in-depth explorations of the varying dimensions of bereavement in the context of homelessness, as well as frameworks of care. Most articles reported were designed to investigate other topics outside these specific areas of interest. Despite these limitations, our analysis of these articles identified some useful information on the topic that should be able to give guidance on supporting bereavement in the context of homelessness, as well as encouraging future research.

In understanding the bereavement experience in the context of homelessness it was identified that people can have anticipatory grief, not just for

the person or animal who is dying, but in relation to the effect the death of the person will have on their own living conditions in being unhoused. This highlights the need for those who work in palliative care to ask those who are being impacted on their living conditions after a death occurs. By asking this question, it can invite the person to express their fears and get assistance in finding accommodation after the death.

Studies have shown that a lack of bereavement support can be a factor or mark a turning point for someone to enter homelessness (Hansford et al., 2022; Mayock et al., 2021; Perry et al., 2017; Robinson, 2005). This should highlight the importance of bereavement support for those who are not currently experiencing homelessness. Without proper support, this can lead to greater challenges influencing functionality at work or the use of substances to cope (Hughes & Fleming, 1991; Robinson, 2005). In a Canadian context, it is most

common for bereavement organizations to have a waitlist for support for months or even over a year (Black et al., 2022). It is imperative that we find a solution to waitlists to be able to help those in need.

For those who are experiencing homelessness, there is a high frequency of deaths experienced in which they are being structurally positioned to cope with the associating grief alone. Research has highlighted an increased mortality rate for people experiencing homelessness (Aldridge et al., 2018; Cheung & Hwang, 2004; Thomas, 2012), but little attention has been given to what that means for individuals bereaved by these deaths. If we are not providing bereavement support in the context of homelessness, we are creating conditions that are oppressive, and contributing to subjugating narratives that place people in positions whereby the use of substances may become the most accessible and immediate tool for coping. Given the increase in toxicity in the drug supply (e.g., fentanyl) (BC Coroners Service, 2022; Ellefsen et al., 2023), using substances as a way of coping with a death could be fatal and will lead to even more unnecessary and unjust deaths. Significant thought and urgent action need to be taken on how to best provide bereavement support to individuals who are experiencing homelessness.

It can be difficult for the bereaved to explore their grief when energy is being spent on survival and adapting to homelessness (Burns et al., 2018; Hughes & Fleming, 1991). If we are to engage in supporting bereaved individuals who are experiencing homelessness, there will need to be a space where they feel safe, have storage for their belongings to be safe, their daily needs met (e.g., have food / drink available), and a response which is localized. Different ways organizations can begin to support the bereaved who are experiencing homelessness are the use of memorials to honor the deceased (Armstrong et al., 2021; Lakeman, 2011; Mackelprang et al., 2021; McCarty et al., 2022; Selfridge et al., 2021).

Notably, when these memorials are public, this can give opportunity for advocacy that can provide a chance for the bereaved to make meaning from the deaths by calling attention to injustices (McCarty et al., 2022; Selfridge et al., 2021). Additionally, the bereaved could benefit from bereavement counselling support (one-on-one and group) to aid in processing their grief (Mackelprang et al., 2021).

For staff who work with individuals experiencing homelessness, there needs to be training in grief and bereavement literacy, as well as trauma-informed care. This training will allow staff to focus and honor their bereaved client's grief story and not redirect the topic to mental health or substance use recovery-based models of care, as seen in Meris (2011). Additionally, grief and bereavement literacy training will provide support for staff's own grief experience when a client dies. To facilitate this, better organizational policy and procedures need to be developed so that we come to recognize the impact of bereavement on clients and staff. Even though the articles focused on staff's bereavement after a client dies, people in the housing sector in general may grieve for those they see dying while experiencing homelessness and may need support.

Limitations

Given this review had only one person review all the abstracts, a few articles may have been unknowingly missed despite the person reviewing them twice. Additionally, there may have been other research or reports demonstrating further information and knowledge on the subject that we did not review. This may be based on them not meeting the standard to publish academically (e.g., reports, program material, etc.) and/or not being written in English. Further reviews should explore grey literature as a way of finding these resources to review.

The data included within the scope of this rapid review were often not generalizable because of

small sample sizes, qualitative focused designs, and the heterogeneity of aims across included texts. The included articles were published in Western contexts and are English-only. As such, the findings are markedly insubstantial in representing varying cultural epistemologies, ontologies, and perspectives within their samples. No quality assessment or Critical Appraisal Skills Programme (CASP) forms were completed. This was deemed unnecessary as reviewers were seeking all literature addressing the topic due to the perceived limited range of current knowledge on the simultaneous experiences of bereavement and homelessness.

Conclusion

In the context of homelessness, we may come to witness a layered experience of disenfranchisement whereby individuals experiencing both bereavement and homelessness are caught between the omission of grieving experiences and societal exclusion. There remains a dearth of information specifically addressing the dual experience of bereavement and homelessness. In relation to the significant research gaps, very limited specific interventions, or transferable responses to bereavement in the context of homelessness arise of the findings. It is our hope that this rapid review may prompt an urgent systemic response towards providing better support to bereaved individuals who are experiencing homelessness. Future research needs to explore how to best support bereaved individuals experiencing homelessness with their grief. This will not only help those who are currently experiencing homelessness, but also may help reduce people transitioning into homelessness after a death, as it is common to be a turning point.

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