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No place like home: A study of two homeless shelters

Friedman, Bruce David, Ph.D.

Case Western Reserve University, 1993

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**NO PLACE LIKE HOME:
A STUDY OF TWO HOMELESS SHELTERS**

by

BRUCE DAVID FRIEDMAN

Submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy

Dissertation Adviser: Arthur Naparstek, Ph.D.

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May, 1993

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GRADUATE STUDIES

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**NO PLACE LIKE HOME:
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Abstract

by

BRUCE DAVID FRIEDMAN

Homelessness has become a major problem in the 1980s. Society has responded to the problem with the creation of homeless shelters. Yet, no one describes how the homeless shelter should operate in order to address the problem of homelessness. This study was an exploratory study to begin to understand what shelters are doing to address the problem of homelessness. Two single adult shelters were selected. Both shelters defined themselves as emergency homeless shelters, yet the interventions performed by each were quite different. One shelter provided basic shelter, food, and linkage to other support services (house services) within the community. The other shelter addressed the problem through the creation of informal social supports among the guest. Through the development of the informal supports, the shelter was able to build a supportive environment which encouraged linkages to formal support systems. These services were referred to as home services. The author identified a number of factors which

contributed to the development of home services. These were differences in each shelter's structure, policies, and staffing arrangements. The interaction of these factors led to the development of home services. The author also showed an inverse relationship between the use of informal social supports and homelessness. This suggested the need for further study on the development of informal social supports within the shelter setting to address the problem of homelessness.

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Chapter 1 -Introduction

Homelessness is one of the most pressing problems in the United States today. The rise in homelessness has been dramatized by increases in the number of people demanding emergency food and shelter during the 1980's, considered a period of general national economic recovery (U.S. Conference of Mayors, 1989). During this same period, unemployment rates decreased while the demand for emergency services continued to rise (U.S. Conference of Mayors, 1989). That demand has continued in the 1990's as a result of the economic downturn and growing recession.

As a response to this problem, our society created a new social phenomenon, the homeless shelter. The shelter was created as a way for cities to provide basic food and shelter for their citizenry. However, two questions arise: what role does the shelter play in addressing the problem of homelessness and what services should the shelter provide? To date, the role that a shelter plays in addressing homelessness has relied upon the values of the policy makers within a given community (Kirchheimer, 1988; McChesney, 1988a; Rivlin, 1989), yet there continues to be a void of actual scientific information about the role and function of homeless shelters. Even with the creation of the homeless shelter, there has been an increase in the number of people requesting emergency services.

Many have speculated about the reasons for the increases in the number of people becoming homeless. Reamer (1989) attributes the increases to cuts in the housing budget during the Reagan years. He states that close to \$25 billion dollars were dropped from the Federal housing budget during Reagan's administration (Reamer, 1989). This has meant reductions in affordable housing which have led to: a discontinuation of subsidized and section 8 housing contracts, the elimination of housing projects, the gentrification of the cities, and increases in the number of condo conversions (Hartman, 1990).

However, is the decline in affordable housing the sole contributing factor to increases in the number of people being homeless? The U.S. Conference of Mayors (1989) speculated that there were other contributing factors. They noted employment-related problems (such as unemployment or under employment), mental illness and the lack of community services as a result of deinstitutionalization, substance abuse, and poverty (U.S. Conference of Mayors, 1989:2).

The common element in all of these discussions is that homelessness in the United States is a growing problem and the social response has been to increase the number of shelter beds in a given community. The question persists about the role of these shelter beds in addressing the

problem of homelessness.

Defining the Problem of Homelessness

The problem of homelessness is complicated by a lack of specificity in the definition. One such definition focuses on the inability of a person to negotiate market conditions in a particular locale (Hudson, 1989), or, more specifically, the inability of the person to obtain any type of shelter. This definition discounts people who have 'doubled up' as being homeless, for 'doubling up' would constitute the ability of the individual to obtain shelter through another's residence. In this instance, only those individuals without a place to stay would be classified as homeless. The service solution for this definition is for society to provide emergency food and shelter until the homeless individual can negotiate market conditions and obtain his/her own residence regardless of with whom or where it may be. The locus of the problem rests on the individual to find a solution.

A broader definition of homelessness focuses on the inability of the person to have a "fixed, regular, and adequate night time residence," (Institute of Medicine, 1988:2). Again the definition focuses on residence, not considering those individuals who, out of necessity, have had to double up. The locus of the problem is the same with the same service solution as above.

The other extreme is to look at the problem of homelessness as "merely symptomatic of a much broader crisis of affordable housing," (Reamer, 1989:5). In this instance, the locus of the problem is societal. Society has reduced the amount of affordable housing which has resulted in an increase in the number of people who do not have a place of residence. The solution in this instance is to increase the number of affordable housing units which will then address the problem of homelessness.

From the variance in definitions, it is possible to see that it is difficult to define what is homelessness. In actuality, the term 'homeless' is "a catchword, a misnomer that focuses attention on only one aspect of the individual's plight; the lack of residence or housing," (Lipton & Sabatini, 1984:156). The reality is that the homeless population represents a segment of the population experiencing a variety of problems of which lack of residence is just one identifying factor.

This has led the Institute of Medicine to define homelessness in multidimensional terms. By maintaining a focus on the generalized conditions of homelessness, they state two primary factors in their definition:

1. a failure in the support and service systems of income maintenance, employment, corrections, child welfare, foster care, mental illness, and other disabilities; and
2. a tighter housing market caused by a reduction in

the supply of adequate affordable housing and/or a reduction in the resources for adequate and affordable housing (1988:22).

In other words, society's service delivery system has established policies, such as income maintenance, employment, etc., which should provide adequate supports for the population in order to prevent homelessness. The tighter housing market has contributed to a reduction in affordable housing. For some reason combination of a failure in our policies and the tighter housing market have contributed to the rise in homelessness.

The question remains as to the role of the shelter in addressing the problem. Should shelters focus on individual characteristics which contributed to the individual becoming homeless or should shelters look to the larger service delivery system to address the problem?

Current literature has described efforts which have focused on finding a solution to the problem by studying the homeless person. There has been no study which has looked at the service delivery system, and the shelter specifically, as a way to address the problem of homelessness. This study explored the role of the shelters in addressing the problem of homelessness.

Shelter as a Service System

There is an unwritten moral obligation that each community should provide shelter for their citizenry when

those individuals can not do it for themselves. This has been translated into the establishment of emergency shelters. Fabricant (1987) clearly points to the creation of the shelter as society's response to the problem of homelessness. However, what happens in the emergency shelter to address the problem is not clearly described. Many times the service provided by the shelter depended upon each city's philosophical slant and their definition of the problem which led to individuals becoming homeless. This may render the shelter into becoming an access point for the homeless person or family to begin to receive services. However, shrinking resources and values within the community have meant that there is a greater likelihood that the function of the shelter is to provide food and shelter for homeless people (Goldfinger & Chafetz, 1984; Kirchheimer, 1988). Again, there is no study which clearly describes the nature of the service that should exist within the shelter. However, it is believed that the shelter can act as a mechanism which enables the individual or family to gain access to and benefit from the services in the community. The shelter then becomes the professional doorway for homeless people to begin to gain access to the support and service systems that the Institute of Medicine states were created to prevent homelessness. This means that the shelter is acting as a

social service system.

In order for the shelter to work effectively as a system, it must be part of an interactive network which is accessible, available, and responsive to the needs and requests of the people served (Rosenberg and Brody, 1974). A system is a complex of components in mutual interaction with any whole. The state of each component is dependent on the state of other components (Rosenberg and Brody, 1974:9). Each system is distinctive due to the interrelationship between the components. All service delivery systems, including shelters, have three components (Rosenberg and Brody, 1974). These components are the access subsystem, the service delivery subsystem, and the administrative support subsystem.

The access subsystem is responsible for receiving both resource and client inputs and routing to the service delivery subsystem. The service delivery subsystem transforms the inputs into system outputs. The administrative support subsystem facilitates the activities of the access and the service subsystems.

A boundary separates one system from its environment or from another system. The flow of inputs and rate of outputs is regulated by the rigidity of the boundary. The point where two systems have contact is called the interface and enables analysis of the interaction between

the two systems.

The system is energized by resources which come in the form of staff, funds, and outside services. Resources are needed to assist in transforming the clients into system outputs. A balance between the resources and the clients is needed to properly transform the clients into outputs. Adequate processing of clients is needed to meet the objectives of the system. Outside environmental influences, such as policy changes, or internal factors, such as a reduction in the quantity of clients, regulates inputs.

The system outputs are regulated by information received from the suprasystem. The information dictates the type of output which that the suprasystem expects to receive. The more in-sync the system is with the suprasystem's expectations, the greater the likelihood for system survival.

This makes the shelter a system within the suprasystem addressing the problem of homelessness. By definition, shelter staff are part of the service provider subsystem whose role it is to transform the homeless into housed persons. Resources available to the staff include linking the homeless to other formal support systems. However, as noted above, there is a role for the shelter to facilitate the interrelationship between formal and informal support

systems.

A possible model for seeing how this works is a multipurpose center for the elderly. Gelfand and Gelfand (1982) describe a multipurpose center as a place where senior adults develop a sense of belonging to a community through participating in activities. Gelfand and Gelfand (1982) describe the role of participation as a way of fostering the development of informal and "quasi-formal" support networks for the senior adult. By meeting the needs of the members of the multipurpose center, the linkages to formal and informal support systems are ensured.

The question arises as to whether the shelter can act in a similar role for homeless people as the multipurpose center does for senior adults. To understand whether the shelter can act in this manner, it is important to first understand how social supports work.

Social Support

A Jewish story has been adopted from Dante's Inferno to help explain social supports.

The story tells of a man who was given the unusual opportunity to take a guided tour of both hell and heaven. He first travels to hell where he finds masses of pitiful creatures who are starved and emaciated. Within their easy reach are tables filled with delicious food and delicacies. The people are prohibited from eating from the tables because their arms are held outstretched and rigid by long metal forks. They could not bend their elbows to feed themselves. The man then travels to heaven where he is confronted with the same scenario; however, the people were happy, cheerful, healthy, and well-nourished. The man asks his guide what is the difference? The guides response is, "Simple, in heaven they feed each other."

The story simply describes the need to assist one another in order to survive. This relates to social support networks which can be defined as relationships that the individual develops in order to cope with daily stresses. The relationships are generated from both formal systems, such as relationships with professionals and service agencies, and informal systems, such as family and friends. Maguire and Biegel (1981) describe a variety of types of networks including family, neighbors, co-workers, clergy, professionals, and social service agencies which provide helping relationships for people. The social supports help to provide the coping mechanisms the individual needs to help him deal with life's stresses. Two questions arise: 1) how do social supports relate to homelessness?, and 2) does the shelter assist in facilitating the interrelationship between the formal and

informal support systems in order to address the problem of homelessness? There are very few studies which address the first question relating homelessness to lack of social support and no studies which look at the role of the shelter to facilitate social supports.

The Roth, et al., study showed that a continuum in level of support existed with the resource homeless having the highest level, the sheltered homeless having some institutionalized support, while the street homeless had the least. The study did not attribute lack of support to homelessness, just identified the differing levels. In a study of the homeless and mentally ill, Kalifon (1989) demonstrated that social networks among the homeless were smaller and younger (in existence for fewer years), which contributed to greater hospital admissions. The study did not attribute lack of social support as a cause for homelessness, but a rationale for increased hospital admissions among the homeless. However, the Institute of Medicine (1988) identifies lack of social supports as a reason for homelessness. This leads back to the question of whether lack of social supports is a contributing factor to homelessness or is just a condition which exists among categories of homeless individuals.

But what is lack of social support and how does it relate to the problem of homelessness in the cities? Bott

(1975) identified a number of factors within urban centers which could contribute to a reduction in social networks. She defined social network as the connection between various units within family relations. The greater the connections, the more developed the network. She identified five factors in urban centers which can contribute to a dispersion of a family's network. As a social network dispersed, then the support provided by the network also diminished.

Fischer (1976) supported the dispersion of social networks as a result of urbanization raised by Bott. He stated that new urbanization meant a separation between work and home, or living in one place and working in another, and greater segregation of social classes, (Fischer, 1976:43).

Lowenthal (1975) is also in agreement as to the function of social networks in their ability to help people. He pointed out that "needs are provided for, not through money income but by the social networks that people participate in" (1975:448). As the populations in urban centers became more diverse, people turned to different communities for different aspects of their lives.

Warren (1982) points out that in place of a primary group a 'complex' helping network is created. In times of duress, the individual "engages in a kind of ransacking of

all available helpers and seeks out so many different points of view and helping options that no effective progress in solving the problem may be made," (Warren, 1982:13). Therefore, when populations within urban centers became more diverse, it led to the creation of complex helping networks which may be ineffective in problem resolution. A division of labor was created within the helping network where only certain needs were handled by certain aspects of the helping network (Wellman, 1979).

These factors relate to the increases in homelessness in a variety of ways. By addressing the concepts of networks in exchange terms, there is a cost-benefit in the helping process (Lowenthal, 1975). However, when the network has limited resources, the cost of helping outweighs the benefit and the need remains unmet. Therefore, when an individual has a need, he must look at his social network to determine which aspect of the network can handle that specific need. A lack of social supports could then be translated to refer to an individual with specific needs which are not being met by his social network.

This leads to the question of why there is a disproportionate number of homeless from the lower income strata of society (McChesney (1988b). Wellman (1979), Warren (1982), and Lowenthal (1975) all point out that

there are a variety of stresses associated with low income levels which reduce the ability of a social network to function properly. If these conditions persist, then they lead to a loss of home and increased stress. These factors are most prevalent in the low income and poverty groups which usually spend the greatest percentage of their income on shelter. Therefore, during times of a tightening economy, low income and poverty groups are more susceptible to stress, leading to a breakdown of social networks and increasing the risk of becoming homeless. This is supported by Belle (1983) who found that the stresses of poverty appear to constrain social networks in many ways, making it difficult to draw resources from them in order to provide good mental health and family functioning.

As economic conditions worsen, the potential for assistance from social networks is reduced. Comasso and Comasso found that "economic deprivation not only pushes individuals and families below the poverty level, but it also diminishes the range of socioemotional attachments and contacts," (1986:388). Therefore, as people feel the pinch created by a tight economy, their willingness to enter into an exchange to help someone within their social network is reduced.

But there is evidence that social networks can have a positive effect in terminating a homeless episode. Maza

and Hall (1988) found that social support networks had an inverse relationship with seeking help from social service agencies. In other words, those individuals with strong social support networks would be less likely to seek services from social agencies. In addition, they found that the better the support network, the greater the likelihood of terminating the homeless episode. From these findings, it is possible to assume that an inverse relationship does exist between social support networks and homelessness or that social support networks can be used in order to end a homeless episode. It may also be assumed that constraints in the social support system directly lead to a homeless episode.

At this juncture, it is important to define social support concepts. The theoretical approach of social supports is that humans are by nature social beings. Weiss (1973) calls this a "fund of sociability," which is a need and willingness to interact with others. However, this type of definition only hypothesizes a need of individuals to interact, but does not describe the nature of the interaction. Weiss (1973) in later work described interactions with a "theory of the mediating primary group." This approach goes beyond the first in that it describes the social interactions of the individual as being crucial to the well-being of the individual. These

social interactions can be classified into five interaction systems which are necessary to the individual's well being.

The systems are:

1. Emotional Integration refers to the expressive forms of interaction with others. The individual needs to function in these relationships with some frequency and regularity.
2. Social Integration are cohesive interactions where the nature of the relationship is based upon a sharing of concern and striving for similar goals.
3. Opportunity for Nurturance is usually provided by a responsibility for children, however, other forms of relationships may also provide nurturance.
4. Reassurance of Worth is provided by collegial relationships.
5. Assistance which refers to instrumental forms of assistance provided by a variety of relationships (Wagner, 1980:4)

From a theoretical position, these systems need to be in place in order to provide the individual with enough support to sustain well-being over time as well as enabling him to mediate problematic situations which arise. When these systems are not in place, the individual will not have the social supports necessary to sustain well-being or to deal with problematic situations.

This approach focuses on the individual. However, 'social support' is a general term which looks at a wide range of social interactions (Specht, 1986). These interactions create a network in which the individual can operate. Social network, then, is a more specific analysis of the interrelationships between individuals and service systems. The quality of life of the members of the social

network is improved through an exchange of resources among the members of the social network. This exchange of resources provides basic enhancing, reinforcing, and coping mechanisms which help the members (Garbarino, 1983; Shumaker and Brownell, 1984; Specht, 1986).

It is important to understand the interrelationship between the individual and the service system within the social network to see how the individual deals with specific problems. Gottlieb (1982) discusses the stages that an individual goes through in order to be helped. The first stage is problem recognition and crystallization. The first line of defense is the informal network. Gottlieb (1982) states that it is this "informal diagnostic network" which helps the individual move to subsequent stages. If proper diagnosis is not made, then the individual will be rendered immobile and not move to the next step.

Once the informal network assists the individual in diagnosing the problem and choosing an appropriate helping process, the individual can move to the next step of help-seeking (Gottlieb, 1982). During this help-seeking process, the individual continually is checking with his informal support network in order to screen appropriateness of helpers. The rate of service utilization will most likely be dictated by the acceptance by the informal

support system.

This process leads to the third stage of help-giving, which permits the formal system to help in the resolution of the problem. Within this stage, the person is confronted with choices between the competing informal and formal helping networks (Gottlieb, 1982). This leads to the fourth and final stage of reintegration and normalization.

In this stage, the client returns to a social context on his own, supposedly able to address problems which may arise. A nemesis of many professional treatment programs is that the treatment is done in isolation from the social context of the individual (Gottlieb, 1982:48). This leads to problems of potential relapses or loss of control over a particular situations because the individual was unable to maintain the behavior regimen established in treatment.

The question which remains unanswered is whether the shelter assists in facilitating the interrelationship between the formal and informal support systems in order to address the problem of homelessness. The Connecticut Department of Human Resources mandates that shelters link the guests within the shelters to entitlement programs, but does not address any linkage to informal supports in the process. As previously stated, the sanctioning of formal helping systems is affected by informal networks. The

question persists as to whether the shelter is able to build informal social supports in order to enhance the development of formal social supports to address the problem of homelessness.

Need for Grounded Theory

To this point the creation of the homeless shelter has been described as society's response to the problem of homelessness and as a service system. In addition, the use of social supports have been described as a possible mechanism for addressing the problem of homelessness. However, there are no studies which link these issues together, nor are there any studies which discuss the nature of the work which takes place in the shelter. Instead there is a description of a service system which is solely based on the provision of food and shelter (Hudson, 1989) and not solutions to the problem of homelessness.

Other researchers have tried to address the problem of homelessness by looking at the individuals. Some researchers used the shelter or homeless residency system as an access point (Bassuk, 1984; Kozol, 1988; McChesney, 1988b & c; Hutchison, Searight, Stretch, 1986; Ferguson, 1988; and Phillips, DeChillo, Kronenfeld, Middleton-Jeter, 1988). Others have gone to the community survey approach (Chi, 1985; Gelberg, Linn, Leake, 1988; Hilbert and Holland, 1985; Roth, Bean, Lust, Saveanu, 1985). And yet

others look at agencies which serve this population as a mechanism to reach this hard-to-identify population group (Hagen, 1987a & b; Maza & Hall, 1988). The locus of all of these research studies has been the homeless themselves and not the system serving them. The researchers have used the services to try to identify issues within the homeless population and to arrive at solutions. To develop solutions, it is important to do a different type of research which focuses on the services. In other words, research for the purpose of informing practice from a base of reliable knowledge (Shore, 1989:482).

This study focused on the specific service system created to address the problem of homelessness: the shelter. The systems working within the shelter were explored in order to understand how the shelter operated to address the problem of homelessness. This has led to the following research questions: 1) What role does the homeless shelter play in addressing the problem of homelessness?, 2) What happens to individuals within the homeless shelter to deal with their problems of being homeless?, and 3) If social supports are beneficial in reducing homelessness, what are the shelters doing to foster those social supports?

Since there was no existing research in this area, this study was exploratory. The goal of the study was to

build knowledge from experience. This led to the creation of additional questions which can be tested in future studies.

Chapter 2 - Research Methodology

The purpose of this research study was to understand how the homeless shelter operated to address the problem of homelessness. This was accomplished by conducting an ethnographic study in two single adult homeless shelters in the Greater Bridgeport area.

Current research has focused on trying to count and identify who the homeless are rather than focusing on the role of service providers in addressing the problem. This study focused on the services to the homeless as a means of addressing the problems of homelessness. This was accomplished by focusing on the inter-relationship between the shelter, as a provider of services, and the homeless, as the recipients of the services in order to see whether the homeless shelter facilitated the development of informal social supports and whether informal social supports addressed the problems of homelessness. The information gathered provided practice based knowledge about the problems of homelessness in order to explain the role of the shelter in addressing the homeless problem. The study also explored the effectiveness of this method of research to provide information about both the homeless population and the service delivery system.

Rationale for the Study

The primary focus of existing research on the homeless

has been to validate hypotheses about the homeless (Shore, 1989). However, the homeless represent a very diverse population group leading to the development of a variety of competing hypotheses. There is still the need to learn more about the problem or problems associated with the homeless and the appropriate service delivery system to address their needs.

To learn about the problems, ethnographic research was performed. Hammersley and Atkinson (1983) state:

The value of ethnography is perhaps most obvious in relations to the development of theory. Its capacity to depict the activities and perspectives of actors in ways that challenge the dangerously misleading preconceptions that social scientists often bring to research.... It is difficult for an ethnographer to maintain such preconceptions in the face of extended first-hand contact with the people and settings concerned. Furthermore, while the initial response to such contact may be their replacement by other misconceptions, over time the ethnographer has the opportunity to check out his or her understanding of phenomena under study. Equally important, though, the depiction of perspectives and activities in a setting allows one to begin to develop theory in a way that provides much more evidence of the plausibility of the different lines of analysis than is available to the 'armchair theorist', or even the survey researcher or experimentalist (pg 23-24).

The current service delivery system affecting the homeless derives from value base preconceptions (Kirchheimer, 1988; McChesney, 1988a; Rivlin, 1989) about how to serve the homeless rather than fact. In order to develop a more comprehensive system in serving the homeless, it is necessary to understand the interrelationship between the

population and the service delivery system.

This was accomplished by developing conceptual categories which related to the delivery of services, in this case the shelters. Glaser and Strauss (1967) discuss conceptual categories as a mechanism to generate theory. This was accomplished by performing comparative analyses between various settings. A battery of information was generated through the study of a particular social unit. This information became the facts that were used to generate "the conceptual category (or a conceptual property of the category)," (Glaser and Strauss, 1967:23) which could later generate theory. These facts were then subject to comparative analysis in other social units. In this instance, comparative analysis was replication which would validate the information used to generate the conceptual categories.

These conceptual categories were generated through a mechanism entitled the "critical incident technique" which utilized a set of procedures for collecting observations of human behavior to facilitate their application in solving practical problems and developing principles (Flanagan, 1954:327). This technique calls for the interviewing of "qualified observers," or individuals who had some knowledge about the problem being studied. "Qualified observers" in this study were shelter guests and shelter

staff. The information obtained from them represented a systematic generation of facts which led to concepts in order to develop new or grounded theories (Glaser and Strauss, 1967:28), about a service delivery system for the homeless.

The Study

Ethnographic research was used to help build theory through a recording, an accounting, and an analysis of events (Hammersley and Atkinson, 1983). However, in order for the data to have any meaning to the study, it is advantageous to have a systematic strategy for the collection of data (Glaser and Strauss, 1967). In one of many ways, this can be accomplished by first looking at questions which arise from the existing theories. The subsequent collection of the data then leads to new research questions and the process continues.

Two shelters were selected for this study. Both shelters serve single adults. The reason for focusing on single adults rather than families was that single adults provided the simplest client unit being served by shelters. A study of families increased the number of people involved in the client unit and confounded the resource linkages. By focusing on the individual, the client group was simplified leading to a more precise interrelationship between client and shelter as service provider. The two

shelters selected for this study represented different approaches and philosophies in serving homeless people. One shelter, Prospect House, is licenced to house forty-two guests, both men and women. The other shelter, Operation Hope, can only accommodate eighteen men and five women. Operation Hope is a private non-profit agency unto itself while Prospect House is part of a larger non-profit agency. The Prospect House relies heavily on city welfare reimbursements for its operating expenses while Operation Hope has a more diversified source of income, including community appeals.

Even though there was disparity in the number of beds between the two shelter, both shelters have approximately the same number of staff. Both shelters were perceived as being full service shelters with a seven day a week schedule. Operation Hope was open for the entire twenty-four hour period, whereas, Prospect House was only open twenty-three hours a day (closed between 7 and 8 a.m.).

Prospect House is the oldest shelter in Bridgeport. It initially began about seven years ago with a grant from the Connecticut Alcohol and Drug Addition Commission (CADAC) to get alcoholics off of the streets of Bridgeport. From these beginnings it has grown to serve the entire single homeless population. There were two distinct rooming patterns at Prospect House. The second floor has

semi-private rooms for the guests while the first floor consists of larger rooms housing no more than five. In addition, Prospect House was part of the Regional Network of Programs (RNP). RNP is the largest recipient of CADAC funds in the Bridgeport Area. RNP operates eight other programs beside Prospect House. The building that Prospect House occupies was initially used as a methadone clinic.

Operation Hope, on the other hand, was created approximately four years ago through a coalition of clergy in the town of Fairfield, a suburb of Bridgeport. The population of Fairfield has a higher socio-economic level than Bridgeport. The shelter is located on the second floor of the old police station, next to the new police station and across from one of the Town's fire stations. The shelter consists of a large dormitory room with nine bunk beds for the men and a smaller dormitory room for the women. The women's area was completed in December of 1990. The Town's social service department is housed on the first floor of the building.

There were basic philosophical differences between the two shelters. Even though Prospect House had an unlimited day stay policy, it was usually the contention of the staff to connect the guest with a different housing arrangement as quickly as possible. This usually meant referring them to one of the treatment programs within RNP or another

state run in-patient treatment facility for either substance abuse or mental illness.

Operation Hope, on the other hand, had a sixty day renewable plan. This meant that a guest can stay for sixty days as long as they were following the rules. During this period, a treatment plan was developed for the individual. The staff determined whether the individual was proceeding with the proposed treatment plan. If so, the guest received a sixty day extension.

The differences between the two shelters enabled the researcher to contrast various aspects of the shelter as a service provider. Differing size, ratio of staff to guests, operating philosophy, and housing styles provided some basis for analysis.

Four other types of data were collected from each shelter for this study. They were: case records, participant observation, interviews with shelter guests, and interviews with shelter staff.

The sequencing of the collection of the data was important. Case records were utilized to provide an overview of the population. In this manner, areas began to arise that were more fully explored through the other data sources. In addition, case records were completed by the staff of the shelters following an intake process with the shelter guests. The case record review provided an

understanding of the types and values placed on information assembled by the intake process. The staff designed treatment plans were based on this information. In other words, a review of the case records began to provide some clues relating to the value that staff placed on existing informal supports. The data was verified through interviews with both the guests and the staff.

The second source of data was participant observation. Participant observation provided information as to how shelter guests were treated by the staff, who interacted with whom, observation of facilitation of shelter/staff interactions, etc. The participant observation was accomplished by focusing on one shelter at a time for at least two months. During this period of time, the researcher was identified as an individual doing a study on the homeless, remaining in the shelter in a volunteer capacity helping wherever possible. Part of the volunteer responsibilities included talking with guests and establishing relationships with them in order that they felt comfortable in talking with him at a later date (Rosnow, 1988). This type of participant observation provided information on the value that each shelter placed in the facilitation of the development of informal social supports.

Approximately seven guests were interviewed in each of

the shelters. This was done in order to verify information from the case records and participant observations as well as to identify any additional pieces of information which related specifically to the perceptions of the guests. Since the guests were actually living the homeless shelter experience, Flanagan (1954) would designate them as "qualified observers." From their personal experiences, they were able to relate their perceptions about the shelter as a facilitator in the development of informal support systems.

Interviews with the shelter staff rounded out the sources of data collected. Workers were the service providers within the shelter and thus important in understanding how the shelter facilitated the development of supports, both formal and informal. This also designated them as "qualified observers." The primary rationale in interviewing the staff was to confirm previous bits of data which emerged through the other data collection sources as well as identifying new bits of information that related to staff perceptions about the shelter as a mechanism for addressing the problem of homelessness. The interviews with the workers provided insight to their level of awareness in facilitating the development of informal social supports. Not more than two staff members in each shelter were interviewed.

The four sources of data represented triangulation within the data (Hammersley and Atkinson, 1983). Inferences from one form of data were checked by other sources of data. In this fashion, different slices of data were used to check the other (Glaser & Strauss, 1967).

Theoretical Samples

Beside the selection of the two single adult shelters to be studied, some sampling existed within the four data sources. As to the case records, as many case records that the researcher was able to access were reviewed. Since live subjects were being studied, release forms entitling the researcher to review case records were presented at each shelter. Only those records which permission was granted were reviewed. A self selecting of subjects took place by following this process; however, it was important to maintain the integrity of the subjects. In reality, only two guests chose not to sign the release forms permitting access to their records.

Secondly, since there was only one researcher, then it was impossible to do participant observations every day and every hour of the day. Participant observations took place in accordance with the availability of the researcher. However, in order to obtain a true picture of the operation of each shelter, the researcher spent periods of time during each operating shift during each day of the week.

In this fashion, shift hours were sampled which covered all days of the week and exposed the researcher to each shelter's overall operations.

The interviews were conducted with two types of cases, shelter guests and staff. The choice of both guests and staff came from the purpose of the study to understand the interaction between service provider and service recipient as it related to addressing the problem of homelessness. Glaser and Strauss (1967) discuss this as being "theoretically sensitive," which helps to decide categories to be studied. This relates to the exploratory nature of this study. Since the study was attempting to discover a relationship between the shelter as a facilitator of informal social supports, then the sample needed to include both shelter staff and the homeless as recipients of the service. The actual number of cases studied was not dictated by this method. Glaser and Strauss (1967) state that the number is solely dependent upon the ability of the cases to generate new conceptual categories. Flanagan (1954) concurs and states that the number of cases is dependent on the cases being able to make a significant contribution, either positively or negatively, to the general aim of the study. For in generating grounded theory or in the critical incident technique, it is the purpose of the data to generate themes or develop new

information and not to substantiate existing knowledge. Thus concepts and hypotheses will emerge from the data collected (Glaser and Strauss, 1967). However, since the researcher had set a goal to complete the study in a timely manner, there was the need to place limits on the number of cases to be studied within each setting. Since the size of the shelters varied, the researcher could not dictate the exact number of cases per setting, but placed maximum limits on the number of cases per shelter. These were equal to but not more than seven guests per shelter and not more than two staff per shelter. The guests were randomly selected from among the guests of each shelter. This did represent somewhat of a self selecting process since the researcher was only able to choose from among those who were English speaking, those who were intelligible when they spoke, and those individuals who were willing to participate in the study. This process eliminated those individuals who were only Spanish speaking, those who were incoherent in conversation, and those individuals who have been very short term homeless and not accustomed to shelter life or suffered from some sort of anxiety disorder which distracts people gathering information.

This sampling process creates some built-in comparisons. First is the comparison between service recipient and provider. Second is the differences between

group variables as represented by the two different shelters. And finally, there were the within group variables of looking at the differences within each of the sample groups. These comparative analyses helped in providing information about the homeless and the ability of the shelter to facilitate informal social supports. The establishment of comparison groups was important in order that the data did not become too biased. Glaser and Strauss state three reasons for establishing comparison groups:

Comparison groups provide... control over the two scales of generality: first, conceptual level, and second, population scope. Third, comparison groups also provide simultaneous maximization or minimization of both the differences and the similarities of data that bear on the categories being studied. This control over similarities and differences is vital for discovering categories, and for developing and relating their theoretical properties, all necessary for further development of an emergent theory (1967:55).

Therefore, interviewing the different groups provided the study with a variety of controls which helped with discovering categories from the data. These factors all lead to building theory related to the relationship between support and homelessness and the shelter as a mechanism for facilitating the development of informal supports.

Plan of Action

The research began by gaining access to each shelter and obtaining all relevant information history, operating

philosophy, relationships of staff, community, and guests. In addition, the researcher met with the director from each shelter and distributed the appropriate release forms. To maintain the dignity of the human subjects, two release forms were used, one gaining access to records and a second acknowledging permission to be interviewed. Once this took place, the researcher was introduced to the staff and began attending regularly scheduled staff meetings, when they existed. One of the shelters did not have regularly scheduled meetings and only held one meeting during the entire period of data collection. More about this will be discussed later.

The next step was to gain an understanding of each shelter, its clientele, and the information gathering process. This was initially accomplished through the review of the case records. The information gained by case management review included general demographic knowledge as well as an understanding of the intake process. The case records contain data which can lend itself to the development of information in order to facilitate comparative analyses between and within subjects. This information helped focus the researcher on the areas and categories which needed further investigation that would be answered through the other data sources.

Once the review of the case records was completed, the

researcher performed participant observations within each shelter. Not only did the participant observations enable the researcher to obtain a sense of the environment of the shelter, but also to observe the facilitation and development of informal support systems within each shelter setting. These observations were then used to lead to areas that needed to be explored through interviews with both the guests and the staff.

The interviews with the shelter guests were conducted using an open-ended, conversational format. The goal of the guest interviews was to have the guests talk about their situation and the services that they perceived they needed in order to change the situation. The interviews provided information about the guests' perceptions of the services and the operation of the shelter as it related to facilitating the development of supports (both formal and informal) that addresses their homelessness. In addition, the open-ended questions helped to determine whether informal support networks were created while in the shelter and whether the shelter was influential in their development. To gain this information, the interviews followed this proposed interview schedule:

1. Why the individual came to the shelter, including
 - a. their knowledge and use of the service system
 - b. their relationships with family, friends, & religious institutions, AA
2. Their perception of the role and function of the

shelter

- a. their perception of the effectiveness of the shelter in accessing supports to benefit them
- b. identification of any additional services and/or resources that they feel the shelter should provide which addresses their homeless problem

The interviews with the guests generated a pool of data which included their perceptions of the shelter's ability to facilitate the development of informal supports. However, where the professionals were very instrumental in the delivery of the services to the homeless, they were also interviewed.

The shelter is the "professional doorway" (Rosenberg and Brody, 1974:5) for the homeless where the shelter staff are the purveyors of the service. The staff is responsible for making assessments and designing the appropriate plan to meet the needs of homeless people. However, does the appropriate plan include the development of an informal support network for homeless people?

The interviews with the shelter staff focused on their understanding of the relationship between formal and informal support networks in helping the homeless. The focus of the interviews with the shelter staff followed a schedule that focused on their relationship with the homeless and the process they chose to follow in creating a helping process. The interviews were open-ended in order to get a true picture of how the staff perceived informal

supports as part of the helping process. As not to lead the staff member, the following schedule was employed:

1. What the workers perceive as the cause of the problem of the people that come to the shelter
 - a. what they can do to help the people in the shelter
 - b. what their goal for the homeless people that they serve, ie. connect to informal support, family, AA, permanent housing, treatment, entitlement
2. knowledgeability of the worker with the service delivery system and support networks in general
 - a. willingness of the worker to link the individual to them
 - b. how persistent in linking the homeless to their respective supports
 - c. the capability of the worker in translating the individual's problems to a goal oriented action plan

Themes developed from all of the sources of data. These themes helped explain the role of each shelter in facilitating informal supports. This information was helpful in identifying specific service areas that would address the homeless problem.

Analysis

The goal of this study was to understand the role of the shelter in facilitating the development of informal social supports for the homeless and the relationship between those informal supports in the development of formal supports. This will be accomplished by identifying critical incidents from four sources of data: case records, participant observation, interviews with shelter guests, and interviews with shelter staff. Since the study is

building concepts and hypotheses from these various data sources, it is important to look at each segment of the data. To begin with, the case records were tabulated into a data file identifying specific demographic information about all of the individuals in the shelters and their support systems. Analysis of the case data was done using SPSS-PC. However, since the case records were primarily descriptive statistics, only limited statistical analysis was possible. The statistical analyses will be able to provide some basic background information about the population that led to a more intensive investigation of other portions of the study.

The interviews followed the semi-structured schedules already mentioned. The interviews were transcribed in order that they could be analyzed during the analysis phase of the study.

Participant observations were recorded through a system of field notes and process records. These notes and records were used to reflect on the researcher's activities outside the actual experience. In addition, they substantiated or differentiated information obtained from the all of the other sources of data collection.

These steps addressed some of the scientific questions associated with this type of research. This process recorded a specific point in time in order that the

information could be later analyzed with other points in time. The analysis of these slices of time later addressed the problem of reflexivity (Hammersley and Atkinson, 1983).

Each source of data was analyzed separately to determine whether themes began to emerge. Once themes were identified, they were classified into categories. These categories were compared with the categories identified by the other data sources to determine similarities and differences. The similarities within categories between data sources substantiated the categories leading to conceptual categories and the suggestion of hypotheses. Differences between categories necessitates further analysis.

Throughout this process, the identification of categories and hypotheses continued to be the central component of the research process. Hammersley and Atkinson (1983:175) called this a 'funnel' structure in that the research was progressively focused over its course. By progressive focusing, they referred to the fact that one discovers what the research is about over the course of the research (Hammersley and Atkinson, 1983:175).

This process generated some conceptual categories which were linked with other concepts as they emerged. Glaser and Strauss (1967) called this the "constant comparative method" of qualitative analysis. Segments of

data were compared to other segments for their relevance with other categories through this process. They described a four stage process:

(1) comparing incidents applicable to each category, (2) integrating categories and their properties, (3) delimiting the theory, and (4) writing the theory. Although this method of generating theory is a continuously growing process - each stage after a time is transformed into the next - earlier stages do remain in operation simultaneously throughout the analysis and each provides continuous development to its successive stage until the analysis is terminated (Glaser and Strauss, 1967:105)

This research followed a similar process where patterns were searched out with range and variations being plotted for convergence and divergence against other categories. However, since the research was exploratory and limited, the end result was not the writing of a theory. At best, the process produced a number of questions that led to hypotheses which could be tested through additional research.

On the other hand, this process forced the analyst to consider the diversity between incidents. Each incident that helped to formulate the conceptual categories went through rigorous comparisons with other incidents or other properties of categories (Glaser and Strauss, 1967:114) which acted as a clarifying process.

Glaser and Strauss (1967) stated that this method is most useful in the generation of theories as they relate to

process, social interactions, and organizations. Since the proposed study looked at the interaction between homeless individuals with the staff in homeless shelters, this became an appropriate method of inquiry. Through this process it is hoped that a practical theoretical structure will emerge which will lead to some answers about the relationship between shelter staff and the homeless in order to address the current problem of homelessness.

Limitations

The lack of existing hypotheses and theories may be a limitation which necessitates performing exploratory research. The purpose of the study was to develop concepts based upon the data collected which led to the development of hypotheses.

There were also some researcher limitations. To begin with, there was only one researcher. This necessitated the placement of limits on the size of the sample and not on the collection of data until sample saturation was reached. As Glaser and Strauss (1967) pointed out, the ultimate goal is to collect data until saturation; however, this was not possible given the time limitations of the study and the need to make the study manageable for one researcher.

Another problem that might have arisen from one person collecting the data was the possibility of researcher bias. The study was limited to the perceptions and values of a

single researcher reacting to the various sources of data. The study addressed this problem through triangulation of the data as well as reflexive methods used to analyze the data.

There were potential limitations in the study itself. It has to be remembered that the study focused on the ability of the shelter to facilitate the development of informal social supports. The study was not a study of the homeless or an evaluation of the shelter as part of the service delivery system. The purpose of the study was to look at the relationship between the shelter and homeless people to determine the role of the shelter in addressing the problem of homelessness. The study began to lay a framework for future studies which would answer questions on the role of informal supports to foster formal supports and the ability of the shelter to address an aspect of the homeless problem. A potential outcome of the study may be the development of a model of shelter operations which could facilitate the development of informal supports.

Since the focus of the study was the Bridgeport area, the data relates to the structures of the shelters in that area. A limitation arose from the question of how similar Bridgeport and its service delivery system were to the rest of the country. There are some unique characteristics of the area and its service system which will be addressed.

These factors will have to be accepted as specific to Bridgeport.

Third, the study is only a study of single adult shelters. The situations surrounding families and family shelters are somewhat different. This study is unable to address the larger scope of homeless, only single adults.

And finally, there were some potential problems with the sampling. As stated above, the sample was skewed to only English speaking, coherent persons, and those who were willing to participate in the study. Bridgeport has a sizeable Latino population. The question arose as to whether they were discounted from the study due to the language barrier of the researcher. However, because of the number of English speaking Latinos represented in the sample, the researcher did not perceive this as a problem.

There was a problem with the lack of coherence of some of the guests resulting from mental illness or substance abuse. The researcher attempted to reach some of these guests at times when they were more coherent and willing to participate in the study.

Others who may not have been reached were those who were not willing to participate in the study. The reason for their willingness to not participate in the study may be attributed to mental illness, substance abuse, or being new to the shelter. Mental illness and substance abuse problems were addressed through interviewing guests as

mentioned above, but the newness issue was one that could only be handled retrospectively with those who were willing to participate in the study. There were some people who came to the shelter and left before there was time to approach them and have them participate in the study. Again, they were dealt with retrospectively. And there were those who began to participate in the study but left so follow-up interviews were not possible. Those individuals will be identified in following discussions.

There were other limitations that arose as the study progressed. The nature of this type of research was that information arose that one was not aware of at the outset of the study. Other limitations are discussed in the final chapter.

[illegible]

Chapter 3 - Setting

This study was conducted in Eastern Fairfield County. The problem of homelessness is apparent everywhere, but becomes more apparent in a place like Eastern Fairfield County. On a per capita basis, Fairfield County is one of the richest counties in the United States. The wealth in the county is in sharp contrast to the largest city in the state, Bridgeport. In 1991, Bridgeport received notoriety for its attempted bankruptcy filing and is one of the poorest cities in the country. This dramatic disparity between wealth and poverty marked the setting for this study of the homeless.

Eastern Fairfield County is located on the western shore of Long Island Sound between Boston and New York, about fifty miles from the heart of Manhattan. Many of the area's residents commute daily to New York City, creating the sense that the area is a bedroom community of New York. People migrated to the grass and trees of Fairfield County looking for a better life while escaping the concrete, steel, and problems of the city. This translated into sizable population increases with soaring property values. These factors have contributed to the growing problem of homelessness, necessitating community action.

The action that the community took was to create a Regional Council for the Homeless in 1987 through the

United Way of Eastern Fairfield County. The United Way serves the six town area of Bridgeport, Easton, Fairfield, Monroe, Stratford, and Trumbull, Connecticut. Bridgeport is the primary city in the region and the other five communities are the suburban towns which surround Bridgeport.

The Regional Council was designed to be a coordinating and planning group of service providers, legislators, municipal officials, government agencies, religious organizations, business leaders and community advocates. One of the aims of the Council was to identify and address the shelter and service needs of persons who are homeless or at risk of becoming homeless in the six town area. It was also within the Council's charge to look at ways of preventing the occurrences of homelessness and to advocate for the amelioration of conditions that cause homelessness.

At the time of the creation of the Council, there was only one shelter in the area. This shelter served single men and women and was one of the two shelters participating in this study. As a result of the increasing number of people who were homeless, the original focus of the Regional Council was to increase shelter capacity. This resulted in the creation of six other shelters beginning to operate in the region, three shelters serving families, one

serving single adult males (service to single females was added during the study but due to the relative newness of the service it was not included), one shelter serving battered women and their families, and the sixth shelter was a youth shelter. For comparative purposes, only the two single adult shelters (Prospect House and Operation Hope) were used for this particular study.

The question continued to remain as to the function of the shelter in addressing the problem of homelessness. The community identified the growing demand for shelter but could only respond by creating more warm and safe places where a person can get off the streets and to have a good meal. The other purpose, as described by the Institute of Medicine (1988), was to begin to link people to the services which were established to prevent homeless episodes in the first place. As mentioned in the previous chapter, this study explored the role of the two shelters serving single adult males in addressing the problem of homelessness.

Prospect House

Prospect House is the oldest shelter in the Bridgeport Area located on the corner of Park Avenue and Prospect Street. It is so named because its address is 392 Prospect Street. The Shelter is approximately three blocks to the west of the heart of the downtown Bridgeport, a block south

of the central YMCA, on the eastern side of Park Avenue across the street from Park City Hospital, and about seven blocks north of the University of Bridgeport. This location is ideal for serving the downtown Bridgeport community. The history of the building also reflects the changing nature of this urban center which contributed to the present homeless problem.

Prospect House is a four story brick building constructed in the 1920s. Initially it served as a residence for the "Y", housing transients as they entered Bridgeport to work in one of the many industries in the area during Bridgeport's boom. The end of the 1950s brought a reduction in Bridgeport's industrial growth, resulting in a reduction in demand for residence at the building. The "Y" sold Prospect House to the University of Bridgeport to be used as a dormitory.

The 1960s and 1970s were prosperous decades for the University. The University undertook a building campaign, including dormitories closer to the heart of the campus and Long Island Sound. By 1970, the University no longer needed the Prospect Street building and leased it to Regional Network of Programs (RNP).

RNP is the area's leading agency for the provision of substance abuse programs. They also operate group homes for the mentally ill. The drug culture blossomed in the

1960s and 1970s. RNP saw Prospect House as an ideal location to house some of their substance abuse residential programs, a methadone out-patient clinic, and administrative offices. The programs flourished until 1980 when the University of Bridgeport decided to discontinue leasing the building to RNP. RNP found other locations for the services that were being housed at Prospect House. The University assumed control of the building but could not decide how to use it. The building was kept vacant.

The early 1980s brought striking changes to the Bridgeport area. The incidence of substance abuse related homelessness increased, leading RNP to launch a homeless shelter program in August of 1983. With the building on Prospect Street vacant, RNP approached the University to see if they were willing to release it. The University of Bridgeport would not directly lease the building to RNP but chose to lease it to the City. The City took responsibility for the building in August of 1983 and then contracted with RNP to develop a single adult homeless shelter. Through the assistance of Bridgeport Community Development Block Grant Funds, RNP was later able to purchase the Prospect House from the University. The first guests arrived at Prospect House in late 1983.

However, the vacant years left the building in need of major renovations. A four phase plan to renovate the

building was developed beginning with guest rooms on the second floor followed by administrative offices and guest rooms for the handicap and elderly on the first floor. Renovation of the third and fourth floors were to follow.

Once the renovations began on the second floor, local residents immediately reacted negatively to having a shelter in their back yard. The local residents applied for a restraining order to stop the operations of the Shelter and stop the renovations. The courts dismissed the motion to stop operations but permitted the restraining order which prevented renovations to continue until the case could be heard. This delayed the completion of all of the renovations, including the second floor, even though the Shelter continued to operate. Finally in 1988 a motion was made to dismiss the suit against any further renovation to the building. RNP was able to complete the second floor renovations later that year.

Now with the obstacles aside, renovations on the first floor could begin, but financial problems within the City froze all renovation assets to RNP. Prospect House continued to operate as an emergency shelter with a renovated second floor and a well weathered first floor. (This is important to note because renovations of the first floor were taking place during the study.) Finally in

early 1991, the City, through Community Development Block Grant, cleared funds for RNP to continue with the renovations of the first floor.

This brief history of the building begins to highlight some of the community's early efforts at dealing with the homeless problem. Initially there was denial by the community that the problem existed which is reflected by the restraining order to perform the renovations. Then, once the community accepted the problems, there was no money for the renovations to take place. But throughout this period of time, there was the willingness of RNP to provide a bed and a hot meal for people who were homeless. With the creation of the Regional Council for the Homeless in 1988, the nature of the services at the Shelter began to change.

Prospect House continues to be operated by RNP. RNP receives operating funds for the shelter from United Way, Connecticut Alcohol and Drug Abuse Commission (CADAC), Department of Human Resources (DHR), the departments of social services or welfare from the City of Bridgeport, and the surrounding five town area of Easton, Fairfield, Monroe, Stratford, and Trumbull. From the latter two categories, the Shelter is reimbursed on a per bed night basis for each guest who is a client of the service or a resident of the particular locale. For example, the

Shelter should receive a per bed night reimbursement from the City of Bridgeport for each resident who needs to stay in the shelter for a particular evening. Likewise, each of the surrounding towns would reimburse the Shelter for any of their residents who need to stay in the Shelter. If the guest is a client of the State Department of Human Resources (DHR) then the State reimburses the Shelter for that person and not the specific city or town where they originally resided. The key is that in order for the Shelter to be reimbursed, the guest must to be registered with a particular funding source. For those who are not registered, there is a \$5.00 per night charge assessed them. The problem is that most of the guests who stay at the shelter do not have the money. Therefore, the staff at the Shelter try to link the guests to programs as quickly as possible in order to guarantee reimbursement for that bed night stay. More on the role of the staff to get people registered with one of these funding sources will be discussed later.

In addition to the per diem funding arrangement, RNP also has some operating grants for the Shelter. These are in the form of a CADAC grant to provide substance abuse treatment programs at the Shelter. In addition, because RNP is a United Way agency, there are some general operating funds that Prospect House receives from the

United Way. Prospect House's role on the Regional Council for the Homeless is that of a homeless service provider, not because it is a United Way agency. Some questions do arise as a result of the duality of roles that United Way plays by being the sponsor of the Regional Council and its role as being a funding agency; however, these issues are put to rest by separating the function of the Regional Council from the allocations process.

Fire Marshall regulations dictated that Prospect House could house 42 individuals. This number was arrived at because the accommodation include thirteen double bedrooms on the second floor and five dormitory style rooms on the ground floor. The third and fourth floors have not yet been renovated and were unusable. All services at the Shelter were relegated to the first two floors of the building.

The renovations made the second floor very habitable. The doors to the thirteen bedrooms open unto a carpeted hallway. All of the bedrooms were on the front side (Prospect Street side) of the building. Across from the bedrooms was a large community room, a men's only bathroom, a pad locked storage closet, and the door to the stairway leading to the first floor. The community room was tiled with an area rug in the center. There were couches and oversized chairs around the circumference of the room. The

room had two entrances to the hallway and was used for AA or NA meetings on Monday and Wednesday nights. Since the second floor was a sleeping floor for men, only men were permitted on the floor except when AA and NA meetings were held. There was a striking difference between the first and second floors. During the study, the first floor was in the midst of a transformation, which will be discussed below. The five dormitory style rooms on the first floor were designated for women, elderly, handicapped, and the rest of the men who stay at the shelter. The designation between men and women was determined by the number of women who need shelter on a particular night. If there were a lot of women requesting shelter, then two dormitory rooms were used for the women. Otherwise there was usually one room for the women and the rest for men. The cut-off was usually five women, over five would constitute two rooms.

As on the second floor, there was also a large community room on the first. However, this room doubles as the dining room.

The first floor also had an administrative office, three staff offices, two bathrooms, one for men and one for women, and three closets. Two of the closets were significant and will be discussed in detail below.

The striking difference between the first and second

floors was primarily aesthetic. Initially the walls of the first floor were peeling white paint and the floor was concrete painted grey with a torn brownish red area rug covering parts of the concrete floor. This contrasted dramatically with the carpeting and clean paint of the second floor. But as the renovations took place, these were all replaced. The walls became a two tone grey and pink and the floor was tiled with white tiles.

Before getting too involved in the renovations, let me review the floor plan for the rest of the first floor. From the front doors, the first thing that one was confronted with the lobby. The lobby was not strikingly different from that of an apartment building with the exception that there were no mail boxes and the floors were not carpeted. Upon entering you were greeted by a pay phone hanging on the left wall with a steel stacking chair under it. Above the phone hung a sign stating "limit calls to five minutes." The floor was covered by one square foot white ceramic tiles. Immediately across from the stairs was the office.

The office door was surrounded by big glass windows. The door, which opens to the right, was usually open, blocking the window on the right side. In the office, a staff person sat behind a heavy wooden desk and invited you to come in. As you enter the office, you notice two

straight back chairs alongside the right wall and the back of two file cabinets on the left next to the desk. The desk was an immediate barrier between you and the staff member. To your immediate left and in front of the file cabinets was a three shelf book shelf and a copy machine. Behind the staff member were three windows which protrude into a courtyard and a window seat in front of them.

During the winter of 1990, the shelter provided emergency shelter for a stray cat. The cat became the mascot for the Shelter and her basket and litter tray are behind the open office door on your right. On the wall above the cat basket was the Shelter's alarm system. With the exception of the 4:00 to 6:00 p.m. time slot, the system was engaged. This meant that any time the front or back doors were opened the system sounded the alarm. Once the doors were secured, the system needed to be reset.

The hallway outside the office ran to both the right and left. The hallway to the left led to the community/dining room. On the right enroute to the community room was the closet that was converted into the temporary kitchen. More on this closet and the kitchen will follow. Next to the closet was the main floor men's bathroom. Beyond the bathroom was a door leading to the stairs to the second floor and then a hallway which led to two additional dormitory rooms and the proposed kitchen.

On the left of the same hallway were three rooms, one of which was a staff office; another was a storage closet/room with toilet paper, trash bags, and office supplies; and a third room that was usually locked but houses a coke and candy machine. Beyond this last closet were open double doors which led into the community/dining room.

The first floor community/dining room was a large rectangular room. On the wall directly opposite the doors was a non-functioning fireplace with a carved wooden mantel. Sitting on the mantel was a picture of the last supper. A 20 inch television sat on a shelf to the left of the fireplace. The front of the room facing Prospect Street was to the left and it was identified by three cloudy and dirty windows with shredded window coverings which block the view from the street. There were also cloudy and dirty windows with torn window coverings on either side of the fire place. The floor was the same ceramic tile that ran through the entire first floor of the shelter. The room was lit by florescent light. The furniture consisted of five six foot tables running parallel to each other in the center of the room. Foil and tin ashtrays dotted along the tops of the tables. An assortment of stacking and folding chairs surrounded each of the tables. The rest of the room was furnished by three large vinyl couches with removable cushions and two

oversized chairs surrounded the perimeter of the room.

The back of the community/dining room, to the right, had undergone a dramatic transformation as a result of the remodeling. A doorway was cut out of the wall to provide access to the proposed kitchen. The kitchen, when completed, would enable the guests to walk down the hallway along the community room and then enter a serving line adjacent the kitchen. The guests would pick up their meal from the serving line and then return to the community room through the new door.

That completes the hallway to the right of the office. The hallway in the other direction leads to a variety of closed doors. The first door to the right was a staff office which was used by shelter staff and HOT (Homeless Outreach Team) staff to privately meet with guests. The door straight ahead led to one of the dormitory rooms. The hallway then makes a ninety degree angle turn to the left. This led to two more dormitory rooms and the women's bathroom.

As previously mentioned, the kitchen was being proposed during the study. This was an area of contention and should be mentioned to provide a sense of the shelter. Meal service and preparation underwent a elaborate transformation during the study. Initially, meals were brought from Park City Hospital, across the street.

However, as of February 1990, that arrangement was terminated. As part of the proposed renovations, money was allocated by Bridgeport's Community Development Block Grant to add a kitchen. Everyone anticipated that the funds would come through in time to complete the kitchen sometime during 1990. It was the feeling of RNP that Prospect House could fend for themselves for the short time that it took to install the kitchen so little was done to find alternative meal services. As an interim measure, the closet next to the administrative office was converted into a quasi-kitchen. A refrigerator, a microwave, two six foot preparation tables, and electric frying pans were installed in the closet in order that the meals could be prepared. To supplement this in-house meal preparation procedure, different community groups were invited to bring prepared meals into the Shelter. These arrangements were perceived as being temporary at best, not to exceed ten months. However, due to the City's financial problems, Community Block Grant money was not released to begin the kitchen. Finally in February 1992 the money for the kitchen was released and the kitchen was completed in May of that year. RNP said that since the kitchen was the most expensive part of the renovations they could not do the renovations without Community Development Block Grant assistance. This was evidenced by the fact that RNP maintenance staff were

able to make all the other renovation on the first floor, including building kitchen cabinets and counters, but could not complete the kitchen without the purchase and installation of kitchen equipment that was part of the Community Development award. This scenario continues to highlight some of the problems that Prospect House has had in its history in creating an emergency shelter for people who are homeless.

The outside of Prospect House looks like a typical 1920s vintage four story apartment building. The building is red brick with white trim around the windows and doors. As mentioned above, it is across the street from Park City Hospital, but Park City Hospital faces Park Avenue. Prospect House faces a six foot high fence that protects a school yard. A short two blocks in the opposite direction from Park City Hospital was Sears Automotive and the beginning of downtown Bridgeport. Within the two blocks to downtown were a number of apartments and residences of similar vintage as Prospect House.

The entrance to the building was protected by a short flight of stairs bounded by four Doric columns (two on each side) extending from the sidewalk to the roof of the building. The stairs led to the entrance which was protected by two solid wooden doors with a peep hole. As part of the renovation, the doors were changed to aluminum

with glass windows in the spring of 1992. Access to the building was restricted to between 4:00 and 6:00 p.m. daily. Otherwise, one must knock on the doors until someone lets them in. Once past the front door there were four more steps leading to the lobby.

This is a description of the functioning aspects of Prospect House. As previously mentioned, there was a plan to renovate the third and fourth floor of the building; however, the funds were not available for the renovations to take place. The proposal is to create Single Room Occupancy (SRO's) apartments on the third and fourth floors. These would act as transitional units for those individuals who have been able to successfully move out of the shelter into a more autonomous living arrangement. The SRO's were mentioned here to demonstrate the anticipated planning of RNP in serving the homeless and the view that Prospect House, in its current state, was only an emergency living arrangement for people who are homeless. RNP has looked into creating longer term and transitional quarters with the renovation of the third and fourth floors of the building.

Operation Hope

The other area shelter serving single adults was Operation Hope. Whereas Prospect House began as a result of an agency responding to a community problem, Operation

Hope began as a result of the grass roots efforts by the clergy in the town of Fairfield. Increases in the number of community people requesting assistance for food and shelter prompted the clergy to begin looking for some solutions. In the spring of 1986 the clergy collectively went to the office of the First Selectman of Fairfield to see what could be done. The First Selectman instructed the Department of Social Services to work with the clergy to devise a plan to address this growing need. The plan consisted of the development of four components: a community based food pantry, an emergency shelter, a community kitchen, and supportive rehabilitative services. To guarantee the continuing management of the components, a separate private non-profit corporation called Operation Hope was created and registered with the State. The significance of the name comes from "a belief that a caring human response to people in need brings hope." (Operation Hope of Fairfield, Inc., 1989).

A location needed to be found for this new private non-profit. The Town decided to use the old police station. A new police station had recently been built leaving the old one at 50 Nichols Street partially vacant (the Department of Social Services has offices on the first floor). In 1987, the new corporation made an arrangement with the Town enabling them to lease space in the old

police station to develop the components of the plan. The first phase was to renovate the entire second floor to create a shelter, a dining room for the community supper, and the administrative office for Operation Hope. Then a room on the first floor was designated and renovated to provide space for the food pantry. The first shelter guests were accepted at Operation Hope on January 8, 1988.

The idea behind Operation Hope was to provide for anyone in the community needing assistance. Those needing assistance could receive a few days worth of groceries from the food pantry or could receive an evening meal from the soup kitchen. The dinners were tied into the operation of the shelter. Since the shelter provided dinner for its guests, it was determined that the program could be expanded to serve the entire community for only a minimal additional expense. To keep the expense down, the new organization looked for a community base of volunteers willing to prepare the dinners. Local churches, synagogues, and civic groups were solicited to provide volunteers for the new organization. With the assistance of the clergy, Operation Hope was proud to state that every day of the week was covered by someone taking responsibility for the preparation of the meals. Sometimes that meant the meals were prepared in advance and served by the staff while other times the volunteers actually

prepared and served the meals. The result has been support from the community to provide meals every day of the week.

Beside the soup kitchen and the food pantry, a primary function of Operation Hope was the operation of a single men's shelter. At the time of the inception of Operation Hope, the clergy decided that the greatest need in the community was to open a shelter serving single homeless men. The renovations of the second floor were dictated by the housing regulations. The regulations stated that if all of the available space was utilized then only eighteen people could be housed. This meant the creation of barracks style living quarters with no partitions in order to maximize the number of people that could be accepted. Since the sleeping facility would only be one room, then Operations Hope felt that only one gender could be served at this time. With the greatest need being identified as that of men, then Operation Hope targeted to open as a single male shelter.

From the day the doors opened, there was discussion to provide for single women as well. Space for women became available on the first floor in 1991. Since women were added after the data collection process of this study, they were not included as part of the study. Operation Hope was also exploring the possibility of adding families to their sheltering agenda.

This demonstrates the decision making capabilities of this private, non-profit organization. Many of the clergy involved with its grass roots beginnings have remained involved with Operation Hope by serving on its Board of Directors. The clergy have also reached out to their congregants to become involved and they serve on the board as well. The focus was to maintain their autonomy while continuing to grow and provide service to the less fortunate in the Town. This was no better exemplified than by its choices in sources of funding. As a homeless shelter, it received funds from each town on a per bed night basis for the guests that it served from that town. These traditional sources of funding only accounted for about ten percent of Operation Hope's budget. The balance came from alternative funding sources excluding United Way. The board chose not to subject Operation Hope to the regulations imposed upon United Way affiliate agencies and therefore had not applied for United Way funding. Even though Operation Hope was not an affiliate agency, it continued to be a very active member of the United Way's Regional Council for the Homeless. In return for this autonomy from outside funding sources, the board took a very aggressive fund-raising position within the community. Fund raising came in the form of community concerts and tag sales in order to support Operation Hope's programs.

Another slight variation in funding between the two shelters was the rationale used by Operation Hope to charge the guests to stay. Whereas Prospect House charged individuals who were not linked to a funding source, Operation Hope had a universal \$3.00 per night charge. Each guest received a weekly bill for their nights of stay. There was a dual philosophy behind this policy. It not only brought a little money into the shelter, but it was beneficial as a tool to begin to provide the guest with a sense of responsibility and commitment to the organization and to the process of changing their homeless situation. Thus the rehabilitative functions of Operation Hope were incorporated into its own program. This will be discussed in greater detail when discussing the role the staff play at Operation Hope.

Unlike Prospect House, which was located in the city of Bridgeport, Operation Hope was located in the town of Fairfield. Fairfield was the suburb on the southern border of Bridgeport and the community that was the recipient of many of the affluent as they fled Bridgeport. Whereas the downtown Bridgeport area had become deserted, Fairfield's downtown was a flourishing shopping area. As a county, Fairfield boasted the corporate headquarters for many companies. The Town was also the home community of many of the CEO's of these companies. The town was dotted with

golf courses and was the home of two different Catholic Universities. Operation Hope was located approximately two blocks from the Fairfield Green or the heart of the downtown shopping area. However, many of the townspeople were unaware that a shelter existed in their back yard. This may have resulted from the fact that Operation Hope occupied the old police station, a Town building, which was located near other Town services like the new police station and a fire station and a small town park across the street, and not in the center of a residential area. This location seemed to provide obscurity for the shelter and yet guarantee safety for the community. The Shelter's location placed it on the fringe of a commercial area while still being only a few blocks from a residential section. This made the location ideal for obscurity and maintaining the anonymity of the shelter's guests.

The location of Operation Hope was an asset to being accessible to a variety of Town services in addition to police and fire. The main public library was about two blocks away as was shopping. The shopping was important because it provided a source of potential jobs for the guests of Operation Hope. Employment was encouraged when the guest had progressed in their process, more on this will be discussed later. The train station was also close

to the Shelter. This provided easy travel in and out of the community by Shelter guests. Another aspect of Operation Hope was its relative close proximity to one of the Town's two beaches. Operation Hope was located to be able to take advantage of all the Town had to offer.

One such activity that the town had to offer was a variety of small parks. As stated above, Operation Hope was located across the street from one of these parks. As a way of increasing the amount of recreational activities available for the guests, the Shelter asked the Town to install lights and a horse shoe pit in the park. The Town complied and the park renovations were completed in 1990. This provided some additional outdoor recreational activities for the guests at the Shelter as well as anyone else in the area who wanted to partake in such activities.

The building that Operation Hope occupies was a two story red brick building. The building space was shared between the Department of Social Services of the Town of Fairfield and Operation Hope. Since there was a Town department in the building, it needed to be accessible between 8:00 a.m. and 4:30 p.m. on business days for Town residents. This was not a hinderance to Operation Hope, but more of an asset. For just like the department needed to be accessible to Town residents, the department was also accessible for the guests and staff of Operation Hope. The

Shelter was able to compensate for the hours that the building was open by creating internal control mechanisms which limited access to the dormitory section of the Shelter. More about this will be discussed later.

Another attribute of being a Town building was that the Town had responsibility for the basic maintenance concerns of the building. Operation Hope had to care for the cleanliness of the areas that they occupied as well as for the security of the building during the off hours of operation, but the Town had responsibility for maintaining the building and its grounds.

The building was the second building on the right side of the street from the corner of Reef and Nichols. It sat about twenty feet from the curb. There was a semi-circular drive which goes from the street to the front door with a single curb step up from the drive to the sidewalk leading to the front door. To avoid the step a continuous sidewalk runs from the corner of Reef and Nichols to the front door.

The entrance was protected by a grey aluminum door with a large glass window. To the right of the door was an intercom speaker with a button below it to call into the building. The outside of the door had a handle with a thumb button that was pushed to open it. The inside of the door was opened by pushing a panic bar. The door was

usually propped open during business hours and warm weather and was unlocked from 8:00 a.m. to 11:00 p.m.

Upon entering, one was greeted by a stairway to the left, another all glass door straight ahead, and between them was a pay phone booth. There were usually two or three bicycles stashed under the stairs. By going through the glass door straight ahead led to a hallway with offices. The office on the left was the Department of Social Services. The door to the right belonged to the food pantry. Both doors were usually closed. Beyond the food pantry was a flight of stairs that led to the shelter. Beyond the stairs was a hallway which led to the elevator.

The glass door leading to this hallway was locked at 6:00 p.m. This permitted access to the stairway leading to the community supper but by locking the door at 6:00 prevented access to those places after hours. This meant that access to the Shelter was restricted to the front door to the building which remained unlocked until 11:00 p.m. Anyone who needed to gain access to the shelter would enter through the front door and then take the first stairway to the left. The staff had access to the interior door in case there was a Shelter guest who could not climb steps and needed to use the elevator.

The initial set of stairs encountered when entering the building led directly to a hallway protected by a steel

metal desk. This desk was a control desk and was outside the kitchen and dormitory of the shelter. It was used to control access to the shelter. During the day there was usually a staff member sitting at the desk. In the afternoon and evening some of the guests usually 'hung out' around it. On the desk was a telephone. The phone was removed when no staff were there for an extended period of time.

Even though the desk was at the top of a flight of stairs with a solid wall to the right of the desk, there were still three other entrances to different parts of the shelter. A sharp left was the shower curtained entrance to the dormitory, a half left was the opening into the kitchen, and straight ahead was a door to the bathroom.

The dormitory was a room with nine bunk beds and cubbies. The room is "L" shaped. The nine beds and cubbies were spread throughout the room. The beds were neatly made and the cubbies were straightened. Some of the beds had towels or blankets draped over the sides, blocking visibility to the lower bunk. There seemed to be an abundance of green or grey wool army blankets used on the beds. The floor was a beige and brown checkered linoleum tile as was the floor for the entire shelter. Besides the beds and cubbies, the only other things which broke up the room were a couple of support posts.

By heading straight instead of making the sharp left led to the door of the bathroom. The bathroom was a typical bathroom with three sinks, two commode stalls, two shower stalls, and a urinal.

Between the bathroom and the dormitory was the entrance to the kitchen area. The kitchen was designed with the cooking and serving area along the bathroom wall with an "L" shaped sitting area around the cooking area. There was a six foot table along the left wall as you initially entered the kitchen. There were chairs around the open side of the table. Across from the table was a kitchen counter with a 50 cup coffee pot, cups, sugar, cream, and usually a basket of bread and rolls on it. The counter wrapped around to the right where the refrigerator, sink, and stove were found. Across from the sink was a serving counter and then two more long tables. One table was in the middle of the area with chairs around it while the other one was against the wall with chairs around the open side. To the far right end of the room were two windows. To the left of the windows was a door. This led to the staff office.

The staff office was pretty typical. There was a grey metal desk next to a four drawer brown metal file cabinet in the left corner as you entered. There was a desk chair facing the desk. Behind the desk chair was a small open

book shelf unit. A cork bulletin board hung on the wall beside the desk chair. The bulletin board had a picture of the Jellnick curve hanging on it. Next to the door was a side chair. This chair was at right angles with the desk. There was also a potted floor plant in the corner of the room behind the door. The desk had a phone and a desk light on it. The room was lit by florescent light, but the staff usually preferred the incandescent light from the desk lamp.

Outside the office was the kitchen area. Opposite the windows next to the staff office was an entrance that led into the dormitory area. Directly beyond that entrance and to the right was a steel door with a window in it. This door led to a hallway which provided access to the internal set of stairs, the elevator, and the rest of the offices and rooms of Operation Hope. These rooms included the television room on the left side. The room had a twenty five inch console television at one end of the room with a VCR sitting on top. Between the door and the television was a couch and a coffee table which was littered with books and magazines. There was also an oversized chair and a couple straight back chairs along the perimeter of the room.

Next to the television room was the medical examining room. The examining room was cut off from the hall by a

shower curtain instead of a door. There was an examining table in the room.

Immediately across the hall from these two rooms was the administrative office. The administrative office was a long room. There were three desks in the room, a personal computer and some phones. Two of the desks were on the right side as you enter and the third was on the left. There was a coat tree also to the left as you enter.

Next to the administrative offices was another partially empty room. A free weight bar bell set and a bicycle were the only pieces of furniture in this room.

The community/dining room was at the end of the hall. The room was filled with five long tables and chairs around them. There were two windows at the left end of the room and four windows along the length of the room. To the right was a doorway which led to a freezer, a washer and dryer, and staff bath room.

The dining room was used for dinner everyday. In addition, NA and AA meeting were held there on Wednesday nights and Friday afternoons. The staff also held their meetings there on Wednesday afternoons. Other programs, such as discussions groups and conferences, were held there as needed.

This provides a basic overview of the structures of the two different shelters being studied. Both shelters

were defined as emergency shelters serving single adults, yet there were differences between the two facilities. These differences related to each shelter's organizational structure, their locations and the relationship of those locations to community resources, their physical structures, the hours of operation, size and staff.

As an emergency shelter, both shelters were established to serve homeless individuals within the community. Yet Prospect House existed as a division of a larger agency, RNP, while Operation Hope was a self contained autonomous agency. This meant that Operation Hope had more independence in its decision making. This translated into its ability to determine the nature of the services it provided as well as how it chose to utilize its resources. As mentioned above, Operation Hope determined that it already needed to feed the guests of the shelter, so why not open the dinner up to the community in the form of a community supper. This enabled them to be able to reach out and access volunteers to help in the delivery of services. In addition, the history behind the creation of Operation Hope also contributed to its ability to access community volunteers. Thus, the autonomy of the operation helped Operation Hope in becoming closer to the community which translated into the building of closer ties with informal support systems.

Prospect House on the other hand, was a division of a larger social service agency. Therefore, it did not have the same relationship with the community as Operation Hope. Where Operation Hope developed from grass roots efforts, Prospect House developed as an agency response to a problem. This meant that Prospect House did not start as a result of community involvement to initiate a process to deal with a problem. As part of a larger agency, Prospect House did not have a separate board of directors. This not only limited its ability to do independent decision making, but also related to its visibility within the community and its ability to access outside community resources. This was apparent in the use of volunteers. Prospect House was not able to develop the same level of volunteer assistance in the shelter as Operation Hope had. Thus, the autonomy of the organization related to the ability of the organization to access informal supports.

The differences between the location of the two shelters also related to their ability to build informal supports. Where Prospect House was in a residential area adjacent to downtown, the residents of the area strived to block the existence of the shelter. RNP did not directly involve the neighbors which then led to the courts having to make the decision as to the existence of the shelter. This potentially contributed to an inability to build

informal supports from the neighbors in the area.

But the area was close to downtown, which was helpful in finding and accessing resources for the guests in the shelter. The question of whether the staff utilized the close proximity to downtown to their advantage will be discussed in a later chapter.

The third aspect of the location of Prospect House was the distance from City Welfare. This meant that a purposeful trip needed to be planned in order that the guests of the shelter applied for assistance. Thus, location in this instance inhibited linkage to some of the needed formal supports.

The location of Operation Hope then became a major advantage in the building of informal supports. Its location in a town building did not raise any problems with the local residents. In addition, because it was a town building, there was access to town resources, including social services. And finally, its location to the downtown area was a plus, as mentioned above. The question of how the staff was able to utilize the location will be addressed in a later chapter.

The physical structures of the two shelters also differed. The dormitory style rooms at Operation Hope lent to the building of cooperation between the guests in the shelter. While the semi-private rooms lent to maintaining

the individuality and dignity of the individual. On the one hand, the dormitory style was preferable for building informal supports while the separate rooms maintained privacy. A more in depth discussion about the structure will appear in a later chapter.

And finally, the definition of hours of operations were also dramatically different between the two shelters. Where both shelters were defined as emergency shelters, their definition of accessibility to individuals who were homeless was quite different. Both shelters had staff at the shelter seven days a week for virtually twenty four hours a day (Prospect House had no staff between 7:00 a.m. and 8:00 a.m.). But Prospect House was only accessible to individuals between 4:00 p.m. and 6:00 p.m. Once the guests arrived at 6:00 p.m., they were in for the night. They were all required to leave at 7:00 a.m. only to have to go through the process of re-entering at 4:00 p.m.

Operation Hope's philosophy of accessibility was quite different. They felt that the guests should be able to come and go as they saw fit. The shelter was their temporary place of residence and as such they should be treated as guests with rights of access to their domicile. More on the effect of the differing accessibility philosophies will be discussed in a later chapter.

The size difference between each of the shelters also

related to their ability to develop formal and informal supports. Operation Hope accommodated eighteen men where Prospect House sheltered forty two men and women. This would not seem to be as significant if there was a proportionate amount of staff at Prospect House, but the numbers of staff between the two shelters was virtually the same. Therefore, the size of the shelter related to the role and function of the staffs at the two shelters. The role of the staff will be discussed in more detail below.

These differences suggest a variety of questions about how the shelter operated to build formal and informal supports to address the problem of homelessness. These will be answered throughout the balance of the study. To begin to answer these questions let me first begin by looking at the nature of the work within the shelters and how these differences relate to that work. The basic premise continued to remain that the work of the shelter is to link individuals, who happen to be homeless, to the support mechanisms that exist in society which were created specifically to prevent that homeless episode. How do shelters perform that task and how successful are they in accomplishing it?

To begin that process, the next step of this study will be an overview of the people being served by these two shelters.

Chapter 4 - Who are the Homeless

The homeless population of this study represented only a small percentage of the total homeless population in Eastern Fairfield County. During any given period of time there are a number of individuals who are homeless because they have doubled up with friends or relatives; are living on the streets, in abandoned buildings, or in their cars; or are living in shelters. The reality is that only a small percentage of the entire homeless population ever find their way into a homeless shelter. Yet it is specifically these individuals who find their way into the homeless shelters who the shelters must deal with in order to address the problem of homelessness. To more fully understand the role that each shelter takes in addressing the problems of homelessness, let me first describe the characteristics of those individuals who happened to be in the two shelters during the study.

At any given time, Prospect House can legally house 42 adults while Operation Hope can only house 18 men (Operation Hope added five beds for women during the study but they were not included as part of the study). Since women were not included as part of the Operation Hope sample, the women at Prospect House were excluded from the data.

This meant that ideally Prospect House with a capacity

of 42 should have less than 42 participants in the study. However, during the sampling portion of the study at Prospect House there was a total of seventy five participants which included eighteen women. The reason for the increased numbers resulted from the policy of having everyone in the shelter leave in the morning and return later that afternoon. This meant that the entire population could potentially turn over in any given day. The reality was that only a percentage of the population turned over in a given day, which resulted in the greater number of case files reviewed than number of beds in the shelter. The implication for this greater number will be discussed in another section of this study.

On the other hand, Operation Hope only had sixteen case files that were reviewed. This was less than the potential number of licensed beds, eighteen. The discrepancy resulted from two of the guests choosing not to be included in the study. There were some interesting factors on how each shelter perceived their participation in the study. These issues will be discussed more fully later in the study.

The study consisted of two major parts. First, an extended period of time spent at Operation Hope, which included reviewing case records, interviewing shelter guests, interviewing and talking with staff, as well as

daily participant observation where I took part in the daily operations at the shelter. The second major part replicated the above sequence at Prospect House. The information gathered from these forms of data will be presented, discussed, and analyzed below.

The first form of data collection was the intake form. The intake form provided basic descriptive information about the individual coming into the shelter. It provided information like age, race, last address, how long they had been homeless, alternative living arrangements, reason why they were homeless (as determined by the individual seeking shelter), reason why they came to the shelter, any history of hospitalization (including substance abuse or mental illness), work history, and any linkage to social service agencies like welfare, corrections, mental health or substance abuse. The information on the form related to basic demographic information that was needed to record information about who the people were who sought shelter. This information was very helpful to the shelter staff in filling out the statistical reports that were required by the State in order to be eligible for funding reimbursement. The staff also used the intake procedure as a method for engaging the individual to develop a relationship them.

Three basic categories of information were discernable

from the forms. First was basic demographic information about who was seeking shelter. The second piece of information related to why the individual was seeking shelter at this time. The third piece of information identified any linkage to social supports that the individual could identify at the time that the staff completed the intake form. By breaking the information from the intake forms into these categories, it was possible to obtain an overview of those individuals who participated in the study from each shelter. Table 1 provides an overview of the demographic characteristics of those individuals in the study. The classifications used on the table, such as: race, last address, and state in which the shelter guests were born, educational level, veteran status, etc., are those classification used by the State of Connecticut Department of Human Resources and are consistent between all shelters throughout the state.

The table shows that the majority guests at the two shelters were originally from Connecticut. In addition, there were a significant number who were born in the surrounding states of New York, New Jersey, and Massachusetts. This suggested that the homeless episode was not specifically a condition resulting from transience, which would reject a common myth that homelessness is a result of being transient or migratory. When this

information was coupled with the last address information, then there was evidence that those individuals who sought shelter were primarily from the local area. This supported the findings of other studies, such as the Ohio study (Roth, et al., 1986), about the homeless people. In addition, the high percentage of U.S. citizens also dispelled myths that arose about illegal immigrants coming to this country and then seeking shelter. The last census identified about 28% of Bridgeport's population was immigrant, yet less than seven percent of the sheltered homeless population were not citizens. This suggested that if immigrants did need shelter then they were able to obtain it through sources other than the shelter system. The information from the table shows a high percentage of minorities (over 60% of the entire sample) who were in the shelters during this study. This suggested that minorities, as a group, may be at greater risk of becoming homeless. Some may classify that as the racism of homelessness. This issue will be explored later in this section.

Another demographic factor that the table showed was that 37% of the sample was under thirty years of age. The age factor also suggested that there were issues of ageism that may be associated with homelessness, albeit not as significant as the racism issue. It also dispels previous

connotations that the homeless people consisted of skid row alcoholics and promoted the concern that there was a youth trend toward becoming homeless. Both the racism and the ageism issues will be discussed in relationship to how the guests at the shelters viewed the concerns of their factors leading to homelessness.

The table also reveals that over 85% of the sample had a high school degree or less. If it can be assumed that high school or below educations translated into blue collar jobs and manufacturing jobs were primarily blue collar, then an association may exist between a loss of manufacturing jobs in an area with increases in homelessness. As mentioned above, Bridgeport was experiencing a loss of manufacturing over the past decade. This inference suggests a relationship between high school or below educated individuals not being able to find jobs thus leading to them becoming homeless. However, it does not address any issues about the job skills of these individuals. Another explanation could be that the individuals did not have the job skills, regardless of their educational level. This information is not available just by looking at the intake forms. B u t t h i s information only addresses social factors that may be contributing to the problems of homelessness, it still does not answer the question about why a particular individual

is homeless and why that individual came to the shelter. Again, there were questions on the intake forms which specifically try to answer those questions. Table 2 depicts the information that relates to why the person was homeless and why they came to the shelter.

Table 2 depicts a variety of reasons why the individuals at the shelter were homeless. Substance abuse or a combination of substance abuse and mental illness constituted over 72% of the history provided to staff by the guests as possible reasons for their homelessness. However, when this figure was compared with reasons given for leaving the last address, then substance abuse only accounted for 14%. This raised some questions about the relationship between substance abuse and actual homelessness. It appeared as though the individual seeking shelter did not perceive the substance abuse as being a contributing factor related to this particular homeless episode. However, the staff reactions to the individuals in the shelters demonstrated that they perceived substance abuse as a major contributing factor associated with homelessness. I will review this dilemma as I proceed with the discussion of the individuals in the shelters and how they perceive their true problem. The question that this dilemma raised was whether the substance abuse was the true cause for the problem of homelessness or whether it was a

contributing factor which masked other deep seated problems.

In reviewing why the individual came to the shelter, it was striking to see that over 64% said that they had no where else to go and almost 14% said that they came because they were referred to the shelter. This infers that the shelter was being perceived by both individuals needing shelter and referral sources as a place of last resort to provide a roof and a meal for the individual. This led to the question of what do these sources expect from the shelter besides a roof and a meal? Is there the expectation that the shelter will provide room and board while the other social services link the individual to resources that address the problems which led to them being homeless, or is the shelter expected to do both, link to services while providing shelter? These questions were not answered from the information obtained from the intake forms. Discussions about how the individual perceived the relationship between the shelter and other social services is explored below.

The question of work history also became an interesting area for workers. In discerning how to develop resources that provide a home for the individual, some source of income is needed prior to leaving the shelter. However, over 74% of the population expressed either no

regular or some part time work experience. This suggested a question as to whether employment became a viable income source for the individual. If it was determined that employment was an appropriate source then the question arose as to how job skills could be introduced as part of the process to help the individual become more employable? This factor became linked to the level of education of the individual as depicted in table 1. This will be discussed below.

The third category of information that was gleaned from the intake forms was the connection to support services. This was broken into contact with formal supports, including income sources and contact with professional social welfare agencies, and contact with informal supports, including family and friends. Table 3 lists those categories that the intake forms identified that relate to contact with support services.

Table 3 demonstrates that 55% of the individuals claim they had no contact with any social services and 59% claim they had no contact with family or friends. This supported the premise that individuals were homeless because of a lack of formal and informal social supports and came to a shelter because they felt they had no where else to turn. These numbers were supported when compared with sources of income and how the individual came to the shelter. Over

53% of the individuals stated they came to the shelter because they had no source of income. Since they had no income, the shelter was perceived as their last resort. With almost 37% being self referred to the shelter, then that decision was made on their own. However, over 20% of the individuals stated that they arrived at the shelter as a result of a referral from a friend. This implied that even though the individual did have contact with a friend or family member, they did not feel as though they could rely on that person for shelter. If the family or friend was the last resource that was turned to and they were unable to help, then the shelter was again perceived as being the only place to turn to for assistance.

An interesting fact that Table 3 pointed out was that over 40% of those individuals in the shelters did have some contact with social service agencies. Even with that contact, they still felt the necessity to come to a shelter for assistance. Again, this raised the question of the role that social services play in addressing the problems associated with homelessness. For if these services were designed to address the problems being faced by people who were homeless, would these individuals have to turn to shelters for assistance? Or are the services using the shelters as dumping grounds for people that they can not help, meaning that the shelters were dealing with the most

difficult members of the population? These questions can not be answered from the available information. This necessitated a more in depth exploration of these issues with the individuals in the shelters.

To this point the discussion has focused on the overall population in the two shelters. However a closer review of the three tables pointed out that there were differences in the populations between the two shelters. Since both shelters were serving the homeless individual, it was assumed that there would be more uniformity between the populations at the two shelters. However, the differences in the populations between the shelters suggested other factors may be operating within each of the shelters to attract their respective populations. For example, Table 1 showed discrepancies in the number of individuals who reported this as their first shelter experience, the race of the guests between the shelters, and the ages of the guests between the two shelters. This suggested that Prospect House served a different element of the homeless community. With the number of first time users, it suggested that Prospect House was more of an emergency shelter, while Operation Hope was serving more of a chronic homeless population. This was suggested by looking at Table 3 which showed that there were differences in the levels of social supports between the two

populations with those individuals at Prospect House having less contact with support systems than those at Operation Hope. However, both shelters defined themselves as emergency homeless shelters. This suggested general differences in how each shelter perceived their role in addressing the problems of the homeless. These differences will be explored at a later time.

This information provided general information about who was in the shelters, why they were homeless, and why they came to a shelter; however, it still does not supply specific information about why a particular individual was homeless. Instead the information provided general social trends that were occurring in society which contributed to the problems of homelessness. However, if the shelter was expected to address the problems that an individual was having which caused the homeless episode, then a more individualistic approach needed to be taken. The next aspect of the study did just that, interviews were conducted with individual guests at each of the shelters to determine what was their specific problem which led to their homeless episode and how they were addressing these problems. In addition, the interviews also tried to understand how each of the guests perceived the shelter as part of the system to address their problems of homelessness.

The Men of Operation Hope**Sam**

Sam, a thirty-four year old white male, has been at Operation Hope for seven and a half months. He said that he came to Operation Hope as his last chance in life to deal with his alcoholism and drug addiction. He states that he has spent numerous days in other shelters and they have not been able to deal with his problems so this is his last chance in life.

Sam has a long history of searching for a place to feel wanted. He states, "I left my house at fifteen when I was told that my father was not really my father. My mother told me that she had no idea where my real father was and that she married my step-father when I was only an infant. I felt so cheated and lied to that I could not trust the people around me and so I left." His leaving put him on the road needing to fend for himself. He said that out of desperation he was forced him to do things, like sell himself, in order to survive. At first he was very uncomfortable with using his body as a means of getting a meal in his stomach. But with the use of drugs it became easier to do them. The drugs also gave him an escape from the stresses of being alone.

Sam said that stayed pretty much to the warmer parts of the country. He started in Florida and worked his way

to California, always looking for that formula to be accepted. He says, "When I was in California the money was real good, but I missed being home. I called to see if I could come back and they invited me back. But I did not want to be dependent on my family, I wanted to show them that I had made something of myself."

But it did not work. Sam says, "When I got back, things had changed. My step father had cleaned up his act and was attending AA meetings. There was something in the house that I could not deal with. More than ever I had to show them that I could make it on my own." Instead of showing them that he could make it on his own, he continued to look for acceptance. And when it wasn't there he increased his drug use. Eventually Sam ended up residing in a shelter, first in Hartford and later in different parts of the State. He states that each time he stayed in a shelter, "they continued to promote feelings of being alone and unaccepted." He felt like he had no purpose in life and no reason for living. He states, "But I did not have the guts to end it." As a last resort he turned to Operation Hope.

Since arriving at Operation Hope he states that it has become the home that he never had. He states, "It (Operation Hope) is a place where I can take the chances to grow that I never had in my own home. It provides me with

a reason for being. The people here respect me and in return I have learned to accept myself for what I am, a drug addict. Once I have been able to accept who I am then I can begin to move on."

Sam presents issues of need for acceptance as an underlying issue related to his homelessness. The substance abuse is there, but it seems to be consequential to other issues that existed in his life, like feeling wanted and accepted. Sam looked for those aspects throughout his journeys across the country, but could not find them until he reached Operation Hope. Once there, he has been able to begin to look at who he is and begin a process of change.

Luis

Luis appeared at both Operation Hope and Prospect House. He was initially a guest at Operation Hope and spent a good period of time there, hence the reason for profiling here. In the above case record data, Luis is profiled as part of the Operation Hope sample is not part of the Prospect House sample.

Luis came to Operation Hope a few weeks shy of his twenty third birthday. He was born in New York City. His parents had both migrated from Puerto Rico before he was born in search for a better life. Both of Luis's parents had only achieved a sixth grade education, but Luis said,

"education is very important to me. I see how education is the way to get what this country has to offer."

But it was his desire to achieve the American Dream that caused him so much distress. He states, "My father worked very hard to try and maintain a middle class lifestyle for our family. He needed to work two jobs in order to support us. I looked up to him for giving us all he could, but it also meant that I never saw him. There were days that I would not see him and I resented him. I promised myself that I will 'make it' but will not have to work as hard to do it as he did."

At first, Luis saw his route to 'making it,' through professional baseball. But at seventeen, his hopes were dashed by a muscle tear in his shoulder. He felt as though he had no one to turn to for consolation. He finally turned to drugs as a way of escaping his feeling of uselessness.

To add insult to injury, he states that his family could no longer endure the pressures of 'making it' in American and decided to move back to the simpler life of Puerto Rico. But Luis was determined to graduate high school. So he decided to stay in New York by himself and 'make it' while his family moved on. He has been on his own ever since bouncing from one shelter to the next. He states, "I go into these shelters and do whatever I can in

order to survive. Some of these places are pretty bad. I would really like to be in charge of a shelter one day to show people how it can be done right."

But Luis places little faith or trust in anyone except himself. He says, "I can't trust anyone in these places. When I am faced with a problems I deal with it by meditating, sometimes I use drugs to get me in the proper mood to meditate." This has led to a barrier which he has built around himself making it difficult for the staff to engage him on a feelings level. Everything is very rational for Luis. As a result, he has isolated himself from many of the staff and other guests at Operation Hope.

Even though he never said so, his continued drug usage at Operation Hope eventually led to his termination from the program. He stayed at Operation Hope for over seven months before he left to stay with his uncle. He then reappeared at Prospect House only to stay a week, until he was able to enter the Salvation Army Treatment Program.

Michael

Michael is a 51 year old black man who came to Operation Hope ten months ago, after a stay at the YMCA. He states, "I had to leave the "Y" because it became too expensive to live there on my Job Fair (Welfare) salary. I needed a cheap place that was willing to work with me while I got back on my feet."

Michael grew up in the Bridgeport ghetto (Father Panick Village) and spent his entire life there. Michael talks about a ghetto mentality where no one cares about you. "The ghetto leaves you on your own and to fend for yourself. If you can't fend for yourself, then the environment will eat you up. There is no feeling of caring for your fellow man in the ghetto and no sense of hope to ever improve that situation. The only way to escape is by drugs, either use or sell. And if you sell, then you become a throw away person to protect the supplier."

This has led Michael to focus on relationships in a cost-benefit manner. He states that he would enter into relationships based upon what he would gain from the relationship. He says, "When I lived in the ghetto, I had five women all at the same time. I could have whatever I wanted. Any do you know why, because I took care of them. They all knew each other and they all had my kids, but because I would buy them what they wanted they did not care that I had another lady." The law of the ghetto, as Michael puts it, is to get what you can from the other person.

Michael placed no value on feelings in relationships. All he could relate to was the cost-benefit that he would receive from the material aspects of staying in the relationship. He says, "when I got out of jail, I got

involved in a relationship. She would provide me with crack every day and keep me high. I didn't care where she got the money for it as long as she provided. My mother told me she was bad news and I should stay away, but I didn't care as long as I was able to get the stuff. But one day I walked in on her with a john. All I wanted to do was to shoot her so I went out and got a shot gun."

This was his initial perception of Operation Hope as well. He needed a cheap place to stay until he could make the contacts to be on his own again. However, he states, "while at Operation Hope I learned that there are people who care for you for yourself. I never had anyone care about me as a person and not for what they can gain from me. It was hard at first and there were many times that Pam (the director) would say to me if I wanted to leave and go back to the ghetto I should. But I felt that I would be letting her down as well as myself." He also states that this caring has led to him being able to care for other people as themselves and not for material gains that he can have from that relationship. He says, "I now have a girlfriend that I feel that I can take home to my mother and she will approve. This is the first time in my life my mother has approved of someone I have been seeing."

Wesley

Wesley is a twenty three year old single black man.

He was raised by his paternal grandfather when his father died and his mother felt that it would be better for him to live in a middle class life style than to have to struggle through her uncertainty of single parenthood. But when his grandfather died, Wesley states that he was thrown into the streets because his grandfather did not have a will. He tried everything to get off the streets, including enrolling in the Massachusetts Job Corps. But Wesley says, "the guys at the Job Corps were a real tough bunch. I got into a fight with some of them and they sent me back to Bridgeport." Finding himself back on the streets with no where to turn, he remembered someone at Job Corps mention Operation Hope. He turned to them for help and was taken in.

Wesley is an easy going individual who expresses himself through drawing cartoons. He is quiet and does not want to be obtrusive. He feels victimized by the situations which led to him becoming homeless. He says, "when my Grandfather married that Jamaican woman so she wouldn't be deported, I asked him if he had a will and he said he didn't. I told him he should get a will but then he died and the court awarded her the house and I was on the streets."

However, not only was Wesley homeless, but he also felt lonely and bitter. He did not know where to turn. He

says, "when my Grandfather died all of these relatives that I had not seen in years came to try and claim the estate. They were such vultures and the whole thing was very ugly. I then turned to a friend to stay in his garage but could not stay there because he had no washing facilities. That's when I went to Job Corps." Wesley was on his own for the first time in his life with know supports. His anger led to Wesley stating, "I am so angry at my Grandfather for not leaving a will that I have not visited his grave yet."

But when he came to Operation Hope things began to turn around for him. He says, "they (Operation Hope) were willing to accept me when no one else would. It isn't perfect, but it provided me with the basics (food and shelter) in order that I could start my life again." While in the Shelter, Wesley began working towards his art degree at Housatonic Community College. He states that his goal is to complete his degree. He says, "once I get my degree I will have accomplished something on my own. I think then I will be able to go to my Mom's house in South Carolina because I made something of myself. I may even be able to go see my Grandfather's grave and show him my diploma to show him I did it on my own."

Wesley is also searching to be accepted. But his searching did not take him into the world of drug abuse.

A particular set of circumstances in his life caused him to lose perspective on who he was and broke down his support network. He turned for help but was only able to find it from Operation Hope.

Joseph

Joseph is a black man in his mid forties. He came to Operation Hope after he could no longer afford the expense of staying at the YMCA. He said that he went to the "Y" after he was released from jail.

But Joseph feels that he should never have had to go to jail. He says, "I was working a good job as a maintenance worker at Sherwood Island (State Park) when this guy came up to me and started calling me names. He must of had a few too many because I told him to stop and he said that no 'nigger' can talk to me that way so I hit him. The next thing I know is he is pressing charges. I went to court and my supervisor vouched for me, but I didn't have a lawyer. The Judge gave me five months for assault. I ended up at the North Avenue Jail and when I was released I had no where to go so my parole officer recommended I go to Operation Hope but they were full so I moved into the "Y". But his money ran out, forcing him onto the streets. Joseph said that he went back to his parole officer telling him he ran out of money and would have to move onto the streets. He then said that his

parole officer made a phone call and was able to get him into Operation Hope.

Joseph is one of the people who migrated to Connecticut in search of a better opportunity. He is a Korean War Vet and was working in Texas after the war. He came to Connecticut when jobs in Texas dried up and a friend had promised him a job with the VA Hospital in West Haven. Joseph states, "I left my mother and daughter living in my house in Texas to come for a position with the VA in Connecticut. But when I got here there was no job." Instead of immediately returning home, he said that he was able to get a job with the State Parks and Recreation Department. He has been with them for six years. But he still feels that his home and roots are in Texas. He says, "I continually send money to my mother and daughter to help with the expenses." The jail incident only helped to reinforce his feelings that home is in Texas. He says, "the arrest helped me gain focus of where my people are and where I belong. I hope to be able to return in February. My daughter will be beginning college in the fall and I would like to spend some time with her before she goes."

In the meantime, Joseph needs to get himself reestablished at the Parks Department in order that he can make enough money to return home. He says, "the 'Y' was just eating up everything that I had. I could not seem to

get anywhere by living there. They did not seem to be very helpful and understanding of someone in my situation."

As for Operation Hope, Joseph is very appreciative. "They seem to understand what I have been through," he says. " They provided an inexpensive and safe place for me to live while I was able to get back on my feet. When I got out of jail I was completely lost and had no where to go. All I knew was that I needed help to get back home, but no one seemed to want to help me except the staff at Operation Hope." He states that he is grateful for their willingness to work within his needs. They made special payment arrangements to coincide with his pay schedule from the State. "But the Shelter does not provide the privacy that I am used to," he says. "I wanted a place of my own. So the staff at Operation Hope helped me find a place close to here. I will be able still eat some meals here when I want to. It will be nice to keep up the friends that I have made during my stay."

Joseph describes a sense of being alone and away from home. His homelessness was caused by a particular incident that landed him in jail. He was not aware of how alone he was until the jail experience. Then he realized that it was time to return to his roots.

Joe

Joe is a white, 65 year old, Fairfield native. He

gets around with a cane and has a metal plate in his head. He said they needed to put the plate in his head after fell down the stairs. His speech is very slurred and he says that he can predict the weather because the pins in his legs and arms tingle before it rains. He said that he came to Operation Hope because the police did not want him sleeping on the beach.

He said he was forced to move to the beach when the building he was living in turned into condominiums. He did not want to buy because he was getting ready to find a rest home so he left with no place to go. However, the beach seemed to have all the amenities of home. He says, "I had a nice spot on the beach. It was close to Al's (bar) and I had my privacy. I had a hammock to sleep on and a tent to get out of the rain." But one day Joe got into a fight which prompted the police to become involved. With no where else to take him, he ended up at Operation Hope.

Joe has sisters in Fairfield, but they do not want anything to do with him on a permanent basis. He says, "I see my sisters for dinner on the holidays, but they do not want me living with them. There just didn't seem to be any place to go but the beach. I was free to come and go as I pleased and did not have to report to anyone. If I wanted a drink, I'd have one."

Joe is an active alcoholic. He said that he has been

through detox and treatment a number of times but doesn't understand why people make such a fuss about him having a couple drinks. He says that he has been drinking as long as he can remember and it hasn't stopped him from living his life. He boasts of such accomplishments as a tug boat captain and Bridgeport harbor master but never recognized any problem in going out for a couple of drinks with one the captain of the big ships that came into the Harbor. "I used to bring in one of those big ships and then the captain and me would go over to toast his arrival," he says.

But during Bridgeport's decline, traffic in the harbor also declined. There did not seem to be much need for Joe. Whether it was his age, lack of work, or the alcohol is not clear, but Joe found himself without work. Now that he is out of work, he says, "I don't understand it, as long as I was working things were all right. Nobody questioned when I went out and had a few too many. Now everyone wants to keep pushing me into treatment." For a number of years he says, "they (the police) would pick me up from the streets or beach and take me up to detox in Newtown. I would be there for two or three days and then come back here to the beach. I know a lot of people in this Town and I like it here. I did not want to be gone for too long. So I would come back. The nice thing about Operation Hope is that I

can still visit all my old friends and have a drink or two with them when I feel like it."

Joe was the closest person that I met to a skid row alcoholic throughout the study. He saw Operation Hope as his new home. He felt welcome and did not have to leave the friends and the supports that he had developed throughout the years. He says, "Operation Hope is nice place, they give me a bed and meals and let me spend my days visiting friends. The staff make me feel real comfortable. If I fall they help with my medical. This is like a home." He credits the staff for helping him address his many medical problems that have been corrected since he arrived. On a positive note, Joe is beginning to admit that there may be an alcohol problem. He has begun to ask the staff and other guests about the effects of alcohol on the system.

Joe has had a full life and is now dealing with chronic alcoholism. The alcoholism may be directly related to his homelessness; however, he is unwilling to admit it at this time. He recognizes that the Shelter is providing an essential resource for him, one that without he would probably not be able to live. I feel that his beginning to question his own drinking now and not during the previous attempts to detox Joe relate to his feeling that Operation Hope is his home. He has been able to build a trust and a

relationship with the staff and other guests at the Shelter that he never had before.

Steve

Steve is a sixty seven year old white man who has been in Operation Hope for over a year. His tall stature and full head of hair make him appear younger than the sixty seven that he claims. He states that he works part time at Stop & Shop in Westport and receives Social Security (Disability) as a way to pay his bills and live at the Shelter.

Steve describes a long history of institutional/shelter life. "Since my accident when I was seventeen," he states, "I have been in and out of some hospital. The longest time, twenty five years I think, was in a hospital in upstate New York. But then twelve years ago they discharged me from the hospital. I went to Tarrytown to look for work. I stayed in a rooming house, but I couldn't get a job and my money ran out. I then went into a shelter in New York and then the shelter in Westport before coming here (Operation Hope)."

Steve expressed a strong desire to work. He said, "I always want to work. But since I sliced my hand at Sikorsky when I was seventeen jobs have been hard to come by. The staff here have been very helpful in finding me the job at Stop and Shop."

Steve was one of the longest staying guests at Operation Hope. He came to the Shelter when it opened and has been there since. There just did not seem to be a place where he could be referred to. Whereas, Joe had his problem with alcohol, Steve seems to have been a victim of the deinstitutionalization boom of the late seventies. Physically there does not seem to be anything wrong with him. But there is that block of time after his seventeenth birthday that he can not seem to capture. He has a desire to work, but does not have any job skills. He turns to the staff for friendship and support. His only complaint is that, "it does get a little noisy at night which makes it hard to sleep," he says. "The only reason that I would leave here is to get a good nights sleep."

This is an overview of some of the guests at Operation Hope during the study. From their statements, it is possible to see that there are some similarities and differences. With the exception of Wesley, all of them have been homeless for an extended period of time. They all seem to have a need to feel accepted and wanted. They view the shelter as a place for filling that need. Only Luis, and later John, were not able to have that need met at Operation Hope. All of them described a sense of not only being alone, but also of being lonely. The difference between these two will be discussed below.

With the exception of Joe and Steve, they seem to present a form of episodic homelessness, or people who frequently go in and out of homelessness (Institute of Medicine, 1988:23). Joe and Steve seem to demonstrate a more chronic form of homelessness. But again, these are generalized characteristics of the guests which make up the population at Operation Hope. Each of the guests presents a very individualized and different story. Three different themes seem to emerge, those who are in search for renewal, those who feel victimized and helpless, and those who have been seriously damaged or immobilized by life long alcoholism or mental illness. The question that arises is whether the guests at Prospect House express similar circumstances which led to their homeless situations.

The Men of Prospect House

Gerald

Gerald, a twenty eight year old black man, was exceptionally proud of himself the day of the interview because he had just been able to purchase a pair of British Knights for himself. He expressed his pride by saying, "this is the first time in as long as I can remember that I have had money to buy myself a present. Usually whatever money I made I either spent it on drugs or on the kids, but now I have been able to earn money through this temporary job to buy myself a present."

Gerald states that he has five children, three from his marriage and two from a woman that he lived with after his divorce. He was born in Bridgeport, but moved to New Haven to study auto mechanics. He worked as an auto mechanic until five years ago when his wife broke up with him. Gerald says, "I was devastated after my marriage broke up. The only thing I could do was to drown my feelings in drugs. I used marijuana since I was thirteen, but when she left me with my kids, the high just wasn't enough. This woman turned me on to crack and it seemed to help me forget her." He eventually moved in with this woman who bore his other children. Then Tom said, "my habit grew and I lost my job. I sold my tools in order to support us, but there still wasn't enough money. Then her brother suggested that I deal for him to support myself."

He said that this led to his arrest for possession with intent to sell in New Haven. He sought help from his brother who works in the Bridgeport prosecutor's office. "To avoid a jail sentence, he said, "my brother suggested that I plead guilty. So I did and moved into my mother's house."

"But this did nothing to stop my using," states Gerald. "I continued to use and need money to support my habit. As a last resort I stole money from my Mother's

drawer. But they found out and threw me out of the house. I had no where to go and ended up at Prospect House." Gerald says that he continued to use while at Prospect House. He says, "the staff encouraged me to get treatment but I could not admit to myself that I had a drug problem. I felt that I could quit anytime I wanted. But things were going so bad that I needed to get high to forget about the pain." Since he would not get help, he states that the staff gave him a termination date to try and force him into treatment.

Gerald did not take the hint and was asked to leave. As a three time loser, Gerald said, "I was very depressed and felt like committing suicide. I checked myself into (Greater Bridgeport) the Mental Health Center to deal with my feelings. They sent me to Berkshire Woods to detox." Following his detox, Gerald again had no where to go and returned to Prospect House. This is when I met him for the study.

Gerald says that he now realizes the effect the drugs were having on him. He says, "I screwed up the first time I was here and don't want to screw up again. Before all I cared about was getting the drugs, but now I need to show the staff that I am not a loser and can make something of myself." He said he was voluntarily enrolling in an out-patient drug rehab program so he can succeed. He has also

enjoyed being able to save some money from his manpower job because he hasn't needed to spend it on drugs.

Gerald identifies a single event, the break up of his marriage, as the beginning of his problems leading to him becoming homeless. He did not get into the reasons for his divorce, but he did say that he would not see his kids until he was able to make it on his own. He now views the shelter as a way to help him make it on his own.

Lawrence

Lawrence is thirty three year old black man who was recently diagnosed as having AIDS. He has been feeling physically tired and is very depressed causing him to do nothing. He says that his wife has been very frustrated with their relationship forcing them to separate. Lawrence moved into Prospect House while she is in the family shelter with her children.

Lawrence has three children from a previous marriage. He says, "when my marriage broke up, I turned very heavily into drugs. I even tried heroine for the first time. I think the AIDS came from using a dirty needle from the heroine. Isn't it ironic, I only used heroine once and now look at me, I have AIDS."

It was at one of the drug parties that he attended that he met Mary, his current wife. He says, "When I met Mary, it was like love at first sight. We had a real wild

sexual relationship. We couldn't be away from each other for a minute. So after two weeks we decided to get married."

With his factory job, things were feeling comfortable for him and his new wife. But his former wife began pressuring him for child support. "Things didn't get bad until the plant closed and I lost my job," he says. "I couldn't keep up the child support payments. There were no other jobs around and I started feeling really sick. And on top of that, Mary became more demanding of me. I had no where to turn so I left her and moved into the Shelter."

Initially the two shelters tried to get Lawrence and Mary back together. But Lawrence says, "Mary was just too demanding. She wanted to do it all the time and I was diagnosed as having AIDS. I wasn't sure what I should do. I just felt inadequate and needed my space. So I moved back to Prospect House."

Lawrence is at a loss for what he should do at this point in time, the AIDS has made him too tired to work but at the same time he does not want to be dependant upon anyone either. He says, "I am not even sure where my marriage stands. I don't have the same feelings and needs that I had when I met Mary and don't feel that it is fair to burden her with my problems." Lawrence feels as though he is in a holding pattern, just waiting out his time until

he dies. This is exemplified because one day I came into the Shelter and Lawrence was just lounging around. In conversation he mentioned that he just could not get going this morning but he needs to go to the bank to pick up his welfare check. I encouraged him to get dressed and offered to take him to the bank. When he finally got moving, he got to the bank just to find out that they put it in the mail. He said, "so what is the use in even getting dressed, they will just mail it to me if I don't show up on time."

Lawrence's situation demonstrates someone who has given up all hope. Once he was diagnosed with the AIDS virus he felt that there was no reason for living. He saw himself as marking time until he died.

William

William is a twenty-one year old mulatto. His skin color and features do not immediately dictate that he comes from a mixed union. However, he says that the mixed union is what forced him onto the streets when he was thirteen. He has been trying to survive the best way he can ever since.

William states that Prospect House is his first shelter experience. Prior to entering Prospect House he states that he resorted to prostitution as a way of supporting himself with food, shelter, and his crack habit.

But cold weather and an increase in police efforts to stop the prostitution in the area have forced him to find a more regular form of shelter. He said, "things have gotten harder to stay warm. It is hard even to get any action. The police are hitting real hard to try and clean up the City. As a last resort, I went to City Welfare for help. They sent me to Prospect House."

But Prospect House isn't what he expected. "They impose pretty rigid rules on you here," he says. "While on the streets you learn to fend for yourself and do what you need to do in order to get by. I will really need to try if I want to stay. I haven't been used to taking orders from anyone since I was thrown out of my Mom's house when I was thirteen."

William places a lot of blame on his mother for his current situation. He says, "my Mom is an addict who relied on prostitution as a means of support and that is what I turned into. Just like her. But she threw me out on the streets because she didn't have the spine to stand up to her boyfriend. I vowed to myself that I would never be so gutless." He continues by stating, "I learned what it took to survive. If I had to sell myself I would do it. But I found that the drugs make selling yourself easier to swallow so I do them as well. I built up to about a \$100. a day habit. That's a lot of tricks just to make enough to

support the crack. That is one reason I came to this joint, it got too hard to always keep putting yourself on the line every night."

It is this sentiment about Prospect House that makes it difficult for William. He wants the roof over his head, but he is not sure about what price he needs to pay in order to keep the roof over his head. At this point in time he seems content to just hang around and do the minimum that he needs to do in order to stay.

But a few days after my interview with him, I came to the Shelter and was told that William had left the Shelter. Apparently he had been reprimanded by the staff for refusing to do his assigned chores. In anger, he left the shelter and has not been seen since. The staff said that he was not asked to leave and was welcome at the shelter any time as long as he was willing to follow the rules.

William is caught between the issue of wanting shelter and security while not giving up some of the freedoms that he has relied on in order to survive. It gets down to a level of trust, he is afraid to trust anyone else except himself. The one person he did trust, his mother, threw him out when he was thirteen and he has not been able to build that trust since.

Jack

Jack is a twenty-two year old white male. He takes

medication for epileptic seizures. He said that this is his second time at Prospect House. This time he has been here a little less than a week. He said he came to Prospect House when the Police forced everyone to leave the grounds of the old Welfare Building (he said that he and about ten others used to sleep there every night).

Jack is the oldest child of Italian immigrant parents. He said that his father is a foreman for Sikorsky Air Craft. But Jack says, "I hate my father. He is to blame for the death of my mother. My Father used to drink all of the time. When he drank he, he became very violent. First he would beat my Mother and then he would turn towards me. It is because of the beatings that my mother is dead." He continues by saying, "when I was fifteen, my father beat me and my mother so bad that I went after him with a knife. I cut him good, but my Mother thought it best if we leave and move into a shelter." Jack describes his first shelter experience as that of being in a homeless family shelter with his mother, brother, and sister. He didn't care for the shelter, but it was safe. When his grandmother became sick, he went to Italy to care for her.

The lasting first shelter experience has been a negative one for Jack. She said, "that first shelter was so small for the four of us in a single room. I vowed to myself never to end up in a place like this, however look

at me, here I am in a Shelter again." Jack hates being in the Shelter. He feels that he would do anything to get out the Shelter, but the other guests don't care. They are lazy and unmotivated to change. He says, "I don't fit in with these people, because want to work and better myself. But all they other guests want to do is to get high." The hatred towards the other Shelter guests has been so extreme that in the short time that he has been in the shelter he has alienated many of the other guests, mostly the blacks, in the shelter. This feeling led to Jack pulling a butter knife on one of the guests and was later asked to leave.

George

George is a twenty-eight year old white male. He is a Navy veteran but received less than an honorable discharge when he failed to complete an alcohol treatment program that the Navy required that he attend. He came to Prospect House with nowhere to stay while he awaited a court sentence for an embezzlement conviction.

George reflects that his problems stem from his father. He resents his father for the way he treated him as a child and states that he has worked hard his entire life not to be like him. He says, "all my father wanted to do was to improve our life, but he did it without considering what was best for us. He moved us from Bridgeport to Fairfield explaining that he wanted to better

us. Even though the move was only a couple of miles, I had to leave all of my friends." But that was not only reason George stated for resenting his father. He continued by stating, "with all my friends in Bridgeport, I had no one to relate to. I expected my father to be there and do the things that other fathers did with their sons. But my father was too busy trying to show us what making it was all about. He began to drink more, and the only time he would spend time with me was when he wanted a drinking buddy. When we drank, he would get so drunk that he would beat me. The worst part of it was that while he was beating me he would be scolding me for not doing better in school and trying to improve myself. He wasn't aware that it was because of him moving me that I decided to drop out of school."

But even though George dropped out of school he realized the importance of getting his degree. He knew that he needed his high school degree to get into the service and that the service was his ticket away from his father. So on his own he completed his high school equivalency (a year ahead of when he would have graduated if he had stayed in school).

The Navy helped him physically get away, but he could not escape his father. He said, "there were lots of drugs floating around the Navy, but I pretty much stuck to

alcohol because it was more readily available. But I must have been drunk and disorderly a few too many times because the Navy sent me to detox. But I couldn't stay there. I had to leave after the three days in detox and not finish the treatment program. I got drunk again and refused to go to detox again, that is when the Navy discharged me. I now realize that the drugs and alcohol were my way of escaping my dad. The Navy got me physically away from him but there was still that voice inside that was telling me to do better. The alcohol helped me get away from that voice. But then I didn't want to give up the alcohol. That is why I am in the trouble I am now in."

As he sits in Prospect House waiting for the judge to establish his future, he reflects on the role that alcohol and drugs have played in his life. He assumes that he will be spending some time in jail. While he serves his sentence, he hopes that he will be able to address his alcohol problem. His goal is to become the father to his daughters that his father was not to him.

At this point in time, George is confronted with a major issue which will permanently effect his life, the possibility of serving time in jail. This has translated into a view of Prospect House as a holding station until sentence can be passed down. In essence, Prospect House becomes an extension of the penal system, for even though

he is free to come and go, in his mind Prospect House is preparing him for what it will be like in jail.

Ralph

Ralph is a tall, lanky, white male in his late twenties. He has been in Prospect House for two weeks. He came to Prospect House after he lost his job and his general assistance check made it no longer affordable to pay rent at the YMCA.

Ralph appeared to be very confused and isolated. He says, "I received a concussion when I was in the automobile accident. I don't remember much. I must have also had some brain damage." But when asked to discuss his family, he says, "I don't recall much about my family, I have been on my own since I was eighteen." He also states, "when I was a child I had infectious mononucleosis. This led to complication resulting in liver and kidneys problems. As a result, I never finished high school."

Without a degree, Ralph says that jobs have been hard to come by. He says, "I usually work construction type jobs, but that market dried up. I was working as a life guard before my accident. I would really like to go to the service but can't because I don't have a high school degree. So I just look for whatever job I can get to get by." Ralph places it as a double bind, he can't go to school because he needs to work to support himself and he

can't find a decent job because he doesn't have the education.

I am not sure whether the accident that Ralph was in was a gift or not. Since he has been at Prospect House, he has not done much of anything. He says that he needs the time to recover from the accident. He walks with a limp and appears to be somewhat distant when talking to you. He appears to have no close friends or relatives and does not interact with the other guests at the shelter. He is perceived as being loner. He also does not share much with the staff because he states, "the staff at Prospect House have me pegged as an alcoholic or drug addict. They continually want me to go to AA and NA meetings." But he claims he never uses drugs so he does not understand why they constantly are pressuring him to go to the meetings.

Ralph appears to be content with just being at Prospect House. With the exception of the few times that the staff insist that he go to AA and NA meetings, he is able to pretty much just hang out and not do much of anything. He has a roof over his head and he is guaranteed to hot meals every day. He does not have any specific skills that he can market so Prospect House becomes a place where he feels he will be taken care of. Ralph does not mention any history to look back on nor does he describe a vision of the future. He perceives Prospect House as being

there to take care of him.

Paul

Paul is a sixty four year old white male. He came to Prospect House after repeatedly being rejected by friends and other shelters. Paul had previously been at Operation Hope during the beginning of the study but his continued drinking while a guest at the shelter resulted in a non-renewal of the sixty day stay. He claims that he moved out of Operation Hope to live with his girl friend who later threw him out.

Paul is an engineer who worked for Bridgeport Brass until the company went out of business. He said, "when the company closed it doors I was fifty eight. No one was willing to hire me at that age. I had no where to turn so I began drinking."

On top of losing his job, he said that his apartment was being converted to condo. "Without a job I couldn't afford the mortgage to by into the condo," he said. "I was too young to receive Social Security or to move into a rest home (subsidized senior housing) and too old to get another job. I really had no where to go. This forced me onto the streets. Luckily space became available at Operation Hope."

The staff at Operation Hope also felt that his drinking may have contributed to his inability to find a

place. They stated that they were having trouble in finding a place for Paul to live because of his drinking. They recommended that he seek treatment but he refused. After Paul demolished his car following one of his drinking episodes, the staff felt that it was crucial that Paul get some help. But Paul felt that he was too intelligent to be an alcoholic. He blatantly ignored the staff when they recommended that he get some help for his drinking by drinking in the shelter. The staff felt they had no other alternative but to not renew his stay.

Paul rationalized the discharge by stating, "my girlfriend took me in so Operation Hope was not necessary." But Paul continued to drink and soon found his way to Prospect House. When Paul first arrived at Prospect House, he continued to drink. As is their policy, the staff set a termination date when he refused to get help. With the termination date, Paul finally realized that he needed to do something about his drinking problem. He agreed to get help and said, "when I finally agreed to get some help there seemed to be a change in the way the staff treated me. They said that they would be willing to work with me for as long as it took to get into a program. Maria was very helpful and would spend a lot of time with me helping me to understand just what I should expect and understanding how alcohol had affected my reasoning

ability." It took the staff a few months to place Paul in a treatment facility, but they were finally able to place him.

When Paul came to Prospect House he needed a cane to help him walk. As a result of his condition, the Prospect House staff waived the 4:00 p.m. return policy. This was not a special waiving of the policy for Paul because all guests with special needs are awarded the waiving of the policy. It still meant that he had to leave the Shelter at 7:00 a.m., but he could return anytime after 8:00 a.m. The staff said that there were times when Paul would be waiting on the door steps for them to arrive at 8:00. However, it is this little extra privilege that Paul received that contributed to his willingness to seek treatment when forced by the staff. Because of his ability to return after 8:00 a.m., he was able to develop a special relationship with Maria that few of the other guests were able to do. It is possibly the one on one attention that Paul received that contributed to his willingness to seek help.

This becomes an important distinction in looking at Paul. For when he was at Operation Hope, he may have only perceived himself as being one of the eighteen guests. He did not perceive as though he was receiving any special attention. However, when at Prospect House, he was able to

receive that special attention that he wanted. He began to feel wanted again, something that he had lost with the closing of the plant and the loss of his apartment. More discussion about this will appear in a later chapter.

This is an overview of some of the guests at Prospect House during the study. With Prospect House holding forty two different guests, it was difficult to get to know all of them. However, with the help of the staff, it was felt that the guests represented a cross section of the situations that are presented to the Shelter. From their statements, it is possible to see similar predicaments as those being presented by the guests at Operation Hope. The guests at Prospect House also exhibited aspects of the search for renewal, or being victimized by situations, or those who were severely immobilized because of their situation. But the similarities between the guests ended there. For even though the human predicaments that led to their being homeless may have been the same, the attitudes and expectations that were expressed by each in their respective shelters differed greatly.

General Observations about Guests

The profiles from these guests helped to cast a clearer view of the problem of homelessness. On the one hand, the definition of the term focused on the single condition, the absence of a home. Yet the profiles

illustrated that the problem of homelessness is not unidimensional. Each person described a specific human predicament that needed to be attended.

The intake data suggested a number of causal factors that could be attributed to an individual being homeless. Such items as drug and alcohol abuse, mental illness, breakdown of the family, eviction, gentrification of the cities, loss of job, were all identified as factors that contributed to the present homeless episode, but were they the real cause of the individual being homeless? There seemed to be an underlying factor which distinguished these individuals from others who may have experienced similar problems. The unmentioned theme seemed to be that there was an absence of social supports, particularly informal social supports.

All of the guests mentioned that they were alone. They did not feel as though they had anyone that they could turn to for assistance leaving them either on the streets or to come to a shelter. Even when guests, like Joseph, William, or George, did turn to professionals for assistance, the professionals referred them to the shelters to resolve their problems. Other guests seemed to find the shelters on their own, but did so because they did not feel as though they had any other options.

Where the difference arose was in each guest's

description of how desperate they were for companionship. Sam described it as a last chance to live while Michael placed his definition of relationships in a very impersonal, cost-benefit way. It was this distinction in the value that each guest placed on the quality of the relationship which differentiated one guest from the other and what I will refer to as the loneliness continuum.

Briefly stated, loneliness is an acute longing for companionship which can lead to feelings of bleakness, isolation, or being cut off from others (Edwards & Hoover, 1975). Loneliness can lead to heavy feelings of depression and possibly to suicidal tendencies. It can lead to a deteriorating sense of identity and loss of continuity (Zimberg, 1978). Loneliness is a state of mind that the individual places themselves. I refer to it as a continuum because the feeling can vary depending on the individual at a given point in time. But eventually it can lead to not being able to face the world or to an extreme such as Sam's wanting to end his life.

The term alone, on the other hand, is different. Being alone is simply the state of being by one's self (Edwards & Hoover, 1975). So even though each guest did mention they were alone, the more appropriate term may be that they were in a state of loneliness. It was that state of loneliness which forced them to seek help and assistance

at the time that they entered the shelter.

The feeling of loneliness seemed to supercede some of the other variables that were identified by the intake forms above. Even though Joseph described a situation that was racially motivated, it was not that incident that prompted him to go to the shelter. However, the incident prompted other factors, including a jail sentence which caused him to lose his self confidence which contributed to his feelings of loneliness. This does not totally discount racism as a contributing factor to homelessness, but it suggested that racism contributed to loneliness which then led to homelessness.

Michael's comments supported the relationship between loneliness and homelessness when he described the nature of relationships in the ghetto. As stated above, Michael described the ghetto as a place where relationships existed outside of any personal contact. People would enter into relationships because of what they could gain, not resulting from a commitment between the parties of a lasting relationship. This could have led to feelings of loneliness.

But what about age? Each of the guests described a similar issue, that of loss of self identity which led to their loneliness regardless of age. However, it did become evident that factors leading to loss of self identity did

differ as a result of age. Whereas, Joe and Paul were clearly focused on who they had been, there loneliness came about because of questions of the present and the future. The younger guests, like William, Jack, and Ralph, seemed not even to have any sense of who they were. Their focus was on a day to day existence, trying to determine who they will be. And then those individuals in their late twenties and thirties, like Gerald, Luis, and Lawrence, had an event disrupt their definition of self. This led to deep questioning of self and then to loneliness. From these factors, loneliness continued to be a contributing factor leading to homelessness. There seemed to be an increase in the younger population becoming homeless because there were questions about who they were as individuals. This suggests a need for the educational system to help people gain an understanding on who they are and what they will become, then there may be a reduction in the number of homeless people under thirty.

Thus the reference to loneliness then becomes synonymous with an absence of social supports. For even when the individual seemed to have some relationship with the formal support system, the formal support system referred the individual to the shelters for housing. This led to the question of what does all of this mean in terms of the role of the shelter in addressing the problem of

homelessness? Throughout both the intake form process and the interviews with the guests there was evidence that the guests did have some type of contact with some aspect of the social service system. However, either the guests failed to see the system as being helpful to their situation or the particular system was not able to address the needs of the person at that time. For example, when Joseph and Wesley discussed their association with different services, they did not describe receiving any assistance from the services towards a more permanent housing arrangement. Instead, the service relied on the shelters as a referral for the individual in order to obtain assistance for more long term housing. This was echoed by William's comments on City Welfare. Instead of City Welfare assisting him, he was thrown into the shelter for his fate to be decided.

What seems to begin to become apparent is that this phenomena of the 1980s, the homeless shelter, is becoming the specialized service that many of the service agencies are referring their clients to when it is not immediately evident that they have resources for housing. The shelters, then have the task of trying to identify appropriate sources of housing for all of those individuals who do not have a home, thus the term homeless shelter. However, from the profiles and the intake forms, it is

evident that there were a multitude of problems that led the individual to become homeless in the first place. This leaves the shelter with the responsibility of determining the appropriate intervention to address the problem of homelessness. To carry out this function, each shelter employed staff to work with the individuals.

This led to the question of how do the staff deal with the tasks of assessing, identifying, and linking the particular guests to the appropriate resources which address the problems that led to their being homeless and to their feelings of loneliness? The next section will focus on the role that the staff play in addressing the problems of homelessness.

Chapter 5 - The Staff

Previously, the shelter was described as a system created to address the problem of homelessness. As a system, the role of the shelter is to perform some type of conversion process which will have an effect on the problem. Just as the previous chapter focused on the individuals who are homeless as being the recipients of this conversion process, this section focuses on the staff as those members in the system with the responsibility for performing the conversion process. The focus on the staff will demonstrate a number of factors which operate in the way that shelters address the problem of homelessness.

To understand these factors more closely, let me first give a brief of the role of the staff within the shelter. The shelter as a system has a number of inputs that it uses in order to perform the conversion process that it is expected to perform. These inputs come in two forms, the signal inputs, or the guests as discussed in the previous chapter, and the maintenance inputs. The maintenance inputs come in two forms, first is the staff. The staff have the responsibility for directly performing the conversion process on the signal inputs. In addition to staff, the other maintenance inputs are the resources and the value orientation in which the shelter operates. Thus, a study of the staff will also provide some information

about how each shelter defines their role in addressing the problem of homelessness and how the shelter allocates resources to assist the staff in performing their tasks. The study of the staff will also illuminate a variety of administrative patterns that are employed by the two shelters to address the problem of homelessness.

Two different staff members from each shelter were interviewed and provided insight about the roles that each shelter takes in addressing the problem of homelessness. The two staff members from each shelter will be introduced. Following their introduction and their perception of the shelter, I will then provide an overview of the staff structure of each shelter.

The Staff of Prospect House

Of the seven staff members at Prospect House, with the exception of the director and assistant director, they all have the title of counselor. Below are two of the counselors at Prospect House, one of which was a long time employee while the other was recently hired.

Len is the longest term counselor at Prospect House. He has been with them for seven years. He is a large man in his late thirties and is the only staff member with a college degree, a BA in psychology. Len states that he has been working at Prospect House a week less than Kathy, the director.

He said, "I started this job a little idealistic, thinking that I would be able to make a difference." However, the years of working at Prospect House have tempered his idealism. He no longer feels as though he will be able to make a difference with everyone he sees. He states, "The first order of business (here) is to get them stabilized. But then, depending on time, we really do not have the resources to devote to a more in depth therapeutic change." Stabilizing means making sure that each person entering the shelter has a meal, a bed to sleep in, and takes a shower. He realizes that more needs to be done but recognizes the limitations in working with this population at Prospect House.

To compensate for these limitations, Len states, "The number of clients that I am expected to see in a given night combined with general shelter responsibilities, like security and serving meals, means that I really don't have a lot of time to work on long term change. In addition, this population is in and out of here so fast that it is hard to begin anything that will be long term because I never know when they will be leaving." Therefore, Len focuses his efforts on linking the guests to existing community services. This makes the nature of the job more assessment and referral than counseling. "I do more of a short term counseling with them to determine their needs.

I work with them in order that they accept that there is a problem and hope they go to where I refer them. In that respect I am doing counseling, but it isn't very intensive," he says.

With his reliance on referral, he has become very adept in building resources within the community. So when a guest comes in needing mental health services, Len contacts Jennifer from the Homeless Outreach Team (HOT) to walk him through the steps of getting him a mental health evaluation. His goal is to be knowledgeable about the resources and build relationships with them in order that he can make the referral to perform the laborious and time consuming tasks of dealing with the problems that led to the individual being homeless.

One of the handicaps Len identifies in being able to make referrals is the hours that he works. His normal shift begins at 4:00 p.m. and ends at midnight. On occasion Len will come in at 2:00 p.m. When he does, he states, "I can get more done between 2:00 and 4:00 than I can in an entire shift. It seems as though most of the places where I need to refer clients only work during business hours. When I come in at 4:00 it is really too late to begin to make contacts for referral. Therefore, I either come in early or rely on Maria (the assistant director) to make the contacts and referrals for me." But

Len feels somewhat detached from the process by turning it over to Maria. He states, "it is hard not being able to see a case through to completion."

This raises a dilemma when an individual comes in who has no resources at all. The first form of referral is to get the individual unto entitlements through Bridgeport City Welfare. But City Welfare only operates from 8:00 a.m. to 4:30 p.m. Therefore, when someone comes into Prospect House without any resources, the individual is instructed to go to City Welfare the next day. Len says, "we give them a referral sheet to go to City Welfare. They need to have the sheet completed, dated, and signed by the intake worker at the Welfare office by the next day. This means that the client must go and wait in line with everyone else. Sometimes Welfare is so backed up that they can't get in, or the client just never goes. We need the sheet for proof that the client was staying here in order that we get reimbursed. In addition, the sheet is documentation that the person did begin the process to receive entitlements. Everything relies on the guest following through with the process. Our hours do not permit contact with the staff at City Welfare." Thus Len raises a potential liability in trying to perform his job of referral resulting from the hours that he works.

From a positive perspective, Len has noted that his

shift hours have been beneficial in building informal relationships with staff from other services. "When you work the evening shift, you get to know other people in the same situation that you are in. I really got to know some of the Bridgeport police on a first name basis. They call and drop people here all the time and it has got to a point where we scratch their backs and they will scratch ours." This raises a distinction between the need for making formal referrals and the relationships that are built between workers of different services during the non-business hour shifts. This issue will be discussed in greater detail below.

Len perspective presents an image of Prospect House from someone who has been with the Shelter for a considerable period of time. His remarks are compared with those of Peter, who had been with the Prospect House for about six months.

Peter is tall, about 6' 4", and in his early fifties. He came to Prospect House after responding to a classified ad in the paper identifying the need for a counselor at a homeless shelter. He states that he was interested in the position because he is a recovering alcoholic and could identify with some of the problems and concerns that the guests at the shelter may be experiencing.

Peter states, "My training for the position comes from

my personal life experiences of being a recovering alcoholic, being able to recognize that I had a problem, and then to gain the supports from AA meetings in order to deal it. I found that I was able to get the supports that were lacking in my life through the (AA) meetings which helped me put my life back together. Even though I never had to go to a shelter, I did spend nights sleeping in my car because I had no other place to go. I feel that I can relate to them (the guests) in that manner and get some of them linked into programs." His life experiences have provided him with a basic knowledge of some of the services that guests at Prospect House may need to deal with their problems.

But Peter does not see it as an overnight change. Similar to Len's view, Peter expressed a process that they have to undertake before they can even mention AA meetings to the guests. He states, "usually they need a meal and a place to sleep first. Then they could use a bath to feel good about themselves. Once we do some of those basics, then we can recommend that they go to a meeting."

His knowledge about AA is helpful for Peter in that he perceives the largest contributing factor to people being in Prospect House is substance abuse. Therefore, his experiences with AA help him be empathic to the needs of the guests since he is familiar with how substance abuse

services helped him. He feels that he can use himself as a role model to impress upon the guests that AA worked for him so they should try it out for themselves.

However, Peter is also limited in his ability to perform assessment and referral tasks for the other needs that guests may describe as being the cause of their homelessness. He states, "Since I have been here I have learned a lot about the other support systems that exist as well. Sometimes they (the guests) are more familiar with them than I am. But Maria and Len help out and together we get them linked up." Thus, Peter recognizes certain limitations to his knowledge and is able to get help from Len and Maria. In addition, he also recognizes that there are times when the guests know more than he does.

But just how much referring does Peter actually have to do? He states, "because I work nights, most of those (referral) places are closed. All I really need to do is to let Maria know what they need and she helps by getting them (the guests) linked to services during the day rather than letting me do it on my own at night." This demonstrates Peter's acceptance of his position of working to stabilize the individual once they enter the shelter. His lack of knowledge of the referral sources means that he mostly meets with the guest to try and determine those factors that led to them being homeless. He then relies on

Len and Maria for understanding which sources of referral are best suited to address the problems being addressed by the individual. And finally, he relies on Maria for making the referral for him. Peter's description of his job provides a slightly different perception of the nature of the job counselor than Len described. This difference will be discussed in detail below.

In keeping with a major part of the job as being referral, Peter identifies a potential problem in guaranteeing that the guests follow through with the referral. He states, "We (the staff) try and stay in close touch in order to get the person linked up. After I leave her (Maria) a note about a particular client, I usually follow-up with that client in a couple of days to make sure that they follow-up." If they haven't made contact with the referral then Peter states, "I think we are pretty lenient. We give them the benefit of the doubt, but if they haven't followed through with the referral after a few days, we need to let them go." This is most evident with those guests who are being referred to the entitlement programs for the income of the shelter rests upon how quickly the shelter can document that the individual is a registered guest at Prospect House.

Thus, Peter identifies that the only option left for staff if the guest does not follow through with the

referral is to terminate their stay at the Shelter. In the previous chapter, Gerald mentioned the effect that the termination had on him. In addition, William and Jack were also terminated because of violation of House Rules. Thus, termination becomes a tool that is used by staff to force the guest to follow through with a referral.

A number of issues become evident from both Len's and Peter's descriptions about their respective jobs at Prospect House. First of all it raises the issue of the role of the shelter as a temporary dwelling providing emergency services and relying on referring guests to other community resources to address the problems that brought the individual to the shelter. Second, they raise the issue of the role of the staff play in providing the services in the shelter. On the one hand there is the immediate need of stabilizing the individual but then they must also work on doing an assessment and a referral to address the problems which brought the individual into the shelter in the first place. This raises the question of whether there is a need for differentiating the roles of the staff. And finally, they raise the question about the hours of operation that are needed to adequately follow through with a referral process. These issues will be discussed in greater detail at a later time. However, I would like to first introduce the staff at Operation Hope.

The staff at Operation Hope

There are seven full time employees at Operation Hope, yet their titles and job descriptions are not the same as those at Prospect House. To obtain as close a parallel as possible between the two shelters, the service coordinator and one of the managers were interviewed from Operation Hope. The two staff members represented similar blocks of time with Operation Hope that Len and Peter did with Prospect House.

Ross is the service coordinator or case manager at Operation Hope. He is tall, about six feet, and in his late thirties. He has been with Operation Hope since its inception. As service coordinator his responsibilities include assessing the needs of each of the guests in the shelter and making the appropriate referrals. He came to Operation Hope with extensive knowledge about substance abuse treatment and is certified by the State of Connecticut as a substance abuse counselor. Ross gained much of his treatment knowledge and experience through his own life experiences, that of a recovering addict.

Ross feels that the work that is done at Operation Hope differs from the work performed by other shelters and homeless advocates. Whereas other shelters focus on the social problems that relate to the problems of homelessness, Ross states, "We (Operation Hope) focus on

the individual. The social problems effect everyone. The difference between why someone is homeless or not rests on the individual and how they can negotiate within the larger systems. So we focus on the individual and try to help them cope within these systems."

Ross feels that the primary factor contributing to an individual becoming homeless continues to be substance abuse; however, he places it as a symptom rather than the cause. He states, "most of the people here have substance abuse problems, but these are more reactions to dealing with life's stresses. The larger issue is that they are pretty broken and don't know where to turn. They have lost all faith in themselves." He attributes the substance abuse as their way of coping with having lost all faith in themselves. Thus, when the individual has difficulty "in negotiating the system," they escape through the use of drugs. Ross feels that the use of drugs is not the actual cause of the individual being homeless but rather the effect from the larger issue of loss of self-esteem.

The question arises as to whether the substance abuse should be addressed first or whether the individual needs to gain a positive sense of self? Ross feels that the focus needs to be on building the individual's sense of worth. He states, "we work with the individual to try and build that faith in themselves so they can better cope with

day to day experiences. Once we build that sense of faith, then the abstinence from the drugs is easier to accomplish." The way that Operation Hope accomplishes a better positive feeling of self is to work with the individual in helping them become aware of the consequences of their actions. By grounding them in responsible behavior, Ross states, "they begin to break down their denial system and the barriers which have prevented them from taking responsibility for their actions."

But there is another element to teaching them responsibility for their behavior and that is the environment needs to be supportive. Ross states that many of the individuals who come into the shelter have gotten what they wanted through manipulating others. "Manipulation is a way of life for the substance abuser," states Ross, "we break down their ability to manipulate by letting them know that we care about them. Most of them don't have anyone that cares for them. But we give them a feeling about caring for themselves because we care for them."

There are a number of ways that Operation Hope demonstrates that they care for the individual. First, is to provide them with a stable environment. Ross says, "Not only do we stabilize the individual by providing them with food and shelter, but we also provide them with some

guarantees. Each guest that is accepted to stay at Operation Hope is entitled to stay for sixty days. If we don't have the beds to keep them for sixty days, we will refer them to another shelter." The sixty day stay sends the message to the individual that they have some rights and that someone will be looking out for them. Once they are able to feel that security, then they begin to accept responsibility for their actions.

But in addition to guaranteeing their stay, Ross feels that the program needs to individualize the treatment plan as much as possible. "The guests are not treated the same at Operation Hope, we focus on each person as being unique and establish a specific treatment plan to meet the specific needs of the individual."

One of the ways this is exemplified is how Ross describes the population at Operation Hope. He states that other shelters have all of their guests at the same point along the treatment continuum. But Operation Hope acts differently for different people. He states, "we have some people who we are care takers for. There is no place for them, and it is our philosophy to provide for them. They may still be drinking but we care for them and can't turn them out. So we let them stay here because there is nowhere else. And then there are others who will be in different aspects of entering into treatment. We become a

way station until beds can become available. For others we are their residence while they participate in out-patient treatment and yet for others we act as a halfway house after they have completed their treatment." The individual differences in the population is possible because each of the guests are at differing points in their sixty day stay. These different times of entry also necessitate that each of the guests are perceived individually by the staff.

The focus on individuality is then translated into building informal supports between the guests. Ross states, "we work with them (the guests) and try and get those who are further along (in the treatment process) to try and encourage those who are not quite as advanced." Ross feels that when someone who is further along is able to help someone else then a bond is built. The individual can identify with where the person is at and can help them along while also helping themselves. There is also a residual effect of involving the guests to work together. Ross states, "when we have people living together who have not been cared for in the past, we try and create an environment where everyone is viewed as an individual and cared for." Thus, the issue of learning cooperation and sharing is a big element to the program.

To accomplish this, Ross goes beyond his role as the service coordinator to work with the guests. He states,

"we rely heavily on a team approach to do this. It is not just me that works with them, but the entire staff will be involved in working with the guests to make them feel good about themselves." It is the entire staff at Operation Hope that builds a supportive environment to enhance a positive self image for each of the guests in the Shelter. This is demonstrated at the weekly staff meetings where Ross reviews what each guest at the Shelter has been doing during the week with the other staff members. The other staff then share any experiences they may have had with that guest. The discussion then focuses on what relationships could be enhanced to improve that guest's experience at the Shelter. The staff meetings then become strategy sessions where Ross, as the quarterback, establishes the game plan for each of the guests.

These sentiments are echoed by Ron. Ron is relatively new (about six months) at Operation Hope. He serves as the overnight manager. Ron is short (about five and a half feet) and in his early forties. He was hired by Operation Hope after responding to an ad in the local paper for a counselor at a homeless shelter. Like Peter and Ross, Ron claims personal experiences as leading to his desire and ability to work in a shelter.

Ron places substance abuse as a primary reason for people being homeless. He states that he can identify with

what some of the guests have gone through because he is a recovering alcoholic and lost quite a bit. He states, "I should know how it is because I used to use and it can make you lose everything. It is not that they are bad people, but that they have lost all faith in themselves and turned to alcohol or other drugs as a way of dealing with things."

Ron does not see Operation Hope as directly treating the substance abuse but their role is to build the self worth of the individual. He states, "just because the person is homeless doesn't mean that they are bad people. They have just run into some bad luck, and it is our job to try and give them self confidence in order to turn it around."

Ron expresses the way that he can give them the self confidence is through helping them feel good about themselves. He says that many of them enjoy doing things that they have suppressed because of what others may have thought. His goal is to try and identify the things that the person likes and to encourage them to do it. For example, Ron said, "the first time the volunteers did not show up to make breakfast, I cooked bacon and eggs. Some guys (guests) came over and asked what I was doing. I told them that I liked cooking and was making their breakfast. He (one of the guests) came over and asked if he could

help. I said sure. It turned out that he liked to cook too, but never did it in public because of what others would feel. He began to believe in himself." This is one example of how Ron perceives his role in helping the guests believe in themselves.

In addition to helping them identify their interests, Ron also describes other activities that he does in the Shelter. He acknowledges that it is Ross' job to connect the individual to treatment services, the guest needs someone who is willing to listen to them. Ron says, "When people come into Operation Hope they have lost pretty much everything. We try and stabilize their lives by making sure that they will have their three meals a day, a roof over their heads, clothes to wear, and someone who will listen to them and respect them. They haven't had too much of any of this before they come here." The issue of listening and respecting is very important. Ron says, "usually people are telling them this and that with no regard to their feelings or who they are as individuals. We try and treat them as individuals and make them feel good about themselves." Therefore, it is Ron's job as well as the other managers to work at stabilizing the guest's situation. Once their situation is stabilized then they are there for the guest to talk to. His goal in listening to the guest is to try and motivate him into seeking

treatment. He continues by stating, "I see my role as a motivator, one who inspires them to improve their lives. Therefore, Ross gets them into treatment but the individual needs a lot of support to be able to take that step to go."

One way Ron feels that he motivates them is by using himself as an example. He states, "I can really be myself here and that is what we are trying to help the guys here do, to be themselves." He uses the following scenario to explain his position. He says, "when I first started working here there was a guy who said that he wanted to get me alone on a shift by myself. I thought that he was threatening me. So that weekend when I was by myself I confronted him and told him I was by myself and if he was going to do anything that this was his time to do it. But he respected the fact that I was myself and confronted him on it. From that point on, he respected me because I was able to express my fears to him. That is what we want to teach them, to be themselves and to do it in a way that they feel good about themselves."

Both Ron and Ross describe Operation Hope as a total environment that works at building self esteem in the guests in the shelter. This is done by individualizing treatment and by building a supportive environment where the staff and the guests work together in returning the

dignity and faith in each guest. However, instead of both Ron and Ross accomplishing these tasks by doing the same job, they describe a scenario where there is differentiation in staff roles. Instead of both staff members focusing on the security of the shelter and the case management of the guests, as in Prospect House, Ron and the other managers focus on the security issues of the shelter. Ross, on the other hand focuses on assessing and referring the guests to other community services. They both describe the differentiation of responsibilities as an enhancement to their jobs. Where Ron can focus on the security issues he also has the time to listen to the guests and act as a motivator. His ability to listen and motivate then enhances Ross' job in linking the guest to other outside services. The staff can then focus on their individual functions rather than to try and do the two major roles that need to be performed in a shelter in serving the homeless.

In addition to role differentiation, two other elements come out of Ross and Ron's description of Operation Hope. Both mentioned that the guests at the shelter were at a variety of different points within the treatment continuum. This suggests that Operation Hopes policies and resources permit guests to stay in the shelter for longer periods of time than at Prospect House.

Remembering that administration and resources contribute to the staff being able to perform their jobs, this means that Operation Hope has established guidelines that permit guests to remain in the Shelter for longer periods of time.

A number of differences in shelter operations becomes evident from the descriptions by the staff members at the two shelters. Before I discuss these differences let me briefly describe the structures of the two shelters to provide a context to understand these differences.

Staff Structure at Prospect House

Prospect House, with its forty-two beds, has seven full time staff, five counselors, an assistant director, and a director. All staff, except the director, have direct service responsibilities with the guests. The assistant director has a less amount than the counselors because of her other responsibilities. Support services, such as payroll, personnel, and maintenance of the building, are handled by RNP.

Even though the director has the title of director, she is really a middle manager within the total framework of RNP. The primary responsibilities of the director include the scheduling of staff to ensure adequate coverage, supervising the assistant director, coordinating the day to day operations within the shelter, and compiling

the required statistics that need to be sent to the State and United Way each month. Within the RNP structure, the director reports to the Associate Director responsible for clinical services. This is important to understand because it is this Associate Director who represents Prospect House at most of community meetings, including the United Way's Regional Council for the Homeless.

The director's hours are daytime, Monday through Friday. She is a non-degreed individual who worked her way up through the RNP system before becoming the first director of Prospect House.

The assistant director also works Monday through Friday during the day and has the responsibility for supervising the day time operation of the Shelter. Her responsibilities includes working with those guests, like Paul and Lawrence, who were permitted to enter the Shelter after 8:00 a.m.; supervising and following-up on the linkage requests of the counselors; and preparing for the meals in the shelter. Because of her role in supervising the counselors, the assistant director may be called to fill in on an evening, overnight, or weekend when a counselor is unable to work. In addition, the assistant director will fill in for the director when she is not available.

The assistant director is also a non-degreed

individual. She completed two years of college but dropped out to pursue other interests. Those interests took her to the crisis team of the mental health center where she continues to work part-time in addition to her responsibilities at the shelter.

The heart and soul of the interactions with shelter guests is performed by the counselors. Keeping in line with the hours of operations of the shelter, the counselors work evenings, overnight, and weekend shifts. Their tasks include completing intakes with all guests, tracking and charting guest records, and begin linking the guests to specific services. In addition to these case management functions, the counselors have responsibility for the safety and routine housekeeping of the shelter.

The counselors perform their tasks in two different ways, case management and shelter security. The case management functions are performed by dividing the guests of the shelter evenly between each of the counselors. This usually happens by having the counselor who performed the intake with a particular guest being assigned the continuing follow-up with that guest throughout their stay at Prospect House. The counselors usually refer to those individuals that they follow as clients. By definition, the counselor who primarily works third shift will perform less intakes which translates to fewer clients than the

others. This means that counselors carry active case loads of between twelve to fifteen clients. (This falls within the reimbursement guidelines for shelters established by the Department of Human Resources.)

Beside their role as case manager, the counselors are also responsible for the overall security of the shelter. This involves them pat searching every guest that enters the shelter, securing the doors of the shelter, serving meals, assigning rooms, and setting up chore lists. With regard to this role, each counselor works with all of the guests collectively.

The balance between the roles of case manager and counselor is dependant upon what needs to be done in the shelter. The first order of business is to secure the shelter. Once that is complete, then there is time to perform the case manager tasks. For example, one evening there were ten first time guests in the shelter. Normally a guest can not be assigned a bed until they have had an intake interview. There were two counselors on that evening and the intake interview takes approximately one hour. However, because of the way that the tasks are established, the interviews could not begin until well after 8:00 p.m. For it is the job of the counselors to search everyone as they enter the Shelter. The intake process lasts from 4 to 6 p.m. At which time dinner is

served and then chore responsibilities. By the time the counselor can begin performing case management tasks it is already 8:00 p.m. On that particular night, the intakes were not completed until after 2:00 a.m. and that was only possible because the third shift person came in an hour early.

Operation Hope

Operation Hope also has seven full time staff. The call their staff director, service coordinator, and managers. The difference in titles is more than semantics for it represents a difference in the philosophy of the role of the staff. This is also exemplified by the difference in the ratio between guests and staff resulting from the fewer beds at Operation Hope as compared to Prospect House. Let me explain this by demonstrating how Operation Hope aligns their full time staff.

Keep in mind that Operation Hope is a self-contained, private non-profit organization. That means that it is responsible for all of its own services from payroll to personnel to fund-raising. Since Operation Hope leases the space from the Town of Fairfield, the maintenance of the building is handled by the Town.

The notion of being a separate non-profit organization also translates to a separate Board of Directors. They establish agency policies which dictate that Operation Hope

not only functions as a shelter seven days a week, but also operates a soup kitchen and a food pantry.

The director has the responsibility for overseeing all of Operation Hope's functions. She also attends to the management functions of the agency, such as: payroll and personnel, staff supervision, budget projections, working with the Board of Directors, and representing the agency on various boards within the community. The director has a masters in social work and was originally hired to perform her tasks on a three quarter time basis but the position was expanded to full time after the first year and a half that the agency was in existence.

Even though the director splits her time between all the functions of the agency, the balance of the full time staff is designated to working within the single adult shelter aspect of the program. That means that the shelter has six full time staff who work directly with the guests in the shelter. But unlike Prospect House where the counselors are responsible for all functions interchangeably, the staff functions at Operation Hope are very clearly defined. This translates into differing titles such as service coordinator or manager.

The service coordinator has the primary responsibility for performing case management with the guests in the shelter. He performs his role by assessing the needs of

the individual guests and then linking them to an appropriate service to address the problems that they are describing. Just as with the counselors at Prospect House, the number of individual cases that the service coordinator can manage at a given time is dictated by the State of Connecticut Department of Human Resources.

In addition to acting as a case manager, the service coordinator also acts as the director of the shelter. This means he takes responsibility for daily shelter operations through his supervision of the managers. He normally works Monday through Friday during the day but is known to be at the shelter on occasional evenings and weekends. He presides over shelter staff meetings. He is a certified substance abuse counselor.

The balance of the shelter staff is the five managers. They have the responsibility for the daily operations of the shelter. This includes the serving of all meals; the security of the shelter; and general maintenance tasks within the shelter such as laundering the sheets and towels and supervising the cleanliness of the shelter. The managers also assume responsibility for various recreational activities, including the supervision of the television, and on-going interaction with shelter guests. Since the shelter is operational for twenty four hours a day, seven days a week, a manager must be on duty during

each of the three shifts throughout the day. To supplement the full time staff, there are two part-time managers. These part-time managers not only fill-in for the full time managers, but also guarantee that there will be two staff at the shelter during dinner.

Thus the role of the manager is to guarantee for the security of the shelter whereas the service coordinator has the responsibility for the case management functions. An example of how this works is when Jeff and Joe got into a fight. Even though Jeff had called the police on Joe, the managers were able to quickly break it up before it got into a larger altercation. By the time the police arrived the managers had Joe's cane and the two of them were separated. However, Jeff wanted to press charges. The managers contacted Ross to deal with the incident from that point on.

Ross focused on the dispute being a family conflict and suggested that the case be heard in family court as opposed to criminal court. The police consented, since Ross argued a strong case for the Shelter being like family, and the case was heard in family court.

This example demonstrates the differences in roles at Operation Hope. The managers have the responsibility for the daily security of the shelter. Whenever there is an incident that may involve some interpersonal intervention,

then Ross is called to deal with the situation. By maintaining the clear role differentiation, then it supports the image that Ross and Ron referred to above as a team approach in dealing with the guests in the shelter.

The differences between Prospect House and Operation Hope as described by both sets of staff and the staff structures above lead to some important questions about the role of the shelter in addressing the problems of homelessness. I will explore these differences below in the form of boundaries and policies and their effect on staff.

Boundaries and Policies

The issue of boundaries and policies relate back to questions previously raised from the description of Len and Peter and their role at Prospect House. At that juncture, three questions emerged, the role of the shelter, the role of the staff, and the hours within which the staff operate in the shelter to perform their duties. The ensuing description of the staff at Operation Hope demonstrated some dramatic differences between the two shelters. Let me summarize the differences that emerged.

First, Len and Peter perceived the role at Prospect House as providing temporary emergency services to individuals who were homeless. The temporary services came in the form of stabilizing the individual's current

situation by providing them with a bed, meal, and a bath and then identifying the problem that led to them being homeless. Once they were able to assess the problem, then they would refer the individual to another agency/service that could address problem in a more in depth way.

This differed from how Ross and Ron presented the role of Operation Hope in addressing the problems of the homeless. Both of them described the role of the shelter as providing a supportive environment to build the self esteem of the individual who is homeless. Through their ability to build self esteem, then they felt that it would be easier to deal with the problems that brought about the homeless episode. Only then would they refer the individual to treatment. However, throughout this time period, the individual will be at Operation Hope continuing to receive support and assistance from the staff and the other shelter guests.

The second issue raised from the description of Len and Peter was the role of the staff. Len and Peter described their role as having to deal with both the security needs of the shelter as well as the case management needs of those individuals who are homeless. The need to focus on both these issues then led to the comment by Len about having so much to do that he did not have the time "to work on long term change." This meant

that at best, the most that he could expect to do would be to provide temporary emergency services for people who were homeless. It also meant that this message of not being able to provide more in depth treatment was also transmitted to the individuals who are homeless. The effect on them is his comment that they are "in and out of here so fast that it is hard to begin anything that will be long term." Thus, the lack of role differentiation between case management and security has a double message. From the shelter perspective it promotes the notion of the shelter being temporary place. From the individual's who are homeless, it promotes the message that the shelter is only a place to pass through.

But the lack of role differentiation also created a positive aspect for Prospect House. Since the shelter is temporary, there is a need for a heavy reliance on other community resources. Thus, Prospect House needed to develop very strong working relationships with these referral sources in order to accomplish its task of doing assessment and referral. Thus the role of being able to refer takes precedent over other issues in addressing the problem of homeless. Prospect House is directly addressing the problem of homelessness as defined by the Institute of Medicine by actively working to link individuals to the resource systems that have been created to prevent

individuals from becoming homeless.

From the Operation Hope perspective, the differences in roles between the staff built a sense of collaboration between team members to address the problem of homelessness within the individual. With the focus being on building a supportive environment, then the differentiation of staff roles is important to building self worth. The role of manager focuses on building a supportive environment where the individual is able to flourish. The service coordinator works on the long term change within the individual. The two roles build off of each other but need to be separated. It becomes important for the individual who is homeless to be able to differentiate between the roles of each since one focuses on stability and security while the other focuses on change. The duality of staff roles will be discussed in more detail in the next chapter, but suffice it to say, it helps to provide a structure which lends to a process that addresses the problem of homelessness.

The third question raised by Len and Peter was the issue of work hours. Both of them identified the best time of day to make referrals to other services as being during business hours. However, within the structure of Prospect House, neither the counselor nor the guest is at the shelter during those hours. Therefore, the structure is

set up to rely on a two step referral system where the counselor refers the individual to the assistant director who then tries to make the referral. This process can potentially lead to a number of problems including: a loss of the true need for the referral, a loss of time in being able to make the referral, and the acceptance by the individual once the referral is actually made. Len described his disgust for the process by coming in at 2:00 p.m. to try and do some of it himself, whereas Peter just accepted it as part of the process. The difference in acceptance between Len and Peter on this issue raises another question regarding the role of degreed individuals in working with the homeless. I will address this issue very shortly, but first want to finish describing the time of day issue at Operation Hope.

The time of day relates to the differentiation of staff roles at Operation Hope. With the managers focusing on building a supportive environment, then it is important that they work during each of the three shifts throughout the day. However, Ross, who has case management responsibilities, needs to be able to contact the referral sources during business hours, as was described with Prospect House. However, this leads to the question about whether the guests are available during the same time for Ross to be able to make the referral?

As discussed in a previous chapter, Operation Hope is open twenty four hours a day. The guests have access to the shelter during those twenty four hours. This means that it makes sense for Ross to be perform case management functions during that time because both the guests are accessible to him as well as the referral sources.

This differs from what happens at Prospect House which is only accessible to the guests between 4:00 p.m. and 7:00 a.m. Therefore, the structure of Prospect House necessitates that counselors work only when the guests are in the shelter. These factors will be discussed in more detail in the next chapter.

The response to these three questions raises some issues about the differences in boundaries and policies between the two shelters in their perception in how they address the problem of homelessness. It becomes clear that Prospect House perceives their role in addressing the problem of homelessness as an entry point for individuals who are homeless. They perceive their role as assessment and referral to those services that were created to address more in depth problems of the individual who is homeless. Their boundaries are very open to other community services and their policies address the larger social problems of the community rather than the individual needs of the person who is homeless. The policies reflect the needs of

society by providing services for homeless individuals during hours when other community resources are not available to the individual. Thus, the role of Prospect House is to provide temporary emergency services. I will refer to these services as that of 'house.'

Operation Hope, on the other hand, focuses on building a supportive environment for individuals who are homeless. Through the building of this environment they build self esteem in the individual. This translates into boundaries that are somewhat closed to other community resources and policies which promote the sense of building a supportive environment for the individual who is homeless. By closed boundaries, Operation Hope has the ability of controlling the environment for the individual and only permit access to the individual as they perceive it will be beneficial to the building of the self-esteem of the individual in addressing the problems which led to them being homeless. This translates into what Sam called, "the home that I never had when I was growing up." For if we define 'home' as a place where the individual is protected from outside forces until they are prepared to deal with them, then the focus of Operation Hope is to build supports which lead to increased self-esteem in order that the individual will be able to better negotiate the "larger social systems" as defined by Ross. Thus, I will refer to the services at

Operation Hope as 'home.'

Before I proceed into a discussion of the benefits of house or home, let me return to the question of the role of degreed persons in working with the homeless. As described above, it appears as though the majority of staff working with the homeless are non-degreed individuals. At Prospect House the only degreed individual was a counselor. He expressed some frustration in not being able to perform the job that he felt that he was trained to do. In addition, he also had an understanding of the larger social system and how he could more effectively perform his duties. This caused him to come to the shelter during hours that he felt that he could better perform his task like 2:00 p.m. This contrasted with the other counselor who does not have a degree. He accepted his role in trying to engage individuals and to use himself as a role model. Even though they were knowledgeable of the specific resources to address the substance abuse needs, they did not have a perspective of the entire social system. This role seemed very appropriate for Ron, as a manager at Operation Hope. There he could act as a team member to support the larger social system perspective which was provided by the service coordinator. It seems evident that the role of the non-degreed individual is that of motivating the individual, as Ron stated, and should not be that of engaging the larger

social systems.

The issue of degree individuals also seems to relate to the policies of each of the shelters as well. With the director of Operation Hope holding a degree, the shelter seems to have a different focus than that of Prospect House. The non-degreed director at Prospect House had a very low profile within the service provider community. In addition, the role of the shelter became that of addressing social problems that lead to homelessness and not focusing on individual issues which led to the individual becoming homeless.

These issues lead to a more in depth look at the two types of services, house or home, and how they relate to addressing the problem of homelessness.

Chapter 6 - House or Home

The previous chapter defined Prospect House as providing 'house' services whereas Operation Hope provided 'home' services. The question arises as to how the two differ in addressing the problem of homelessness. To explain the differences, it is important to first provide an overview of my perception of what a guest would experience upon entering each of the two shelters for the first time.

First time at Prospect House

In looking for shelter, a call to Prospect House would instruct the individual to come around 4:00 p.m. when the doors open. With little else to do and the need for shelter, the individual would arrive respectfully early (approximately 3:45) only to be confronted with locked doors and a growing number of people waiting for entrance into the building. The doors to the shelter open at 4:00 p.m., and not sooner. The wait outside was uneventful and relatively non-communicative. A couple of times others were approached to requesting information about what to expect but the response is the usual wait until the doors open at 4:00. Thus as the doors open, there persists the uncertainty of what to expect. Continuing to persist is the fear of having to spend another night on the streets. It took so much courage to seek shelter in the first place

and now, as he sees the growing number of people waiting to enter, the fear of another night on the street returns.

Finally the doors open and he takes his place in line to enter the shelter. He finally gets to the staff to see if he will have a bed for the night. However, the first contact is not a direct answer to the question of whether there will be shelter. Instead, the staff begin an interrogation process about why he came here. In addition, they request to search him and all of his possession. So he empties his pockets and lets the staff pat him down. They also go through the bundle of clothing and all other items that he carried in. The staff give him the clear sign after they determine that he only has clothes and other personal grooming items. They tell him to go wait in the community room for further instructions. Only then will they be able to tell him whether he will have a bed assignment for the night. He complies, in fear that he will not have shelter for the night, and moves to the community room at the end of the hall. His belongings, the clothes and toiletries he carried in with him, need to be left in the office until a room assignment is made. All he has are the clothes on his back.

As a new person in the Shelter, he enters the community room and look around. He sees a large tile floor room with some long tables and chairs around them, some

couches and oversized chairs, and a television on the wall playing children's after school cartoons. He instinctively looks around the room for a familiar or friendly face, but seeing none he moves to a vacant chair against the wall. His gaze around the room reminds me of the types of activities going on in a bus station or airport waiting area. Some people are focused on the children's cartoons emanating from the television set while others are sitting at the tables guarding the food they brought in to eat.

Around 6:15 or 6:30, everyone is told to line up for dinner. While in line, one of the staff members instructs everyone to say grace. Following the short prayer the line begins to move toward the closet next to the staff office where everyone is given a plate with food on it and instructed to return to the community room.

A quick scan of the room shows people shoveling the food into their mouths. Seconds are announced and it is back in line for seconds. As soon as everyone empties their plates, they get up, throw their plates in the garbage can, and leave the room. Following the crowd, he sees people congregating around the outside window of the office. Closer inspection reveals that people are looking at a chore list. Feverishly he looks for his name on the list, but he doesn't see it. Uncertain about what to do,

he returns to the community room.

Finally at about 7:30, he hears his name being called. The person tells him to go to the office to meet with a staff member.

This scenario is pretty typical of what happens when a new person enters Prospect House for the first time. But as previously mentioned, there may only be a half dozen new people on any given night. Most of the people have been in the Shelter before, even if this is their first night for this particular homeless episode. The experience generates a need to comply with the rules. It was hard enough to get to this point of admitting that one needs shelter for the first time that they are not ready to jeopardize that shelter over a technicality.

The intensity of the experience makes it difficult for the new person to engage anyone. This is demonstrated by their first meal in the shelter where there is the tendency to hover over the plate, protecting every morsel that one places in their mouth. The experience also translated into difficulties that I experienced in trying to engage individuals for the purpose of conducting interviews. I found that it took a couple of days of shelter life before the individual was willing to engage in a spontaneous conversation. If the conversation began to become somewhat personal, they would quickly suggest that we move the

discussion to a more secluded area, like an office. The only time that I was able to develop spontaneous conversations in the community room was during the mid-day hours when only one or two people were in the community room.

But let's try and understand what is causing the atmosphere to be this way? As mentioned above, security at Prospect House is a major concern of the staff. The structure and the policy of Prospect House was developed to limit access to the building while maximizing security. But the staff also play a role in establishing a secure environment. By having all guests enter the shelter in the process just described, the staff are able to maintain control in the shelter through their use of power and compliance. The guest continues to be kept in a passive and submissive role creating a dependency upon staff for movement within the shelter. Thus, security is maintained by control.

The issues of control continue throughout a stay at Prospect House. There is the need to comply to all requests of the staff, if not, then the guest will be given a termination date. Termination can be perceived in two ways, either as a staff generated termination, as with Gerald, and used to hopefully change behavior, or generated by the guest themselves, as with William. In the latter

situation, the guest leaves because they do not want to subject themselves to the rules and regulations of the shelter and they feel that their only expression of self-determination is by leaving the shelter and to rely on their success in the streets. Thus, the begins to play an important role in how the guest perceives whether they will continue, or return to be homeless, or comply with the shelter and have a roof over their heads. The question is whether having a roof over your head really addresses the issue of homelessness?

Before exploring this question, let me switch the scenario to Operation Hope in order to provide some comparison on the roles of the shelter in addressing the problem of homelessness.

The first time at Operation Hope

The intake process at Operation Hope is quite different than that at Prospect House. An individual can only enter Operation Hope on a space available basis. Since guests are granted a sixty day stay, the staff are aware whether a bed will be available at the beginning of their shift. This facilitates the inviting of homeless individuals into the shelter at any time.

This means that the initial call to the shelter to determine whether space is available will be answered quite differently than the call to Prospect House. Instead of

the come at 4:00 and we will see attitude, the individual will be given a definite yes there is a bed or no there isn't with that first call. In the case that the staff says they are all filled, there is usually the second statement of did you try one of the other area shelters. The staff is open and willing to provide the phone numbers of the other shelters in the area. That means that the person calling will arrive with the knowledge that there is potentially a bed for them for the night. But not everyone calls first and there is the likelihood that someone would walk in off the street seeking shelter.

In any case, when a prospective guest arrives at the shelter their first contact is with the shelter manager on duty during that particular shift. Assuming the individual arrives during the day, they will meet Dave, who puts the person at ease as best he can. Upon entering the front doors and ascending the steps to the second floor, Dave brings the person into the kitchen, pours them a cup of coffee, and offers them a roll with butter. Dave then introduces the individual to other shelter guests. He attempts to link the new arrival with one of the other guests in order to help them become comfortable with their new surroundings. It seems as though this time is important to create a transition between coming in off of the streets and beginning life in the shelter. Dave

realizes that he has about an hour for the individual to become comfortable with the new environs before he goes through the intake process. He will seize on this time where the guests interact with each other to complete some of his morning chores.

If Ross is around, then Dave will have him meet with the new arrival and complete the intake procedure. However, if he is not, then Dave will perform the intake. The initial intake involves completing a four page form which briefly assesses why the person is homeless and begins to identify the individual's existing resources. In addition, he will review the rules of the shelter, such as the times they need to be in the shelter at night and when meals are served, and have the guest sign a form stating that the rules have been explained to them. Dave will also mention that Ross will be meeting with him within the next day in order to begin a more in depth intake procedure.

The function of informing the person of a space and then placing them at ease immediately upon entering the shelter does two different things. First, it puts to rest the burning question of whether there will be shelter for the night, but second, it immediately establishes the individual as a guest. The manager, as representative of the staff, is perceived as a host. The atmosphere is more pleasant and promotes mutual responsibility associated with

a guest host relationship. The use of introducing the new guest to the other guests, begins the creation of community. This helps with the development of a supportive environment. The managers use of Ross as a more in depth assessment sends a message differentiating staff roles within the shelter. This then creates a dual role for the individual as a guest with the managers and a client with Ross. This creates a clear differentiation in staff roles between who they approach for issues in the shelter and their role as guest versus psychosocial needs and their role as a client.

This intake provide the alternative method for addressing the issues of homelessness that I referred to as 'home.' The question that now can be addressed is how each of these two different strategies relate to dealing with the problem of homelessness.

From everything that has been mentioned to this point, the differences in the services at Operation Hope and Prospect House are quite different. But it is important to understand just what makes up these differences. Four areas seem to relate to the specific differences between the two shelters and contribute to the development of Operation Hope being a 'home' while Prospect House provides those services I entitle 'house.' These areas are classifies as differences in: policies between the two

shelters, shelter structures, , staff services, and the interactions between the guests themselves. The balance of this chapter will focus on each of these areas separately to show how they relate addressing the problem of homelessness.

Shelter Policies

There are a number of policies and practices that differ between the two shelters but two policies in particular seem to relate to 'house' or 'home.' I will classify them as length of stay and day time usage policies. The length of stay policy refers to the number of days the individual knows they will be staying at the shelter. In the above scenarios this related to Operation Hope being able to know whether or not there will have a bed for the evening whereas Prospect House portrayed the wait and see attitude. Thus the policy directly relates to how information is transmitted to the guests. I will describe in greater detail the effects of this policy on the creation of 'house' or 'home' a little later.

The other policy is the day time usage policy. This refers to whether the individual has use of the shelter during the day. Again as pointed out in the scenarios above, Operation Hope is available and accessible to the guests throughout the day. They have used this policy to their advantage in creating an environment where existing

guests can help with the settling in of new guests. But there is more to the policy than just helping with the settling in process.

Both shelters have some form of day time use by the guests of each shelter. However, at Operation Hope the policy is universal for all of the guests in the shelter where at Prospect House it is restricted to only the elderly, women, and disabled guests. Therefore, I will show two things, first the benefit of the policy to both guest and staff, and second, the need for the policy to be universal to all shelter guests.

To begin with, let me describe the benefit of the policy to the guests of each shelter. Previously I had mentioned that Sam compared his stay at Operation Hope with his experiences at other shelters. He said that other shelters forced him to leave during the day. But he said that he really did not have anything constructive to do when he left the shelter. To pass the time he said that he continued to play a game with himself. He said, "I would leave because that was the rule, but I had no where to go. So I would score (drugs) and get high. I would then return, pretending as though nothing had happened."

Sam generalized his experiences with that of other guests in shelters. He said that everyone left because that was the policy, but unless the person had a job then

there was really no where to go but to the old hang outs that brought them to being homeless in the first place. So leaving became a game of trying to appear busy to the staff when in reality it was a continuation of old behavior, which usually involved the use of drugs.

Michael concurred with Sam's sentiments. He said that when he had to leave the shelter each day he would head over to the village and score. He just did not know what to do with the time that he had and no one was really forcing him to change his behavior.

This changed when they were allowed to stay in the shelter during the day, both Sam and Michael described entering into process that caused them to look at their behavior. Sam said, "instead of getting up and getting ready to go nowhere, I would get up, have breakfast, and then hang out, it made it feel like a home." Home in this instance refers to a trusting and caring atmosphere. Sam was able to be more relaxed. He did not feel as though he had to rush to go anywhere. Instead, Sam describes those mornings as "providing me with the opportunity to reflect on my situation. I was able to look at myself and see if I really liked what I had become. I didn't so I had the time to ask the staff and the others what it all meant. It helped me realize how lucky I was that I didn't die while on the streets." Thus, instead of getting up and

continuing to hurry to do nothing, Sam's ability to stay in the shelter during the day gave him the time to reflect on his situation. Since he did not like what he saw, it gave him the time and the resources to do something about it. He says, "I was able to build friendships with other people in the Shelter who had been where I was at."

In response to his needs, these friends encouraged him to get help. He said that he began seriously attending AA meetings. Previously, he would attend meetings because they were required by the shelter. But they were empty and shallow. But this time there was meaning to attending the meetings. The relationships that emerged helped him begin to understand what it all meant. He said, "the term that kept bouncing around in my head was 'by the grace of God.' I never understood it, but now I had the time to ask and find out what it meant. I realized that it was the 'grace of God' that kept me alive and the AA meetings helped me learn more about that process."

What the day time hours did for Sam was to remove him from streets that promoted his using behavior. Other shelters had provided him with shelter but that was not removing him from the environment. However Operation Hope was able to remove him from the streets by providing a trusting, caring environment which gave him time to step back and reflect on his life. The day time use of the

shelter broke the cycle by removing him from the streets and providing him with supports, through staff and other guests, that helped him enter into a process where he could take risks without feeling like a failure if he failed. These are the aspects of 'home' for Sam and those aspects of Operation Hope that helped him deal with his problems that led to him being homeless.

In his own way, Michael echoed these sentiments. He would state that his days were spent in the ghetto before he got to Operation Hope. The attitude in the ghetto promoted using, both people and drugs. He said that the ghetto environment would "eat you up." However, when he got into Operation Hope, he said that he did not have to go to the ghetto every day. "It was a trip to the ghetto, but I didn't have to go. I was welcome to stay right here (at Operation Hope), so I did. Instead of rushing over there, I spent time with Ross and Pam who encouraged me to find my spiritual self," he said. "They put faith in me and encouraged me to stop and go to AA meetings." Michael was able to use his day time hours to reflect on himself by talking with Pam and Ross. He began to realize that there was more to a relationship than the cost benefit of that relationship. He began to feel what it was like to be a person rather than an object. He says, "there were times that I would get down on myself. I would then go to Pam

who said that I had two choices, I could go back to the ghetto, or I could stay here and work it out. She encouraged me to continue trying by her care for me as a person." It would have been easy for Michael to give up and spend his days in the ghetto. Instead, the shelter was open and Ross and Pam provided the supports that enabled him to reflect on his previous life eventually leading to change.

Just as with Sam, the day time hours at Operation Hope broke a trend for Michael and forced him to begin to reflect on himself. The Shelter provided an alternative which gave him the support that he needed to change.

This demonstrates how the day time usage policy is beneficial to the guests at the shelter. But the day time use is also beneficial for the staff. Previously, Len had stated that one of the frustrations that he felt about working nights was his inability to be able to make referrals. He said, "I could get more accomplished between 2:00 and 4:00 p.m. than I can by starting at 4:00 p.m." But the meaning of this statement is truly demonstrated when Paul's situation is explored.

Because of Paul's age and his use of a cane, he was permitted to return to Prospect House during the day. Paul still had to leave at 7:00 a.m. but could return any time after 8:00 a.m. Maria reported that there were many days

that she found Paul anxiously waiting on the steps when she arrived a little before 8:00.

Two things become evident about Paul's returning to the shelter during the day. First of all, as stated above with Sam and Michael, it took Paul off the street. He now returned to the shelter coherent and not under the influence of alcohol. Secondly, because he was coherent and because there were less people in the shelter, Maria could enter into a more intimate helping relationship with him. Since he was coherent, Maria was able to engage John and help him recognize the consequences of his previous behavior. But more importantly, Maria was able to make contact with a treatment facility and get Paul into treatment in a more timely manner than if it would have been left for one of the counselors to make the referral. Thus, Paul's situation demonstrates how day time hours can be beneficial to both the guests by removing them off the streets as well as to the staff by permitting the staff to engage a coherent individual during hours when referrals can be made.

However, Paul's situation also raises another issue, and that is whether the policy needs to be universal for all guests. From the aforementioned cases it seems that it is important that the shelter be open to guests during the day in order to remove them from the streets and to

maximize the time that staff can work with them. But Paul was a guest at Operation Hope prior to him being a guest at Prospect House. His experience at Operation Hope did not help him to address the problems that led to him being homeless since he quickly became homeless again after he left Operation Hope. His perception of being able to return to Prospect House set him apart from other guests at the shelter. What seemed to help Paul in that instance was more the special attention than the day time use policy. This discussion suggests that day time use policy alone is not enough to turn the individual around. There continues to be the need to individualize the services. However, I would contend that the day time use policy is an important element which helps to begin the process of changing behavior to address the problems of homelessness.

The other policy which relates to the breaking of the cycle is the length of stay policy. Again there is a difference between how this policy is defined by Operation Hope and Prospect House. Operation Hope guarantees a minimum sixty day length of stay for their guests. This means that upon intake, the individual knows that he will have a roof over his head and hot meals for a minimum of sixty days. At the end of the sixty day period the stay can be renewed if he has shown progress toward the accomplishment of his treatment goals. But just how does

this differ from the day to day existence that guests at Prospect House experience?

Again, the best way to demonstrate the benefits of the policy is to present some of the reactions and comments of the guests who were involved with the policy. Sam was probably the most verbal on the effect of the length of stay on him. Sam said that he had bounced around from shelter to shelter prior to arriving at Operation Hope. Throughout his various stays, he continued to be an active drug user. But he was desperate to change. He said that none of the other sites ever gave him the opportunity to become stabilized because he had to leave every morning and then return at night. He said that he never really learned any different behavior pattern, just different ways to be able to continue using.

But when he arrived at Operation Hope, things were different for him. He states that during his first couple of weeks at Operation Hope he would periodically slip and get high. He even said that there were a few times when he stayed out a whole night. "This kind of behavior would mean immediate dismissal at other shelters, but things were different at Operation Hope," he said. He knew that he would have a bed because there was a minimum number of day stay policy. In addition, he said that unlike other shelters, the staff did not pressure him to leave because

he slipped, instead they supported him and encouraged him to continue to try and remain abstinent. These two factors, the length of stay policy and the attitude of the staff, influenced him to begin to change. The length of stay policy gave him consistency in shelter to begin a change. He would say that he was not constantly worrying about where he would be sleeping that night because he had a guaranteed bed. In addition, he was not worried about making appointments in the afternoon because he knew that he had a guaranteed bed. So if he had a job interview at 3:00 p.m. he could go because he did not have to rush back to a shelter at 4:00 to guarantee that he would get a bed.

But the day time usage policy also sends a message to the staff. The staff begin to realize that there will be some consistency between shelter guests. This reduces the turn over in the shelter which specifically addresses Len's comment, "they (the guests) are in and out of here so fast it is hard to begin a change process with them." The sixty day period provides opportunity for staff to personalize the needs of the individual and work towards a change.

The personalizing of services is very apparent in the role the staff took with Sam. The sixty day stay helped to create an environment where was able to slip and instead of forcing him out, the staff helped him understand the consequences of his actions. Sam said, "they (the staff)

recognized that a slip was part of the process that I needed to go through in order to deal with my substance abuse problem. Operation Hope gave me the support and trust to experience many of the things that I was never able to experience as a teenager. When I slipped they were there to pick up the pieces and to help me learn from those mistakes." Thus for Sam, the sixty day stay policy was influential in both his attitudes toward the helping process as well as the attitude of the staff towards him in order to support his change. Sam called this experience for him as "the home that I never had when I was growing up." The elements of this home were the provision of support and the ability to make mistakes while continuing to maintain his integrity as an individual.

Jointly, the two policies relate to the first of Maslow's hierarchy of need; safety and security. Safety is being provided by enabling the individual to stay in the shelter during the day where the sixty day stay begins to provide some security with regard to shelter and food. Thus the policies are important for the individual in his ability to enter into a change relationship.

But as described above, the policies are also beneficial in assisting staff perform their jobs. The day time use policy provides access to both the guest and the referral system during that time when it is necessary to

have that access. Secondly, the length of stay policy provides continuity with the population being served.

Therefore, the existence of both policies is helpful in addressing creating an atmosphere which helps to address the problems of homelessness. But the policies alone do not create a feeling of 'home,' there is also a reliance on the structure of the shelter, the staff services, and the interactions between the guests. The above discussion demonstrated how the policies can have an influence on staff and on guests, but there is a role that structure does play on both of these items as well.

Shelter Structure and Utilization

The described in the third chapter, differences do exist between the structures of the two shelters. From face value the differences could relate to the individual differences between the two shelters. However, the structures do have a relationship on the ability of one shelter to act as a 'house' whereas the other shelter acts as a 'home.' Before going into greater detail, let me review the structural differences between them.

The primary structural differences relate to the sleeping quarters at the two shelters. At Operation Hope, all guests sleep together in one dormitory style room. This differs from the structure at Prospect House where there is a combination of rooms, doubles and small

dormitory rooms. No more than five guests will ever be in any one room at Prospect House. However, it is the contention of the staff at Prospect House is to get people into double rooms as quickly as possible. Therefore, the dormitory rooms are perceived as being even more temporary than the semi-private rooms. The goal of this structure is to try and individualize by having semi-private sleeping arrangements.

This leads to an explanation of the question of how does structure promote either 'house' or 'home?' To begin with, let me look at the structure of Prospect House to determine how that relates to creating 'house.'

The structure is designed to promote the individual dignity of the guest by providing privacy. This means that the staff use the rooms on the second floor to reward guests behavior. Both Len and Peter said that they like to move the guests to the second floor as a way of rewarding the individual for complying to the rules of the shelter. They felt that the semi-private room helps to provide some dignity back to the guests life. They provide that dignity when the guest is able to demonstrate that they can be trusted by following the rules. Thus, the structure was purposeful to be used to reward good behavior by dignifying the individual with a semi-private room.

The problem arises in that most of the guests who come

into the shelter are accustomed to being alone and only thinking of themselves. Michael described it in cost-benefit terms. Thus, the ability to move into a semi-private room would be beneficial for him because he would not have to enter into a relationship with any one else. This also relates to what happened with Jack in that he could not relate to people and eventually left the shelter. This suggests that the use of semi-private rooms may provide dignity to the individual, but what is really needed is to build relationships which happens in the dormitory at Operation Hope.

Let me describe what happens in the dormitory. First of all there is no reward structure for good behavior. Everyone is treated equally regardless of their behavior. Since there is no stratification of rooms then there is no sense of competition between the guests. The only changing of beds can occur within the same space. Changes occur based upon bed availability and seniority, not on behavior.

This translates into the need for the guests in the shelter to learn to live together, to respect one another. Joseph's comment about wanting to come back to the shelter once he moved into his own apartment because of the companionship that he felt from the other guests in the shelter is some proof of the relationships that can develop from people having to live together. But there are also

drawbacks, as witnessed by Steve's comment about the noise at night. There needs to be an ability to learn to respect the others in the shelter and the dormitory is a way of beginning that process.

From a staff view, the dormitory promotes a method of interactions with the guests. Since the dormitory is the living space of all of the guests, the staff respect the dormitory equally between everyone. Therefore, cleanliness of the room is dependant upon everyone picking up after themselves for it reflects on the everyone in the room. Thus the staff promote the need for everyone to care for their own things in order to show others that you respect their space. Ron translates these sentiments even to the sleeping patterns of the guests in the shelter. He states that if someone chooses to stay up all night it is all right as long as they are quiet and respect the rights of the other guests. Therefore, the single dormitory room dictates the need for staff to encourage mutual respect between guests with regard to space and behavior.

This issue is best demonstrated by the conflict that arose between Joe and Jeff. They had a disagreement which led to Jeff contacting the police. However, instead of the situation being prosecuted through the normal court proceeding, Ross chose to present the case as a family conflict since the dormitory dictated a surrogate family

arrangement. The disposition of the court supported Ross' argument and the dispute between Jeff and Joe was dealt with as a family matter. This led to the building of mutual respect between them and was one of the contributing factors which led to Joe's decision to begin exploring alcohol treatment programs. Thus, the dormitory is a way of building respect between guests while also contributing to the way staff interact with them.

Thus, what becomes evident is that dormitory promotes equality between the guests whereas, the combination of dormitory and semi-private rooms promotes a strata between guests. The strata then contributes to the development and maintenance of a power structure between staff and guests. This suggests the issue of 'home' promotes a sense of equality between guests where 'house' creates competition.

The difference between these two concepts transcends beyond the structure. The concepts also relate to the security of each of the shelters. With 'home' promoting equality, the responsibility for the security of the shelter becomes a mutual effort between both staff and guest. This is demonstrated by the way guests treat strangers as they enter the shelter. The guests assume responsibility for access to the shelter when a staff member is not at the desk at the top of the stairs. There

seems to be an unwritten rule that one of the guests will usually position themselves at the desk to control access to the shelter. This is not planned and there is no schedule dictating who will be at the desk at what time, but the guests know that there is no staff at the desk to control access so they take it upon themselves to control the access to their space.

This needs to be compared with the security issues at Prospect House. The competition created by stratifying the rooms then relates to two different types of behavior. First is the behavior between guests to be somewhat suspicious of the other, but there is also an emphasis of the staff to base movement to the second floor on good behavior, and good behavior is translated into compliance. These behaviors dictate the tone of the security within the shelter. Since the guests are only looking out for their own interests, then they do not have an interest in maintaining the overall peace within the shelter. And with a staff reliance on compliance as a measurement of good behavior, then the staff create a sense of control within the shelter. This need to control then relates back to the need to pat search all guests as they arrive into the shelter as well as herding them into the community room until they are called for meals.

Thus the structure of Prospect House promotes

individuality and the dignity of the guest in the shelter, but at the expense of equality and mutual respect. This translates into a variety of factors which relate to the ability to have an open kitchen where guests can congregate as well as the ability to maintain the security within the shelter. From this discussion, it is possible to see how structure does translate to the development of 'home' within the shelter. But it is not the structure itself but the message that the structure transmits to both the staff and the guests within the shelter.

The interaction of policies and structure, as just discussed, leads to a more in depth discussion of the relationship between staff services and the interaction of the guests at the shelter.

Staff Services

As just described, the structure and the policies of each shelter create a framework where staff address the problems of individuals who are homeless. But just what do the staff do to address the problems of individuals who are homeless? In the previous chapter, two staff functions were described. These functions include maintaining shelter operations and performing assessments and referrals. However, the staff at each shelter perform these functions differently. At Prospect House, all staff are responsible for performing both functions, whereas,

there is role differentiation at Operation Hope. In the previous chapter, role differentiation was used to describe boundaries and policies of the shelter in relationship to the shelters role as a system. At this juncture it is important to understand how role differentiation relates to the development of 'house' or 'home.'

I have already established that the services at Operation Hope are considered 'home' services while Prospect House provide 'house.' So beside role differentiation, what is the differences in the staff services at each shelter which create that sense of 'house' or 'home?'

Gerald's description of his stays at Prospect House provides some insight into how role confusion leads to 'house' services. Gerald described his role during his first stay at Prospect House as a guest. Gerald states, "the first time I was at Prospect House, I would do all my chores and things but the staff tried to get me to seek treatment. I was always able to come up with an excuse why I couldn't go. Even though I did all my chores, they still gave me a termination date because I did not think I needed treatment." Gerald's description points out his confusion of what the staff expected from him. On the one hand, he thought he was a guest and would perform all the duties and responsibilities of a guest. Yet that was not enough which

eventually ended in his stay being terminated.

However, he talks of a different relationship with staff during his second stay. He says, "the staff have been very supportive and encouraged me to seek help. I screwed up the first time I was here, but I want to make amends by voluntarily enrolling in an out-patient drug rehab program." Gerald's change in tone symbolizes his awareness of the staff's expectations on him. Initially he viewed his role in the Shelter as being a passive recipient of services, a guest. He did what he felt he needed to do in order to maintain his role as a guest, but did not realize that there were role expectations of being a client. It wasn't until after his stay as a guest was terminated that he realized that there were other expectations of him. He realized the difference in roles the second time he entered Prospect House. His use of the term "make amends" symbolizes his understanding of the change in his relationship with the staff. Gerald's experience needs to be compared with some of the Michael's comments from his stay at Operation Hope. As Michael stated, when he felt like returning to the ghetto he would turn to Pam. Pam provided the support that he needed to continue with the process that he had begun. Pam was able to provide counseling services for Michael. However, the counseling services were within the context of a supportive

environment. So Michael was able to also learn respect and care for others as themselves and not in a cost benefit manner.

The difference between Gerald and Michael demonstrate that when role differentiation does exist that two things take place simultaneously. First is the ability to learn to care and respect people. Second is the ability to change behavior which led to being homeless. As in the case of Gerald, these things did not happen. Gerald was able to begin to change his behavior which led to him being homeless, but he never expressed the ability to care and respect people. Instead, his rationale for changing is that he did not want to let the staff down. This relates to a counseling role and not the ability to build supports.

To further demonstrate the effects of role differentiation, or a lack thereof, all you have to do is to look how each shelter describes the individuals who are homeless. At Operation Hope they are classified as guests where at Prospect House they are called clients. The difference is more than semantics. On the one hand, the term client implies a relationship where one person, the homeless individual, is seeking help from the other, the staff. The expectation of the staff is that the person receiving the help, the client, wants to be helped and will take an active part in that helping process. However, from

Gerald's description, when he first entered the shelter all he was looking for was shelter, not to begin a process that will address the problems that led to him being homeless. Therefore, when he was not able to make the transition to client, he was terminated.

On the other hand, the term guest does not imply any type of helping relationship. Instead the term suggests that the individual enters the shelter as a boarder. By being a guest, there are role expectations placed upon him by the host or staff. These expectations include obeying the rules of the house as well as being courteous and respectful to hosts and other guests. It also implies that if you are not courteous, then your invitation could be revoked.

The ability for role differentiation permits for the staff to be able to stabilize the individual under the guest phase while another staff member enters into a counselor/client relationship. The separation between the two works at building support systems as a guest while working on a change process as a client. Thus, role differentiation leads the development of 'home.'

From this section, it is possible to describe the roles of staff in relationship to building home. There needs to be a combination of role differentiation between staff functions to enhance the sense of 'home.' The one

thing that the staff do through role differentiation is the ability to create supports. This leads to understanding the differences in the nature of the interactions within each shelter that contribute to the creation of 'house' or 'home.'

Interaction within the shelter

A number of factors relate to the development of 'home' at Operation Hope. This has been the interaction of the shelter's policies, the structure, and the staff services. Yet the missing element is the guests themselves. From the systems perspective, the guests are the objects of the conversion process. However, throughout the discussion 'home' has mentioned the value in building support from among the guests within the shelter. What Operation Hope has been able to accomplish through its building of home has been to build mutual support amongst the guests in the shelter. But how does this mutual support relate to addressing the problems which led to homelessness.

Probably the best way to understand the effects of relationships within the shelter is to look at the two cases at Operation Hope where relationships did not exist. Both Luis and Paul remained loners while they were in Operation Hope. The result of their lack of involvement in the integration process with the other guests at the

shelter was their return to being homeless and eventual stay at Prospect House. But what were the factors?

While at Operation Hope, Luis preferred to remain a loner. His youthful demeanor made him feel as though he could conquer anything. Instead of asking for help to resolve a problem, he would use meditation. Both staff and other guests attempted to engage him but he continued to resist any type of fellowship. He never accepted what Operation Hope was trying to do for him. For example, during my interview with him, he continually intellectualized what has happening with him. He would say that he needed no one, only himself to deal with his problems. When things would become difficult to understand he would meditate. But meditation was not always that easy so he said he would use some coke or heroine to put him the mind set to be able to meditate. When asked about the staff or the other guests, he felt that it was fine for them, but he was above all of that. He was at a higher intellectual plane. His unwillingness to interact with the others correlated with his continued drug use which eventually led to him leaving Operation Hope. His return to being homeless ended a short time later when he arrived at Prospect House.

Luis's situation suggests that not every person is ready for 'home' just because they happen to be in a

shelter that promotes that type of intervention. The 'home' services at Operation Hope rely heavily on the individual being ready to begin an engagement process where they will not only interact with the staff but with the other guests at the shelter. When Luis could not interact with his fellow guests, then there was no way he was ready to address the issues that led to him becoming homeless. Luis seemed to be striving for a situation where things would be done for him and he would not have to become involved in the process.

Therefore, the at Prospect House was more appropriate to what he was looking for. Prospect House provided him a place with a roof over his head and meals but did not engage him in a change process. He was able to continue his introspective exploration of his problems which led to him being homeless with little interference. In a short time following his arrival at Prospect House he was referred to the Salvation Army program. At which I lost contact with him.

Paul situation was somewhat similar to that of Luis. However, instead of adapting to the routine at Operation Hope, he continued to openly drink. The harder the staff tried to interact with him or to connect him to other guests, the more blatant Paul would become about breaking the drinking rules of the shelter. What began as Paul

keeping a bottle in his car and grabbing a few drinks before entering the Shelter developed into Paul entering the Shelter with a styrofoam cup filled with gin or vodka. This then led to Paul actually bringing the bottle into the Shelter under his coat and then going into the bathroom to drink. The final straw was Paul bringing the bottle into the Shelter and filling a cup, in front of everyone, in the kitchen. Paul's actions are of someone crying for help. The process at Operation Hope involved engaging him with the consequences of his actions. Heavy reliance would be placed on his supports within the shelter to help him change. Yet Paul continued to be by himself and consequently continued to drink. Nothing the staff or guests seemed to do would shake Paul from his bottle. In some way, the sixty day policy may have been a hinderance to Paul seeking help, he knew that he was there for a guaranteed period of time. The effect of his termination may have been more of a support for him than all the support that was being offered.

So when Paul showed up at Prospect House, even though he was still drinking, he was desperate. He entered Prospect House as a two time loser, first at Operation Hope and then with his girl friend before entering Prospect House. His attitude and acceptance towards changing were different. He entered into Prospect House more willing to

change than when he was at Operation Hope. His reality check came with his termination date from Prospect House. Then he realized that it was time for him to change. However, this time he was coerced into change. The last I heard about Paul, he had been admitted to one treatment facility and left on his own after a couple of weeks. He was trying to get into another treatment facility. In addition, he was placing hope on the fact that when he turned sixty five he would be eligible for senior subsidized housing and be out of the shelter system.

The cases of Luis and Paul demonstrate the need for support from peers in order to address the long term factors which led to them being homeless in the first case. In their cases it wasn't enough for them to be dealt with through the professional service system, but there needed to be the development of an informal support network that would act as a safety net for them. This relates to the nature of the intervention that is trying to be accomplished at Operation Hope, build a support system from amongst the guests within the shelter. In this manner the guests begin to learn ways to negotiate the professional service system while building a support network that will last beyond their stay in the shelter.

This concept of lasting support is illustrated by comments from Joseph when he said that he was planning to

come back to the shelter for meals even after he moved into his own apartment. In addition, other guests who had been through Operation Hope and had been able to set up on their own had also continued to come back to talk with those guests who were currently in the shelter.

Sam was the most vocal on his feelings about the building of supports by the guests within the shelter. He learned to respect people. He also developed a close relationship with another guest and called the shelter the home that he never had when he was growing up.

Throughout the study there were numerous episodes that evidenced the caring relationships that were built between the guests at Operation Hope. When Jeff was hospitalized for the removal of a couple of his toes, the guests at Operation Hope constantly visited him and sent him get well cards. When Joe had chest pains in the shelter, it was the guests that contacted the paramedics and helped them get him to the hospital. The success of Operation Hope is their ability to build relationships among the guests in the shelter. They are able to do this because of the interaction of the policies, the structure, and the staff services which create an atmosphere that encourages interactions amongst the guests.

Throughout this chapter I have focused on the elements that create a 'home' environment at Operation Hope whereas

Prospect House was classified as a 'house.' The striking difference between the two was the ability of Operation Hope to involve guests who were homeless in a process to deal with the problems which led to them being homeless. The process involved first stabilizing their situation by providing a supportive environment and then addressing the problems which led to them being homeless. They were able to accomplish this through a combination of staff services and peer supports which were enhanced by the policies and structure of the shelter. The open kitchen with a constant flow of coffee made it very comfortable for people to sit around the table and discuss life's events.

This scenario contrasted with the experiences at Prospect House which provides what I call 'house' services. These services provide base shelter and referral services for individuals who are homeless. Even though these services directly respond to what the literature responds to the problems which cause homelessness, the evidence is that they are only providing short term measures to address the problems which led to the individual becoming homeless. Factors, such as no day time use of the shelter and daily leave of the shelter result in a constant flow within the shelter. So even though there are a number of individuals who return each day, stabilization of the situation is never truly achieved. In addition, the closed structure

and a high ration of clients to staff also promotes a high need for maintaining control and security. This translates to minimal interactions between the guests and a maintenance of rigid boundaries between staff and guests. The result is a fast turn around time of those who are in the shelter. The problems of homelessness are defined as shelter with referral being the goal in order to deal with the actual causes of why a particular individual became homeless.

Thus, this study looked at two different shelters which were created as a response to the problem of homelessness. Even though both shelters have the same purpose, the method used by each to address the problem is different. The policies, structure, staff service, and interactions between the guests of a shelter can make a difference in whether an individual will be able to deal with their problem of being homeless or not.

Chapter 7 - No Place Like Home

The 1980s brought a tremendous growth in the number of homeless shelters. Yet the focus of the literature has been on the societal problem of homelessness and not on the role of this new social system, the homeless shelter. This study took a look at the role of the shelter in addressing the problem of homelessness.

Homelessness is a broad area of study. The term addresses a condition, the lack of residence, which effects various segments of the population. Shelters have been created to meet the needs of each of these segments. Shelters exist for single adults, families, teens, and victims of family violence. Since the needs of these segments are quite different, it was the contention of the researcher to only focus the attention of this study on the simplest unit, single homeless men. The focus of this study was on shelters serving single men. The role of the shelter to meet the definition of homelessness described by the Institute of Medicine (1988) is to link people to the existing support system which was created to address the problems of homelessness and to provide shelter. However, the continued recidivism rate among shelter guests suggested the need for other actions.

This led to the first assumption that some type of relationship existed between the problem of homelessness

and social support. Maza and Hall (1988) identified an inverse relationship between social support and homelessness. They found that the stronger an individual's support system, the less likely they were to become homeless. In addition, they found that the stronger the individual's informal support system, the less likely they were to turn to the formal support system. By applying these concepts to the shelter, it was assumed that one of the roles should be to build informal social supports among the guests as a way to address the problem of homelessness.

The role of shelter to build informal supports is enhanced if the shelter is perceived similarly to a multipurpose senior center. However, there was a lack of literature that described the work of shelters. This led to the need to conduct an exploratory study which focused on the role of the shelter in addressing the problem of homelessness.

Since there was no theory on the role of the shelter in addressing the problem of homelessness, the need existed to conduct an ethnographic type of research (Hammersley and Atkinson, 1983). Shelters were performing their functions based upon the values of that particular community (Fabricant, 1987). The lack of theory clearly suggested the need for a study which would build theory from practice

(Shore, 1989). This need led the focus of this study to understand the role of homeless shelters in addressing the problem of homelessness.

Since only a single researcher was performing the study, there was a need for simplicity. The simplest unit of study was single adults and two single adult shelters were selected. These two shelters represented differing perspectives on serving single adults while continuing to maintain the title of emergency homeless shelters. The study of these two shelters provided a range of roles for shelters in addressing the problem of homelessness.

The nature of an exploratory or ethnographic study is for the researcher to enter into the system and to learn through the observation and interpretation of real-life facts (Goldstein, 1993). A variety of data collection mechanisms were used for this study in order to learn the real-life facts. These included: review of case records, participant observations, interviews with shelter guests, and interviews with staff.

It would have been the goal of the researcher to actually experience the shelter by moving into it. However, because of the demand for shelter bed space, each shelter felt that they could not spare a bed for someone who did not need it. Therefore, the researcher adopted a plan that identified the participants in the study as

qualified observers (Flanagan, 1954). These qualified observers had first hand experience about their experiences in the shelter. The information that was generated through the qualified observers was substantiated through participant observations which were performed during every shift of shelter operation. This provided the researcher with a true feeling and flavor of the functioning and operations of the shelter.

Through this process, the researcher was able to discover that there are two different concepts that relate to homeless shelter. One shelter defined homelessness as a need for shelter and the breakdown in the systems that were created to prevent homelessness. Therefore, the nature of that shelter's intervention was to provide basic shelter and to refer the homeless person to the other systems in society that more appropriately addressed the long term issues which were the perceived cause for the individual being homeless. The goal of this shelter was to get the individual in and out of the system as quickly as possible.

The other shelter chose to take a completely different approach in addressing the problem of homelessness. That shelter assumed more of the role of a residential senior center for homeless people. Not only did the shelter provide the basic needs of food and shelter, but it also

created an environment that supported the development of informal social supports. These informal social supports were very influential in helping the shelter guests negotiate the formal systems which were created to address the problems of homelessness. Whereas the first shelter focused on getting the individual in and out as quickly as possible, this shelter focused on building supports within the shelter. Through the building of these supports, the guest would then be able to negotiate the other systems at their own pace. This process was more time consuming but seemed to address the long term problems which caused the individual to become homeless.

The services of these two shelters are described as 'house' and 'home.' The difference between one shelter providing 'house' while the other provides 'home' services relates to differences in how each shelter's policies, structure, and staff, interact to create support amongst the guests. The shelter that encouraged interaction amongst the guests was called 'home.'

House or Home

Both shelters state that they provide emergency shelter for homeless individuals but the method incorporated by each is quite different. Prospect House literally focused its services with the intent of addressing the problem of homelessness specifically by the

definition of the Institute of Medicine (1988). This meant that the shelter provided temporary housing and linked the shelter guests to existing services, such as income maintenance, housing, substance abuse treatment, and mental health treatment, which were established to address the problem of homelessness. The philosophy of the shelter was to serve as many people as possible in as short a period of time. They relied on other services to deal with the issues that led the person to become homeless.

The focus at Operation Hope was different. Operation Hope responded to the problem of homelessness as an individual problem. Operation Hope felt that it was their role to provide a mechanism where the individual would be able to help himself. Operation Hope chose to help the individual help himself by building informal supports between the guests at the shelter. By referring to the story in chapter one, Operation Hope looked at the resolution of the homeless problem as one where the individual needs to interact with his fellow man as a way of dealing with the problem. The focus of the intervention taken by Operation Hope centered around building supports between the individuals at the shelter. This, in turn, helped the individual enter into a change process and eventually accept help from the formal support system. Operation Hope used its policy, structure, and staff to

create this supportive environment. It is called 'home' because one of the guests, Sam, described Operation Hope as, "the home that I never had when I was growing up."

Policy

Two policies specifically relate to whether the shelter was a 'house' or a 'home.' One policy relates to the length of stay and the other is the daytime usage. Operation Hope incorporates both policies as part of their operation of the shelter while Prospect House uses neither. The use of these policies dramatically sets the tone for the establishment of 'home.'

Operation Hope defined length of stay as a guaranteed minimum stay. The policy entitled each guest to a sixty day minimum stay. The sixty days provided the guest with assurances that they would have food and shelter for that period of time. This enabled the guest to begin a stabilizing process where they did not have to focus on safety and security needs but could begin to look at other issues within their lives. This also provided the staff with some continuity in how they related to guests over that given period of time.

This was in contrast to Prospect House with no guaranteed minimum stay. The guest did not have a commitment of food and shelter from one day to the next. They needed to continually leave every morning and return

in the afternoon. After a number of days where they were able to obtain consistency in gaining a bed, they began to stabilize. However, there was the constant issue of the potential of being referred to another service. Therefore, even while in the shelter there was pressure on the guest to look elsewhere in order to have their need met. This made it difficult for the individual to focus on long term change since there were minimal guarantees for the provision of one's basic needs.

The effect of this policy directly related to differences in the ability of each of the shelters to build relationships between staff and guests and between guests themselves. By first stabilizing the individual, Operation Hope was able to build relationships between guests and between the staff and the guests. Through these relationships, the guests were able to utilize this new found support system to focus on the problems that led to them being homeless. Once they began identifying these problems, they were able to more fully accept help.

But length of stay was not the only policy that helped in this process. The day time usage policy also helped to stabilize the individual and build informal supports. Day time usage refers to the availability of the shelter to the guests during the day. Operation Hope employed the use of this policy where Prospect House did not.

Before understanding the effect of the policy, it is first important to understand where the shelter guest had been. Many of the guests stated that they had no jobs. This translated into dormant time during the day. The guests described their day as having to hurry up to get out of the shelter with no where to go. They described passing the time by continuing to use drugs. However, the guests said that when they got to Operation Hope, there was no rush to leave in the mornings. They found that their day time hours were spent reflecting on their situation and not on using drugs. This helped, they said, in breaking the daily cycle of drug use. Through this break, they described an ability to begin a change process.

The change process included having time to begin to meet and become acquainted with the other guests and the staff in the shelter. Not only did they describe an opportunity to reflect on their own problems that led to being homeless, but also they discovered that other guests could help them since they had already been there. This interaction between guests contributed to a new meaning in attending AA and NA meetings.

The day time use policy was also beneficial to the staff. The Prospect House staff described difficulty in making referrals because agency business hours were during the day. Since the guests were not in the shelter during

the day, the staff relied to trying to make referrals without the guest present or in the evening. This led to problems in the referral process.

In addition, the day time hours were productive in building staff-guest relationships. When the guests arrived in the shelter in the afternoon, there was little time to serve dinner before it was time to prepare for bed. Therefore, use of day time hours was described by both the Operation Hope staff and guests as contributing to the building of relationships between them. The staff-guest relationship was important in helping to facilitate the referral of the guests to other services.

But policy is only one factor which contributed to the differences between 'house' and 'home.' The issues of structure and staff also existed.

Structure

Just as the policies of the two shelters differed to contribute to one shelter being a 'house' and the other as 'home,' the structures of the two shelters contributed to the difference. Operation Hope emphasized community living. All of the guests lived in a single dormitory style room. This contributed to building cooperation between the guests of the shelter. In addition, Operation Hope maintained an open and accessible kitchen. The guests were welcome to enter the kitchen, take a cup of coffee,

and sit around the table any time during the day or night. The key ingredient was to maintain respect for their fellow guests.

This differed from the structure at Prospect House. The emphasis at Prospect House was on maintaining the dignity of the individual. This was accomplished by structuring the shelter with semi-private rooms on the second floor and small dormitory rooms on the first. At no time were there more than five people in a room at any given time. In addition, the guests were restricted in where they could congregate. The only places where guests could meet were the community rooms on either the first or second floor. The kitchen, soda machine, and candy machine were only accessible to the guests at the discretion of the staff. This contributed to a feeling of control within the shelter, with the staff being the dominant force. Some of the implication of this control will be discussed below in reviewing the role of the staff.

However, the importance of structure related to the building of informal social supports. As described, the structure at Operation Hope forced the guests to live together. The dormitory provided an equal setting for all guests. The only difference in setting would be bunk position, such as top, bottom, or location in the room. By establishing equality between all the guests, there was

little room for competition. This forced the guests to begin to respect one another since they must share common space, and contributed to building 'home.'

The structural focus on individuality at Prospect House had just the opposite effect on the guests. It created a sense of competition. It was the desire of all the guests to be in the semi-private rooms on the second floor. Each guest looked at the other, not for support, but as a competitor striving for an ideal spot within the shelter. This contributed to building 'house' because the guests perceived the shelter as just that, shelter.

Like policy, the structure of each shelter contributed to the difference between 'house' and 'home.' The function and role of staff were also contributing factors to the difference between 'house' and 'home.'

Staff

In any social service system, staff play an important function in facilitating the change process (Rosenberg and Brody, 1974). The staff become the primary resource that the system has to guarantee that the system output matches the desired result. Within this context it was important to note the differences between the staffing structures between the two shelters and how that related to the creation of 'house' or 'home.'

To understand the role of the staff at the shelters,

it is first important to understand the nature of the tasks that the staff performed in the shelters. Staff services were broken into two functions, stabilizing the individual and assessment/referral. The role of stabilizing involved general shelter operations and settling of the guests into the shelter. This involved the assignment of a bed, the provision of meals, opportunities to bathe, and general shelter security. Assessment/referral related to the ability of the staff to link the guests to the formal systems which were created to address the problems which led to the person being homeless.

Even though these are two distinct staff functions, each shelter treated them differently. Operation Hope made a clear distinction between the role and function of each staff position. Whereas Prospect House had all staff perform both functions.

The ability of Operation Hope to separate the functions between the staff members enhanced the development of informal supports and contributed to 'home.' This was accomplished by the managers performance of stabilizing functions. By only having to focus on what was happening within the shelter, the managers were able to build supportive relationships between themselves and the guests and between the guests. The service coordinator, or the staff performing the assessment/referral task, focused

on the individual change process. This meant that the guest could begin to look at the issues which led him to become homeless without the fear of losing the safety and security of the shelter. The separation of the two staff roles contributed to the guest being able to work on the issues that contributed to him being homeless. In combination with policy, this became another aspect of stabilizing the guest in order to work towards a change.

The experience at Prospect House was quite different. The staff were expected to perform both functions. This led to role confusion on the part of the staff. Since the staff had both functions to perform, the immediacy of the situation was performed first and usually focused on stabilizing the individual. This meant that the attention of the staff was on addressing immediate individual needs and shelter security with little time for assessment/referral. The development of informal supports was never addressed by the staff.

Beside the separation of role functions between the staff, another difference between the shelters was staff to guest ratios. Both shelters employed the same number of staff, yet Prospect House had two and a half times more beds than Operation Hope. That meant that the staff to bed ratio is dramatically higher at Prospect House than at Operation Hope. This translated into an inability of the

Prospect House staff to individually interact with the guests. Some of the guests became better known because of their personalities or length of time in the shelter, but the depth of the interaction between staff and guests was far greater at Operation Hope. This suggests a need for maintaining a staff to bed ratio that would enhance interactions.

An interesting observation was that most of the shelter workers were non-degreed individuals. Many entered into the professional ranks because of their personal experiences, particularly as recovering addicts. However, it became evident that there was a distinction between the nature of what a degreed person could do versus a non-degreed person. It seemed as though new employees who were non-degreed seemed quite comfortable with performing the stabilizing staff function whereas, the degreed or partially degreed individuals seemed to have a better sense of the relationship between the service delivery system and the needs of the guests.

Another observation was the need to stabilize the guest before any type of assessment and referral could be performed. The guest usually needed a couple of days to begin to adjust to the environment of the shelter. This was evidenced by watching the new guest at meal time. The new guest would guard and hover their meal while shoveling

it into their mouths. Only after they had been in the shelter for a few days were they able to sit back and take smaller bites of food.

This observation supported the need for staff to work on stabilizing the guest before any type of assessment/referral could be made. Thus, by separating staff roles, the managers could work on stabilizing without needing to begin an assessment/referral process.

Shelter Guests

It was assumed that since both shelters referred to themselves as emergency homeless shelters, there would be uniformity between the two populations. However, information about the guests from the intake forms showed dramatic differences in the populations. The data demonstrated particular differences in age, race, and length of being homeless. Operation Hope tended to have an older population that had been homeless for a longer period of time. In addition, Prospect House seemed to have a greater number of minorities requesting assistance. These differences suggested a possible reason for the differences in interventive strategies. On the one hand, Prospect House is providing basic shelter services which gets people off the streets and gives them a warm bed. Prospect House's larger size and quicker turn over would suggest possible space available on any given night. Therefore,

individuals who are homeless for the first time would most likely find a bed at Prospect House upon demand rather than Operation Hope. Operation Hope, on the other hand, is smaller and tends to maintain guests for longer periods of time. This leads to less availability for new guests.

This demonstrates how the policies interact to maintain guests and helping to build informal supports within the shelter. The issue of length of time being homeless also suggests that those guests at Operation Hope are further along the homeless continuum and have a greater likelihood of being disconnected from informal social supports. Therefore, the appropriate interventive strategy for Operation Hope was to build informal supports since the guests had already been linked to the formal system by other shelters.

Other than the differences identified by the intake forms, a number of similarities between the guests at each shelter were identified. These similarities related to reasons given for being homeless. However, this information was found to be superficial without actually getting into underlying causes to being homeless. To gain this information, the staff had to perform in-depth interviews. Through this process, three themes emerged. Those individuals who were searching to find themselves; those individuals who were victims of society and feel

helpless; and those individuals with a serious problem which led to them being completely immobilized.

Even though these categories seemed to be consistent between the two shelters, differences existed between the two shelter populations as to the willingness of the guests to be able to accept their current situation as well as what their expectations were of the shelter experience. In general it seemed that the guests at Operation Hope were more accepting of the shelter as being part of the change process. In addition, it seemed as though the guests at Operation Hope expected to be more involved in the daily aspects of shelter life than the guests at Prospect House. The guests at Prospect House seemed to set up a barrier between themselves and the staff. These differences led me to refer to the experience at Operation Hope as 'home,' while Prospect House is referred to as 'house.'

Again the differences related to the guests at Operation Hope being older and generally having been homeless for a longer period of time. This contributed to the differences in attitudes that were expressed by the guests to gain from their experience in the shelter. The guests at Prospect House did not expect the shelter to do much more than to provide basic room and board until they could get back on their feet. The guests at Operation Hope saw their experience at the Shelter as their last chance to

change and address the problems that led to them being homeless. However, the question could not be answered if they expected Operation Hope to provide the supports and that is why they sought that particular shelter or whether it was by chance that they ended up at Operation Hope. From discussion with the guests, it seemed as though many of the guests had specifically wanted Operation Hope to be their shelter because of its reputation for creating a 'homelike' environment.

Understanding Home

This raises the question of what happens in a shelter to make it like 'home.' From the above discussion it is possible to see the differences in policies, structure, and staffing patterns which contribute to one shelter being a 'house' and the other being a 'home.' However, the important ingredient is what happens as a result of the interaction of these elements to the guests in the shelter. The experience at Operation Hope suggests that these elements interact to help the guests create bonds between themselves and with the staff at the shelter. The bonds then helped the guest address underlying issues which led to him being homeless.

By comparing the experiences of the guests at both shelters, it was possible to see that the development of informal supports enhanced the linkages to the formal

support system. At Prospect House, where the emphasis was on referring to the formal support system, the guest received little underlying encouragement to proceed with the formal support process. This may be one reason why there seemed to be such a high recidivism rate among those guests who had been at Prospsct House.

The experience of the guests at Operation Hope was different. The guests would be referred to the same services. However, instead of them having to face going to the services alone, they would be able to meet and talk with other shelter guests and gain encouragement that they were doing the right thing. As in the case of Sam and Michael, they used the informal supports to continue attending AA meetings and help them integrate into the job market. Joe, at sixty-five, also used the informal support system to begin to address a long term substance abuse problem. But Luis, who could not engage with the informal support system, ended up continuing his cycle of homelessness.

This experience supported Maza and Hall's (1988) findings that there is an inverse relationship between informal social supports and homelessness. However, Maza and Hall looked at it from the aspect of poverty and people who were near homeless and not with homeless people. This suggests that if shelters can create informal support

environments within the shelter, then the individuals could possibly be able to address the problems which led them to becoming homeless.

Implications

This study presented two homeless shelters for single adults. Both claim to provide emergency services for homeless people. Yet the services provided by each demonstrated contrasts in the nature of the work performed to address the problem of homelessness. The shelters only represented two points of view about the service delivery system for individuals. Other types need to be investigated. In addition, these shelters represented single adults, differences most likely exist in shelters which serve other segments of the population.

The two perspectives represented by these shelters has one as an entry point for situationally or recently homeless individuals while the other serves homeless individuals who have been chronic or episodically homeless. The focus of service to recently or situationally homeless persons is to link them to services when they first enter the system. The shelter functions in the role of a pass through agent, relying heavily on collateral systems to address specific individual problems which led the person to become homeless.

In dealing with the more chronic or episodic homeless

person, the shelter took the position of engaging the individual through the creation of informal social support. The shelter developed a supportive environment which in turn led to the access of formal supports. The combination then translated to a long term change.

This raises questions on the appropriateness of each type of service for addressing different types of homeless people. It suggests that the shelter providing 'house' services is more appropriate to situationally or recently homeless people. The goal being to link them to the support system which have been created to address the problems of homelessness as stated by the Institute of Medicine (1988). Whereas, the shelter providing 'home' services seems more appropriate for the episodic or chronic homeless individual. Further study needs to be done on the relationship between length or condition of homelessness and the type of service which is more appropriate to address those problems.

In addition, the concept of an entry shelter which provides 'house' services suggests the need for transitional housing for homeless people that will provide 'home' services. Since the shelter being provided by 'house' is strictly temporary, there is question about the need for creating a semi-permanent or transitional residence until a permanent housing situation can be found.

This will reduce the load on those emergency shelters by providing a place where people can stay for longer periods of time. It also places the emphasis of emergency services on 'house' while continuing to look at other services for the provision of 'home' or the building of informal supports. Again, additional research needs to be done in this area.

With a focus of shelters being assessment/referral, there is a need to explore the referral process. It is one thing to declare referral as a focus for the service, but it is another to actually perform the referral process. Some of the barriers to referral identified in this study related to factors within the shelter itself, such as hours that the staff worked, the lack of follow-up with referral sources, or the heavy reliance on the guests to actually carry out the referral. However, referral involves the linking of various systems and barriers can emerge at a number of places along the way. Therefore, there is need to do additional research with these collateral systems to identify potential sources of barriers in the delivery of homeless services.

These suggestions focus on the models of service in addressing the problem of homelessness. However, this study identified policies, structure, and staff as factors which relate to the specific model. The question remains,

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are there other factors that contribute to the models of shelter?

The question of the relation of informal social supports to homelessness also needs to be explored more fully. This study supported one study on the inverse relationship between social supports and homelessness. It also suggested a relationship between policy, structure, and staff in helping to build informal social supports in the shelter. More research needs to be done on the specific areas of policy, structure, and staff to determine just how each of them independently relates to the problem of homelessness.

The study also suggests implications for policies which relate to homelessness. As stated above, the two different models relate to two different value statements about homeless services and service to people who are homeless. The two models promote a continuum in the service delivery system for homeless people. However, current funding patterns seem to identify the need for developing one primary service system for dealing with homelessness. The study supports the need for developing both systems. One system to be an entry point for situationally or recently homeless individuals. The other system involves a more intensive approach to change which relies on the building of informal supports.

Along with the need for two different systems is the need to identify two distinct functions of the staff and the importance that each plays in addressing the problem of homelessness. It is not enough to assume that one staff person can perform both functions and be able to address the problems of those individuals who are homeless. Policies need to be made which distinguish between the role of stabilizing the individual and that of assessment/referral. Reimbursements also need to reflect the need for having different individuals for each of these functions. Only then will the shelter be able to adequately afford to hire a sufficient amount of staff to address the needs of individuals who are homeless.

With regard to staffing, there is room in the homeless shelter for both people who want to help and professionals working with individuals who are homeless. Stabilizing is a quite appropriate task for anyone who wants to help. However, it appears that the assessment/referral function needs to be left to the professionals. They have a theoretical knowledge base that is built on identifying all potential sources of support to address the needs of the individual. These supports need to transcend the professional circle and look at other alternative sources as providing support.

Size and structure of the shelter also seems to be

relevant to adequate operations of a shelter. From the experience at Prospect House, it was evident that the staff to bed ratio needs to be adequate in order to meet the demand of the individual who is homeless. More research needs to be done on the specific dimension of that ratio, but it needs to be adequate in order to provide individualized attention.

The structure also was an important element. As mentioned, the issue of maintaining the dignity of the individual could be a detriment to the helping process. Therefore, policy needs to address the need for building informal supports.

Homelessness is a problem that could effect us all. One may only be a paycheck away from being homeless. As a society we need to accept that and not look at people who are homeless as bad people. They just happen to have run into some bad luck. As a society we need to look at the homeless shelter as a way of lifting up those who are less fortunate. The nature of the definition pits everyone without a home into the same situation. But the differences between all individuals who are homeless is tremendous. Each person has some self worth and the homeless shelter needs to be able to recognize that value and be willing to work with them.

APPENDICES

Table 1
Demographic Overview of the Male Guests Participating in the
Study from the Two Single Adult Shelters

<u>Category*</u>	<u>Total</u> <u>Population</u>	<u>Operation</u> <u>Hope</u>	<u>Prospect</u> <u>House</u>
<u>Age</u>			
less than 20	2 (2.7)	0 (0%)	2 (3.5%)
21 to 25	10 (13.7%)	8 (50%)	2 (3.5%)
26 to 30	15 (20.5%)	1 (6.3%)	14 (24.6%)
31 to 40	29 (39.7%)	1 (6.3%)	28 (49.2%)
41 to 60	11 (15.1%)	3 (18.8%)	8 (14.1%)
over 60	6 (8.2%)	3 (18.8%)	3 (5.3%)
<u>Race</u>			
White	28 (38.4%)	11 (68.8%)	17 (29.8%)
Black	35 (47.9%)	3 (18.8%)	32 (56.1%)
Hispan	9 (12.3%)	2 (12.5%)	7 (12.3%)
other	1 (1.4%)	0	1 (1.8%)
<u>Birth State</u>			
Ct	35 (47.9%)	7 (43.8%)	28 (49.1%)
NY/NJ/MA	8 (11%)	4 (25%)	4 (7%)
Southeast US	12 (16.4%)	1 (6.3%)	11 (19.3%)
other	18 (24.6%)	4 (25%)	14 (24.7%)
<u>Last Address</u>			
Bridgeport area	58 (79.5%)	9 (56.3%)	49 (86%)
other	15 (20.5%)	7 (43.7%)	8 (14%)
<u>Education</u>			
<high school	33 (47.1%)	8 (50%)	25 (45.5%)
high school	27 (38.6%)	5 (33.3%)	22 (40%)
high school>	10 (14.3%)	2 (13.3%)	8 (14.5%)
<u>Veteran</u>			
yes	18 (24.7%)	2 (12.5%)	16 (28.1%)
no	51 (69.9%)	12 (75%)	39 (68.4%)
less than honorable	2 (2.7%)	1 (6.3%)	1 (1.8%)
<u>Marital Status</u>			
never married	25 (35.2%)	9 (56.3%)	16 (29.1%)
previously	29 (40.8%)	6 (37.5%)	23 (41.8%)
never w/children	9 (12.7%)	1 (6.3%)	8 (14.5%)
married	8 (11%)	0	8 (14.5%)
<u>Citizen</u>			
yes	67 (91.8%)	16 (100%)	51 (89.5%)
no	5 (6.8%)	0 (0%)	6 (10.5%)
<u>Previous days in a shelter</u>			
none	26 (35.6%)	1 (6.3%)	25 (43.9%)
1 - 10	15 (20.5%)	6 (37.5%)	9 (15.8%)
11 - 30	9 (12.3%)	3 (18.8%)	6 (10.5%)
31 - 60	10 (13.7%)	1 (6.3%)	9 (15.8%)
61 - 99	4 (5.5%)	2 (12.5%)	2 (3.5%)
100+	9 (12.3%)	3 (18.8%)	6 (10.5%)

(*classifications established by DMR for shelters)

Table 2
Reasons taken from intake forms as to why guests
need to come to the Shelters

<u>Category*</u>	<u>T o t a l</u> <u>Population</u>	<u>Operation</u> <u>Hope</u>	<u>P r o s p e c t</u> <u>House</u>
<u>Reason left last Address</u>			
eviction	24 (33.8%)	5 (33.3%)	19 (33.9%)
family problem	8 (11.3%)	2 (13.3%)	6 (10.7%)
jail release	10 (14.1%)	1 (6.7%)	9 (16.1%)
no money	13 (18.3%)	4 (26.7%)	9 (16.1%)
substance abuse	10 (14.1%)	2 (13.3%)	8 (14.3%)
move/in transit	6 (8.5%)	1 (6.7%)	5 (8.9%)
<u>Reason for shelter</u>			
no where else	47 (64.4%)	10 (62.5%)	37 (64.9%)
evicted	2 (2.7%)	0	2 (3.5%)
no money/income	14 (19.2%)	3 (18.8%)	11 (19.3%)
referred	10 (13.7%)	3 (18.8%)	7 (12.3%)
<u>History of problems</u>			
none	15 (20.5%)	4 (25%)	11 (19.3%)
alcohol or drugs	26 (35.6%)	2 (12.5%)	24 (42.1%)
alcohol & drugs	14 (19.2%)	6 (37.5%)	8 (14%)
mental illness	5 (6.8%)	3 (18.8%)	2 (3.5%)
alc or drugs & MI	10 (13.7%)	1 (6.3%)	9 (15.8%)
alc, drugs, & MI	3 (4.1%)	0	3 (5.3%)
<u>Work History</u>			
regular	21 (29.6%)	4 (25%)	17 (30.9%)
some PT	29 (40.8%)	11 (68.8%)	18 (32.7%)
none	21 (29.6%)	1 (6.3%)	20 (36.4%)

(*classifications established by DMR for shelters)

Table 3
Potential Sources of Contact with Outside Supports

<u>Category*</u>	<u>T o t a l</u> <u>Population</u>	<u>Operation</u> <u>Hope</u>	<u>P r o s p e c t</u> <u>House</u>
<u>Contact w/ Soc. Services</u> none	40 (54.8%)	8 (50%)	32 (56.1%)
probation	3 (4.1%)	0	3 (5.3%)
entitlement	14 (19.2%)	6 (37.5%)	8 (14%)
mental health	8 (11%)	0	8 (14%)
alcohol rehab	3 (4.1%)	0	3 (5.3%)
2+ contact	5 (6.8%)	2 (12.5%)	3 (5.3%)
<u>Contact w/ family/friends</u>			
none	43 (58.9%)	5 (31.3%)	38 (66.7%)
some w/ either	20 (27.4%)	7 (43.8%)	13 (22.8%)
some w/ both	4 (5.5%)	2 (12.5%)	2 (3.5%)
reg w/ either	5 (6.8%)	1 (6.3%)	4 (7.0%)
regular w/ both	1 (1.4%)	1 (6.3%)	0
<u>Source of income</u>			
entitlement	6 (8.2%)	1 (6.3%)	5 (8.8%)
disability	10 (13.7%)	2 (12.5%)	8 (14%)
pension	4 (5.5%)	2 (12.5%)	2 (3.5%)
family	1 (1.4%)	1 (6.3%)	0
employed	13 (17.7%)	6 (37.5%)	7 (12.3%)
none	39 (53.4%)	4 (25%)	35 (61.4%)
<u>Referral to this Shelter</u>			
other shelter	2 (2.9%)	2 (14.3%)	0
agency	29 (39.7%)	9 (56.3%)	20 (35.1%)
friend	15 (20.5%)	5 (31.3%)	10 (17.5%)
self referred	27 (36.9%)	0	27 (47.4%)

(*classifications established by DHR for shelters)

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