Homeless shelter residents: Who are they and what are their needs within a context of rapid economic growth?

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Abstract

People are homeless due to a complex series of factors. Evidence points to the association between homelessness and individual factors, including lack of education, mental illness, addictions, and poverty, and community factors such high unemployment. Yet within the current context of rapid economic growth and low unemployment in Calgary, Canada, homelessness is increasing. The purpose of this qualitative study was to better understand inner city homeless shelter residents and their needs within a context of rapid economic growth. This study is part of an ongoing research initiative formed through a partnership between The Salvation Army (TSA) and the University of Calgary to build a foundation for co-learning among the residents of TSA, inter-professional clinical teams, as well as university students and faculty to improve the health and well-being of the community. In-depth semi-structured interviews were conducted with ten TSA residents. Three patterns of resident behaviors and needs emerged: Stepping Stone, Embedded in the System, and Teetering on the Brink. The service implications of these patterns are discussed.

Introduction

Alberta, Canada is one of the world's fastest growing economies, and in 2006 it grew by 6.8%, more than double the Canadian average (Statistics Canada, 2007). With low taxes (5% Federal Goods and Services Tax) and the lowest (3.6%) unemployment rate in Canada, the population in Calgary (largest city in Alberta) grew by 12.4% between 2001 and 2006, largely due to inter-provincial in-migration (Statistics Canada, 2008). In 2006, Calgarians paid 4.6% more for goods and services compared to 2005, with soaring housing costs a major contributor to increases (City of Calgary, 2007). In 2007, the apartment rental vacancy rate was 0.5% with the average rent for a one-bedroom apartment at $898 (Canada Mortgage

and Housing Corporation, 2007) requiring 2.1 individuals to work full-time at minimum wage to afford it (Laird, 2007). In addition, current social assistance rates have fallen well below the Low-Income Cut-Off (LICO; Vibrant Communities Calgary, 2007), the most widely-used indicator of poverty where a household spends 20% more than the average Canadian family on food, shelter, and clothing (Statistics Canada, 1996). LICOs, based on family size and degree of urbanization, are updated regularly to account for inflation. For example, in 2006 the LICO for a single person living in Calgary was $21,202; social assistance for a single person looking for work was $4,824, or $16,378 below the LICO (Vibrant Communities Calgary, 2007).

Despite rapid economic growth and low unemployment, the number of homeless persons in Calgary is increasing at the fastest-growing rate in Canada (Laird, 2007), with a 32% increase between 2004 and 2006 (City of Calgary, 2006). Approximately 50% of Calgary's homeless are working full-time or part-time and have moved from another province less than one year ago (Calgary Committee to End Homelessness, 2008). In a large homeless shelter, 40.2% of the residents worked more than 32 hours per week (Laird, 2007). In Calgary, 40% of those using food banks reported employment as their major source of income (Hunger Count, 2007). With this situation projected to worsen, the number of homeless persons will continue to increase (Calgary Committee to End Homelessness, 2008). "Homelessness in a growth economy remains a difficult challenge" (Laird, 2007, p. 61), particularly when the availability of affordable housing cannot keep up with the demand for workers. In the current context, the characteristics of the homeless and their needs are not well understood.

This study is part of an ongoing research initiative (Downtown Community Initiative; DCI) formed through a partnership between The Salvation Army (TSA) and the University of Calgary (U of C; Benzies et al., 2006). The DCI was designed as a unique model to build opportunities for experiential co-learning between TSA residents and staff in a large multi-service homeless shelter and university students and faculty, to improve the health and well-being of the community (Calgary Urban Campus Partnership, 2006). Each day, the TSA provides meals, emergency clothing, assistance with job searches and referrals, chaplaincy services, addiction services/referrals, on-site mental health referrals, and/or life management skills to approximately 575 individuals and families. Concurrently, the U of C is committed to its core principle of "giving back to community" (U of C, 2002, p. 3), which includes support for the creation of an urban campus to assist in the renewal of the inner city (Calgary Municipal Land Corporation, 2007). In this way, the U of C intends to have a direct impact on the health and well-being of the

community while enhancing its teaching, research, and service activities. The findings of the first DCI research project, a qualitative study conducted in the summer of 2005, are reported in this article. Given the recent rapid economic growth in Calgary, the purpose of the study was to better understand the characteristics of inner city homeless shelter residents and their needs. These results may inform direct service delivery and highlight the need for public policy change from the perspective of those who are homeless and may offer solutions to address their specific needs.

Poverty, Homelessness, and Health

Poverty is a complex phenomenon that shifts with local or national social and economic conditions with little consensus on how to measure it (Phipps, 2003). Unlike the United States where poverty is defined as a fixed benchmark at which total income is insufficient to obtain minimum necessities, Canadian researchers typically use a relative measure of poverty where poor individuals have less than a percentage of a median income for food and shelter (Statistics Canada, 1996). These measurements allow for an understanding of the percentage of the population living in poverty. Homelessness is an indicator of a very deep level of poverty. People living in poverty may experience homelessness on a chronic or temporary basis (Daly, 1996; Government of Canada, Parliamentary Research Branch, 1999; Rivlin, 1990).

Poverty and homelessness affect health. Similar to other Western countries including Australia (Marmot, 1999), Great Britain (Wanless, 2004), Sweden (Agren, 2003), and the United States (Ram, 2006), Canadians with higher income report better health (Auger, Raynault, Lessard, & Choinière, 2004; Phipps, 2003). People with lower income levels are more likely to die younger and rate their health as poor regardless of age, gender, or geographic location (Phipps, 2003). Compared to the general population, persons who are homeless have poorer health with a significantly increased risk of mental illness, physical violence, and death (Bryant, 2004; Dunn, 2000; Hwang, 2001). For homeless persons, disease severity may be markedly increased due to delays in seeking treatment and inability to adhere to therapy (Hwang, 2001). The effect of poverty on health may be amplified through income inequality and the stresses associated with living in poverty (Federal, Provincial and Territorial Advisory Committee on Population Health, 1999).

Health is a multifaceted phenomenon that is embedded within a complex system at multiple levels (e.g., individual and community) (Health Canada, 1998). At the individual level, health may reflect

physical, social, and personal resources that enable achievement of personal goals. At the community level, health is influenced by the presence of economic, social, and environmental structures that support the well-being of its members. Structures may include shelter, education, food, income, sustainable resources, social justice, and equity (World Health Organization, 1986). Limited access to these structures constitutes social exclusion (Labonte, 2004). Similarly, interventions to address the complexities of homelessness need to be harmonized with client need, and include community, organizational, and policy changes to empower, rather than blame, the homeless (Austin, Coombs, & Barr, 2005).

The definition of homelessness varies (Government of Canada, Parliamentary Research Branch, 1999) and may include those persons "who do not have a permanent which they can return to whenever they so choose" (p. 1) and are living on the street or using emergency shelters, as well as those at risk of becoming homeless (City of Calgary, 2006). For this study the homeless were persons who stayed in a homeless shelter (Peressini & Engeland, 2004). The research questions were: (a) What are the characteristics of people accessing an inner city homeless shelter, and (b) What are their needs?

Symbolic interactionism (Blumer, 1969) and social ecology (Green, Richard, & Potvin, 1996) theories informed the study. Symbolic interactionism is based on the assumption that individuals in the context of their social interactions create and maintain meaningful worlds to make sense of their experiences (Blumer, 1969). Through interviews with participants, researchers sought to understand homelessness from the perspective of those who are closest to the experience. Social ecology focuses on the inter-relationships between people and their communities with emphasis on the social, institutional and cultural contexts of people who are homeless (Green et al., 1996).

Method

An institutional ethics review board approved the study. Participants were recruited through posters displayed at TSA and letters distributed by staff. Participants were included if they: (a) were currently a resident of TSA, (b) could speak English well enough to carry on a conversation, and (c) were over 18 years of age. All participants provided written informed consent prior to their participation. Participants were offered food during the interview.

Participants

A purposive sample of 10 participants was selected to capture variation in age, gender, and culture; variation in relation to employment status was

not specifically sampled. Participants were between 20 and 59 with the mean age of 39 years which is 2 years older than the typical TSA resident. Consistent with TSA population, 9/10 were male and the majority self-reported European descent (7/10). All but one had completed high school, and three had at least some post-secondary education. The majority (7/10) were single; two were divorced and one was in a common-law relationship. The majority (7/10) were skilled in retail, service, and construction work, the remainder unskilled laborers. Three were currently working for pay. Of those not working for pay, sources of income included Assured Income for the Severely Handicapped (AISH), social assistance, personal savings, and picking recyclable bottles out of the trash. Two reported that they had no money on which to live. Participants' self-reported daily activities included attending TSA programs, hygiene, job searching and interviews, leisure activities (e.g., socializing, reading, computer games, listening to music), finding sources of nutrition, and working for pay.

Procedure

Semi-structured interviews were conducted by student research assistants (RAs) with formal training in communication and therapeutic relationships, and some experience in working with vulnerable populations. Interviews were carried out by appointment during regular business hours. RAs were trained to conduct the interviews and to abort the interview and contact on-site staff to assist any participant who experienced psychological distress. RAs conducted their interviews concurrently in separate TSA offices using established safety protocols. All interviews were conducted without incident.

The semi-structured interview guide was organized with questions proceeding from general to specific and covered areas such as resident characteristics, needs, and concerns. Socio-demographic questions were asked the end of the interview. Interviews lasted approximately one hour, and were audio-taped and transcribed verbatim. Field notes were written after each interview to augment interview data. To ensure confidentiality, all personal identifying information was replaced with a pseudonym selected by the participant, which was used in reporting the findings.

Data Analysis

A thematic analysis was conducted to identify meaning generated by sentence-size data segments (Tesch, 1988). A line-by-line approach was used to examine the data in detail and ensure that no themes were overlooked. Data analysis was an iterative process whereby the RAs collaborated with the investigators to identify themes and patterns in the data that required more in-depth exploration during subsequent

interviews. Writing memos throughout the process further facilitated data analysis. As the analysis proceeded, themes were renamed and reorganized to accommodate the emerging patterns of behaviors and needs.

Findings

Participants were diverse in terms of their needs for health and social services. Some were articulate using sophisticated vocabulary, while others lacked the ability to clearly describe themselves and their lives within the research context. Quotes from participants in text are attributed to self-chosen pseudonyms. While all came to TSA to meet their basic needs for food and shelter, three groupings of participants' behaviors and needs emerged from the data: (a) Stepping Stone, (b) Embedded in the System, and (c) Teetering on the Brink. There was considerable heterogeneity within the groups.

Who Are the Homeless Shelter Residents?

Stepping Stone. Stepping Stone participants demonstrated positive attitudes, belief in their abilities, and confidence that they could accomplish their goals. Many had Grade 12 or some post-secondary education, and job skills. They were optimistic about their chances of finding work. "I don't think I'm gonna have so much problem here because I got a little bit of qualifications; if somebody takes me serious, I'll be alright"(Randy). Stepping Stone participants knew what they needed to improve their situation, they were motivated, and if they were not already employed, they were seeking work in a meaningful way. While discussing work, one participant wanted, "… a decent job that I like to keep me motivated and then make me feel good about myself" (Randy). Another mentioned achieving stable housing and employment, "I'd like to get a month of rent ahead of me so I can actually use the money I'm making day-by-day, so I can actually go on the buses and see what kind of work I can get" (Doug).

Another Stepping Stone participant expressed feelings of guilt and shame due to being homeless. "I don't want to take advantage of the system…I never dreamed that I was even going to be like…uh in this kind of a situation, like [having a room] for $10 a day" (Randy). Another claimed his actions provided an example of the shame he felt, "Do I look like one of those guys that goes in the garbage can and picks up cans? …That's what I have to do. …I don't look like it, but I do it at night time… because I don't want to spoil any future job considerations for employment" (Doug).

For some Stepping Stone participants, there was a clear sense that with carefully planned use of TSA resources they could meet their life goals. "They [TSA staff] give you the tools. It's now up to me to use those tools, to phone for jobs, to fax for jobs, newspapers, Internet, information on houses" (Brian). Brian shared that some residents were less motivated to become independent during their stay at TSA and were always surprised when their maximum length of stay was reached. He said, "[s]ome of these young kids…don't know how fortunate they are. These facilities here [TSA] should be used as a stepping stone toward improving one's lot instead of just staying here and not going anywhere else"

Stepping Stone participants related that they were able to manage any health problems and described being healthy as, "a positive attitude…eat right…just having a roof over your head…to stay positive so that you can get ahead" (Doug), and to be healthy is to be "wealthy…and to have an environment, a stress free environment, like this place" (Randy). In spite of their own needs, Stepping Stone participants expressed a desire to give back to their community. "I need to give something back, to become part of the community" (Brian).

Embedded in the System. Participants Embedded in the System articulated a common theme of a right to income assistance and were highly dependent on it to live. One participant illustrated this by saying, "…what's the point of busting my rear end and going out there and doing anything when its not gonna benefit me at all. I might as well stay right here" (Gord). He added, "…I mean I don't want to sound lazy. I don't want to sound like I am taking the system for all its worth, but I'm not going to [work] for $200 a month" (Gord). Embedded participants articulated life goals, but achieving these goals was highly dependent on external supports and resources. Statements such as, "if there was only better money" (Elvis), and "if there was only one free meal a day" (Elvis) were seen as means to achieve life goals.

Housing for Embedded participants was chronically unstable; several reported being on waiting lists for more stable, subsidized housing but recognized that families were always given higher priority than single men. Another identified the inadequacy of housing; Gord stated that he was at TSA because he "didn't pay the rent, and got booted out [his apartment]". He elaborated that he was tired of waiting to have a flood-damaged ceiling repaired, withheld his rent payments, and was consequently evicted.

Physical and mental illnesses were a concern and a barrier to independence for the Embedded group. "I'm diabetic. [At] the other centres [the food is] mainly starches and sugars. [I need] access to things

like the insulin. If I were to do it on my own, [it's] about $300 a month. There's no way I can afford that" (Gary). Gary was able to obtain insulin, syringes, and glucose testing at a community health centre near TSA. Addictions affected most Embedded participants and TSA provided assistance. "Like I'm going to meetings in here every [night]…they got the AA meeting, NA meeting, CA meeting. I like those…I can sit there and listen to them and maybe I have a question how they got off the, like off the drugs and stuff like that" (Kelly).

Embedded participants described intergenerational family problems, such as childhood maltreatment, conflict, and homelessness. One participant had several family members currently living at TSA. Another described his biological mother as, "that slut that gave birth to me" (Elvis). Yet another stated, "I don't get along with them. The only time they come and talk to me is before AISH [check] comes" (Kelly).

Embedded participants also described a history of difficulty maintaining employment, which may have been related to mental health, addictions or low educational attainment. "It's not so much I can't find work, as I've no problems telling my boss where to go and how fast to get there. [I have] difficulties hanging onto jobs" (Elvis). Kelly described low education as a barrier to employment, "I'd be a lot better if I had my Grade 12 and I can prove it to my mom and dad saying, yeah [I've] got my Grade 12. I can get work. I can volunteer, if I want" (Kelly). Gary identified his lack of adherence to prescribed medication schedules for his mental illness, "I'd have to say a weakness would probably be being disciplined enough to take the medications on time." These challenges also emerged in relation to money management. As Kelly stated, "I spend my money on drugs and that's what happened.... I need somebody to help with the money situation…If they can keep it in the office and then I don't [spend it], maybe just take 10 or 20 bucks out".

Teetering on the Brink. Teetering on the Brink participants shared characteristics with Stepping Stone and Embedded in the System groups. Like the Embedded group, Teetering participants lacked a strong sense of direction in life and relied heavily on external factors. "I … do whatever God tells me…some days I don't have anything to do and I think gee, what am I supposed to do today? And then you just get the answer back, 'It's up to you today.' Oh dang, I have to think for myself" (Kevin). Like the Embedded participants, the Teetering participants reported high expectations for social assistance. "I'd like to see more positive outgoing, upbeat [support] more geared towards the person…where, 'What do you need? Do you need shelter? Do you need food? Do you need money? Do you need bus fare?' Whatever you need, it's looked after" (Joe).

Unlike the Embedded group, Teetering participants appeared to have greater abilities to acquire what they needed, "…you gotta ask questions; always ask questions; never a dumb question…Someone doesn't know, they're going to know someone that does know…And that person might know something different and it just passes down the line. You just find out more" (Peter). The Teetering group used the information gleaned from others to find work. "You can get work boots; you can get lunches from other places; you can get it at a few different places if you time it right" (Peter). This resourcefulness was evident in their ability to retain a social support network.

Mental illness and invisible disabilities were a barrier to social assistance and/or employment for the Teetering group. "[What] I have is not really a disability. It's like ADHD Attention Deficit Disorder with Hyperactivity. And they don't consider that a disability. It has to be mostly mental or if you are in a wheelchair" (Joe).

The stigma associated with homelessness was a concern for the Teetering group. One participant spoke of telephone encounters with social service agencies where he had to provide an address. He stated, "…sometimes they [staff of the social service agency] might not be too pleasant …they might not like it if you tell them you stayed here [TSA]" (Kevin). Despite expressing a high level of need and expectations of society, both Stepping Stone and Teetering participants expressed the desire to help others. As one Teetering participant noted: "I've helped people with speaking English and explaining the connotation of different words and stuff" (Kevin).

What Do Homeless Shelter Residents Need?

Common needs were found among the three groups with variation in the reasons for the need. All groups needed a place to stay.

My Own Place. All participants expressed the desire to have a home to call their own. However, the strategies to achieve stable housing differed across groups. Stepping Stone participants were those who came to Calgary within the past few months to look for work. They used the shelter as available and inexpensive temporary housing until they could save enough money for a damage deposit. "My needs were just to have a place to stay, so that I can save up to rent my own place. That's still my goal, to rent my own place" (Doug). Embedded participants experienced chronic difficulties in finding stable housing. They moved from one shelter to another using up their allotted time at each, while waiting for subsidized housing. "I had nowhere else to go. I have family down here, but they don't have the room in their house, so I decided to come here to start getting ready for [subsidized housing]" (Elvis). While Teetering

participants wanted a place of their own, most could not afford it and were ineligible for subsidized housing. .“It’s really hard to get affordable housing right now, especially if you’re a single person. It’s mostly for families now or people with a disability” (Joe).

Job and Money. The Stepping Stones and Teetering participants used counseling, job searches, computers, the message centre, basic hygiene items, and laundry at TSA to help them get a job. Stepping Stones participants had clear ideas about finding work. They understood that they needed to find a job to get money, and were able to use skills they already possessed to find and keep a job. While some Teetering participants reported marketable skills such as computing, retail, and interior design, there were high expectations that more would be done for them. “I am sure people in the city would jump at the opportunity to help out somebody that needs assistance…to get the damage deposit or part of the rent...I think there’s generous people out there, you just have to find them”(Kevin). One Stepping Stone participant said, “Number one is to get a job…and climb up that ladder (Brian). Access to inexpensive transportation would have enabled some to accept better paying out-of-town jobs. Participants asked for quiet sleeping areas, especially for those who worked night shifts. Bag lunches and some vegetarian meals were very important, along with cafeteria hours to accommodate those who worked shifts and overtime. Additional education, training, and mentorship programs to improve employment opportunities were recommended by Stepping Stone and Teetering participants. Embedded participants were more focused on finding money and resources through social service agencies.

Away from Drug Dealers. Most participants expressed concerns about the drug dealers in the park near the shelter. For participants without addictions, the drug dealers constituted merely a nuisance that tarnished the image of the place that they called home. For participants with addictions, the drug dealers were a real threat to sobriety, a requirement of residence at TSA. This was a bigger problem for the Embedded in the System participants than for the others who were more likely to be proud that they were not drug users. One Embedded participant had been clean for a month but wanted to move away from the drug dealers and addicts. “I’d be away from just everything like that….All them crack-heads, I can’t stand crack-heads… it’s a little harder for me to stay clean. I know if I slip again, ‘cause I slipped twice, then I lose my girlfriend” (Elvis). In contrast to shelter residents who were struggling with addictions, one Teetering participant believed that he was getting less support because he did not have addictions. “It seems like I’d fallen through the cracks so to

speak. I had no addictions that I can think of, maybe an addiction to laughing" (Kevin).

Social Support and Resources. Common to all groups was the need to have social support. Sources of support and resources ranged from friends and family to health and social service agencies, and differences between groups were less obvious in this area. Social support from a partner was sometimes difficult for those with low paying jobs and long hours. An Embedded participant said, "It's not, like sort of, working out because [partner] is working every day and it's sort of frustrating me because [partner] is trying to make all that money because we were trying to …rent a place, but we need the damage deposit" (Kelly). While some had family support, making a connection with people of the same culture and background provided support for others. A Stepping Stone participant said, "I've met someone from [country of origin], the girl that works in reception" (Brian). Some participants found social services agency staff helpful and others did not. Participants commented positively on the holistic approach at TSA that included spiritual care and advocacy. "Everything that you need is provided…and a caring atmosphere…the way they treat people here, it's amazing" (Randy).

Strategies to increase social support and reduce loneliness and isolation, especially for newcomers to the city, were important to all participants. Because participants who were employed worked long hours, they needed access to health and social services outside of regular business hours. Embedded participants had serious concerns about the length of waiting lists for subsidized housing. One described his challenges, "I'm not giving up but it's [waiting for subsidized housing that's] really starting to get on my nerves. When you're in a shelter, they'll get you in there faster" (Elvis). There were also concerns about the lack of diagnostic and therapeutic resources for mental and physical illnesses. Embedded participants reported the desire for more full time psychologists and more physicians who were aware of what they needed and would advocate for them. They needed more free food and access to telephones because income support checks were insufficient for food and other needs after rent was paid.

Additional Challenges for Homeless Shelter Residents

While the purpose of this study was to identify the characteristics of homeless shelter residents and their needs, participants revealed additional challenges to being homeless. Stigma was associated with poverty and homelessness as described by one participant, "If this province wasn't so ultra-conservative…didn't have their nose up in the air and didn't see every homeless person as a druggie, alcoholic, gambler,

then I think the whole province would be a lot better. But unfortunately, that's what they see and that's what they think and that's what they write in the newspapers" (Doug).

Participants told of hierarchies of homelessness where people living on the streets are viewed with disdain by those living in shelters. "I do not want to be around that element. …They're grimy; they swear; they spit; they cough….It's just negativism galore" (Gord). While stigma can be associated with any socially excluded group, the idea of 'the poor keeping the poor down' was a concern. Study participants reported that favoritism by service personnel enabled differential access to resources and services. For example, some food donations meant for shelter residents did not reach them. "One woman donated steak and lobster. We never saw it" (Gord). Discourteous service personnel, particularly during phone contacts, were demeaning and severely taxed participants' persistence to acquire services and resources. "….and then I get cranky people on the phone most of the time" (Elvis).

Discussion

Consistent with recent reports on homeless persons, the results of this qualitative study suggest that characteristics and needs of homeless shelter residents are diverse, particularly within the context of rapid economic growth, low unemployment, and lack of affordable housing (Calgary Committee to End Homelessness, 2008; Canadian Association of Foodbanks, 2007). With social assistance rates falling well below LICO, people rely on social service agencies, such as TSA to meet their need for shelter. Our findings substantiate the emerging consensus in the literature that homelessness results from a combination of individual and community factors (Morrell-Bellai, Goering, & Boydell, 2000) that may have intergenerational roots (Koegel, Melamid, & Burnam, 1995). A unique contribution of this study is the identification of three patterns of characteristics among homeless shelter residents: (a) Stepping Stone, (b) Embedded in the System, and (c) Teetering on the Brink. While the residents at TSA could be categorized into three groups, there was overlap in some behaviors and a clear potential for movement between groups. For example, many of the Teetering participants commented on the desirable aspects of the Stepping Stones and Embedded groups. Generally, the Teetering group was managing their lives, with an occasional crisis. However, given their ongoing mental illnesses and sometimes unrealistic expectations, even with marketable skills it would not be unexpected that some might eventually find themselves in the Embedded group. However, with additional supports, Teetering

participants could be assisted towards a trajectory that would carry them to greater independence and productivity.

There is some overlap in the categories of homeless shelter residents identified in this study and those identified by Rosenthal (2000). Stepping Stone participants are similar to Rosenthal's "unwilling victims" (p.113) who were described as competent members of society but homeless because of circumstances beyond their control such as rapid economic growth, high cost of living, and lack of affordable housing. There is less overlap with the participants in this study and Rosenthal's "lackers" who lacked competency due to mental or physical illness, and "slackers" who were described as poor and lonely due to laziness, irresponsibility, and addictions. Most Embedded and Teetering participants in this study suffered from illnesses and disabilities, but had some skills and abilities, such as networking, that enabled them to survive. Given the daily energy invested in finding food, stable housing, and money to live, as well as managing their illnesses, one would be hard pressed to identify the participants in this study as lackers or slackers.

The strengths-based approach taken by the TSA assumes that all homeless shelter residents have some skills upon which to build and develop competencies. Thus, the stereotype of homeless shelter residents as unemployed, unproductive members of society is not played out within a context of rapid economic growth. In this context, the Stepping Stone participants were often newcomers to the city seeking work in a marketplace with low unemployment and low rental vacancy rates. Given the higher cost of living, employed shelter residents simply could not afford to pay rent. They had employable skills and needed an inexpensive place to stay until they found a job, saved money, and searched for a place of their own. Homelessness for these residents was short term and temporary with a pattern of behaviors and needs that directly matched the strength-based approach to services at the TSA.

While getting a place of their own was important to all shelter residents, this option seemed much more likely for the Stepping Stone group. The Embedded group experienced chronic homelessness and frequently moved from shelter to shelter while awaiting more stable subsidized housing. The combination of physical and mental illness, addictions, and/or disabilities precluded sustained employment and these participants had come to terms that they were dependent on income assistance to live. This finding is consistent with others (Daly, 1996; Morrell-Bellai et al., 2000) who report that a combination of individual factors contributes to homelessness. The effort of day-to-day searches for nutritious food, addictions treatment centers, therapists, and other resources may create feelings of resignation to one's lot in life and reduce motivation for greater independence (Daly, 1996).

The need for social support crossed all groups, but was particularly salient for the Stepping Stones participants. They worked long hours, and being newcomers to the city had few friends and their families lived elsewhere. Consistent with findings of Rokach (2005), loneliness with associated feelings of social inadequacy and interpersonal isolation emerged as important factors faced by the participants. In contrast to Rokach, participants in this study spoke less about emotional distress and self-alienation. These differences may be related to the types of services offered through TSA, the types of questions asked of study participants, or the level or rapport established in the interviews. In contrast to Solarz and Bogat (1990) who reported small social networks among the homeless, in this study Embedded and Teetering participants appeared to have large social networks that they used for emotional support and to learn about resources.

While this study provides interesting insight into the characteristics of homeless shelter residents and their needs, the sample is not representative and the results are not generalizable to other homeless shelter residents. This exploratory study is limited by a small number of participants and future research should include larger samples and include quantitative measures assessing quality of life and social support. The results of this study highlight the need for earlier and more intensive interventions and longitudinal follow-up for those homeless shelter residents who may be Teetering on the Brink of being effective members of society or life-long dependents on health and social services. Additional resources to provide participants with social supports and a sense of hope and mastery over their lives may reduce social isolation, exclusion and the resigned sense of helplessness that typifies people who are chronically homeless.

As noted in the study by Morrell-Bellai et al. (2000), the one thing that all participants in the study had in common was poverty. Becoming or remaining homeless was not a choice but the result of a combination of individual and community factors. At the community level they faced issues related to a lack of affordable housing, outdated welfare rates, and low minimum wage (Laird, 2007). Clearly, interventions need to be targeted both at meeting the needs of individual who are homeless at the service delivery level but, at the same time, toward system-wide change at the community, organizational, and policy levels.

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