



Giving
Hope
Today



YOU CAN'T REALLY CALL THIS HOME

**Perspectives on Service Delivery
from Salvation Army Shelter Users
and Service Providers**

THE SALVATION ARMY
Canada and Bermuda Territory

You Can't Really Call This Home:

Perspectives on Service Delivery from Salvation Army Shelter Users and Service Providers
(May 2009)

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executive summary

executive summary

Homelessness is a complex reality experienced by individuals across Canada. Although the exact numbers remain unknown, recent studies have estimated that between 200,000 and 300,000 Canadians are experiencing homelessness (Laird, 2007). The majority of these individuals identify an increase in poverty (United Way & Canadian Council on Social Development, 2004), a shortage of affordable housing (Snow, 2008), and a lack of family support (Caton et al., 2005) as the central reasons for becoming homeless. These factors exacerbate the experience of homelessness, which, in turn, causes many individuals to live without permanent housing for years (Laird, 2007).

The Salvation Army is one of the leading organizations in Canada to provide services for individuals experiencing homelessness. In addition to providing for basic human needs, interventions offered by Salvation Army emergency shelters address specific needs of the homeless. In order to ensure a high level of care, The Salvation Army seeks to understand the perspectives of both shelter users and service providers in terms of service delivery and to adjust services accordingly.

The Perspectives Study helps service providers gain a better understanding of the key issues that impact the individuals served through Salvation Army shelters. The perspectives captured in this study provide insight into the complex problems faced by homeless persons and the experiences of homelessness itself.

About the research

From November 2007 to May 2008, researchers interviewed 469 male shelter users residing in 21 Salvation Army shelters across Canada. Furthermore, surveys were posted and made available to service providers on an online survey website from May 2008 to June 2008. A total of 200 service providers working in Salvation Army men's shelters across the country participated in this study.

The purpose of the study was to:

- Examine the subjective understanding of homelessness as experienced by shelter users and the knowledge of issues related to homelessness as identified by service providers.
- Examine the experiences with the delivery of emergency shelter services for shelter users and service providers.

Policy Workshop

A policy workshop was held at The Salvation Army Territorial Headquarters to determine the implications of the research findings. Participants included various representatives of The Salvation Army as well as representatives from homeless services, academia and foundations. The observations of the workshop group provide the basis for the recommendations that appear in this report.

Definitions of Homelessness

Policy makers and service providers often identify the needs of individuals experiencing homelessness and create the definitions of homelessness. In this study, shelter users provide a definition of homelessness that expands the current understanding of the related issues and will assist with developing appropriate and effective services to mitigate these issues. The main themes for the definitions of homelessness were divided into two categories: contributing factors and lived experiences of homelessness.

- Contributing factors of homelessness: many individuals experiencing homelessness identified housing and income issues, yet these are not the only factors. Responses included addictions, mental health, health, society, and relationships.
- Lived experiences of homelessness: people focused on the actual experience of homelessness describing living on the streets, how it feels to be homeless and what they learned.

Delivery of Services

The service needs of the homeless population are both unique and challenging. Salvation Army emergency shelters provide shelter users with safe living accommodations and supportive services. It is the hope of both shelter users and service providers that the availability of these services will enable individuals to successfully transition into permanent housing. While the need for these services is high, the utilization of these services remains relatively low. However, by gathering the perspectives of both shelter users and service providers, The Salvation Army will be able to amend their services in order to best meet the needs of the homeless.

Service Needs

- Almost every shelter user interviewed was interested in attaining permanent housing.
- Many shelter users relied on social assistance; however, the amount that they receive is generally not enough to afford housing.
- Roughly one quarter of the shelter users indicated that they were employed.
- Shelter users are experiencing issues related to mental health, physical health, and addiction.
- Food is fundamental to providing services to individuals experiencing homelessness.

Access to Services

- Both service providers and shelter users demonstrated that the use of services is relatively low compared to the need for services.
- Shelter users face a multitude of barriers when they try to access services.
- Service providers need to ensure that information regarding the availability of services is received by the shelter users.
- Shelter users are often frustrated by structural barriers that can discourage them from utilizing services.
- Collaborative efforts between shelters and partnering agencies are necessary for clients to address their multitude of needs and navigate the service system.

Service Provision

- Service providers require training in the areas of addictions, mental health, and crisis intervention.
- Both shelter users and service providers stressed the need for case management services to be offered in Salvation Army shelters.

Service Processes

- When homeless individuals define their experiences, both the implicit and explicit aspects of homelessness can be incorporated into the definition of homelessness and relevant issues can be addressed by policy makers and service providers.
- Policies and practices need to provide better opportunities for homeless individuals.
- There is a need to address the support issues that are experienced by Salvation Army shelter users and service providers in order to improve service delivery.
- While each shelter has its strengths and weaknesses with regards to the services it provides, certain aspects of each service delivery model should be shared with others and constitute best practice.

Recommendations

In the light of these findings and the discussions that transpired in the policy workshop, The Salvation Army identified priority areas for action. We call for urgent action on the following recommendations (full details of these recommendations are outlined in section 6).

1. Housing Supports

The Salvation Army recommends the development and implementation of housing supports that will assist shelter users as they transition from shelters to appropriate and affordable housing.

2. Case Management

The Salvation Army recommends that case management systems be developed in all its shelters using staff who are qualified and trained in the provision of such services.

3. Professional Development

The Salvation Army recommends that staff be equipped to address the needs of homeless individuals through staff training in the areas of addictions, mental health and working with people in crisis.

4. Food

The Salvation Army recommends that healthy and nutritious meals be provided where food is offered to the homeless in its shelters and food programs.

5. Supportive Community

The Salvation Army recommends a collaborative effort between shelters and partnering agencies to support the homeless as they navigate the service system.

6. National Framework

The Salvation Army recommends the development of a national housing strategy that includes the priority of ending homelessness.

introduction

Homelessness is a complex reality experienced by individuals across Canada. Although the exact numbers remain unknown, recent studies have estimated that between 200,000 and 300,000 Canadians are experiencing homelessness (Laird, 2007). The majority of these individuals identify an increase in poverty (United Way & Canadian Council on Social Development, 2004), a shortage of affordable housing (Snow, 2008), and a lack of family support (Caton et al., 2005) as the central reasons for becoming homeless. These factors exacerbate the experience of homelessness, which, in turn, causes many individuals to live without permanent housing for years (Laird, 2007).

Individuals experiencing homelessness frequently cite adequate and affordable housing as the foremost support needed in order to move them into a stable living situation (Snow, 2008); however, the provision of housing does not entirely resolve homelessness. It is well known that there are a number of complex issues associated with homelessness and when experienced for prolonged periods, homelessness can significantly impair an individual's social, physical, and mental well-being (Brooks, Milburn, Rotheram-Borus, & Witkin, 2004; Caton et al., 2005; Smith, Robinson, & AtkinRead, 2006; Bonner & Luscombe, 2008). Studies have demonstrated that an overwhelming number of homeless individuals suffer from mental health issues (Canadian Institute for Health Information, 2007; Khandor & Mason, 2007), physical health conditions (Hwang, 2001; Khandor & Mason, 2007), addictions to drugs or alcohol (Caton et al., 2005), and employment instability (Kolk, 2007). These factors function as barriers that prevent homeless individuals from obtaining and maintaining permanent housing.

For most homeless individuals, the point of entry into the homeless service system, which meets both service and housing needs, is the emergency shelter system (Meschede, 2004). Emergency shelters provide individuals with a place to sleep as well as services and programs that aim to address issues associated with homelessness. As persons experiencing homelessness are not a homogenous group, services and programs are developed to reflect the needs of this diverse population (Peressini, 2007).

The Salvation Army is one of the leading organizations in Canada to provide services for individuals experiencing homelessness. The organization currently operates over 6,000 emergency and short-term transitional housing beds for men, women and families across the country. In addition to providing for basic human needs, interventions offered by Salvation Army emergency shelters address specific needs of the homeless.

Current research identifies that the perspectives of service users are critical to the development of effective programs and services (Brooks et al., 2004; Bonner & Luscombe, 2008). In addition, policies and practices that support service delivery for homeless individuals are more effective if they are evidence-based and client-focused (Brooks et al., 2004; Hoffman & Coffey, 2008). In order to ensure a high level of care, The Salvation Army seeks to understand the perspectives of both clients and staff in terms of service delivery and to adjust these services accordingly.

The Salvation Army Perspectives Study helps service providers gain a better understanding of the key issues that impact the individuals served through Salvation Army shelters. The perspectives captured in this study provide insight into the complex problems faced by homeless persons and the experiences of homelessness itself. This will allow for the creation of policies and practices that reflect best practices and the establishment of programs and services that have the potential to remove barriers faced by individuals experiencing homelessness.



methodology

methodology

The Study

The purpose of this study was to examine the subjective understanding of homelessness as experienced by shelter users and the knowledge of issues related to homelessness as identified by service providers, and to examine the experiences with the delivery of emergency shelter services for shelter users and service providers.

A. Shelter Users

Participants

The Salvation Army conducted an Environmental Scan of its residential emergency shelters in 2007 and based on the scan, there are 3,785 available shelter beds in Salvation Army emergency shelters for men on any given night. We set our target sample size at 348 to ensure a representative sample size. In addition, we set regional targets and classified emergency shelter users into 5 regions: British Columbia, Prairies, Ontario, Quebec and Atlantic Canada. In order to ensure a representative sample size, participants were drawn from 21 shelters across Canada. Many of these shelters were located in the ten communities that The National Homelessness Initiatives of the Federal Government identified as being most affected by homelessness.

To be eligible for this study, participants had to be male and using services from a Salvation Army shelter. There were 469 service users who participated in this study. In order to ensure that a representative sample was being collected, the number of participants surveyed in each region varied depending upon the number of beds available in emergency shelters within the region. Table 1 illustrates the breakdown of surveys completed by service users in each region.

Table 1: Number of surveys completed by service users in each region

Region	# of Completed Surveys	% of Total Number of Surveys
British Columbia:	85	18
- Vancouver Harbour Light	12	3
- Vancouver Belkin House	21	5
- Maple Ridge The Caring Place	19	4
- Victoria ARC	25	5
- Abbotsford Cascade	8	2
Prairies:	125	27
- Calgary Centre of Hope	28	6
- Calgary Booth Centre	23	5
- Edmonton ARC	32	7
- Saskatoon Community Centre	17	4
- Winnipeg Booth Centre	25	5

Ontario:	136	29
- Sudbury Centre	19	4
- London Centre of Hope	29	6
- Hamilton Booth Centre	20	4
- Ottawa Booth Centre	30	6
- Toronto Gateway	21	5
- Toronto Maxwell Meighen Centre	17	4
Quebec:	62	13
- Montreal Booth Centre	51	11
- Quebec City Hotellerie	11	2
Atlantic Canada:	61	13
- Saint John Booth Centre	20	4
- Halifax Booth Centre	25	5
- St. John's Wiseman Centre	16	3
TOTAL	469	100%

The Survey Instrument

The survey was pilot tested with a small group of homeless men at two Salvation Army co-ed shelters in the Greater Toronto Area and revised accordingly. The survey consisted of a mixture of closed-ended quantitative questions with a qualitative component to explore homeless people's perspectives on the delivery of services and experiences of homelessness.

Data Collection

Interviews were completed between November 2007 and May 2008. A total of 469 shelter users from 21 shelters participated in this study. Two researchers were responsible for conducting the interviews at the various shelters included in the sample. One week before researchers visited a shelter, posters advertising the study were put on display. On the day of the interview, participants were reminded by shelter staff that the study was occurring and participants were encouraged by staff to sign up for the study.

Letters of information and consent forms were distributed to the participants by the researchers. After obtaining consent, researchers conducted semi-structured interviews with each participant by using an 18-item questionnaire which consisted of closed- and open-ended questions. The survey was intended to capture the experiences of shelter users relative to homelessness and the delivery of service provided by The Salvation Army. Each interview was audio-taped by the researchers. The survey took approximately 20 to 30 minutes to complete. In order to obtain an adequate sample of the Quebec region, French surveys were available for respondents to self-administer. The sample obtained from the Hotellerie in Quebec City was done solely through self-administered surveys. All participants were given a \$5 Tim Hortons gift certificate to compensate them for their time.

Data Analysis

The taped interviews were transcribed and analyzed by researchers. Quantitative data was organized and analyzed using Microsoft Excel. In order to analyze the qualitative data, researchers established a coding framework. Themes were updated and readjusted during the analysis process.

B. Service Providers

Participants

Salvation Army service providers were classified into one of 5 regions: British Columbia, Prairies, Ontario, Quebec and Atlantic Canada. To be eligible for this study, participants had to be employed at a Salvation Army shelter or housing centre. There were 200 service providers who participated in this study. Table 2 illustrates the breakdown of surveys completed by service users in each region.

Table 2: Number of surveys completed by personnel in each region

Region	# of completed surveys	% of total number of surveys
British Columbia	42	21
Prairies	30	15
Ontario	76	38
Quebec	43	21.5
Atlantic Canada	9	4.5
TOTAL	200	100%

The Survey Instrument

The survey was pilot tested with a small group of employees at two Salvation Army women's shelters in Toronto and revised accordingly. The survey consisted of a mixture of closed-ended quantitative questions with a qualitative component to explore service provider perspectives on the delivery of services and experiences of working for The Salvation Army.

Data Collection

Shelter managers were contacted in May 2008 and asked to inform personnel in their facility that a survey was being conducted. Surveys were posted on an online survey website and were made available to service providers from May 2008 to June 2008. Service providers also had the option of printing the survey and e-mailing or faxing it to the researchers. A total of 200 service providers from across the country participated in this study.

Letters of information and consent forms were available at the beginning of the survey. After providing consent, participants completed a 22-item questionnaire which consisted of closed- and open-ended questions. The survey was intended to capture the experiences of service providers relative to homelessness and the delivery of service at Salvation Army emergency shelters. The survey took approximately 20 to 30 minutes to complete. In order to obtain an adequate sample of the Quebec region, French surveys were available for respondents from this area.

Data Analysis

Survey Monkey provided graphs and averages of quantitative responses. Additional quantitative data was organized and analyzed using Microsoft Excel. In order to analyze the qualitative data, researchers established a coding framework. Themes were updated and readjusted during the analysis process.

C. Study Limitations

It is important to acknowledge several limitations to this study. One limitation to this study was that participation was entirely voluntary. This limited the representation of certain regions, specifically Atlantic Canada and Quebec. This certainly had an impact on the ability to draw comparisons and make solid conclusions about service delivery by region especially with regards to the staff sample.

In addition, this study failed to ask shelter users the length of time that they had stayed in an emergency shelter. Without this information, shelter users could not be categorized into pre-existing typologies for homelessness (i.e., chronic, episodic, one time). Conclusions cannot be drawn about the time spent in Salvation Army emergency shelters and the efficiency of moving shelter users into permanent accommodations.

Lastly, this study explored perspectives of service delivery; however, it is unclear which services are the most effective in the transition to stable housing. Participants indicated perceived residential benefits; however, these cannot be considered to be accurate. Further research should explore the service utilization of Salvation Army clients who have successfully attained and maintained permanent housing.

②

definitions of homelessness

definitions of homelessness

Homelessness is difficult to define due to its political, economic and social contexts and the realities of those affected. In the face of this challenge, researchers create subjective definitions of homelessness in order to form a framework for their studies. Depending on the research, definitions of homelessness will reflect “absolute homelessness” or “relative homelessness.” The type of shelter users selected to participate in these studies depends on the definitions set by the researchers.

Absolute homelessness is defined as people living in the street with no physical shelter of their own (The City of Calgary Community and Neighbourhood Services Social Research Unit, 2008). This definition includes those individuals who spend their nights in emergency shelters. Relative homelessness is defined as people living in spaces that do not meet basic health and safety standards, including protection from the elements; access to safe water and sanitation; security of tenure and personal safety; affordability; access to employment, education and health care; and the provision of minimum space to avoid overcrowding (The City of Calgary Community and Neighbourhood Services Social Research Unit, 2008). For the purposes of this study, individuals were considered homeless if they were residing in an emergency shelter. These individuals were experiencing absolute homelessness.

Policy makers and service providers often define the needs of individuals experiencing homelessness (Zufferey & Kerr, 2004). The subjective nature of homelessness can be examined by having both shelter users and service providers define homelessness for themselves (Zufferey & Kerr, 2004). Engaging shelter users in providing a definition of homelessness is critical to understanding the issues related to homelessness and developing appropriate and effective responses to address these issues. By gathering perspectives from both shelter users and service providers, we can begin to assess whether service needs are being met.

Definitions from Shelter Users

When defining homelessness, the highest response rate for shelter users (30%) was with regards to having no home and no place. People living in poverty face the real possibility of homelessness. Shelter users (10%) spoke about the connection between income and homelessness. Definitions of homelessness often articulated by shelter users focused on loss of family and a lack of relationships (3%), the prevalence of addictions (3%), mental health (2%), health concerns (1%) and the impact of social structures (2%) on personal experiences.

Shelter users (15%) responses were also connected to the context of homelessness. Whether through colourful metaphors or sharing lessons learned, shelter users defined homelessness through personal reflection and experience. For shelter users (11%), a major theme of defining homelessness was living on the street. They discussed different challenges associated with living on the street and a need to accept personal responsibility. In some instances, both shelter users and service providers spoke about people who were living on the streets with disapproval, portraying them as unmotivated and unable to improve themselves by transitioning off the streets. A number of shelter users (18%) defined homelessness by providing an affective response, describing how it feels to be homeless. Shelter users provided visceral, emotional responses that were not evident among service providers. Some frequently used words to describe homelessness were: sucks, terrible, hell, crappy, harsh, devastating, desperate, discouraging, bad, stressful, depressing, loneliness, and struggle. Having been affected by homeless experiences, shelter users often struggled to put their thoughts into words.

Definitions from Service Providers

Without a place to live, individuals are excluded from all that is associated with having a home. When defining homelessness, the highest response rate for service providers (33%) was having no home. Service providers (12%) also spoke about the connection between income and homelessness. Definitions of homelessness reflected the high cost of living and included the inability to attain permanent housing despite receiving an adequate income. Service providers spoke about the lack of social and health supports among individuals experiencing homelessness. Specifically, individuals experiencing homelessness were seen to have a lack of meaningful relationships (6%), addictions issues (4%), mental health (5%) and health concerns (3%). Both shelter users and service providers emphasized poor social and health support as a contributing factor of homelessness. Some service providers (4%) indicated that social structures were a contributing factor to homelessness.

Service providers (21%) responses were also connected to the context of homelessness. For service providers (7%), people living on the street were grouped together according to stereotypes of homelessness. Although some service providers (2%) spoke of the affective nature of homelessness, the same level of emotion as expressed by the shelter users was not commonly found in these definitions. Although service providers expressed empathy towards their clients, the feelings they expressed were not connected in the same manner.

Definitions of Homelessness

Definitions of homelessness serve as the framework for many policies and procedures. By encouraging homeless individuals to define their experiences in this study, both the implicit and explicit aspects can be incorporated into a definition and relevant issues can be addressed by policy makers and service providers. Once the responses were grouped together into emergent and dominant themes, the themes were found to fall into one of two larger categories: contributing factors and lived experiences of homelessness.

Contributing Factors of Homelessness

In this research, homelessness is described as a housing problem, an income problem and a problem with social and health supports (Hulchanski, 2009). Although many individuals experiencing homelessness identified housing and income issues, these are not the only factors. Responses related to addictions, mental health, health, society, and relationships were included in this category.

Lived Experiences of Homelessness

Definitions based on lived experience are dependent upon the length and perspective of homelessness (Zufferey & Kerr, 2004). Definitions of this type focus on the actual experience of homelessness describing living on the streets, how it feels to be homeless and what they learned.

③

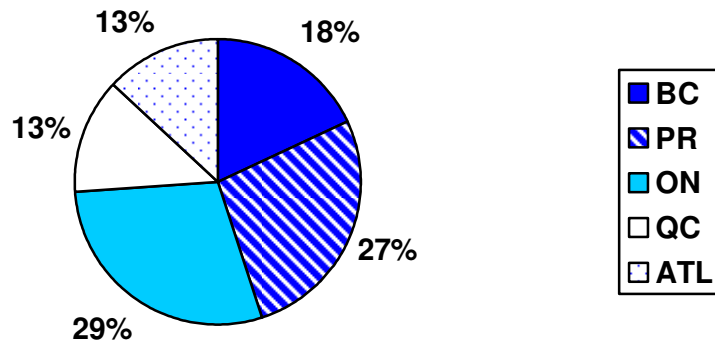
shelter users

the shelter user profile

Regional Breakdown

As depicted by Figure 1, Salvation Army shelters across Canada were classified by region: British Columbia (BC), Prairies (PR), Ontario (ON), Quebec (QC), and Atlantic Canada (ATL). Shelter users were identified with a region based on the Salvation Army shelter in which they were residing at the time the survey was completed.

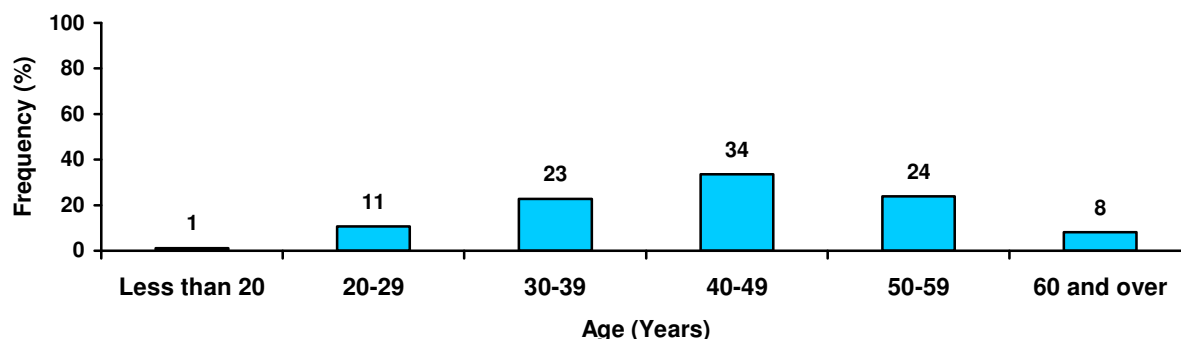
Figure 1: Breakdown of Participants by Region (N = 469)



Age

Respondents were asked to indicate their age by selecting an option from one of six categories. Figure 2 illustrates that the majority of shelter users were between 40 and 49 years old; however, the average age of men currently staying in Salvation Army shelters across Canada is between 30 and 39 years old. These findings are consistent with other Canadian reports which find that the average, single homeless man is middle-aged (Edmonton Joint Planning Committee of Housing, 2004; Halifax Regional Municipality: Planning and Development Services, 2005; Mayor's Task Force on Breaking the Cycle of Mental Illness, Addictions, and Homelessness, 2007; Chopin & Wormith, 2008; Greater Vancouver Regional Steering Committee, 2008; The City of Calgary Community and Neighbourhood Services Social Research Unit, 2008).

Figure 2: Age distribution (N = 469)

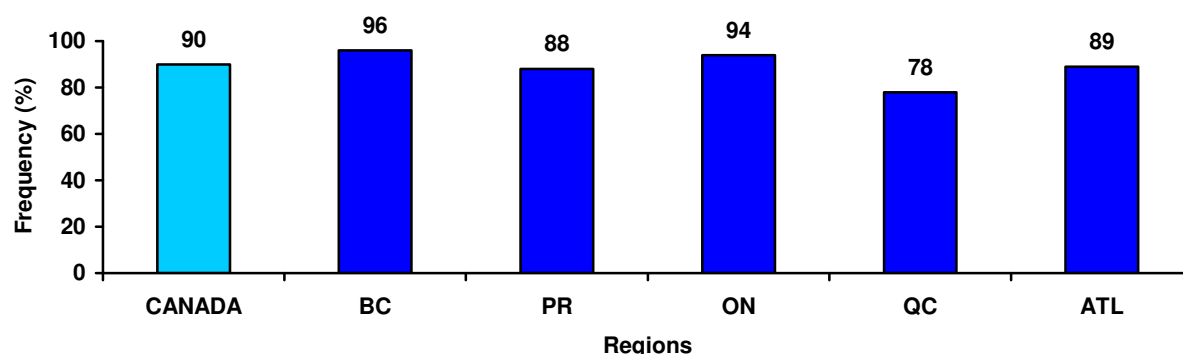


Analysis of the data by region indicates that the average age of Salvation Army shelter users in British Columbia, Prairies and Ontario was between 30 and 39 years old while the average age of shelter users in Quebec and Atlantic Canada was between 40 and 49 years old. The shelter users in Atlantic Canada are slightly older than the shelter users in other regions. Specifically, 80% of the participants staying in Atlantic Canada were over the age of 40.

Housing

As indicated by Figure 3, the majority of shelter users were interested in attaining permanent housing. This interest is consistent across each of the five regions.

Figure 3: Interest in permanent housing (N = 469)



Only 10% of participants were uninterested or undecided in attaining permanent housing. These shelter users expressed that they had no desire for permanent housing and that they were satisfied with living at The Salvation Army. In addition, some individuals expressed reservations about having to live alone and cook meals for themselves.

Figure 4: Individuals who have looked for housing (N = 469)

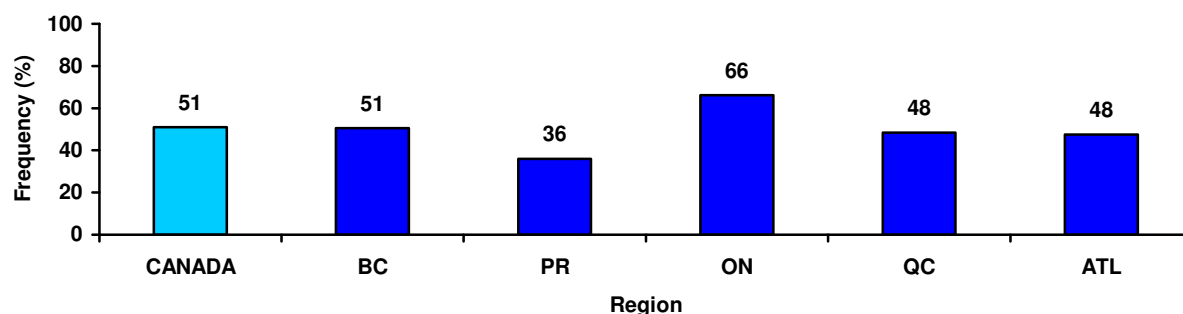


Figure 4 illustrates that half of the respondents have looked for permanent housing. Shelter users who had looked for housing were most likely to have received help from social service agencies (16%), government-run agencies (11%), or Salvation Army employees (10%). Some participants (8%) had tried staying in rooming houses but deemed the living conditions to be neither safe nor healthy. In addition, participants had looked at housing advertisements in local newspapers (8%), made appointments with landlords (6%), and signed up for various housing lists (4%). Some of the shelters included in the sample offer free internet access; however, less

than 2% of shelter users had used this service to look for housing. Similarly, less than 3% of shelter users had received help from either family or friends.

Of the total respondent group, those who had not looked for permanent housing shared that they did not know how to look for housing or that they needed to save money or get a job before looking for a place to live.

Income

Individuals experiencing homelessness consistently cite poverty and lack of affordable housing as primary reasons for being homeless (Snow, 2008). Shelter users were asked to indicate the sources of income that they were receiving at the time of their interview. Participants were able to provide more than one response to this question.

Table 3: Sources of income (N = 542)

Source of Income	(%)
Welfare*	37
Employment	24
Disability	16
No Income Received	11
Canada Pension	4
Employment Insurance	3
Old Age Pension	2
Informal Economic Activities**	2
Family	1

* Includes Personal Needs Allowance (PNA)

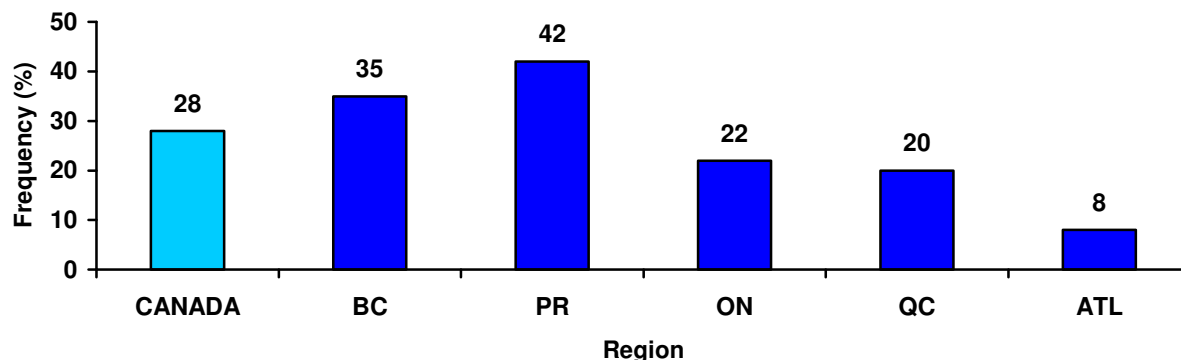
** Informal Economic Activities include: Criminal activity, collecting bottles, panhandling

Table 3 indicates that almost one quarter of shelter users receive money from employment while 11% of individuals experiencing homelessness did not declare any income received. This lack of income may be due to choosing not to apply for financial assistance, ineligibility for government assistance or lack of knowledge about applying and receiving financial aid. The majority of the participants in this study received financial assistance from the government; however, research has demonstrated that the amount of money received through welfare does not cover the cost of affordable housing (Snow, 2008; National Council of Welfare Reports, 2008).

Employment

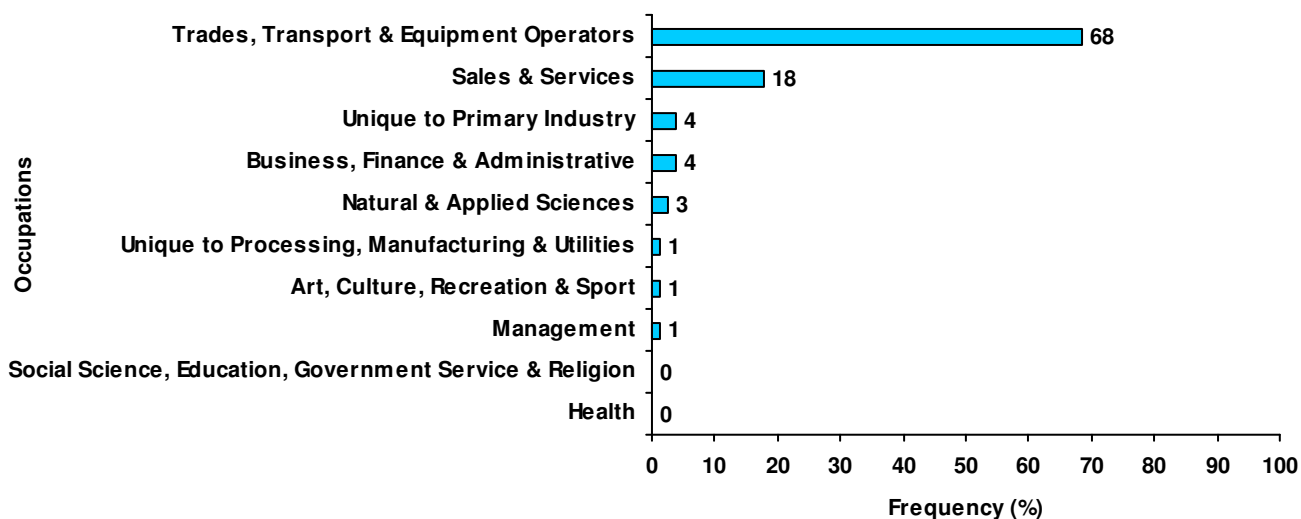
Roughly one quarter of the shelter users indicated that they were employed. This finding is consistent with recent studies that have demonstrated an increase in the number of Canadians who are employed and experiencing homelessness (Snow, 2008). Figure 5 illustrates that the majority of shelter users who work are either employed full time (44) or on a temporary basis (52). More shelter users (29) indicated that they were employed part time while other individuals (6) reported that they worked seasonally. Participants were able to provide more than one response to this question. For example, some participants were employed at a steady, part-time job and also worked casually at temp agencies. It should be noted that a number of participants held volunteer positions at Salvation Army shelters and other community organizations. While volunteering is not considered to be a form of employment, it is considered to be part of the move towards employment.

Figure 5: Frequency of individuals, by region, who are currently employed (N = 469)



Shelter users who were employed were asked to state the occupational area with which they were involved. Employment descriptions were categorized into groups according to an existing classification of employment by Statistics Canada (2006). There were 79 shelter users who reported working either full time, part time, or seasonally and each participant provided a description of his occupation. Individuals involved in temporary work could not be classified in these categories as their job duties changed on a daily basis. Figure 6 illustrates that the majority of employed shelter users are working in either the Trades, Transport and Equipment Operators area or the Sales and Services area.

Figure 6: Occupational Areas (N = 79)

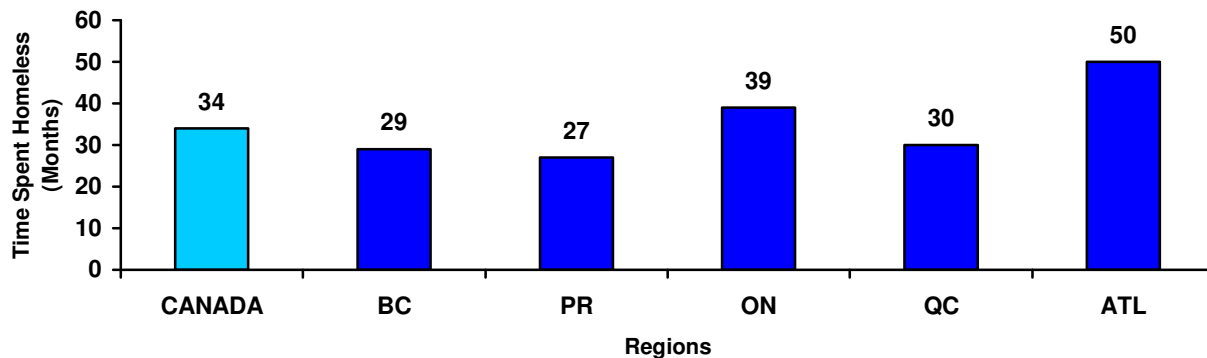


experience of homelessness

Length of Time Homeless

On a national level, Salvation Army shelter users have been homeless for an average period of 34 months or slightly less than three years. Figure 7 demonstrates that in each region, individuals on average have experienced homelessness for at least two years.

Figure 7: Average number of months spent homeless by region (N = 469)

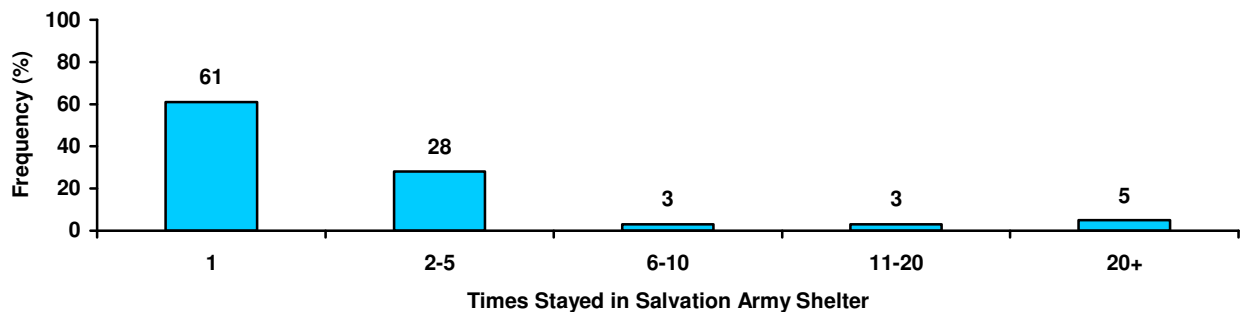


Shelter users were asked to indicate the length of time that they had been experiencing homelessness. Due to the open-ended nature of this question, shelter users may have reported the length of time associated with their most recent experience with being homeless or they may have been discussing their total time experiencing homelessness. It is possible that an individual's understanding of homelessness may have had an effect on a response to the length of time that he had been homeless. In fact, 15% of shelter users reported that they had never experienced homelessness while some shelter users indicated that they had been homeless for many years even if most of these years had been spent living in emergency shelters. In addition, some shelter users considered themselves to be homeless up until they began staying with The Salvation Army. It is clear that the response given for the length of time spent homeless is highly variable and dependent upon the client's perspective and personal definition of homelessness.

Shelter Usage

Of the 469 shelter users who participated in this study, 285 shelter users indicated they had stayed in a Salvation Army shelter only one time in the past year.

Figure 8: Number of times stayed at a Salvation Army shelter within the past year (N = 469)

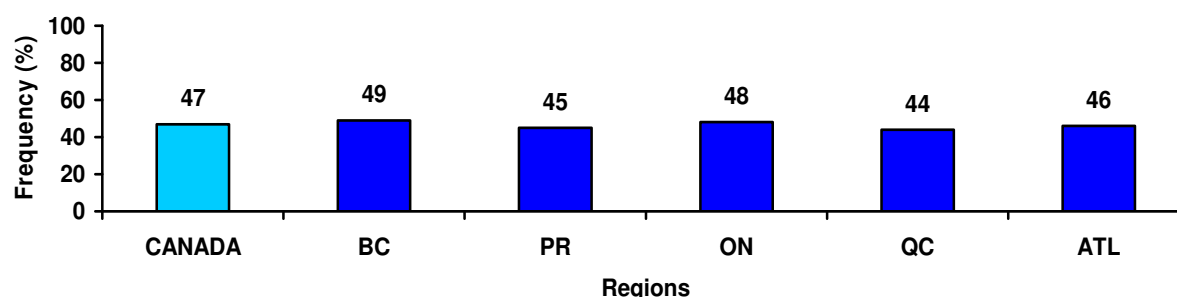


Participants who had indicated that they had stayed in a Salvation Army shelter once could have been in the facility for only one day or they could have stayed for several years without ever having left the shelter.

Physical Health

As demonstrated by Figure 9, almost half of the total respondent group was suffering from an ongoing physical health condition. This finding is consistent across the country as 40 to 50 percent of shelter users in each region indicated that they were suffering from an ongoing physical health condition. These rates may be underestimated as clients may have a lack of knowledge about diagnoses of medical conditions or reluctance to admit them (Burt et al., 1999).

Figure 9: Frequency of individuals, by region, who are suffering from an ongoing physical health condition (N = 469)

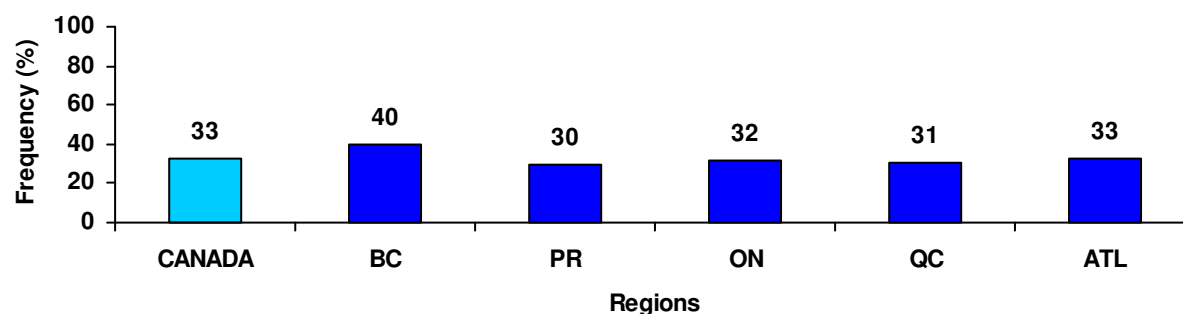


Shelter users were not required to disclose any specifics about their physical health condition. Nevertheless, a large number of participants indicated that they were suffering from diabetes, arthritis, Hepatitis C, and HIV. Although based on respondents' perceptions and not a true measure of the prevalence of diagnosed physical health conditions, this data supports previous research that has found a high rate of serious, physical health conditions among homeless individuals (Khandor & Mason, 2007).

Mental Health

Mental health issues are significantly more prevalent among the homeless population than the general population (Khandor & Mason, 2007). Figure 10 indicates that roughly one third of shelter users in each region reported suffering from a mental health disorder. Issues with mental health may have serious negative effects on an individual's quality of life and, ultimately, contribute to the length of time spent homeless (Canadian Institute for Health Information, 2007).

Figure 10: Frequency of individuals, by region, who are suffering from an ongoing mental health condition (N = 469)



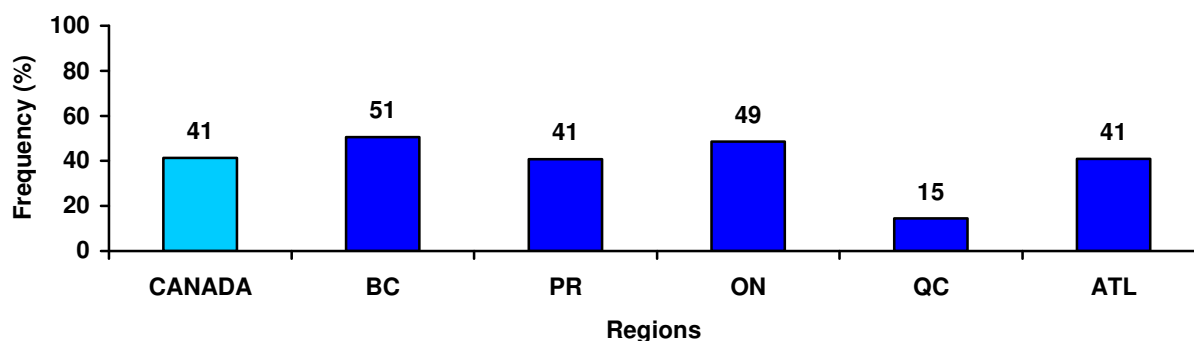
Although based on respondents' perceptions and not a true measure of the prevalence of diagnosed mental health conditions, it is highly probable that the data underestimates the number of Salvation Army clients who suffer from mental health disorders. Due to the nature of mental health disorders, some individuals may not be aware that they are experiencing such a disorder. Additionally, there is a negative stigma associated with mental health which deters individuals from disclosing that they are suffering from this type of condition.

Addictions

It has been widely established that there is a high prevalence of addiction among homeless individuals (Khandor & Mason, 2007; Patterson, Somers, McIntosh, Shiell, & Frankish, 2008). Substance abuse is not only a risk factor for homelessness, but can be attributed as an independent risk factor for ill health as well (Frankish, Hwang, & Quantz, 2005).

Research has found that it is much harder for those with a concurrent disorder to seek treatment and remain abstinent than those who only have a substance use disorder (Patterson et al., 2008). In this study, 20% of respondents claimed to have both a physical health condition and an addiction to drugs or alcohol while 17% of respondents claimed that they had a mental health condition and an addiction.

Figure 11: Frequency of individuals, by region, with an addiction to alcohol or drugs (N = 469)



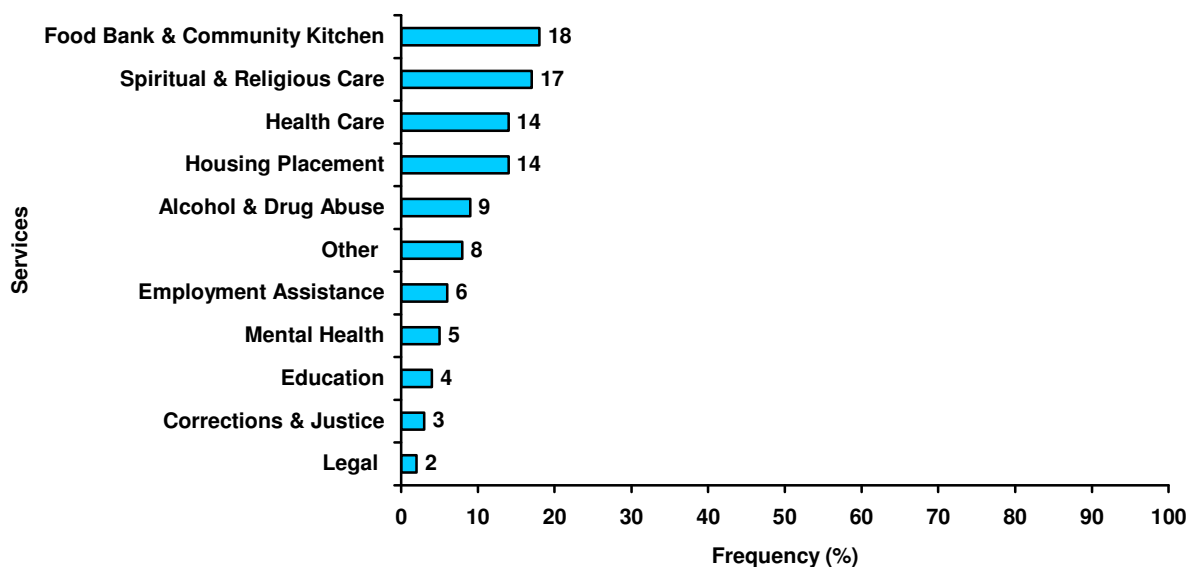
As demonstrated by Figure 11, between 40 to 50% of participants in each region, except Quebec, reported that they were addicted to either drugs or alcohol. The statistics presented may not accurately reflect the number of individuals who are currently battling addiction issues. There were shelter users who indicated that they were not currently addicted to drugs or alcohol but had suffered from addiction issues in the past. Some of these individuals reported that they would always consider themselves to be struggling with these issues, while others in this situation indicated that they no longer had a substance abuse problem. Other shelter users reported heavy drug use but insisted that they were not “addicted” to drugs or alcohol. Due to the stigma associated with drug use, individuals may be reluctant to admit their addiction to alcohol or drugs.

experience with services

Services Used

There are a number of services offered by The Salvation Army in the community as well as in shelters that are accessed by shelter users. Each Salvation Army facility offers services that best suit the needs of its community. Consequently, centres may not provide all of the services listed in Figure 12 which may result in a variance of use between regions. Responses from shelter users were inclusive of any Salvation Army services and not limited to shelter services.

Figure 12: Salvation Army services used within the past year (N = 885)



*Other services include: Financial management, Assistance with acquiring ID, Life skills programs

In each region, individuals accessed Salvation Army food banks and community kitchens as well as spiritual and religious care services in both shelters and in the broader community. With regards to services that are not accessed as frequently, clients may be receiving these services from other organizations. Additionally, Salvation Army shelters may offer these services to shelter users but some clients do not want help in these areas.

The Salvation Army in each region demonstrated strengths in the services provided to shelter users – the percentage of shelter user responses to services are highlighted below:

British Columbia:

- Food Bank and Community Kitchen (24%)
- Spiritual and Religious Care (24%)
- Housing Placement (14%)

Prairies:

- Spiritual and Religious Care (17%)
- Food Bank and Community Kitchen (16%)
- Alcohol and Drug Abuse Services (14%)

Ontario:

- Housing Placement Services (20%)
- Food Bank and Community Kitchen (19%)
- Health Care Services (16%)

Quebec:

- Spiritual and Religious Care (33%)
- Employment Services (18%)
- Housing Placement Services (15%)

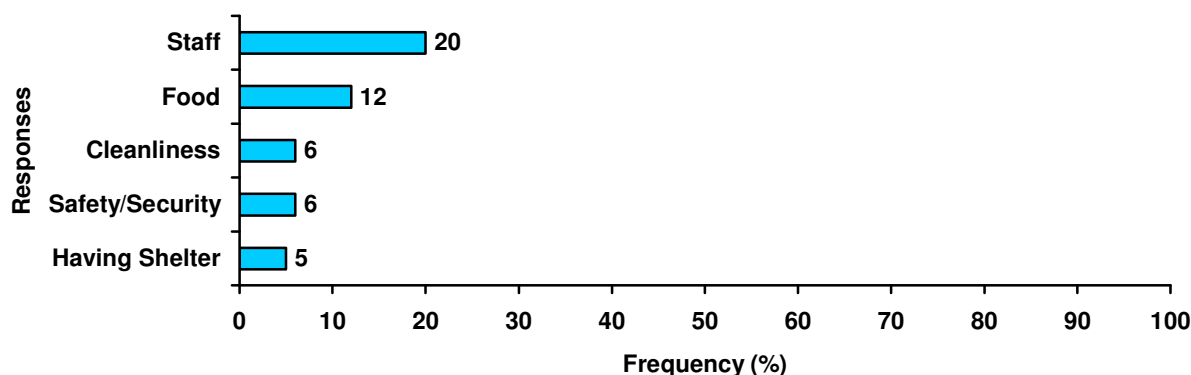
Atlantic Canada:

- Health Care Services (20%)
- Spiritual and Religious Care (18%)
- Housing Placement Services (11%)

Liked Best

The shelter users were asked to indicate the best aspects of their stay with The Salvation Army. Participants were not limited to a single response. Figure 13 displays the five answers that were given most frequently in response to this question. There were 36 shelter users (5%) who indicated that they did not enjoy anything about staying with The Salvation Army.

Figure 13: Aspects of Salvation Army shelter liked best by shelter users (N = 694)

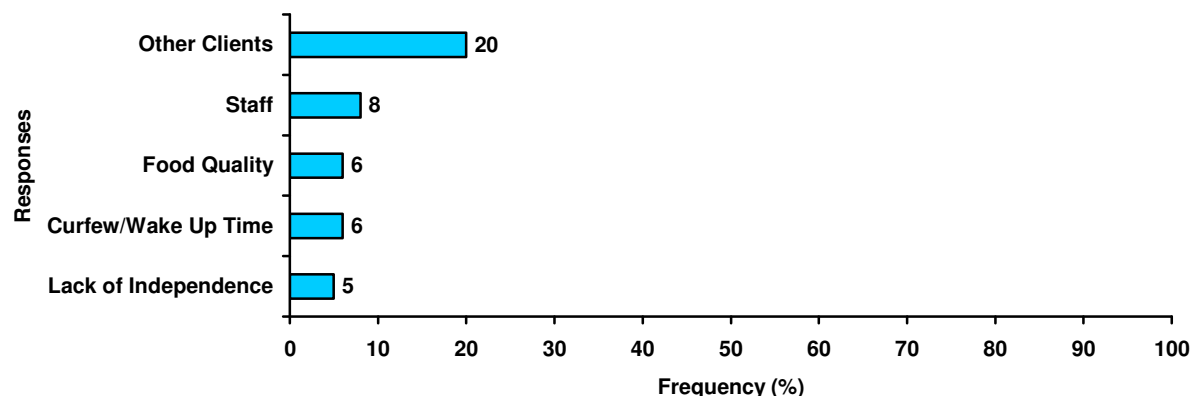


There were 136 shelter users who responded that the best part of their stay was The Salvation Army staff. Included with these responses, shelter users indicated that they were appreciative of the assistance provided by the service providers, enjoyed the rapport that they had established with many of them, and discussed the importance of having empathetic and supportive employees working in the shelter. Many shelter users (85) were grateful for receiving three meals a day and were pleased with the variety of meal choices available to them. Additionally, some shelter users (42) indicated that the cleanliness of the facility was the best part of staying with The Salvation Army. For 40 individuals, being in a safe and secure place was the best part of staying with The Salvation Army while having shelter or a roof over their heads was favoured by 38 shelter users. Shelter users also indicated that the best part of staying with The Salvation Army was being out of the cold (5%), getting to know the other clients (5%), and having a bed and a place to sleep (4%).

Liked Least

The shelter users were asked to indicate the aspects that they liked least about staying with The Salvation Army. Participants were not limited to a single response. Figure 14 displays the five answers that were provided most frequently in response to this question. There were 97 shelter users (18%) who indicated that there was not any particular aspect of their stay that they enjoyed the least. These individuals were content with their stay at The Salvation Army and did not voice any specific concerns.

Figure 14: Aspects of Salvation Army shelter liked least by shelter users (N = 540)



Salvation Army shelter users (109) had concerns with the behaviour of other clients staying in the shelter and the difficulties of living with a large group of men. For some shelter users (44), the staff's lack of compassion and support negatively impacted their stay. Additionally, some shelter users felt that staff were not properly trained or were unwilling to help them with their problems. Other individuals (35) stated that their greatest problem was with the quality of the food being served. These participants felt that the food being served at the shelters was cold, lacked variety, and did not have nutritious value. Thirty shelter users felt that the curfew and wake up times were too early. Some shelter users (28) felt that by staying in a Salvation Army shelter, they were unable to make their own choices and decisions. Other shelter users disliked leaving the shelter during the day (4%) and having to live at a shelter (4%).

Suggestions for Improvement

Shelter users suggested the top three things that The Salvation Army can do to improve its service delivery. Table 4 displays the top ten responses given by the participants. There were 120 participants (25% of the sample) who did not have any suggestions as to how The Salvation Army could improve its service delivery.

Table 4: Improvements to service delivery (N = 792)

Suggestions for Improvement	Frequency (%)
Provide Better Food & More Variety	10
Improve Staff Attitude	8
Better Staff Training	4
Offer More Counselling	4
Hire More Staff	4
Assist Clients with Hygiene	4
Offer More Recreational Activities	3
Be More Lenient with Rule Enforcement	3
Improve Overall Cleanliness of Building	3
Better Client Screening	3

Services

Many shelter users suggested specific improvements that could be made to the services provided in Salvation Army shelters. Some participants (82) suggested that there should be a greater variety of food. In fact, the suggestion to improve food services was the top suggestion provided by shelter users in each region. Additionally, shelter users (29) recommended that if counselling services were available for longer periods of times and were more accessible, they would be more inclined to utilize this service. Furthermore, there were a number of shelter users (26) who indicated that partaking in recreational activities would alleviate the boredom and depression felt by many individuals who experience homelessness.

Employees

There were a number of suggestions made by shelter users with regards to the employees working at The Salvation Army shelters. Some participants (64) suggested that in order to provide effective services, Salvation Army staff needed to be more compassionate and supportive while others (29) stated that staff needed more training in order to provide services to shelter users. These clients indicated that employees were not trained properly with regards to finding housing, dealing with addictions, and helping individuals with mental health disorders. Furthermore, some participants (28) found it difficult to access services because there was simply not enough staff to accommodate the number of clients staying in the shelter. In addition, there were a number of shelter users (24) who felt that The Salvation Army employees should better screen and monitor the clients, specifically for drug use.

Environment

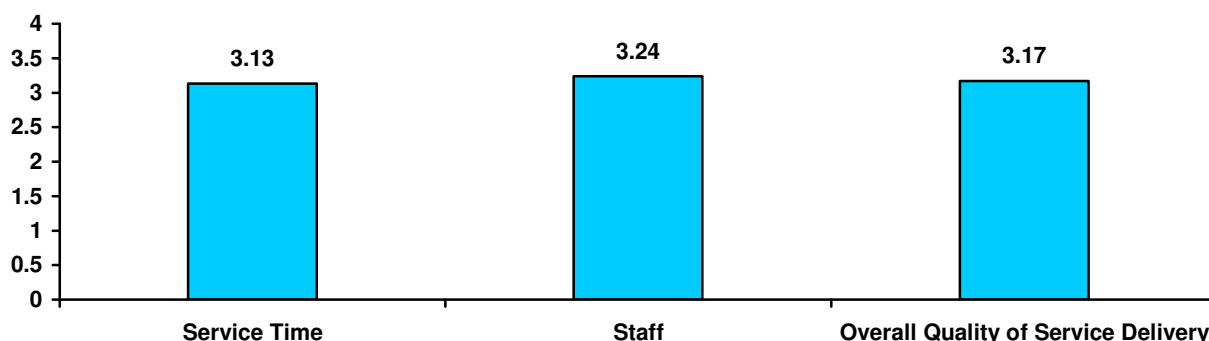
Some shelter users provided suggestions that there be improvements made to the environment in which the services were delivered. A number of participants (28) suggested that employees assist clients with their hygiene and insist that showers be taken upon intake. In addition, shelter users (25) requested that staff enforce rules in a more lenient, individualized manner. They spoke about occasions when they had not been able to come back in time for curfew due to work and family engagements and as a result, they had lost their beds. Some clients (24) suggested that the overall cleanliness of the building needed to be improved. These individuals did not feel that

the facility was being adequately cleaned and felt that clients would have a greater respect for their living space if the shelter was well kept.

Shelter User Satisfaction

Participants were asked to rate their satisfaction with the time it takes to get services, the staff who work in Salvation Army shelters, and the overall service delivery on a 4-point scale. A rating of 1 indicated that the participant was very dissatisfied and a rating of 4 indicated that the participant was very satisfied.

Figure 15: Satisfaction Ratings



Service Time

Table 5: Level of Satisfaction with Service Time

Rating	Frequency (%)
(1) Very Dissatisfied	5
(2) Somewhat Dissatisfied	15
(3) Satisfied	42
(4) Very Satisfied	38

For individuals experiencing homelessness, it is important that services are received in a timely manner. Figure 15 shows that shelter users across Canada were satisfied with the time it takes to get services. As demonstrated by Table 5, the majority of participants (80%) were either satisfied or very satisfied with the time it takes to get services in Salvation Army shelters. It is clear that many shelter users were pleased with the speed at which they access resources and assistance from personnel.

Staff

Table 6: Level of Satisfaction with Staff

Rating	Frequency (%)
(1) Very Dissatisfied	3
(2) Somewhat Dissatisfied	13
(3) Satisfied	36
(4) Very Satisfied	48

The employees working in Salvation Army shelters are an integral part of service delivery. The Salvation Army strives to provide optimal service delivery but without empathetic and supportive staff working in each facility, this goal would not be attainable. Figure 15 demonstrates that across Canada, participants were satisfied with the staff employed by The Salvation Army. As illustrated by Table 6, shelter users across the country are highly appreciative of the services provided for them by staff.

Overall Quality of Service

Table 7: Level of Satisfaction with Overall Quality of Service

Rating	Frequency (%)
(1) Very Dissatisfied	3
(2) Somewhat Dissatisfied	13
(3) Satisfied	44
(4) Very Satisfied	39

The Salvation Army aims to provide services that alleviate some of the stresses associated with homelessness. Consequently, The Salvation Army needs to provide high quality services that satisfy its diverse population of clientele and their unique needs. Figure 15 demonstrates that across Canada, participants are satisfied with the quality of service delivery. Table 7 illustrates that the majority of participants (83%) were either satisfied or very satisfied with the overall quality of service delivery provided by The Salvation Army. An overwhelming number of clients expressed that without the services provided by The Salvation Army, they would either be dead or sleeping in the streets.



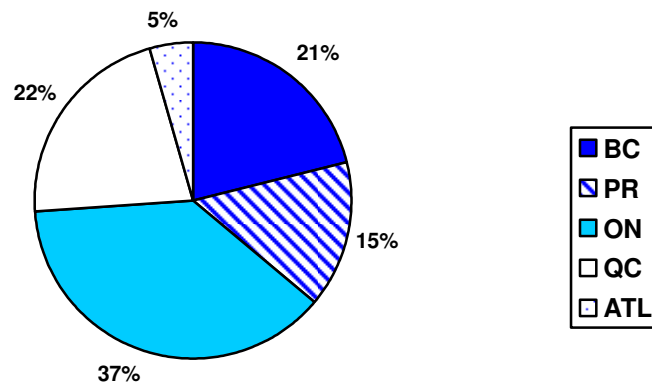
service providers

the service provider profile

Regional Breakdown

As depicted by Figure 16, Salvation Army shelters across Canada were classified by region: British Columbia (BC), Prairies (PR), Ontario (ON), Quebec (QC), and Atlantic Canada (ATL). Service providers were identified with a region based on the Salvation Army shelter in which they were working at the time the survey was completed.

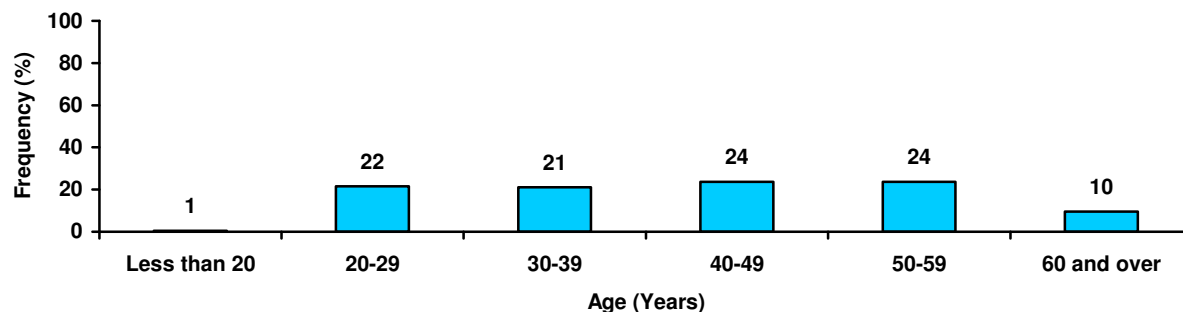
Figure 16: Breakdown of Participants by Region (N = 200)



Age

Figure 17 displays the frequency of each age group among the sample of service providers. Although the average age of Salvation Army service providers is between 30 and 39, the majority of individuals who are employed at Salvation Army shelters are between 40 and 59 years of age.

Figure 17: Age of Service Providers across Canada (N = 199)



The service providers and shelter users in Salvation Army shelters are, on average, the same age; therefore, there should not be any significant generational differences in the way of thinking and the practices that are currently in place.

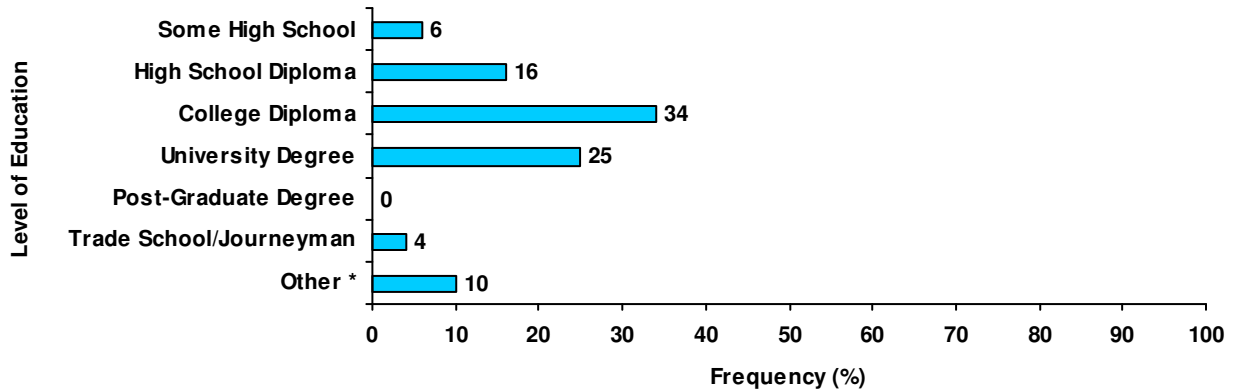
Gender

There were 101 male personnel and 98 female service providers that completed the survey. This study did not examine whether or not there were gender differences in perspectives on service delivery.

Education

Figure 18 depicts the majority of Salvation Army service providers had received a college diploma or university degree. Of these individuals, many had completed programs in Social Work and Psychology. Furthermore, there were a number of service providers as captured in the category other, who had received certificates specializing in topics relevant to working within the emergency housing system.

Figure 18: Education Level of Service Providers (N = 197)

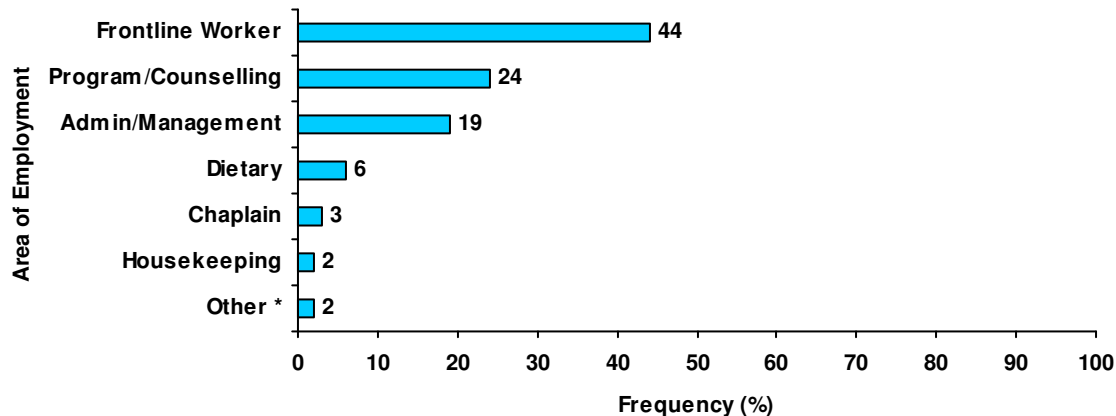


* Other education levels include: Completion of courses and certificates in addictions, mental health, and business administration

Position

As demonstrated by Figure 19, service provider participants worked in various areas of Salvation Army shelters. Thus, perspectives of different service areas were captured in this study. Some service areas are underrepresented; however, completion of the survey was optional for participants and there was no way to control for this variance.

Figure 19: Areas of Employment (N = 189)



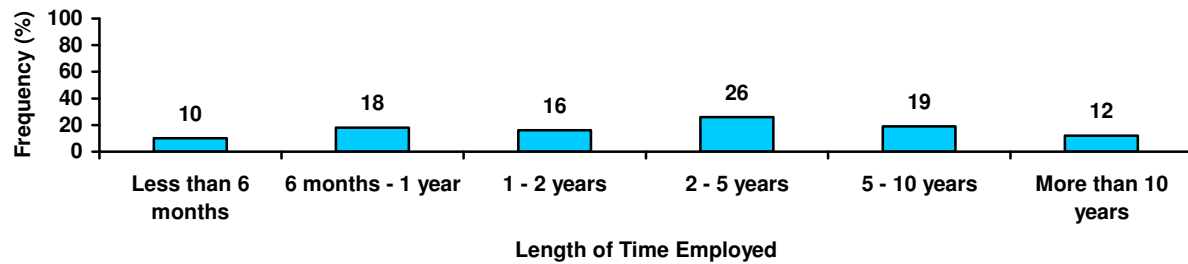
* Other employment areas include: Security, outreach workers

work experience

Length of Service

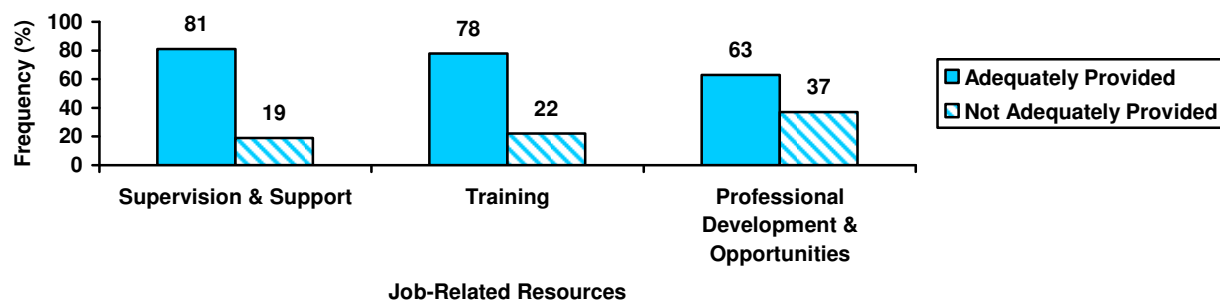
Service providers were asked to indicate the length of time that they had been employed by The Salvation Army. The majority of the participants indicated that they had been working at The Salvation Army for two to five years. More than half of the service providers surveyed in this study had been working at The Salvation Army for over two years.

Figure 20: Length of Time Employed by Salvation Army (N = 199)



Provision of Job-Related Resources

Figure 21: Provision of adequate supervision and support (N = 184), training (N = 190), and professional development and opportunities (N = 188)

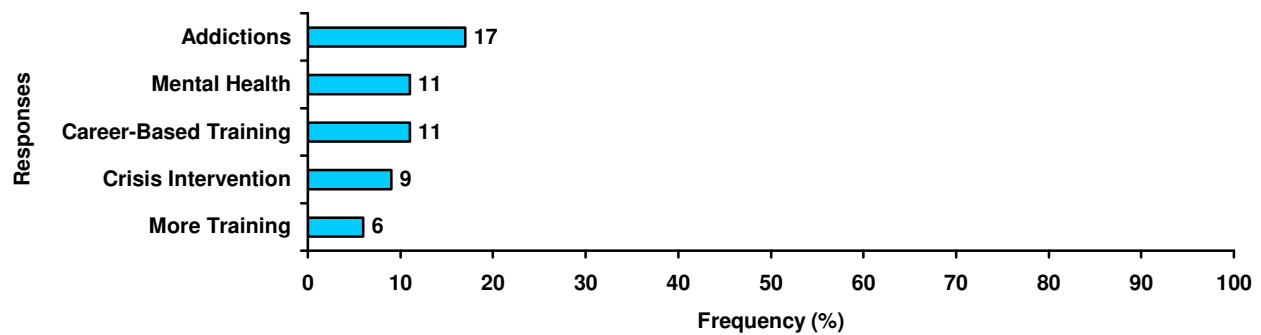


Working in an emergency shelter can be extremely demanding; therefore, it is important that service providers are adequately supervised and supported within their workplace. There were 150 service providers who felt that they were adequately supervised and supported while 34 participants did not feel adequately supervised or supported.

Shelter users suggested that service delivery would improve if The Salvation Army provided employees with additional training. Specifically, 41 service providers expressed the need for more training than they are currently receiving while the majority of personnel stated that they were receiving adequate training.

Professional development opportunities allow service providers to learn about new models of service delivery and effective ways of working with clients. Over 60% of service providers indicated that they were offered professional development opportunities.

Figure 22: Specific Professional Development Opportunities (N = 254)

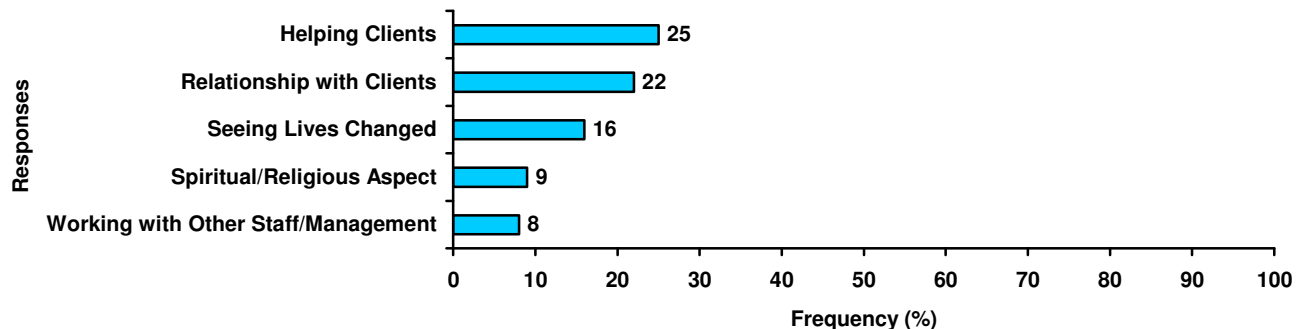


Service providers were asked to suggest specific professional development opportunities that they would be interested in receiving. Some service providers indicated that they would benefit from training in addictions (43) and mental health (28). Service providers (27) stated that they would benefit from career-based training that directly applied to their work at The Salvation Army and others (16) were interested in receiving more training opportunities.

Non-violent crisis intervention training is mandatory for employees working in Salvation Army shelters yet service providers (22) requested additional crisis intervention training for working with people in crisis.

Most Rewarding

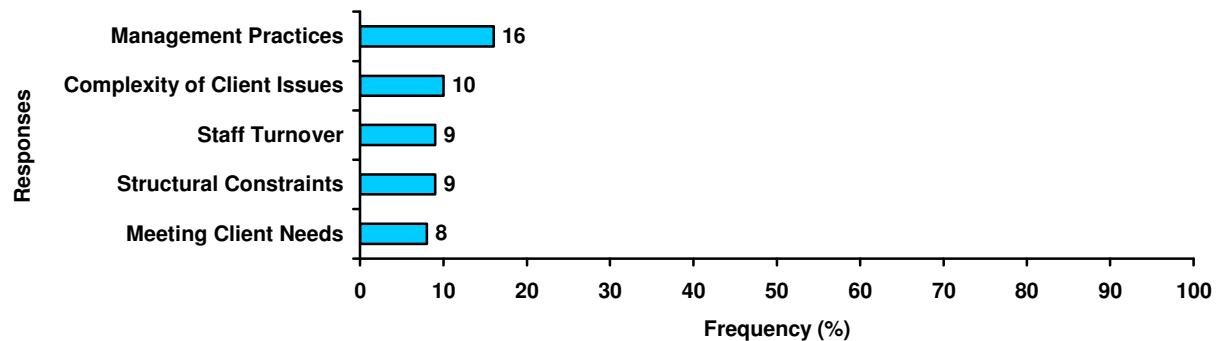
Figure 23: Most Rewarding Aspect of Employment (N = 240)



The top three responses to this question all reflect the rewarding nature of working with individuals in need. Many service providers (60) discussed the benefits of assisting shelter users while others (53) discussed the importance of building supportive relationships with individuals experiencing homelessness. For some (38), the most rewarding aspect of their job was seeing an improvement in their client's lives with regards to housing, employment, and addictions. There were a number of service providers (22) who reported that the most rewarding aspect of their job was working in a Christian environment and ministering to the shelter users. Some service providers (12) discussed the rewards of working with their co-workers and having a strong relationship with management in their centres. Other responses included receiving appreciation from a client for the services provided (6%), and working for an international organization whose mission is helping those in need (6%).

Most Challenging

Figure 24: Most Challenging Aspect of Employment (N = 200)



Of the 172 respondents, service providers indicated that shelter management practices were the greatest challenge that they faced in the workplace. Specifically, service providers (31) voiced concerns about poor communication, feeling unsupported and underappreciated for their work. There were other service providers (19) who felt that the most challenging part of their job was working with the complexity of issues experienced by shelter users. Some service providers (18) expressed that they were not being appropriately compensated for their long hours and high stress work days along with concerns around the high rate of staff turnover, while others (17) indicated that they faced structural constraints or bureaucratic challenges at work and described their frustration with waiting times and policies that made it harder to meet the needs of clients. Additionally, service providers (15) stated that they often did not know how to approach specific situations and could not accommodate the diverse needs of the clients staying in their shelter. Other challenges cited by service providers included frustrations with other co-workers (7%), when a client relapses or returns to the shelter (7%), and the challenges of working with individuals who are addicted to either drugs or alcohol (5%).

services for homelessness

Health

In order to serve clients with these needs, it is important that service providers recognize the unique health challenges that are faced by individuals experiencing homelessness. Service providers were asked if they worked with individuals with physical health conditions, mental health conditions and addictions.

Figure 25: Service providers perspectives on whether clients suffer from physical and/or mental health conditions and addiction to drugs or alcohol (N = 198)

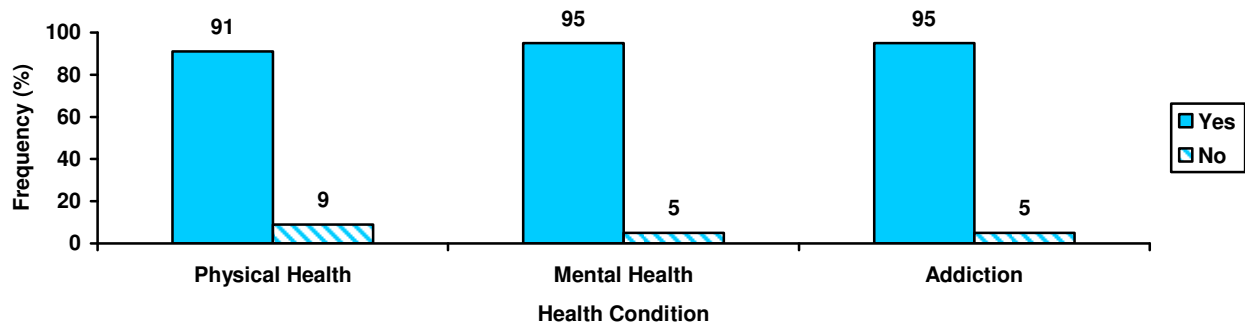
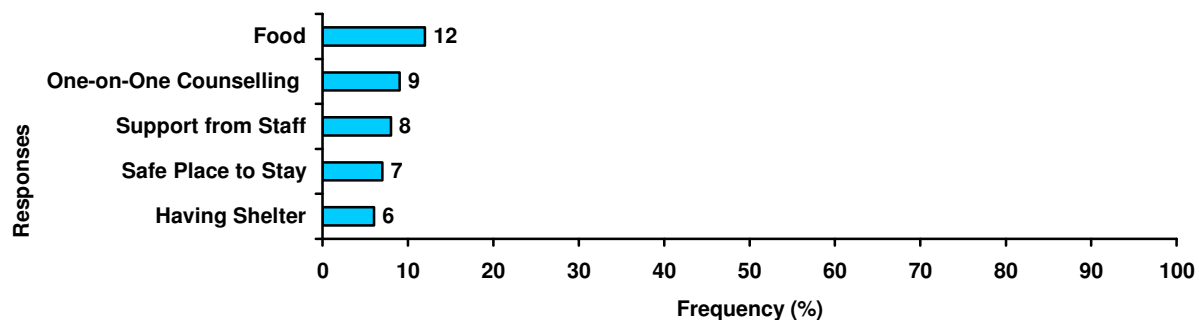


Figure 25 indicates that over 90% of service providers recognize that they work with individuals who experience problems with their physical health, mental health and addictions.

Residential Benefits

Emergency shelters provide clients with a multitude of services to assist them with their needs. Accordingly, emergency shelters can be beneficial for individuals experiencing homelessness.

Figure 26: Service provider perspectives on residential benefits (N = 579)



Of the 160 service providers who responded, almost half of the service providers (70) surveyed stressed the importance of having three nutritious meals a day. In addition, service providers (53) discussed the benefits of one-on-one interaction and counselling in overcoming factors associated with homelessness. Service providers also viewed their support (45) as a benefit to residents. Service providers (38) indicated that without having to worry about finding a safe place to sleep, clients can focus on other issues associated with homelessness. The fifth most popular response (35) was that shelter is a basic human need and, without it, individuals cannot improve other areas of their lives.

Factors to Move

Service providers were asked to list the factors that enable their clients to escape the cycle of homelessness and attain permanent housing. Participants were permitted to provide more than one response.

Table 8: Factors that Enable Clients to Attain Housing (N = 391)

Enabling Factors	Frequency (%)
Financial Resources	8
Support	7
Access to Emergency Shelters	6
Desire or Motivation to Get Help and Change	6
Access and Referrals to Community Resources	6
Addiction Treatment and Abstinence	6
Relationship with Staff	6
Access to Affordable and/or Transitional Housing	5
Access to Programs and Services Offered within Salvation Army Shelters	4
Help Finding Housing	4

Service providers indicated that access to a number of different resources would allow shelter users to overcome barriers associated with homelessness. Many service providers responded that clients would be able to attain housing if they had the financial resources (33), access and referral to community resources (23), access to treatment for their addictions and continued abstinence (22), as well as access to programs and services offered by Salvation Army shelters (16).

Service providers (27) discussed the importance of providing support to shelter users while others (22) stated that establishing a good rapport with shelter users was enough to motivate clients to look for permanent housing. Some service providers (14) believed that if clients were provided with help to find housing, they would be more likely to move from a shelter into permanent housing.

According to service providers, greater availability of emergency shelters (25) or affordable housing (21) would enable clients to attain permanent housing. Another factor listed by service providers (24) was the motivation and desire to change and get help from others. Once a client seeks help and is committed to finding housing, there is a greater likelihood that he will be able to leave the shelter for permanent housing.

Barriers to Change

Table 9: Factors that Prevent Clients from Attaining Housing (N = 370)

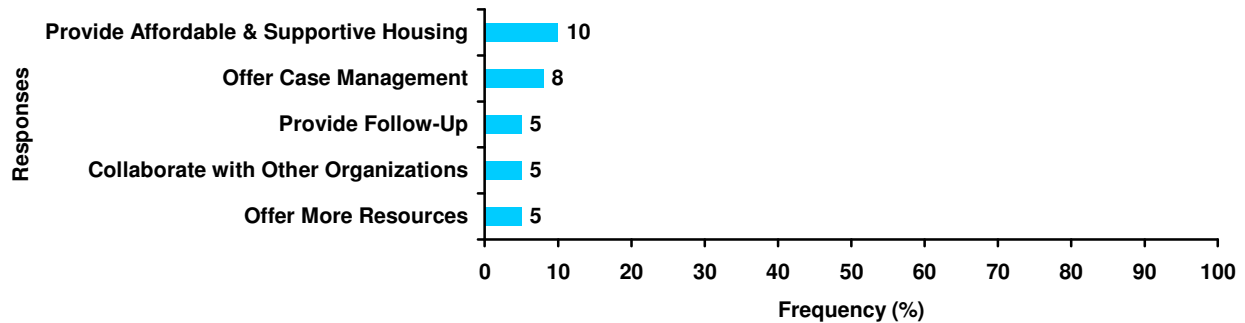
Barriers to Change	Frequency (%)
Addiction to Drugs or Alcohol	14
Mental Health Issues	9
Lack of Affordable Housing	9
Lack of Funds or Ability to Manage Finances	7
Difficulty with Making Changes	7
Not Able to Access Services	6
Not Aware of Services Available	5
No Support	4
Isolation	3
Poor Physical Health	3

Individuals who are experiencing homelessness are more likely to have mental health issues, physical health issues and be addicted to drugs or alcohol than the general population (Khandor & Mason, 2007). These three factors, according to service providers (93), are among the many barriers that homeless individuals encounter when trying to attain housing. Service providers (33) expressed that a major barrier for homeless individuals was a shortage of affordable housing in their community. These participants discussed the high price of rent in their communities and the poor living conditions in the affordable housing that was available. Furthermore, service providers (27) explained that many of the shelter users were unable to manage their finances or did not have any sources of income. Some (22) explained that shelter users were unable to access services due to ineligibility or long waiting lists while others (19) stated that many clients are simply unaware of the services available to them. Service providers discussed that a lack of support (14) and isolation (11) were barriers for homeless individuals leaving their clients hopeless and unwilling to look for permanent housing. Similarly, some service providers (25) discussed how difficult it is for shelter users to make the changes necessary to attain permanent housing.

Salvation Army Suggestions

Service providers were asked to suggest how The Salvation Army can improve its service delivery. There were 59 participants (30% of the sample) who did not offer any suggestions for improvement.

Figure 27: Suggestions for Improvement (N = 240)



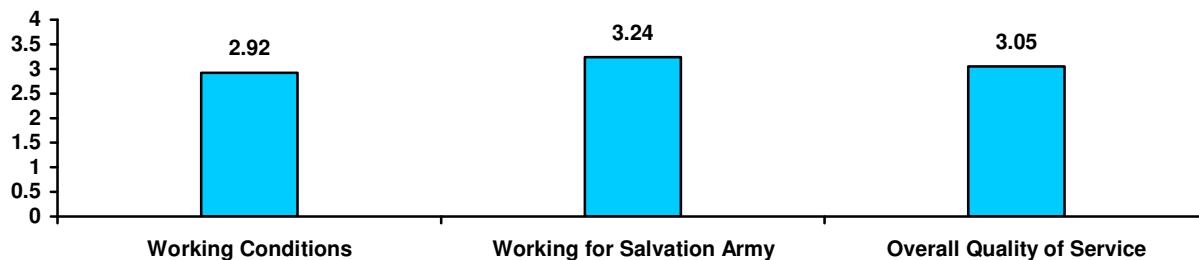
The top three suggestions highlight the need for supportive services for homeless clients. Service providers (25) suggested that The Salvation Army develop and manage affordable and supportive housing for homeless individuals in the community. These individuals indicated that the provision of these services would help shelter users successfully transition into affordable housing. Service providers (18) recommended that the shelter offer more case management to its clients while others (13) suggested that shelters needed to provide more follow-up care to their clients after they have left the shelter. Participants stated that either of these services would provide shelter users with the necessary support for attaining permanent housing.

Some service providers (13) suggested that there needed to be more collaboration between Salvation Army shelters and community organizations. The lack of coordination and community collaboration hindered the ability of shelter users to access the services they needed to attain permanent housing. Some service providers (12) suggested that The Salvation Army needs to increase its number of resources. These service providers felt that their ability to assist shelter users was limited by its own lack of resources and services.

Service Provider Satisfaction

Service providers were asked to rate their satisfaction with the overall working conditions, the overall quality of service delivery, and working for The Salvation Army on a 4-point scale. A rating of 1 indicated that the participant was very dissatisfied and a rating of 4 indicated that the participant was very satisfied.

Figure 28: Satisfaction Ratings



Working Conditions

Table 10: Level of Satisfaction with Working Conditions

Rating	Frequency (%)
(1) Very Dissatisfied	3
(2) Somewhat Dissatisfied	21
(3) Satisfied	56
(4) Very Satisfied	20

Researchers asked service providers to rate their satisfaction with the overall working conditions, specifically with regards to safety, support, communication, and availability of resources in their place of employment. Figure 28 indicates that service providers across Canada are slightly less than satisfied with the overall working conditions in their emergency shelter. Table 10 demonstrates that 76% of personnel were either satisfied or very satisfied with the working conditions.

Work Satisfaction

Table 11: Level of Satisfaction with Working for The Salvation Army

Rating	Frequency (%)
(1) Very Dissatisfied	1
(2) Somewhat Dissatisfied	13
(3) Satisfied	47
(4) Very Satisfied	39

Figure 28 demonstrates that across Canada, service providers were satisfied working for The Salvation Army. As demonstrated in Table 11, the majority of participants (86%) indicated that they were either satisfied or very satisfied with working at The Salvation Army. This satisfaction is demonstrated by the number of individuals who have been employees of The Salvation Army for longer than two years.

Overall Quality of Services

Table 12: Level of Satisfaction with Overall Quality of Services

Rating	Frequency (%)
(1) Very Dissatisfied	1
(2) Somewhat Dissatisfied	13
(3) Satisfied	67
(4) Very Satisfied	20

Salvation Army service providers employed in emergency shelters are primarily responsible for delivering services to shelter users. As such, it is important that they deliver services that are high quality and meet the needs of the homeless. Figure 28 demonstrates that across Canada, participants are satisfied with the quality of service delivery provided by The Salvation Army. Of those who participated, 87% rated the overall quality of services to be satisfactory or very satisfactory.



delivery of services

delivery of services

Both shelter users and service providers will agree that the service needs of the homeless population are both unique and challenging. Salvation Army emergency shelters provide clients with safe living accommodations and supportive services. It is the hope of both shelter users and service providers that the availability of these services will enable individuals to successfully transition into permanent housing. While the need for these services is high, the utilization of these services remains relatively low. By gathering the perspectives of both shelter users and service providers, The Salvation Army will be able to amend their services in order to best meet the needs of the homeless. For the purpose of analysis, delivery of services is discussed within the context of service needs, access to services, service provision and service processes.

Service Needs

This study explored the service needs of homeless individuals as perceived by both shelter users and service providers. The results of this study confirmed that the needs of the homeless population are widespread and diverse. The following sub-sections will focus on the most urgent needs as seen by the service providers and shelter users.

Housing

Canadians deserve the right to live in housing that is adequate in condition, suitable in terms of size, and affordable in cost (TD Economics, 2003). For many, the declining number of affordable housing units and the rise in the cost of living (Snow, 2008) is a major deterrent. Almost every shelter user interviewed in this study was interested in attaining permanent housing; however, merely half had commenced a search for housing. Shelter users and service providers both recognize the lack of affordable housing as a major impediment to transitioning out of homelessness. Shelter users felt that attaining housing would be the first step to resolving many of the other issues that are commonly associated with homelessness.

Income

Research has demonstrated that a significant number of individuals are experiencing homelessness due to low income or an inability to afford housing (Burt et al., 1999; TD Economics, 2003). Of great concern is the number of individuals who do not have any income. This study revealed that many shelter users relied on social assistance; however, the amount that they receive is generally not enough to afford housing. Minimal income can be both the causal and perpetuating factor of homelessness. Without sufficient income, it becomes exceedingly difficult to attain permanent housing. Accordingly, it was recommended by service providers that Salvation Army shelters provide clients with financial services. Specifically, staff would assist their clients with financial management skills and connecting them to financial assistance resources.

Employment

The results of this study demonstrated that the majority of men staying in Salvation Army emergency shelters are unemployed. Many of the individuals in this study discussed the difficulty of retaining stable employment while experiencing homelessness. Having no fixed address and reduced access to training programs prevents individuals from obtaining and maintaining steady employment (Long, Rio, & Rosen, 2007). Currently, there are several shelters that offer employment assistance services to their clients. In this study, 72% of participants were unemployed yet a mere 6% had accessed employment assistance services. Employment is essential to self-sufficiency and it is clear that there is a high demand for assistance with attaining and maintaining steady employment.

There were a number of shelter users that were involved in paid employment. Similar to previous research (Burt et al., 1999; Smith, Robinson & AtkinRead, 2006), the participants who were steadily employed lacked the skill levels and experience needed to obtain incomes sufficient for housing affordability. Of those who were employed, many individuals were involved in temporary job positions. These positions are typically low-paying, infrequent and on a need-only basis. Both service providers and shelter users expressed that a well paying, steady job would enable individuals experiencing homelessness to move into permanent housing.

Health

It has been widely established that homelessness is associated with greater risk factors for illness and higher rates of disease than in the general population (Toronto Public Health, 2008). A large proportion of Salvation Army shelter users are experiencing issues related to mental health, physical health, and addiction; however, there is a relatively low number of individuals utilizing services of this nature. The relationship between health and homelessness is bidirectional. Some health conditions arise as a result of homelessness while preexisting conditions are often made worse by homelessness due to an inability to receive regular care or appropriately care for oneself (Shortt, Hwang, & Stuart, 2006). In either case, service providers at The Salvation Army recognize that their clients suffer from physical and mental health issues and view these problems as a barrier to attaining permanent housing. Additionally, service providers acknowledged that gaining access to treatment for addictions could move homeless individuals towards permanent housing. It is clear that improving the health of people staying in Salvation Army shelters could increase their opportunities for overcoming homelessness.

Food

The low income of individuals experiencing homelessness prevents them from eating healthily and regularly. Often times, these individuals depend on meal services because they do not have a place of their own in which to cook or store food (Khandor & Mason, 2007). Shelter users access The Salvation Army food banks and community kitchens more than any other service. In fact, service providers and shelter users rated food as one of the best aspects of staying at a Salvation Army shelter. Shelter users expressed concern with the quality and quantity of the food being provided as well as the cost associated with these meals. Food is fundamental to providing services to individuals experiencing homelessness; therefore, it is critical that The Salvation Army supply its clients with healthy and affordable meals.

Access to Services

Both service providers and shelter users demonstrated that the use of Salvation Army services is relatively low compared to the need for services. The perspectives of both shelter users and service providers have provided insight into the factors that prevent shelter users from accessing these services.

Change

Pride and autonomy have been found to function as barriers to accessing services (Garrett et al., 2008). Despite the availability of services within Salvation Army emergency shelters, some clients choose not to use these services in an effort to preserve their independence. This idea resonated with service providers who listed “lack of motivation” and “difficulty with making changes” as barriers that prevent their clients from attaining permanent housing. For some shelter users, living on the streets forces individuals experiencing homelessness to become heavily self-reliant; therefore, receiving assistance from others can be extremely challenging. In addition, some shelter users have faced a multitude of barriers when they had previously tried to access services and as a result, they have stopped using assistance altogether. In order for shelter users to benefit from the services being offered, service providers need to work collaboratively with their clients which will ultimately facilitate their transition into more stable living situations (Garrett et al., 2008).

Awareness

In support of previous research (Rosenheck & Lam, 1997; Smith et al., 2006), this study reveals that individuals experiencing homelessness do not regularly access services because they are not knowledgeable about the availability of services. In fact, many shelter users expressed a general lack of awareness of the services offered at their shelter and within their community. Service providers posit that lack of awareness of the available resources can serve as a major obstacle for individuals experiencing homelessness. Information regarding the availability of services within the shelter and the community needs to be adequately publicized. Service providers need to ensure that information regarding the availability of these services is received by the shelter users.

Structural Factors

Shelter users are often frustrated by structural barriers which can discourage them from utilizing services (Thompson, McManus, Lantry, Windsor, & Flynn, 2006). Shelter users are often frustrated by long wait times to access services. This issue is experienced in many other areas of the social service system; shelter users are unable to promptly access emergency shelters, affordable housing, and treatment facilities. Within emergency shelters, limited hours of operation and staff shortages minimize service accessibility. Both shelter users and service providers concur that greater accessibility to services within the shelter will enable clients to attain housing.

According to service providers, shelter resources can be barriers to service. Without access to sufficient resources, employees have few alternatives to offer their clients (McLean, 2006). These limitations highlight the need for coordination between community agencies. Often times, individuals require a broad range of services that are typically provided by separate agencies (Patterson et al., 2008). Service providers suggested that a collaborative effort between shelters and partnering agencies will allow clients to address their multitude of needs and easily navigate the service system. It is clear that the homeless population would benefit from the resolution of the structural barriers that plague both the shelter and the community.

Service Provision

Across Canada, Salvation Army centres provide services to individuals experiencing homelessness. This study examined the factors that affect the quality and effectiveness of service provision as experienced by both shelter users and service providers in Salvation Army emergency shelters.

Training and Professional Development

A component central to service delivery is an understanding of the complex needs associated with homelessness. Often times, services exist but employees are not trained to make the proper linkages within the community (Friedman & Levine-Holdowsky, 1997). Both shelter users and service providers suggested that staff receive additional training in the areas of addictions, mental health, and crisis intervention. Shelters should be able to offer an integrated system of care that supports the different needs of its clients (Meschede, 2004). Staff who can effectively respond to these needs will have the ability to alleviate some of the stressors associated with homelessness.

Case Management

The practice of case management varies greatly across the system of social services. Case managers provide services by assessing shelter user needs and establishing connections with services to meet specific client needs. Case managers can assist shelter users by navigating social service systems and advocating on their behalf (Thompson et al., 2006). Both shelter users and service providers stressed the need for case management services to be offered in Salvation Army shelters. Case managers are able to connect shelter users with housing, employment, and addiction treatment centres. These areas are often difficult to navigate and case

management keeps shelter users motivated to change and working towards positive outcomes (Thompson et al., 2006). Additionally, service providers discussed the benefits of providing follow-up to clients after they have transitioned into permanent housing. Intensive case management can enable individuals to secure and sustain permanent housing by providing them with consistent and reliable support in a number of life domains.

Service Processes

Within The Salvation Army, there are a number of processes that impact the provision of services. These processes often enable individuals experiencing homelessness to access services that could help them transition into permanent housing (Department for International Development, 1999). In order to understand the impact of existing processes on individuals experiencing homelessness, it is critical to examine the effects of these processes as experienced by this particular group (Department for International Development, 1999). The aim is to build or reform policies and processes so that they provide better opportunities for homeless individuals.

Defining Homelessness

Definitions of homelessness serve as the framework for many policies and procedures. The existing definitions of homelessness are created by policy makers and service providers, many of whom have never experienced homelessness. Most often, these definitions acknowledge housing, income, and social support; however, the current constructs of homelessness fail to acknowledge many of the personal aspects that are only learned by experiencing homelessness firsthand (Schiff, 2003). By allowing homeless individuals to define their experiences in this study, both the implicit and explicit aspects can be incorporated into a definition and relevant issues can be addressed by policy makers and service providers.

Organizational Alignment

The organizational alignment within an emergency shelter is paramount to its delivery of services. Research has found that adequate supervision plays a critical role in minimizing staff stress and burnout (McLean, 2006). Many service providers responded that they were adequately supervised; however, they did express concerns with the management practices of their facility. Employees suggested that service delivery would improve if management exhibited increased support, involvement, and appreciation for their work. In a similar manner, shelter users depend heavily upon the support they receive from service providers. Consistent with previous research (Thompson et al., 2006; Garrett et al., 2008), shelter users in this study discussed their affinity for nonjudgmental, empathetic and compassionate staff. In addition, service providers feel rewarded by their relationship with clients and their ability to affect positive change in their lives. Nevertheless, both shelter users and service providers criticized inconsiderate and unsupportive employees. In order to improve service delivery, there is a need to address the support issues that are experienced by Salvation Army shelter users and service providers.

Shelter System

One response to the issue of homelessness is the development of emergency shelters (Graham, Walsh, & Sandalack, 2008). This study highlights a number of services provided to the homeless population by emergency shelters. While each shelter has its strengths and weaknesses with regards to the services it provides, certain aspects of each service delivery model should be shared with others and constitute best practice. Policies and practices that support service delivery have proven to be more effective if they are evidence-based and client-focused. Salvation Army shelters across Canada should strive to deliver services to their clients that are both effective and efficient.

Nevertheless, a critical component to the management of emergency shelters is taking the interests of its stakeholders into strong consideration (Graham et al., 2008). The majority of shelter users are interested in attaining permanent housing and many service providers have gained profound insight into helping the homeless population attain permanent housing. It is clear that there are opportunities to not only move homeless people into housing, but advocate for The Salvation Army to create or provide permanent housing to its clients outside and beyond the current shelter system. The ability to meet the immediate needs and long-term goals of individuals accessing shelter services could be a measure of organizational success (Graham et al., 2008). The research certainly lends itself to a more complete discussion of this subject.



recommendations

recommendations

A policy workshop was held at The Salvation Army Territorial Headquarters to determine the implications of the research findings. The workshop allowed experts in the field of homelessness to discuss the findings from the research and make recommendations for action. The policy workshop brought together representatives from The Wellesley Institute, York University, Metcalf Foundation and St. Christopher House, The Salvation Army Ottawa Booth Centre, The Salvation Army London Centre of Hope, The Salvation Army Community Services Calgary, and The Salvation Army Territorial Headquarters.

Historically, The Salvation Army's response to the issue of homelessness has been the development of emergency shelters. The Salvation Army shelters across Canada strive to deliver services to their clients that are both effective and efficient. Policies and practices that support service delivery have proven to be more effective if they are evidence-based and client-focused.

The Perspectives Study illustrates the complex problems faced by homeless persons and the experience of homelessness itself. The study provides an opportunity for service providers to gain a better understanding of the key issues that impact the individuals who access Salvation Army shelters and adjust services accordingly.

The research identifies that the majority of shelter users are interested in attaining permanent housing. The Salvation Army is committed to moving people beyond its shelter system. Opportunities exist for The Salvation Army to support persons to attain this goal, advocate for the creation of affordable housing and provide housing directly.

1. Housing Supports

The fact that people experiencing homelessness want housing cannot be missed. Almost every shelter user interviewed in this study was interested in attaining permanent housing; however, only half had commenced a search for housing. Shelter users and service providers both cite a lack of affordable housing as a major impediment to transitioning out of homelessness. Shelter users felt that attaining housing would be the first step to resolving many of the other issues that are commonly associated with homelessness. Both shelter users and service providers acknowledge that greater accessibility to services within the shelter will enable clients to attain housing.

The Salvation Army recommends the development and implementation of housing supports that will assist shelter users as they transition from shelters to appropriate and affordable housing.

2. Case Management

Both shelter users and service providers stressed the need for case management services to be offered in Salvation Army shelters. Case managers connect shelter users with housing, income and social supports. Additionally, service providers discussed the benefits of providing follow-up to clients after they have transitioned into permanent housing.

The Salvation Army recommends that case management systems be developed in all its shelters using staff who are qualified and trained in the provision of such services.

3. Professional Development

A component central to service delivery is an understanding of the complex needs associated with homelessness. Both shelter users and service providers suggested that staff receive training in the areas of addictions, mental health, and crisis intervention. Employees who can effectively respond to these needs will have the ability to alleviate some of the stressors associated with homelessness.

The Salvation Army recommends that staff be equipped to address the needs of homeless individuals through staff training in the areas of addictions, mental health and working with people in crisis.

4. Food

The low income of individuals experiencing homelessness prevents them from eating healthily and regularly. Often these individuals depend on meal services because they do not have a place of their own in which to cook or store food. Practices and provision around procedures to control dining experiences is very important. Service providers and shelter users rated food as one of the best aspects of staying at a Salvation Army shelter. At the same time, shelter users expressed concern with the quality and quantity of the food being provided. Food is fundamental to the provision of services to individuals experiencing homelessness; therefore, it is critical that The Salvation Army supply its clients with healthy and nutritious meals.

The Salvation Army recommends that healthy and nutritious meals be provided where food is offered to the homeless in its shelters and food programs.

5. Supportive Community

Many shelter users expressed a general lack of awareness of the services offered at their shelter and within their community. The lack of awareness of the available resources can serve as a major obstacle for individuals experiencing homelessness. Service providers need to ensure that information regarding the availability of these services is received by the shelter users. Furthermore, service providers indicated that shelter resources can be barriers to service. Without access to sufficient resources, employees have few alternatives to offer their clients.

The Salvation Army recommends a collaborative effort between shelters and partnering agencies to support the homeless as they navigate the service system.

6. National Framework

The Salvation Army envisions a Canada without homelessness. Currently, there is no clear national framework for action in relation to housing and homelessness. Emergency response to homelessness is not enough. Emergency and crisis intervention needs to be augmented by strategies of prevention and sustained housing. Without a national framework to establish a comprehensive approach, individuals experiencing homelessness will continue to have difficulty building permanent roots and safe lives.

The Salvation Army recommends the development of a national housing strategy that includes the priority of ending homelessness.

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