



North American Association of Christians in Social Work
A Vital Christian Presence in Social Work

PO Box 121
Botsford, CT 06404
www.nacsw.org
888.426.4712

**YOU CAN'T REALLY CALL THIS HOME: PERSPECTIVES ON SERVICE
DELIVERY FROM SALVATION ARMY SHELTER USERS AND SERVICE
PROVIDERS**

By: Bradley Harris, MSW

**Presented at:
NACSW Convention 2010
November, 2010
Raleigh-Durham, NC**

You Can't Really Call This Home: Perspectives on Service Delivery from Salvation Army Shelter Users and Service Providers

Bradley Harris, MSW
The Salvation Army Canada and Bermuda Territory

If we go on our way and meet a man who has advanced towards us and has also gone on *his* way, we know only our part of the way, not his – his we experience only in the meeting.

Of the complete relational event we know, with the knowledge of life lived, our going out to the relation, our part of the way. The other part only comes upon us, we do not know it; it comes upon us in the meeting. But we strain ourselves on it if we speak of it as though it were some thing beyond the meeting (Buber, 1958).

Speak up for the people who have no voice, for the rights of the down-and-outers. Speak out for justice! Stand up for the poor and destitute! Proverbs 31:8-9 (The Message)

When we speak about the issues of homelessness and about individuals who experience homelessness, we need to keep in mind that we only know our part, our experience, our work. We cannot let our perspective speak for people who are homeless. We can only know someone in relation to where we are coming from and what we bring in relation to others. As we come into relationship with others, we need to be aware of our own perceptions, our own values and our own assumptions. Their perspectives only come through engaging in relationship along the way.

The Scriptures tell us to speak up for people who have no voice. We need not only to speak for those who may not have an opportunity to speak for themselves, but to also listen to what the voices of those marginalized individuals have to say. We should only speak for others to help move their voice from the margins, into the centre. If we are to speak for those who may not have the opportunity or choose not to speak, we need to understand what it is that people have to say or would have us say.

Advocacy creates a potential for transformative change, to be a transforming influence in the communities of our world. As we come to an understanding of the issues of homelessness and the experiences for those who are homeless, we can begin to design strategies to alter the systems that create homelessness. As we experience relationship with vulnerable people, we can add our voice to theirs and work with them as agents of change. And as we make changes to policies, practices and perceptions, we can build a foundation for social change, moving forward towards a Canada without 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

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

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.

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

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.

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.

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 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.

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.

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. 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). Service providers and shelter users rated food as one of the best aspects of staying at a Salvation Army shelter although 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.

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

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. 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). They 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. 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). 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.

Shelter System

One response to the issue of homelessness is the development of emergency shelters (Graham, Walsh, & Sandalack, 2008). Policies and practices that support service delivery have proven to be more effective if they are evidence-based and client-focused. 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.

SPEAK OUT FOR JUSTICE

We strain ourselves if we speak for others outside of the context of the experience of homelessness and the delivery of shelter services. We need to move towards an understanding of homelessness and a better knowledge of issues related to homelessness, with an improved understanding of the experiences with the delivery of emergency shelter services provided through The Salvation Army. We only know our part, our experience and

our work. The perspectives of others come through the development of relationships with marginalized people.

The opportunities for advocacy within the shelters begin with service providers working collaboratively with shelter users at their point of need. There are opportunities to then advocate for shelter users to benefit from the services being offered, making possible the transition into more stable living situations. Finally, advocacy for permanent housing beyond the current shelter system provide opportunities for the organization to move people into housing and address the issues of homelessness.

As we design strategies to address the systems that create homelessness, we come to an understanding of the issues of homelessness and the experiences for those who are homeless. As we add our voice to their voice, we experience relationship with vulnerable people. And as we envision a Canada without homelessness, we can build a foundation for social change with changes to the policies and practices that make up our emergency shelter system.

Speak up for the people who have no voice, for the rights of the down-and-outers. Speak out for justice! Stand up for the poor and destitute! Proverbs 31:8-9 (The Message)

This paper is based on the report: Harris, B. & Katz, R. (2009, May) *You Can't Really Call this Home: Perspectives on Service Delivery from Salvation Army Shelter Users and Service Providers*. The Salvation Army.
<http://www.homelesshub.ca/Library/View.aspx?id=45582>

REFERENCES

- Bonner, A. & Luscombe, C. (2008). *The seeds of exclusion*. United Kingdom: The Salvation Army United Kingdom Territory with the Republic of Ireland.
- Brooks, R.A., Milburn, N. G., Rotheram-Borus, M.J., Witkin, A. (2004). The system-of-care for homeless youth: Perceptions of service providers. *Evaluation and Program Planning*, 27 (2004), 443-451.
- Buber, M. (1958). *I and Thou*. United States of America: Charles Scribner's Sons
- Burt, M. R., Aron, L. Y., Douglas, T., Valente, J., Lee, E., Iwen, B. (1999). *Homelessness: Programs and the people they serve. Summary report: Findings of the National Survey of Homeless Assistance Providers and Clients*. Place? Interagency Council on the Homeless.
- Canadian Institute for Health Information. (2007). *Improving the health of Canadians: Mental health and homelessness*. Ottawa, Ontario: Author.
- Caton, C. L. M., Dombinguez, B., Schanzer, B., Hasin D. S., Shrout, P. E., Felix, A., et al. (2005). Risk factors for long-term homelessness: Findings from a longitudinal study of first-time homeless single adults. *American Journal of Public Health*, 95 (10), 1753-1759.
- Department for International Development. (1999). *Sustainable livelihoods guidance sheets*. Retrieved March 16, 2009 from: <http://www.nssd.net/pdf/sectiont.pdf>
- Edmonton Joint Planning Committee of Housing. (2004). *A Count of Homeless Persons in Edmonton*. Edmonton, Alberta: Author.
- Friedman, B. D. & Levine-Holdowsky, M. (1997). Overcoming barriers to homeless delivery services: A community response. *Journal of Social Distress and the Homeless*, 6 (1), 13-28.
- Garrett, S. B., Higa, D. H., Phares, M. M., Peterson, P. L., Wells, E. A., & Baer, S.J. (2008). Homeless youths' perceptions of services and transitions to stable housing. *Evaluation and Program Planning*, 31 (2008), 436-441.
- Graham, J. R., Walsh, C. A., Sandalack, B. A. (2008). *Homeless shelter design: Considerations for shaping shelters and the public realm*. Calgary, Alberta: Detselig Enterprises Ltd.
- Hoffman, L. & Coffey, B. (2008). Dignity and indignation: How people experiencing homelessness view services and providers. *The Social Science Journal*, 45 (2008), 207-222.
- Hulchanski, J. D. (2009, February). *Homelessness in Canada: Past, present, future*. Speech presented at Growing Home: Housing and Homelessness in Canada, Calgary, Alberta.
- Hwang, S. W. (2001). Homelessness and Health. *CMAJ Canadian Medical Association Journal*, 164 (1), 229-233.

Khandor, E. & Mason, K. (2007). *The street health report 2007*. Toronto, Ontario: Street Health.

Kolk, B. (2007, October). *Homelessness and employment: A Canadian perspective*. Human Resources and Social Development Canada. Retrieved March 9, 2009 from http://www.feantsa.org/files/Employment_annual_theme/Annual_theme_documents/Conference/presentations/presentation_baylakolk.ppt#1

Laird, G. (2007). *Shelter - Homelessness in a growth economy: Canada's 21st century paradox*. Calgary, Alberta: Sheldon Chumir Foundation for Ethics in Leadership.

Long, D., Rio, J., & Rosen, J. (2007). *Employment and income supports for homeless people*. Retrieved March 18, 2009 from <http://aspe.hhs.gov/hsp/homelessness/symposium07/long>

McLean, L. (2006). *Sustaining passion and commitment: An examination of staff sustainability in Calgary's homeless assistance sector*. Calgary, Alberta: The United Way of Calgary and Area & the Calgary Homeless Foundation.

Meshede, T. (2004). *Bridges and barriers to housing for chronically homeless street dwellers*. Boston, MA: Center for Social Policy, John W. McCormack Graduate School of Policy Studies, University of Massachusetts Boston.

Patterson, M., Somers, J. M., McIntosh, J., Shiell, A., Frankish, C. J. (2008). *Housing and support for adults with severe addictions and/or mental illness in British Columbia*. Vancouver, British Columbia: Centre for Applied Research in Mental Health & Addiction.

Peressini, T. (2007). Perceived reasons for homelessness in Canada: Testing the heterogeneity hypothesis. *Canadian Journal of Urban Research*, 16 (1), 112-126.

Rosenheck, R. & Lam, J. A. (1997). Client and site characteristics as barriers to service use by homeless persons with serious mental illness. *Psychiatric Services*, 48 (3), 387-390.

Schiff, L. R. (2003). The power to define: definitions as a site of struggle in the field of homelessness. *Qualitative Studies in Education*, 16 (4), 491-507.

Shortt, S., Hwang, S., & Stuart, H. (2006). *Homelessness and health: A policy synthesis on approaches to delivering primary care for homeless persons*. Kingston, Ontario: Centre for Health Services and Policy Research.

Smith, L., Robinson, B. & AtkinRead, L. (2006). *Forgotten people: Men on their own*. Manakau City, New Zealand: The Salvation Army Social Policy and Parliamentary Unit

Snow, D. (2008). *A roof over our heads 2008: Affordable housing and homelessness policy in Canada*. Calgary, Alberta: Canada West Foundation.

TD Economics. (2003). *Affordable housing in Canada: In search of a new paradigm*. Retrieved March 1, 2009 from <http://www.td.com/economics/special/house03.pdf>

The City of Calgary Community and Neighbourhood Services Social Research Unit. (2008). *Biennial count of homeless persons in Calgary: 2008 May 14*. Calgary, Alberta: Author.

Thompson, S.J., McManus, H., Lantry, J., Windsor, L., & Flynn, P. (2005). Insights from the street: Perceptions of services and providers by homeless young adults. *Evaluation and Program Planning*, 29(2006), 34-43.

Toronto Public Health (2008). *The unequal city: Income and health inequalities in Toronto*. Toronto, Ontario: Author.

United Way and Canadian Council on Social Development. (2004). *Poverty by postal code: The geography of neighbourhood poverty. City of Toronto, 1981-2001*. Toronto, Ontario: Author.

Zufferey, C. & Kerr, L. (2004). Identity and everyday experiences of homelessness: Some implications for social work. *Australian Social Work*, 57(4), 343-353.