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Needs Assessment on Homeless Women

Sandra A. Scott
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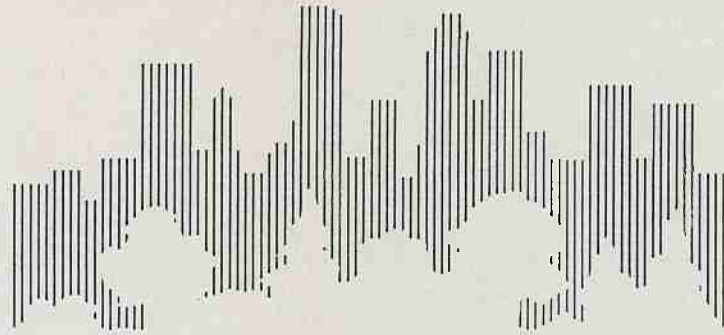
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**MASTERS IN SOCIAL WORK
THESIS**

Sandra A. Scott

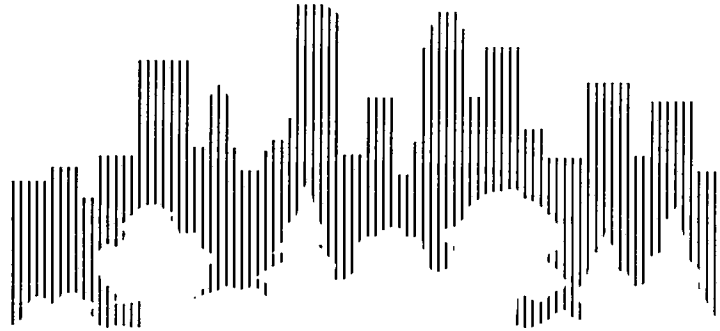
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**MSW
Thesis**

Thesis
Scott

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MASTERS IN SOCIAL WORK THESIS

Sandra A. Scott

Needs Assessment on Homeless Women

1996

NEEDS ASSESSMENT ON HOMELESS WOMEN

A THESIS

SUBMITTED TO THE FACULTY OF THE GRADUATE PROGRAM

AT AUGSBURG COLLEGE

BY

SANDRA ANN SCOTT

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE MASTER'S DEGREE IN SOCIAL WORK

JUNE, 1996

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Augsburg College
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CERTIFICATE OF APPROVAL

This is to certify that the Master's thesis of:

Sandra Ann Scott

has been approved by the examining Committee for the thesis requirements for the Master of Social Work Degree.

Date of Oral Presentation: May 13, 1996

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Abstract of Thesis

The purpose of this study was to explore the needs of homeless women. This survey included 32 women, who were enrolled in a Transitional Housing Program during 1995. Data collection involved a self-administered questionnaire. The collected data covers several areas: (1) the needs of homeless women from their perspective, (2) improvement in service delivery, and (3) intervention strategies. Of the women surveyed 71.9% were African-American, 12.5% were Caucasian, and 15.6% were Native American. The average age was 25-34. Approximately, 62.5% of the women were single, and never married. And, the women averaged 3-5 children each. Surprisingly, 34.4% of the women have acquired permanent housing.

Of the women surveyed 46% were only in transitional housing for 1-4 months. Transitional housing was not utilized as long because the women met their goals quickly. The women cited nine services they needed but, did not receive. The services were (1) support from staff, (2) transportation, (3) financial assistance, (4) furniture, (5) moving assistance, (6) child care, (7) employment, (8) housing, and (9) other resources. Three major responses were cited by the women to meet their needs, and improve transitional housing services. (1) the staff's attitude, (2) more information on available resources, and (3) financial assistance. These women require more ongoing support from transitional housing staff, family, and social networks.

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Chapter One

Introduction

Statement of Problem To Be Studied

Homelessness has emerged as one of the more complex and controversial public policy issues in America. The problem has grown because of increasing numbers of homeless people. Also homelessness now involves families and other groups previously thought to be immune to this level of impoverishment (McChesney, 1990). Early warning signs in the mid-1970s went relatively unnoticed. By the mid-1980s social workers and shelter providers were struggling with the problem of how to service and care for a growing number of homeless families, particularly young single-parent mothers and children (Ziefert and Brown, 1991). Throughout most of the 1980's public charity, emergency shelter beds, national and local advocacy groups, mass media coverage, research reports, and public concern grew. Attention did not however, result in diminishing the plight of homeless families.

Societal and Individual Factors

Homelessness is complex and includes both individual and societal factors. Social factors contributing to the homelessness of the 1980's include (a) the presence of a large segment of our society living at or below the poverty level, (b) the loss of millions of low-income housing units to conversion, urban renewal, gentrification, fire, and abandonment, (c) drastic reductions in federal support for subsidized housing, (d) "real dollar" decreases in public assistance to low-income families, (e) insufficient emergency housing assistance, and (f) reductions in the demand for unskilled labor and fewer opportunities for day labor (McChesney, 1986).

People who are homeless frequently have a multitude of service needs. At the most fundamental level is a need for housing and economic support. Individual needs vary tremendously, however, and may include needs for child care, alcohol or other drug abuse treatment, mental health services, medical care, education, and job training. Access to a full range of services can be difficult for those at the economic margin, and particularly difficult for individuals who are homeless. Moreover, emergency services available to people after they have already lost their housing do little or nothing to prevent the reoccurrence of homelessness, and may at best make the conditions of being homeless minimally tolerable.

Many individuals at the economic margin, including those who are homeless, are eligible to receive aid from a variety of mainstream sources, including Medicaid, food stamps, AFDC, and Supplemental Security Income (SSI). Although for many, receipt of such aid makes a critical difference in their ability to maintain themselves in housing, and many eligible individuals are not enrolled (Kiesler, 1991). Certainly, the absence in this country of services for persons who are homeless, and mental services are particularly difficult to obtain.

Significance of Problem

No level of government or concerned group can agree on the magnitude of the problem of homelessness. The severity of the homeless problem varies by region and city size. Almost one third of all homeless people in metropolitan areas are in the west, although only 19 percent of the country reside in this area of the world. A homeless person has been defined as a person with no fixed abode (Lamb, 1984) or a person without a settled way of living (Baasler, 1983). Homelessness is not a modern phenomenon. It can be traced as far back as

the ancient cities of Greece (Bahr, 1973). Homelessness is most prevalent during periods of social change and natural disasters such as war, famine, flood, or earthquake. Today significant numbers of homeless persons are found in both developed and under developed countries.

Today women comprise nearly 50 percent of the homeless (Hagen, 1987). Women and children are the "new homeless". Women and children are affected by this status in a variety of ways. The women lose their self-esteem, they feel a sense of hopelessness, fear, and deprivation. For them health, education, employment, and the scarcity of affordable housing are major issues. The homeless woman has as many or more problems surrounding issues of services, than women who are not homeless. Access to services is a realistic issue among homeless women. With access to service being near impossible because of transportation, discrimination, and lack of finances the women are often times left by the wayside. Women with children who are homeless may not request service out of fear that their children will be taken away from them (Rosenman and Stein, 1990).

Homeless families in shelters are quite poor and require permanent housing in order to curtail being homeless again (McChesney, 1986). Poverty and the lack of services makes permanent housing difficult to afford, and it increases women's vulnerability to other stressors that may lead to prolonged homelessness. Also, these women have highly fragmented social support networks and cannot call on their family as resources (McChesney, 1987). Because of an increase in homeless women and children the number of available low income housing units have decreased (McChesney, 1987).

Too much attention has been paid to individual-level causes of homelessness, and an economic change must be implemented, not the

treatment of individual symptoms (Kiesler, 1991). Women and children are a neglected population in urgent need of housing supports and services . These women are hungry for opportunities and services, but their plight continues to be overlooked at times in favor of their children, who are viewed as innocent victims of circumstance (Bassuk, 1993). Comprehensive efforts at multiple levels are needed to overcome the myriad problems of women (Huttman and Redmond, 1992). The importance of providing services such as advocacy and family role support to homeless women and children living in community shelters is not emphasized enough (Ziefert and Brown, 1991). Skills of crisis intervention need to be implemented, and long to short-term social service assistance. And most importantly help with obtaining safe, affordable, permanent housing for women and their children.

There are no successes in providing access to preventive services for homeless women and children (Hagen, 1990). Homeless women and their children are a tremendous drain on public and private resources, including informal support networks. This pattern will not change unless more than emergency shelters and food are provided to homeless women. Interventions must address not only the need for safe, affordable housing, but permanent living environments with supportive services for homeless women and children. Most homeless women will be able to become independent given affordable and safe housing, jobs with adequate wages, and sufficient child support from non-custodial fathers.

Some will require intensive long-term supportive services as they move to increasing levels of independence. And others will require supportive services in the community throughout their lives. Only a continuum of services that can be tailored to each woman's unique needs, will begin to address the

diverse problems of homeless women and their children.

Working with homeless women require more than merely sheltering them until housing can be found. Targeting services to women based on the length of their homelessness, can help agencies deliver scarce service resources efficiently. Situationally homeless women frequently need only crisis intervention and support in finding new housing. Addressing the needs of homeless women cannot be done through shelters alone. The need for more affordable family housing must be confronted by society. Without, affordable housing, shelters are put in the position of providing permanent housing and funding for needed services is precluded by the need for more bed space. If provided with the assistance and services they need, homeless women will have the ability to accomplish life tasks. Thus, this problem is essential for us to study and apply to practice, policy, and research as social workers.

Rational for Research

The purpose of this study is to find out what the needs are of homeless women. This study examines the needs of what support best serve homeless women, what they view as actual help, their perspective of service providers and the value of services offered.

Potential Usefulness of Study

The results of this study may be instrumental to service providers around the Twin Cities area. The information gathered may give providers ideas about what services need to be improved to assist homeless women. Hopefully a policy will be implemented to protect women from becoming homeless and enhance support services. A major contribution of this study is that women had the opportunity to describe their needs.

Implications to Problem or Issue

Efforts to address the issues of homelessness also underscore the importance of developing such skills as indirect service delivery, organizational consultation, and policy analysis. Solutions to the problem of homelessness and the inaccessibility of services are complex and involve both case and class advocacy. These women need considerable assistance in developing skills for money management and employment as well as for parenting and creating support systems. The shelter beds will only perpetuate and institutionalize the problem, and what is needed is a public commitment to, funding employment opportunities and a variety of low-income housing units. It is clear to say that their primary need is safe, affordable, permanent housing. And without inexpensive and dependable child care, many women will not be able to pursue the training and the services required for stability

Summary

The information gathered regarding the significance of the problem of homelessness is what led to this research study. Homeless women require many services. Oftentimes their service needs are not met by the service delivery systems. Homeless women do not have a voice when policies and decisions are being made about their lives. After reading this information the deliverance of services was not as sufficient as it appeared. It is interesting to look at what homeless women perceive as actual help, without obtaining the opinions of policy makers. The only way to serve a population adequately is to learn about their needs as they see them, and not develop plans according to what insignificant others say. A needs assessment has been chosen as the tool to obtain information regarding services and service needs of homeless women. Also, information on how the women perceived service providers and

their ability to meet their needs is important. Furthermore, I work with homeless women in a Transitional Housing Program and they have a multitude of needs everyday.

Chapter Two

Literature Review

What Is Known About The Problem

Although gender composition has shifted, men continue to represent the majority of homeless people in urban population studies (First, Rife, and Toomey, 1994). It has been noted that pathways into homelessness and service needs, differ considerably for single mothers with children and for single women (Baker, 1994). Bassuk and Buckner (1994) have taken the position that family homelessness is primarily a "women's issue", and that social inequality and discrimination along lines of gender are critical factors. Children who are homeless with their parents constitute for one-half to two-thirds of the homeless family population (Edelman and Mihaly, 1989).

Homeless Families-Shelters

Today significant numbers of families are living in shelters, doubling up with others, or living on the streets in the United States (Battle, 1990). Mothers and children are experiencing homelessness in record numbers because of persistent unemployment, increases in the cost of housing, and family violence (Burt and Cohen, 1989). Often times family shelters are not available, and to find emergency shelter, families must separate (Edelman and Mihaly, 1989). The conditions at hotels and other public facilities that house homeless families are often crowded, unsanitary, and dangerous (Bassuk, 1986). Women head half of all poor families, and more than half the children in female headed households are poor (Stallard, Ehrenreich, and Sklar, 1983).

Homeless families in shelters are quite poor and require permanent housing in order to curtail being homeless again (McChesney, 1986). Women and children are more likely to be homeless than men, because of family stress,

particularly domestic violence (Hagen and Ivanoff, 1988).

Historically, shelters have offered a safe, temporary shelter for the homeless (Hirsh, 1989). Families feel isolated and overwhelmed by a sense of hopelessness, depression, mourning, and heightened anxiety (Golan, 1986). The loss of interpersonal relationships plays a role for African-American women, for whom social support systems are traditionally filled as a means for psychological well-being (McLloyd, 1990). As Rivlin (1986, p. 7) stated, "It is critical that the psychological, economic, and political dimensions of homelessness be understood, and that the distorted, romantic, and inaccurate images of homeless life be disabused".

Unemployment is a major reason for homelessness of women and children (Maza and Hall 1988). The shelter has a negative impact on the parent-child relationship because the mother's parenting ability is undermined (Boxill and Beaty, 1987). Women and children are a neglected population in urgent need of housing supports, and services. The "new homeless" are functioning adults and families with children, including the working poor (Gilati, 1992).

Comprehensive efforts at multiple levels are needed to overcome the myriad problems of women (Huttman and Redmond, 1992). Interventions must build on women's coping skills which they have developed as survival strategies. We need to reevaluate what we know about homelessness among women and their children. Specific goals are: (1) summarize what we know and find ways to ameliorate it, (2) provide direction for researchers, service providers, and policy makers, (3) describe contributions of psychology and psychologist and encourage broader involvement (Jones, Levine and Rosenberg, 1991). Implementation of these goals would give social agencies

the “power” to assist women and children to acquire the services needed.

The importance of providing services such as advocacy and family-role support to homeless women and children living in community shelters is not emphasized enough (Ziefert and Brown, 1991). Implementation of skills for crisis intervention and long to short-term social service assistance to meet the needs of homeless women is imperative.

Homelessness produces many issues among women and children. Health problems exist because of illnesses coincident with homelessness, limited access to health care, and psychosocial burdens (Burg, 1994). Discrimination plays a role in shelters and permanent housing. For example, women with male children more than 7 years old, pregnant women, and substance abusers were less likely to be admitted (Barge and Norr, 1991).

Working with homeless women requires more than merely sheltering people until housing can be found. Targeting services to women based on the length of their homelessness, can help agencies deliver scarce resources efficiently. Addressing the needs of homeless women cannot be done through shelters alone. The need for more affordable family housing and services must be confronted by society. Homeless women require social support systems, services, and ongoing care where by, they will not have to “tolerate” homelessness again. Thus poverty makes permanent housing difficult to afford, and it increases women’s vulnerability to other stressors that may lead to becoming homeless and to prolong homelessness.

Women and children are a neglected population in urgent need of housing supports, and services. Women are almost always the population at risk, and they are increasingly vulnerable, and it is compounded exponentially as it extends to their children (Wetzel, 1992). Comprehensive efforts at multiple

levels are needed to overcome the myriad problems of women (Huttman and Redmond, 1992). The aspirations of women must be revitalized in order to eliminate chronic despair that is so characteristic of their daily lives (Wetzel, 1992).

The diversity of problems found among these women necessitates interventions, that will address the unique subgroups in the homeless population, and that are tailored to the specific needs of homeless women cannot be done through shelters alone. Homeless women require housing, transportation, child care, educational skills, employment, and health care services to restore their individual social functioning, and build upon family strengths.

Characteristics Of Homeless Women

All homeless families are poor; many are female headed. Poor families who lose housing for extended periods have difficulty competing for housing when they try to reobtain it. Several studies have attempted to document characteristics that distinguish between homeless families and other very poor families. Homeless women are generally minority and single-parent mothers. Eviction and unemployment, coupled with recent migration and relationship difficulties with male partners, are major precipitating factors.

The vast majority of homeless women are single and ninety percent of homeless households are single women (Ziefert and Brown, 1991). As for families with children, 9 of 10 are female headed households, with an average of two children per household. Three fourths are non-white, about one half never married, and about the same proportion have never finished high school. Most homeless women are on welfare. Families, in short are homeless primarily for economic reasons. Domestic violence or evictions precipitate

homelessness for most single-parent-headed household, but the bottom line is that neither welfare payments nor the earnings of low skilled single women are sufficient to pay for rent, child care, transportation, health care, education, and other living expenses in high cost housing markets. For homeless single women, a supported housing strategy is appropriate, requiring reform and coordination of both welfare and housing policies.

Poverty

Most homeless women are very poor, living at or below poverty levels (Milburn and Booth, 1990). Many receive public assistance; however, reports vary on the percentage of homeless women who actually receive welfare benefits. AFDC benefits are not sufficient to prevent women from becoming homeless. Some homeless women are not receiving the benefits they are entitled to. For those homeless women who are not receiving benefits, it may be that their lack of stable housing serves as a barrier to AFDC participation. Hence, in this instance, being homeless may serve as a stressor that amplifies the poverty of women. Losing benefits that they are entitled to can be a source of stress for homeless women, above and beyond the strain of dealing with insufficient benefits. Viewing poverty as a stressor allows us to more clearly recognize its psychological as well as its materialistic effect on homeless women.

Furthermore, being poor virtually assures a life of chronic hassles, such as having to spend most of one's income on necessities, including housing, food, clothing, and having little or no discretionary money; having to rely solely on public transportation to get from one place to another; having to spend a great deal of time in high crime areas; and so forth. Thus, poverty not only makes permanent housing difficult to afford, it increases women's vulnerability

to other stressors that together may lead to their becoming homeless and to their prolonged homelessness.

Work Stress And Unemployment

Being unemployed is stressful, and homeless women are often unemployed. However, being unemployed at a point in time does not necessarily mean that homeless women have never been in the work force. There are also differences in the work experiences of homeless women and men. Crystal (1984) found that a higher percentage of men than women had been employed. Similarly, Moore (1988) found that men had worked more hours for pay and had been at the same job longer than women had.

One explanation for these differences in work histories is that the competitive job market is not structured to meet the needs of homeless women, many of whom are single mothers. Mothers often are unemployed because they have young children and are responsible for their care. Jobs usually do not provide maternity or child benefits that enable single mothers to work. The inequality in access to work for homeless women extends beyond the competitive job market into noncompetitive work programs as well, placing them in still greater jeopardy of prolonged homelessness.

As in the case of poverty, the undermining influence of work stress may not be limited to the financial hardship brought on by unemployment. Further research may find that homeless women have experienced other types of work-related stressors such as sexual harassment, demotion, layoffs, or termination. Moreover, the type of work available to homeless women may serve as a chronic stressor. Anecdotal evidence suggests the nature of work available to homeless women is lower in status, off-the-books, or in the hidden job market (Gatz, Pearson, and Fuentes, 1984). In these instances, the types of work

available to women may result in a diminished sense of self-esteem (Pearlin, Lieberman, Menaghan, and Mullan 1981) and a diminished capacity to cope with other stressors.

Victimization

Recent research suggests that homeless women are more likely than women with homes to have experienced abuse and other traumatic events during their adult lives or as children (Bassuk and Rosenberg, 1988; D'Ercole and Struening, 1990). Shinn (1991) found that more than twice as many homeless women as housed women reported childhood histories of physical abuse (11% vs. 5%, respectively) and sexual abuse (9% vs. 4%, respectively). Hagen and Ivanoff (1988) found that 22% of their sample of 51 homeless women had been physically abused in their lifetimes. In another sample of 20 homeless women, Redmond and Brackmann (1990) found that 33% had been battered, 50% had been physically abused as children, and 33% had been sexually abused as children.

Finally, Kreuger (1987) provided evidence that child and adult abuse may be a primary risk factor for becoming homeless for young African American women. Specifically, although homeless African American women identified the hardship of multiple family occupancy as the first reason for becoming homeless, family disturbances-most of which were spouse and child abuse-were reported as the second most frequent explanation of their homeless situation.

Bassuk and Rosenberg (1988) concluded that family violence may, in part, cause social isolation and create a vulnerability to becoming homeless. Moreover, because strong relationships during adulthood require a capacity for attachment and trust that is built early in life, the interpersonal experiences of

homeless women suggest that early abuse may severely limit or foreclose future positive interpersonal relationships (Ainsworth, 1982; Bowlby, 1988). Other investigators (Mills and Ota, 1989; Redmond and Brackmann, 1990) have also suggested that domestic conflicts, either disagreements with family members or abusive behavior from spouses or partners, often lead to becoming homeless. These findings suggest that victimization is one path to homelessness for women. Further research is needed to clarify the role victimization plays as a precipitant to homelessness. D'Ercole and Struening (1990) found that among homeless women victimization was related to both current symptoms of depression and a history of hospitalization for substance abuse and medical problems. Thus, the long-term effects of victimization may severely undermine a woman's ability to cope with being homeless and her ability to marshal the resources necessary to extricate herself from homelessness.

Categories Of Homeless Women

The literature of homelessness has begun to differentiate the categories of homeless women (Maza and Hall 1987). Chronically homeless women, are without a permanent domicile for at least a year, have developed a routinized existence that barely meet their basic needs. In addition to low-income or no income, these people frequently have characteristics (such as substance abuse, mental illness, and volatility) that hamper their ability to search for the scarce low-income housing. They are suspicious, withdrawn, and generally unconnected to the service network.

In addition, many of these women lack the skills to find and maintain stable housing. These "housing" skills include knowledge of how and where to search for appropriate housing; the ability to present oneself to a prospective

landlord in the most favorable light; the ability to manage money so one can make regular rent payments; housekeeping skills that are involved in the reasonable care of the premises, including appliances; and knowledge of one's rights and obligations as a tenant.

Chronically homeless women have become so isolated and alienated by their experiences that life revolves around their daily survival. A survivalist orientation makes it difficult for them to focus on long-term goals. For women to maintain any level of improvement in the quality of their lives, these women must receive a continuing level of care.

Episodically Homeless Women

The episodically homeless alternate life on the street, in shelters, and with friends or family members with brief periods of independent living. They are sophisticated users of the service network. Although women in this category are highly motivated to find permanent housing, they typically also are substance abusers, mentally ill, volatile, and unprepared for independent living. Again, in a market of scarce housing resources, it is difficult for them to find and maintain independent housing.

Episodically homeless women come to shelters with histories of unresolved crisis that have led to their minimal functioning. Frequently, they present a picture of resignation and hopelessness. The contraction of their roles under stress is illustrated by their narrow definitions of the possible, especially in relationship to men, work, and children. A supportive, safe environment allows these women to begin to unravel the web of traumatic events that has brought them to the shelter. The service commitment needs to be lengthy, with periods of intensive activity as new crisis appear. These women have identifiable strengths, including a personal support network.

Situationally Homeless Women

The situationally homeless lack shelter because of an acute crisis and are usually homeless for the first time. Their homelessness is usually short term until they find available affordable housing in a given community.

Situationally homeless women come to shelters in crisis, usually after a temporary period in a motel, with a friend or a relative, or from their last residence. They have a history of coping with their lives despite multiple problems, including different relationships with men and poverty. These women frequently have had minimum wage jobs. They may be single parents, or they may have a male partner.

These women respond well to short-term crisis intervention, including emotional support, help in setting priorities, advocacy for community support, and concrete help with basic needs. Once they find affordable housing, they move quickly to reestablish independent living.

Because of their varied histories, levels of functioning, and differentiated adaptations to homelessness, each of these groups require a different emphasis in service (Hagen, 1990). Although individualizing a woman's needs is important, differentiating among these groups of homeless women enables one to anticipate and provide the services that particular women need, and to structure the services better.

Theoretical Framework

Various macro level factors such as the low-income housing crisis, the gap between income and median rents, and the limited economic opportunities available to women, form the overarching context for the needs of homeless women. While economic and housing factors are the primary needs of homeless women, they do not explain the entire problem (Bassuk, 1990). The

various perspectives concerning homeless women range from power and control issues to childhood socialization. Seven domains are factors that appear to be indicative of the concerns important to homeless women: housing, finances and employment, health, nutrition, personal appearance and hygiene, violence and social networks.

Strengths Perspective

Within this paradigm seeking temporary shelter is a resourceful action, a last resort that served to keep the women's families together after fires, evictions, unsafe housing, and loss of welfare payments. The effects of such dislocations underscore the need for a collaborative problem-focused approach among families, workers, and other systems to prevent family homelessness. Once women are homeless, they are faced with ongoing stresses precipitated by their "new environment". Again, the social work framework assumes that clients have problem-solving skills to begin with and build on these skills and the competencies of clients (Parsons, Hernandez, and Jorgensen, 1988). It is critical for women to be given as much control as possible for organizing their lives. This practice framework builds on a strengths perspective by recognizing the functional adaptations of women who are homeless.

In looking for housing, the women were persistent despite the lack of affordable housing and discriminatory housing policies. In the absence of child care, the women were resourceful in reaching out to help each other with child care responsibilities during their search for housing. In seeking help from support networks and remaining connected, the women demonstrated social support systems that were wide and diverse. Although beneficial, the presence of strong ties to significant others among low-income populations will not end homelessness.

Their seeming helplessness thus belies latent strengths that can be mobilized by according them respect, assisting them through the maze of bureaucratic procedures, and linking them with support systems that can enable them to gain greater language facility and knowledge of available resources and their rights. Unduly catering to dependency that is a realistic response to an alien environment may foster or prolong dependency. Aiding such clients to mobilize their coping capacities, teaching them new skills, working in partnership with them to develop support networks, and providing direct assistance as needed strengthens their adaptation to their new environment.

Strengths are identified during the assessment. However, because of the deeply entrenched focus on pathology in the helping profession, practitioners sometimes must revise their perceptual "sets" in order to discern undergirding strengths of the homeless woman that are not evident at first glance. Yet these women have many strengths, and it is vital that practitioners identify these strengths and utilize them in the helping process to empower women to accomplish desired changes.

The threats posed by helpless and excessively dependent behavior is that a practitioner will underestimate the strengths and capabilities of clients and thereby foster and reinforce dependency by assuming responsibility for solving a client's difficulties. Moreover, becoming aware of strengths tend to arouse clients' hopes and generate courage to undertake making changes.

Integrating Perspectives/Models

Integrating knowledge about homeless women into a framework or paradigm is difficult because this population is not a homogeneous group; it is not made up of a particular type of person. A comprehensive model is needed that allows for differences in women's paths into, away from, and out of

homelessness as a function of both their personal resources and the environmental supports available to them. Bassuk's (1993) stress model may be utilized to show stresses such as victimization-and-resources and social support networks that are more likely to be experienced by women. The conceptualization of homelessness within a stress paradigm allows consideration of the multidimensionality of homelessness.

Goleman (1979) suggests that coping styles are significantly related to an individual's capacity to use resources such as social support and services. Homeless women may be stereotyped as vagrant, mentally ill, or substance abusers, and their homeless status may be attributed by the broader community to a personal flaw or weakness. If such stereotypes are internalized as an assessment of worth, a woman may feel less worthy of being helped (Pearlin, Lieberman, Menaghan, and Mullan 1981). The ecological principles of adaptation, cycling of resources, interdependence, and succession have been used as heuristics for both understanding and action. A view of homelessness that stresses the process of person-environment transaction is suggested as an alternative to the person-centered inclinations of the field. The value of a collaborative professional style promotes local empowerment, and an epistemology that can enrich our understanding of homeless women and their needs.

Social Support Network

Shumaker and Brownell define "social support" as "an exchange of resources between two individuals perceived by the provider or the recipient "to be intended to enhance the well-being of the recipient." They describe three general types of social support: socio-emotional support, information support and instrumental support (Shumaker and Brownell, 1984). Socio-emotional

support includes expressions of caring, love, understanding and concern, reassurance of worth, approval, and praise. Information support includes verbal information regarding severity of threat and its objective reality, potential coping strategies, and referrals. Instrumental support includes the provision of tangible goods and services, for example, financial aid, material resources and needed services (Shumaker and Brownell, 1984).

Cohen and Wells (1984) in their assessment of studies that looked at the effect of the structure of the social network on well-being in the presence of stressful life events, concluded that the extent of embeddedness in a social network is "important for overall well-being." They concluded that embeddedness in a social network had a main effect, but no buffering effect, on well-being in the presence of stressful life events. The larger the size of their network, and the more proximate the network members, the greater the potential opportunity for social support. The general buffering theory of social support would predict that if a mother receives social support during the process of becoming homeless her level of strain would be reduced. The timing of the social support extended must match the needs of the mother in order to reduce the mother's level of strain.

Shinn (1984) also suggests that another reason that the potential of a large network to provide support may not be realized is that people rely on different types of network members for different kinds of support. One of the factors that may increase the risk of homelessness in families is a lack of socially supportive relationships. Social support theorists suggest that receipt of social support from kin could buffer the effects of impending homelessness- perhaps even prevent homelessness altogether.

Family Safety Net

There are women who have close kin they can stay with, and those who do not. Women who had close kin they could stay with were typically in the shelter, because they had already 'doubled up' with as many relatives as would have them. The first factor limiting the 'family safety net' was the size of the kin network. Family members who were dead, or with whom homeless mothers had no contact, were not available as potential sources of housing support. The second factor that appeared to limit the 'family safety net' was proximity. Having living family members was no guarantee of receiving support when needed especially if they live in other states. The third factor is control of housing resources. In order to be a source of housing support, a parent or sibling had to be in control of housing resources that could be extended to the woman and her family. While parents often met this criteria, many siblings could not be of help, because they were having housing problems of their own. Overcrowding-a type of inadequate housing resource-also operated as a constraint. The fourth factor is estrangement. Even though women who had known living, proximate parents or siblings in control of adequate housing resources were still not guaranteed housing. Women were understandably estranged from parents who had been abusive.

Typically all four factors-small network size, lack of proximity, lack of housing resources, and estrangement-combined together so that a mother either had no one in her family of origin to turn to, or had used up the resources of the few family members who could help.

The literature suggest that homeless mothers share the belief that their families of origin should take them and their children in when they have no where else to go. In general, the literature suggests that social support does

buffer the potentially severe negative effects of this stressor. By their own accounts, homeless mothers viewed the lack of socially supportive relationships with kin as a problem for those facing impending homelessness.

Furthermore, without a support network on which to rely in times of crises, homeless women may have more difficulty returning to permanent housing and are at higher risk for repeated episodes of homelessness.

Stress Model

Stress is a relational process that occurs through the interaction of a threatening circumstance-or one that is perceived as threatening-and the psychological and social resources that one calls on to address the threat. This transactional conceptualization of stress indicated that stress resides neither in the situation (i.e., a stressor) nor in the person; it depends on a transaction between the two. It arises from how the person appraises an event and adapts to "it" (Belle, 1990).

The stress process utilized here is derived primarily from the work of Pearlin, Lieberman, Menaghan, and Mullan (1981). Their model assumes that individuals are at risk of becoming distressed when they are beset by major, acute life events, such as the death of a spouse or the loss of one's home. Alternatively, stress may result from the accumulation of chronic annoyances and hassles, such as the exigencies of being a poor, single parent.

The pattern of acute and chronic stressful life events described by Pearlin (1981) is consistently evident in research on homeless women. More often than domiciled women, homeless women are faced with significant and multiple external pressures, including residential instability, poverty, work and employment problems, and victimization. Within this context, becoming homeless can be considered a stressful circumstance produced by the

transaction between environmental pressures and the individual's ability to adapt. Moreover, being homeless can be considered an environmental pressure that in conjunction with other environmental pressures often leads to further, prolonged homelessness. Despite the limitations of the available data, the purpose here is to begin to organize the sparse data that does exist in a way that helps to understand the pressures that may lead women to become homeless, that lead women in and out of homelessness, or that lead them to be homeless for a prolonged period of time.

Housing Instability

Moving from a house to a shelter or to the streets is a very complicated life experience. Moreover, many homeless women have suffered repeated episodes of residential instability. Homeless families have also been found to experience more residential moves than other poor families (Wood, Valdez, Hayashi, & Shin, 1990). Kreuger (1987) noted that African American women, in particular, have often been precariously housed prior to becoming homeless, living temporarily with either family or friends in housing units designed for one family. Typically, they become homeless when this multiple family situation was no longer feasible. Studies have shown that homeless women have been evicted from their houses (Knickman & Weitzman, 1989; McChesney, 1986; Mills & Ota, 1989), experienced environmental disasters such as house fires (Mills & Ota), and doubled up with multiple families within a single residence prior to becoming homeless (Knickman & Weitzman, 1989). Thus, residential instability of several varieties is a stressor that can lead to a woman becoming homeless, and continued instability can lead to cycling in and out of homelessness or to prolonged homelessness.

Mediators Of Stressors

Within the stress model, social support is considered a social resource. In its most elemental form, social support can be defined as the assistance that one receives from family and friends (Leavy, 1983). However, the helpful effect of social support cannot be assumed merely by the presence of a social support network. The benefits that one derives from social support depend on the structural characteristics of the social support network (e.g., its composition, size, density, and durability), the content or the type of form the support takes (e.g., emotional, material or tangible, informational, and appraisal support), and the process by which one initiates and makes use of supportive relationships (e.g., the reciprocity of relationships; Leavy, 1983; Shinn, Lehmann, and Wong, 1984).

Correlational studies have shown that social support can modify the relationship between stressors and distress (Vitaliano, 1987). It is important to bear in mind that, like homelessness, social support is multidimensional. Tangible or emotional support can mediate stressors that cause homelessness, whereas the lack of such support can be a primary risk factor for becoming homeless. Thus, the loss of social support can be a stressor and the availability of social support can be a mediator (Thoits, 1982). This circularity reflects the limitations of the stress model, or any abstract model, in dealing with the reality and complexity of human experience.

The primary interest in discussing social support in this section is to highlight social support networks as a potential point of intervention to help women avoid or escape homelessness. However, most of the findings on social support among homeless women point to the lack of social support as contributing to their becoming homeless. Compared with domiciled women,

homeless women appear to have weaker social support of a spouse. Studies report that 78% to 98% of homeless women in shelter samples are not currently married (Milburn & Booth, 1990). However, the accuracy of this data cannot be determined because reporting the presence of a spouse can endanger the financial assistance (such as AFDC) that a homeless woman receives.

Consequently, she may have to deny or hide an important source of emotional support in order to not jeopardize her source of financial assistance (Shinn, 1991). In this way, the mere presence of a spouse or partner may be a destabilizing factor in the life of a homeless woman, particularly if she has children and receives AFDC payments.

Homeless women also appear to have experienced more disruptions in their familial social network and losses of familial supports in their lives than have most homeless men. McChesney's work suggests that these family disruptions or abusive interpersonal relationships are pivotal events that influence a woman's path toward becoming homeless. McChesney (1987) also found that homeless mothers had highly fragmented social support networks. In fact, most respondents claimed they could not call on their own parents or siblings as resources. Especially intriguing is the role played by children in the lives of homeless women. Women with children represent the largest proportion of homeless families in many cities (Miller & Lin, 1988), and research confirms that homeless women often report a child as an important source of support in their social support networks (Bassuk & Rosenberg, 1988).

Coping

Coping behavior, a second mediator identified in the stress model, is a psychological resource. Coping can be understood as an individual's own attempts to modify or improve stressful circumstances, to interpret the

significance of stressors in a way that lessens their effects by making them less threatening, or to effectively manage stressful circumstances when one cannot or chooses not to avoid them (Pearlin, 1981). In research on coping it is held that most individuals are competent and able to function. Research on homeless individuals, in contrast, often assumes that they are incompetent and unable to function. In fact, we know very little about how women at risk of becoming homeless attempt to cope with the pressures they face.

How an individual views her own value and abilities-her self-esteem and sense of mastery-significantly influences her ability to cope (Pearlin, 1981). Pearlin suggested that such interactions can produce poor behavioral outcomes such as depression. Pearlin and Schooler (1978) have suggested that coping styles are significantly related to an individual's capacity to use resources such as social support. To date, there are no available studies designed explicitly to examine the coping styles and strategies of homeless women.

Similarly, one can draw inferences about coping behavior from knowledge of parental status, specifically early entry into parenthood. The social stigma of homelessness, with its inherent attribution of personal rather than societal failure, may add another obstacle for women trying to cope and extricate themselves from this extremely stressful situation. Homelessness, therefore, may become both a potent label that influences how society reacts to homeless women and it may be a source of a woman's beliefs about herself that results in self-devaluation or fear of rejection by others (Link, Cullen, Frank, & Wozniak, 1987). Many women have some ties to a natural support network such as relatives, church, and friends. They have had recent experiences in maintaining a home, a job, and family life. Advocates attempt to strengthen

women's connections to their existing support systems and community resources as well as to find affordable housing. These efforts usually lead to reestablishment of role function necessary to family life.

The Cultural, Social, and Psychological Construction Of Home

Although the meanings of home are diverse, there is general agreement that a house or dwelling unit is a physical unit of domestic space, whose physical features are endowed with psychological, social and cultural meaning (McCracken, 1989). Saegert (1986) states that "experience of dwelling is a way of weaving up a life in particular geographic spaces" (p. 287). This same thought is reflected in a popular home design magazine which referred to home as "where you know your way in the dark" and "it's home if you have ever been homesick for it" (Barwick, 1991, p.6).

Hayward, (1975) set out five categories of the meaning of home: home as physical structure, as territory, as locus in space, as self-identity and as a social and cultural unit. Dovey (1985), also from a theoretical perspective, posits three approaches to the meaning of home: home as order, home as identify and home as connectedness. Tognoli (1987) develops six aspects which together form the ideal concept of home: centrality, continuity and order, privacy, security and ownership, self-identity and gender differences, locus of social relations and finally as a socio-cultural context. Similarly, Lawrence (1987) sets out three reciprocal dimensions and their characteristics, as they exist in a dual historical context, which transform a house into a home: cultural, socio-demographic and psychological.

Based on these frameworks, this paper posits four symbolic properties of 'homefullness', a term coined by Murray (1990): (1) the home's embracing quality (McCracken, 1989) which offers protection, privacy, refuge and security

from the chaos outside (Sixsmith, 1986) (2) the home's situating property whereby the home represents the continuity of life from one generation to another and provides a context through which a person can comprehend herself (McCracken, 1989). The home claims the individual as part of the whole and provides a sense of rootedness and ordering of life rhythms from which one can reach out and to which one can return (McCracken, 1989).

Although the situating quality of home is most commonly thought of as a specific dwelling unit, Hayward (1975) and Saegert (1986) both suggest that the geographical area in which a house is situated is also symbolic of an individual's experiences and aspirations (3) the home as a locus of social relationships whereby the home serves to engage its inhabitants in and invite social interactions, much of it intense, highly personal and intimate (McCracken, 1989). Home is the hub from which the individual can reach out to expand the web of social interaction, (4) the home as a locus of self identity and personality development and as a socializing milieu.

Within this property both the family and its individual members are established within a unique space which differentiates them from others and provides for feelings of belonging and being in control (Sixsmith, 1986). In this regard, Tognoli (1987) maintains that for most women, home is an especially powerful source of self identity. In its role in the socialization process, the home expresses and determines the inhabitant's culture and, as such, reinforces inherited values, norms, attitudes and behavior while at the same time serving as a medium for adaptive change (McCracken, 1989).

Cycling Of Resources Principle

The cycling of resources principle promotes focus, on how resources in a social system are defined, distributed, and enhanced. Adopting a resource

perspective on homelessness implies a search for the individual and community strengths that can be developed and built upon, promoting consideration of how untapped resources in a community can be better utilized.

Resources include a range of tangible and intangible commodities that individuals, groups, and communities use to achieve goals, and may be conceptualized in terms of multiple levels of analysis. At the individual level, personal resources such as job skills, cognitive abilities, coping styles, and problem-solving skills are potential strengths that can facilitate adaptation. Interpersonally, the nature and extent of social networks, including both informal friendships and ties to varied formal service providers, are more contextual resources. At higher levels of analysis, the nature of the connections among service providers, the availability of specific services, and the politics and policies of the local community, state, and nation serve to define, create, and support varied resources. The assessment and creation of resources is a central research and intervention task with respect to homelessness.

Assessment Of Resources: Individual And Contextual

At an individual level, it is important to access the resources needed to survive as a homeless person or family in varied contexts. The lives of creative and competent homeless people who manage their existence, create supportive relationships, and learn to negotiate systems while gaining street savvy need to be understood.

Homeless people are ingenious in patching together a wide range of resources over short periods of time in order to survive. The cycling of resources principle directs attention to assessing these domains of competence that promote survival.

In addition to personal resources, there are a range of network resources

that may play an important role in understanding the context of homelessness. Although some recent research has been conducted in this area (e.g., Solarz & Bogat, 1990; Shinn, Knickman, & Weitzman, 1991), relatively little is known about the nature and functions of the social networks and sources of social support among homeless people. Several recent studies, however, have suggested that most homeless people remain in regular contact with their families (Farr, Koegel, & Burnham, 1986; Toro, 1991; Toro & Wall, in press). The nature of that contact and the role of the family in preventing or promoting homelessness are important aspects of homelessness that deserve more attention. For example, the phenomenon of "doubling up " as a consequence of losing one's home is cited in the literature as one of several paths to homelessness (e.g., Weitzman, Knickman, & Shinn, 1990). The dynamics of this situation must surely affect social networks and support systems, not only of those who eventually become homeless, but also for those providing interim housing.

Yet personal resources and social networks only partially capture the potential range of resources available to homeless people. For example, the array of formal services provide another set of resources, although their accessibility and acceptability may limit their usefulness.

Creation Of Resources

The principle of cycling of resources also suggests that we consider the ways in which the range of available resources can be expanded. Creating resources can occur through both the enlistment of people and the creation of settings. The goal is to identify unused resources and create ways of using them. The cycling of resources principle, then, focuses attention on the strengths of homeless people, the kinds of resources they need to better adapt

to their varied situations, and the kinds of settings, both formal and informal, that provide shelter and support. Furthermore, the principle encourages researchers or interventionists to assess the ecological context and to identify the nature of the resources and their current functions.

Interdependence Principle

The ecological principle of interdependence suggests that any system can be viewed as a series of interdependence components. In times of change, when there is disequilibrium in the person or context, the interdependence principle focuses on how alterations in one aspect of the system radiate to other aspects of the system. For individuals and families, becoming homeless involves various ripples in the life space, such as a redefinition of family roles, a potential change in self-concept and social network, and an increased risk for multiple health problems (Streuning & Padgett, 1990). For children there is the added disruption in their relationship to school and peers. The interdependence principle focuses on how these kinds of person-environment interdependencies are arranged and how they are affected by life changes. At a different level of analysis, the introduction of a new service for homeless women is likely to affect the ongoing pattern of services provided through existing service agencies.

The interdependence principle alerts the service developer to the importance of anticipating how the introduction of a new service may affect the existing networks of formal and informal services and, as a result, the experiences of the people in need of the services. Thus, the way that social policies are filtered through local settings relevant to homeless people represents an important area of understanding. Attention to the interdependence of these varying levels of environmental influence provides an additional framework for understanding the context of homelessness.

Unintended Consequences

The principle of interdependence alerts researchers, interventionists, and policy-makers to attend to the full range of possible positive and negative consequences of their activities. Doing so requires both a commitment to understanding the ecological context in which the activities occurs and a willingness to devote time and energy to tracking the implementation of the activity. Two brief examples highlight the importance of attending to unintended consequences. The introduction of this new resource into the community altered the relationships between service providing programs and between individual programs and their clients. Although it was not anticipated in this particular instance, such an unintended consequence need not be harmful. Indeed, it could provide the impetus for discussions among service providers at different programs that result in more appropriate and coordinated services for homeless women. Taking advantage of such unanticipated consequences in the community, however, requires attention to the environmental ripples made by the new program.

A second example involves the more fundamental approach of dealing with homelessness primarily through the development of systems and programs that provide food, shelter, health care, and other emergency services for homeless people. Although such programs serve an obvious humanitarian function, the principle of interdependence requires consideration of the full context in which such programs are proliferating and how the resources they involve might be used in alternative ways. Emergency services decrease resources necessary to help homeless people develop skills and sustain themselves economically, the provision of readily available emergency services may unintentionally foster homelessness, making it an institution in the United

States (Grunberg & Eagle, 1990).

Furthermore, because many of the consequences of any planned change effort cannot be known in advance, the value of promoting mechanisms to follow the life course of the policy or service is stressed. The intent, however, is to care about the environmental fallout caused by a program whose intentions are honorable.

Succession Principle

The principle of succession stresses the time dimension of ecosystems by asserting that such systems are in a constant state of flux. This principle advocates a historical and contextual approach to understanding the current state of the social phenomena under consideration.

One analytic focus suggested by the succession principle involves the role of community change in the creation of homelessness. The conversion of low-income housing for commercial or residential use by more affluent people is one example. Such gentrification has been occurring at a rapid pace in the past few decades (Adams, 1986; Wright & Lam, 1987), although its implications for those who maintain a marginal existence in the competitive housing market are not well understood. Similar concerns have been raised about the unintended consequences of deinstitutionalization (Bachrach, 1987; Lamb, 1984). In these and many other ways, an assessment of the historical contributions to the creation of homelessness can be used to think in a more complex and critical manner about how to assess future policy initiatives.

A second focus of the succession principle involves services and service delivery. It is important to recall that the problem of homelessness in the United States has developed in the context of existing services. This raises two important issues. The first involves the degree to which existing services, and

the paradigms on which they are based, can be modified, extended, or redefined to serve the multiplicity of needs facing various homeless groups. To the degree that existing services can be brought to bear on issues of homelessness, that they will, at least initially, operate within the same framework as before. The challenge for existing service settings is to assess the assumptions underlying the current provision of services in the context of the special circumstances facing homeless women.

The second issue relates to anticipatory problem solving. As social conditions change and new at-risk groups emerge, the nature of the people who need services and the kinds of services needed will continue to change. This principle stresses the adaptive value of environmental assessment in designing responsive, preventive, and problem-solving services. The long-range implication of this anticipatory problem-solving stance is also relevant, because new social problems can be counted on to appear after homelessness recedes. A third focus of the succession principle involves an analysis of how previous social problems have emerged, been responded to, and provided lessons for how not to repeat the unfortunate aspects of their history. Finally, the succession principle promotes a temporal understanding of homelessness, including its antecedents, stages or phases, and reactions following attempted solutions.

Services

Even when services exist, there are barriers to effective receipt of services by homeless individuals, if services are inadequate in number, inappropriate in structure or goal, or inaccessible to the people who need them. Services may be inappropriate if they do not consider the special circumstances of people who are homeless. Services that appear to be successful in the

general population may not be effective with persons who are homeless. For example, lack of privacy in shelters makes counseling or psychotherapy difficult, and thus not an effective mode of service delivery. Services may be inaccessible because of distance from shelter sites, expense, physical barriers for persons with physical disabilities, and language or cultural barriers.

Service Needs

There are a variety of strategies for increasing accessibility and effectiveness of health services for homeless women. First, it is important for service recipients to be able to make some choices about their providers and about the types of services they receive (Goodman, Saxe, & Harvey, 1991). Also, services must be community-based so that the people who need them can get them on an ongoing basis, and service hours must be flexible to increase access.

Women who are homeless frequently have a multitude of service needs. At the most fundamental level is a need for housing and economic support. Individual needs vary tremendously, however, and may include needs for child care, alcohol or other drug abuse treatment, mental health services, medical care, education, and job training. Access to a full range of services can be difficult for women at the economic margin, and particularly difficult for women who are homeless. Moreover, emergency services available to women after they have already lost their housing do little or nothing to prevent the primary problem of homelessness and may at best make the condition of homelessness minimally tolerable. There are many roles in the delivery of services to women who are homeless: delivering direct services, designing programs, evaluating the effectiveness of services, and training peer providers. However, most important is the location of low-income housing, how it should be designed,

managed, operated, and how it may best be integrated into communities.

Service Providers

As Tracy and Stoecker (1991) reported in interviewing shelter and transitional housing service providers, these providers found systemic approaches to housing provisions outside of their capacity. While these providers saw the ideal solution “building and/or rehabilitating to provide safe, affordable housing,” they mainly saw themselves trying to improve the individual’s coping capacities to meet society as it is, to apply a “band aid”.

Case management is an important ingredient in successful service delivery to low-income and homeless families (Levitan, Mangum, & Pines , 1989). Women often have multiple needs for services, and case management can obtain and coordinate services to meet these needs. Concrete needs for food, clothing, and shelter must be met first; as trust is reinforced, longer term planning can take place. Ultimately, services should provide homeless women with stable and secure housing as well as income that is sufficient for meeting basic needs and maintaining housing.

Summary Of Literature Review

The literature review had several major points. There are three categories of homeless women. These women are in poverty, unemployed, and victimized. The concerns of these women are mainly housing, finances, employment, transportation, and access to services. A social support network is practically invisible for many of these women. Oftentimes they are estranged from their families, and they have no close kin to stay with when homeless.

Service needs and service delivery have many barriers including inappropriateness in structure and inaccessibility to women. The strengths perspective is important for homeless women. The women have perseverance

and they never give up in the face of discrimination, and unfair housing policies. Stress is significant when the women experience external pressures such as poverty. Stress comes about when the individual's ability to adapt is not present. However social support can be a social resource when available.

Three things should be accomplished given what is known from the literature, and by conducting this research. The first thing is a clear picture of what homeless women need in order to survive, to learn how they are coping in their environment, and find the best solution to begin to assist homeless women with the multitude of needs and services they require.

Chapter Three

Methodology

Research Questions

The research questions are as follows: 1. What are the needs of homeless women? (2) What do homeless women view as actual help? (3) What needs to be improved in regard to services as perceived by homeless women?

Research Design

The research design is explanatory. Because, there is a lot already known about this topic this study is in a position to try to establish that a particular independent variable X causes a particular dependent variable Y. The research question is to find out what best serves homeless women from their perspective? The data required to answer this question was solicited from homeless women who gave salient information as to what best serves them and their children. The best way to gather this information was through a mailed survey, and also because face to face interviews would be too time consuming. This study is in a position to ask specific and complex questions in an attempt to explain data previously gathered.

Limitations Of Research Design

One of the limitations associated with this study's research design is that all the Transitional Housing Programs in Minneapolis did not have an equal opportunity to be selected. This study includes only one of Hennepin County's Transitional Housing Programs. Also, this study was limited to women only, because homeless men needs are disproportionately researched more than homeless women, and there is a great interest in homeless women as a population. Lastly, the findings cannot be generalized to the other Transitional Housing Programs outside the study.

Sampling Procedures

A list of sampling units were extracted from a sampling frame. The frame was selected by the Program Director at Simpson Housing Services. The women were assigned a number. No number was skipped over. A table of random numbers was utilized to select subjects for the sample. The list is comprised of homeless women who are similar in their educational, financial, and housing status, and who were enrolled in the Transitional Program during 1995. The Program Director mailed the questionnaire to the individuals that corresponded with the numbers chosen. The researcher will never know the names of the participants.

Sample

The sample consisted of 50 homeless women who were residents of a transitional housing program during 1995. The women were chosen randomly by the program director at Simpson Housing Services. The program director utilized old records to collect the sample. The program director mailed the questionnaires and the consent forms out to each of these women. The mailings included a stamped self-addressed envelope for convenience. The questionnaires were returned to a P.O. Box at Augsburg College.

Definitions Of Key Terms

Homeless-a person with no fixed abode (Lamb, 1984) or a person without a settled way of living (Bassler, 1983). A person who slept in a shelter for at least 24 hours. (2) Shelter-something that protects, as from the elements, dangers, etc; refuge; shield. (3) Single mother- unmarried; of or one person raising children alone; without male support. (4) Intervention- an intervening; interference, especially of one state in the affairs of another. (5) Permanent housing- A home which is intended to last or intended to last indefinitely or for a

long time. (6) Homeless person- often represented in the form of a single, white, male alcoholic living on the skid row of a large city. (7) Transitional Housing- is defined in the Minnesota statute as "housing designed for independent living and provided to a homeless person or families at a rental rate of at least 25% of the family income for a period of up to 24 months" (Leary, 1992,p.1)

Data Analysis Procedures

The data was analyzed by developing histograms, variable charts/tables, and frequencies. The data was analyzed on a cross-sectional design however this did not elicit any real significant data. The data collection return was small, with 32 respondents returning the survey. However, it yielded significant data that was conducive to the ideas illustrated in the literature review.

The data was entered into the computer and compiled for results. The processed data was manipulated for the purpose of answering the research questions. The data was deciphered for similarities and dissimilarities. Patterns in answers to questions are assessed. Deviations from the general norms are noted. Generalized understandings are developed over the course of observations. Also, frequencies and comparisons were developed for the study.

Description Of Data Collection Instruments-Procedures

Data for this study was collected using a self-administered questionnaire mailed to the last known address of women in the sample. The instrument was not pretested. The questionnaire addressed the following areas: (1) the length of stay in a transitional program (2) services received while in a transitional housing program (3) goal achievement (4) difficulties experienced when working to obtain services (5) opinions about what needs to be improved in transitional housing in regard to services provided and (6) demographic data such as age, race, and marital status. The instrument consists of open-ended

and closed-ended questions.

Contact Of Subjects

Initial contact was made by sending out a cover letter to all possible participants. The program director at Simpson Housing Services mailed the cover letter. The cover letter informs the possible participants of background information about the study, explains the voluntary nature of the study, procedures and anonymity, the risks, and the benefits of participating in the study. The cover letter assures the participant that their relationship with Simpson Housing Services and Augsburg College will not be affected whether they participate or not. The receipt of a completed questionnaire constitutes consent to participate in this study.

Description Of Procedures for Protection Of Human Rights

The subjects will be protected from participant harm. The information obtained will not be revealed in a way to identify, embarrass or endanger a participant. However, any research can run a risk of injuring. The subjects' views and attitudes about their needs is the primary purpose of this study. These women are not identified by names but, are assigned numbers by the program director for sampling purposes only. All of the women received a cover letter.

Anonymity is when the researcher cannot identify a given response with a particular respondent, therefore the survey was mailed by the program director. The results are utilized for the completion of this thesis, and for informational purposes for Simpson Housing Services. The Institutional Review Board has approved this research study. The cover letter, questionnaire, and approval letter from the IRB are included in the appendix.

Chapter Four

Results Of The Study

Analysis Of Findings

This chapter will include an analysis of the findings. Key findings and major themes will be highlighted. This chapter will include information on services, needs, goals, and enhancement of services to homeless women.

Demographic Characteristics

Table 1.1- Ethnic Background Of Women Surveyed

	Frequency	Percent
African- American	23	71.9%
Caucasian/White	4	12.5%
Native American	5	15.6%
	32	100.0%

A total of 32 women participated in the study. As illustrated in Table 1.1 the majority of the women (71.9%) were African American. Table 1.1 provides a breakdown of the racial status. Caucasian women represented 12.5% of the women who participated in this study and finally Native American women represented 15.6% of the women who participated in this study.

Table 1.2- Age of Women Surveyed

	Frequency	Percent
20-24 years old	6	18.8%
25-29 years old	8	25.0%
30-34 years old	8	25.0%
35-39 years old	2	6.3%
40-44 years old	6	18.8%
45-49 years old	2	6.3%
	32	100.0%

Table 1.2 provides a breakdown in age for the participants. The average age of the women were 25-29 years old and 30-34 years old. Each represented 25% of the population that responded to the study. The lowest percentage was 6.3% in age groups 35-39 and 45-49. The age ranked in the middle was 20-24 and 40-44 with 18.8% each.

Table 1.3- Marital Status

	Frequency	Percent
Single, Never Married	20	62.5%
Married	2	6.3%
Divorced	5	15.6%
Separated	5	15.6%
	32	100.0%

Table 1.3 provides the breakdown of the marital status of the participants in the study. The number of homeless women who participated in the study who were single, never married was 62.5%, Married women represented 6.3% of the sample and divorced or separated women represented 15.6% each.

Table 1.4- Current Housing Status

	Frequency	Percent
Transitional Housing	9	28.1%
Section 8	3	9.4%
Subsidized Housing	4	12.5%
Permanent Housing	11	34.4%
Emergency Shelter	1	3.1%
Other	3	9.4%
Missing	1	3.1%
	32	100.0%

Table 1.4 provides a breakdown of the current housing status of the participants. The housing status of the women represented was revealing and surprising as well. When asked what type of housing are you currently living in 34.4% of the women answered permanent housing. Twenty-eight percent of the women were still in transitional housing and 12.5% were in subsidized housing where they received financial assistance for rent each month. Section 8 or other type of housing represented 9.4% of the women who responded and 3.1% were in emergency shelters.

Table 1.5- Average Number of Children

	Frequency	Percent
0-2 children	14	43.8%
3-5 children	17	53.1%
6 or more	1	3.1%
	32	100.0%

Table 1.5 provides a breakdown of the average number of children each woman had. The women have an average of 3-5 children which represented 53.1% of the respondents. Of the women who had 0-2 children represented 43.8% of the respondents and 3.1% had 6 or more children.

Table 1.6- Age of Children

	Frequency	Percent
1-3 years old	15	46.9%
4-6 years old	7	21.9%
7-9 years old	3	9.4%
10 or older	7	21.9%
	32	100.0%

Table 1.6 provides a breakdown of the average age of the participants children. The average ages of the children were between 1 and 3

years old which represented 46.9% of the population, 21.9% represented the 4-6 year olds and the 10 year olds and older, and finally the 7-9 year olds represented 9.4%. The demographic data was not conducive with the literature review. The literature states that homeless women have an average of two children however, the women who responded to this study averaged 3-5 children per household. The literature also noted that 90% of homeless women are single, however 62.5% of the population surveyed were single, never married. It is noted, that the sample size is much smaller and is restricted to one transitional housing program for this study.

Primary Reasons for Seeking Transitional Housing

The primary reasons for seeking transitional housing was housing, rental assistance, and financial assistance. Housing overwhelmingly ranked the highest with 93.8% of the respondents saying housing was one of their primary reasons for seeking transitional housing. The women also noted that education and transportation were important factors as well. However, with stable housing the women felt they could possibly pursue other goals. Without the stress of finding housing, the women are able to concentrate on other goals.

Number Of Months Spent in Transitional Housing

Table 1.7- Number of Months in Transitional Housing

	Frequency	Percent
1-4 months	15	46.9%
5-8 months	10	31.3%
9-12 months	6	18.8%
Missing	1	3.0%
	<hr/>	
	32	100.0%

As illustrated in Table 1.7 46.9% of the women were in transitional housing for 1-4 months. Thirty-one percent of the women were in transitional housing for 5-8 months and 18.8% of the women were in transitional housing for 9-12 months. According to Ziefert and Brown (1991) women have utilized transitional housing on an average of 1-1 1/2 years. However, the women in this study were not in transitional housing as long. It is noted by the women that their goals were being met sooner than anticipated. The reasons given by women in the sample for not utilizing transitional housing as long during 1995 includes: (1) their goals were met sooner than anticipated, (2) they moved on to another state, or (3) they were evicted by the landlord for reasons not noted. More than half of the respondents felt that transitional housing should only be utilized for as long as necessary.

How Homeless Women Learned About Transitional Housing

Access to and knowledge about services are not always available to individuals who are homeless. Access is hampered because of transportation difficulties and knowledge is almost zero, because women are often on the streets and unconnected to a provider network. The data revealed that participants learned about transitional housing from a variety of resources.

Table 1.8- How Women Learned About Transitional Housing

	Frequency	Percent
From Friends	7	21.9%
Was Referred	8	25.0%
From A Newspaper	2	6.3%
A Social Service Agency	9	28.1%
Other	6	18.8%
	32	100.0%

Table 1.8 provides a breakdown of how women learned about transitional housing. Twenty-eight point one percent learned through Social Service Agencies, 25% were referred by outside agencies. Twenty-one percent learned through friends, who had been through or were presently in a transitional housing program. Six (18.8%) of the respondents learned through other avenues such as shelters. And, finally, 6.3% of the respondents learned through a newspaper.

Services

Services and needs vary among the homeless women in this study. Each individual is unique and access to services can be difficult. The services that are available to women once they have lost their housing, often do very little to prevent the issue from arising again. There are many barriers and successfulness is not always the outcome for many of these women. The distance from services, expense, and cultural barriers are all factors to be considered.

Services Received While in Transitional Housing

Table 1.9- Primary Services Received

	Frequency	Percent
Housing	30	93.8%
Moving Assistance	1	3.1%
Other	1	3.1%
	<hr/> 32	<hr/> 100.0%

Table 1.9 demonstrates the primary services received while in transitional housing. The data revealed that housing was 93.8% of the services received. Moving assistance was 3.1% of services received. Three point one percent of the women cited other services as primary. More than half of the

respondents noted that they were pleased with the services received. However, they would have utilized more services if given the opportunity.

During 1995 the women who were in transitional housing utilized a variety of services from a variety of agencies. Medical assistance, job training, education, moving assistance, rental assistance, housing lists, and AFDC.

Table 2.1- Where Services Were Received From

	Frequency	Percent
Social Service Agency	10	31.3%
Transitional Housing	21	65.6%
Hospital/Clinic	1	3.1%
	32	100.0%

Table 2.1 provides a breakdown of where services were received from. Of the services 65.6% were given by a transitional housing program. A social service agency provided 31.3% of the services rendered during 1995. And finally, a hospital/clinic rendered 3.1% of the services to homeless women during 1995.

Services Received Upon Exiting Transitional Housing

Table 2.2- Services Received Upon Exiting Transitional Housing

	Frequency	Percent
Housing	20	62.5%
Education	2	6.3%
Financial Assistance	1	3.1%
Transportation	1	3.1%
Other	6	18.8%
Missing	2	6.3%
	32	100.0%

Table 2.2 illustrates services received after leaving transitional housing. Of the women in the study 62.5% received/maintained housing services. Education was received by 6.3% of the respondents. Financial assistance was received by 3.1% of the respondents. Transportation was received by 3.1% of the respondents and 18.8% of the respondents stated that they received other services such as social support, counseling, and referrals to other agencies.

Services Needed But Not Received

Twenty-two of the respondents felt there were no services they needed upon exiting transitional housing. However, the remaining respondents did list services that they perceived as needs but did not receive. The services were support services from transitional housing staff, transportation, financial assistance, furniture, moving assistance, child care services, employment services, housing, a computer, and other resources. Please note that these services are in order of importance. The services described above are important to each individual, who felt that they needed these services to become more independent.

Goals

As homeless women undertake the challenging process of making changes, it is important that they remain focused on one specific goal, until they have sufficient progress to warrant shifting to another goal. Wood (1978) cautioned that setting vague or unreasonably high goals "is to subject clients to a cruel and destructive experience in disappointment, frustration, and erosion of their confidence in their own capacities." As the homeless woman strives to accomplish goals and related tasks, progress is rarely smooth and uneventful. Rather anxiety, uncertainties, fears, and other untoward reactions are in place.

Primary Goals

Table 2.3- Primary Goals Upon Entering Transitional Housing

	Frequency	Percent
Transportation	1	3.1%
Housing	29	90.6%
Education	1	3.1%
Missing	1	3.2%
	32	100.0%

Table 2.3 provides a breakdown of the primary goals of the women when entering transitional housing. Of the respondents 90.6% chose permanent housing as their primary goal. Three point one percent chose education and 3.1% chose transportation. The women were asked if their goals had been met while in transitional housing? Table 2.4 demonstrates the goal achievement of the respondents. Of the women who responded 62.5% said all of their goals had been achieved, 31.3% said some of their goals have been achieved and 3.1% said none of their goals were met.

Table 2.4-Goal Achievement

	Frequency	Percent
All	20	62.5%
Some	10	31.3%
None	1	3.1%
Missing	1	3.1%
	32	100.0%

Results Of Goal Achievement

The women were asked approximately six questions regarding their goals, and if they had difficulties acquiring those goals. The questions were as follows: (1) If housing was a goal, did you have difficulty reaching this goal? Approximately 59.4% of the women responded yes and 37.5% responded no.

(2) If education was a goal, did you have difficulty reaching this goal?

Approximately 34.4% of the women responded yes and 62.5% said no. (3) If employment was a goal, did you have difficulty finding employment?

Approximately 37.5% responded yes and 53.1% responded no. (4) If child care was a goal, did you have difficulty finding child care? Approximately 28.1% responded yes and 59.4% responded no. (5) If improved physical/mental health was a goal, did you have difficulty reaching this goal? Approximately 21.9% responded yes and 68.8% responded no. (6) If transportation was a goal, did you have difficulty reaching this goal? Approximately 56.3% responded yes they had difficulties obtaining transportation and 34.4% said no.

Therefore with 56.3% of the women responding yes they had difficulties obtaining transportation this was a significant piece for this study. The literature states that access to services is hindered because of transportation barriers and other factors such as location. Also, 59.4% of the women responded yes to difficulties in finding affordable housing. The literature states that housing is difficult to obtain because of high rental costs, sub-standard housing, and unlawful detainers. All, of the above data will be expounded upon in relation to the difficulties experienced by the women.

Difficulties Experienced While Pursuing Goals

Table 2.5 breaks down the reasons for difficulties experienced by the women while pursuing their goals for housing. Of the respondents 43.8% of the respondents said that high rental costs was an issue in finding housing. Unlawful detainers was 18.8% of the respondents difficulty. A prison record was 3.1% of the difficulties experienced. And, finally 9.4% of the respondents said other reasons played a role in their difficulties.

Table 2.5- Difficulties Cited For Housing Goals

	Frequency	Percent
High Rental Costs	14	43.8%
Unlawful Detainers	2	18.8%
Prison Record	1	3.1%
Other	3	9.4%
Missing	12	25.0%
	32	100.0%

Fifty percent of the respondents are currently in an educational program and 46.9% are not. Table 2.6 illustrates the types of educational programs the respondents are enrolled in. The programs are as follows: 9.4% are in a GED Program, 15.6% are in a community college, 6.3% are in a 4 year college, 3.1% are in vocational school, 6.3% are taking refresher courses, and 9.4% are in other educational programs.

Table 2.6- Types Of Educational Programs Enrolled In

	Frequency	Percent
GED Program	3	9.4%
Community College	5	15.6%
4 Year College	2	6.3%
Vocational School	1	3.1%
Refresher Course	2	6.3%
Other	3	9.4%
Missing	16	49.9%
	32	100.0%

Table 2.7 illustrates the difficulties experienced while pursuing the goal of education. Defaulted loans was 15.6% of the difficulties, child care was 18.8% . Transportation was 3.1% of the difficulties. Schedule conflict and financial aid represented 12.6% of the difficulties experienced by homeless

women combined. As seen here, child care is a real issue for homeless women, who are diligently seeking higher education, whereby they can support their children.

Table 2.7- Difficulties Cited For Educational Goals

	Frequency	Percent
Child care	6	18.8%
Transportation	1	3.1%
Schedule Conflict	2	6.3%
Financial Aid	2	6.3%
Defaulted Loans	5	15.6%
Missing	16	49.9%
	32	100.0%

Most of the women who responded to the study were unemployed . Approximately 59.4% were unemployed and 40.6% were currently employed. Table 2.8 breaks down the difficulties experienced by women when seeking employment. Job training was 18.8% of the difficulties, a prison record was 3.1% of the difficulties, low wages was 9.4% and lack of experience 6.3%.

Table 2.8- Difficulties Cited For Employment Goals

	Frequency	Percent
Job Training	6	18.8%
Prison Record	1	3.1%
Lack Of Experience	2	6.3%
Low Wages	3	9.4%
Missing	20	62.4%
	32	100.0%

Child care is always an issue for homeless women. Oftentimes these women have no place to leave their children during the day. Therefore, here are the barriers to child care as cited in table 2.9 by the women. A quality day care center was 6.3% , location was 3.1%, transportation was 6.3%, and high costs

of daycare was 15.6%.

Table 2.9- Difficulties Cited For Child Care Goals

	Frequency	Percent
Quality Day Care	2	6.3%
Location	1	3.1%
Transportation	2	6.3%
High Costs	5	15.6%
Missing	22	68.7%
	32	100.0%

Mental health/physical health is important for homeless women. The maintenance of health is essential. This is a difficult task for women, especially when they are out on the streets, and health care is expensive and access is even more difficult.

Table 3.1 illustrates the difficulties experienced by women when pursuing mental/physical health care. Location of a facility was 6.3%, high costs was 6.3%, and the quality of mental health facilities was 3.1% of the difficulties.

Table 3.1- Difficulties Cited For Physical/Mental Health Goals

	Frequency	Percent
Location	2	6.3%
High Costs	2	6.3%
Quality/Facilities	1	3.1%
Missing	27	84.3%
	32	100.0%

As mentioned earlier transportation was a difficulty for 56.3% of the respondents. Table 3.2 illustrates the difficulties incurred by the women while pursuing transportation goals. The costs of a motor vehicle was 43.8%, driver's education was 18.8%, obtaining a loan for a car was 15.6%, maintenance of a

car was 12.5%, and no driver's license was 6.3% of the difficulties.

Table 3.2- Difficulties Cited For Transportation Goals

	Frequency	Percent
Costs of Car	14	43.8%
Driver's Ed	6	18.8%
Obtaining Loans	5	15.6%
Maintenance	4	12.5%
No License	2	6.3%
Missing	1	3.0%
	32	100.0%

Transitional Housing Staff Input on Goal Achievement

The women were asked whether the transitional housing staff assisted them in reaching their goals. Approximately 93.8% of the respondents said yes. Only 3.1% of the women said no. Some of the women expounded on how the transitional housing staff assisted them. The women were assisted with the following services: Housing, household needs, parenting classes, rental assistance, emotional support, resourcefulness with plans of action, goal attainment, advocated for them with landlords, education, assisted with developing a budget, and financial assistance.

What Needs to be Improved In Transitional Housing

This study was developed to solicit the opinions of homeless women about what they feel should be done to meet their needs. The women felt they needed more information on available resources within the community, the attitudes of staff required a change, and they felt that some of the rules in place should only pertain to the individuals who "may possibly break the rules" because of past behaviors. For example, rules about drugs should only pertain

to individuals who have been chemically dependent in the past.

The women also felt that each person should be “judged” individually because everyone is unique and have different “baggage” and/or service needs. One woman pointed out that she had difficulty with the in-home visits because of meeting times. She felt that the advocate should be more flexible. The women felt that financial aid should be enhanced in order to meet their needs adequately. Also, the women felt that staff was not genuine enough in delivering services. One respondent said that everything should be improved, however she did not say specifically what “everything “ was.

Equal treatment was a factor. One of the women felt there was some favoritism in the program. And, finally more individualized and intense assistance for housing searches. The overall expressed improvements for transitional housing in meeting the needs of homeless women are (1) the staff’s attitude, the interaction between staff and client , and more resources financially. The women also require more ongoing support from transitional housing staff, referrals, and transportation.

Chapter Five

Discussion

Integration of Literature and Results

Still, homelessness is one of the more complex and controversial public policy issues in America. Social workers and shelter providers are still struggling with the problem of how to service and care for the growing number of homeless women and their children. The literature states that homeless women have a multitude of service needs. Housing is the number one need. Access to services is difficult. The study showed that 56.3% of the respondents have difficulty obtaining transportation, because of car costs, maintenance, and obtaining loans to purchase vehicles. Also, 59.4% of the respondents had difficulty locating housing because of unlawful detainers, sub-standard housing, and high rental costs. The literature clearly states that housing unavailability is one of the primary reasons for homelessness among women.

It is important for homeless women to be able to make independent choices about their providers and the services they receive. As noted, the women are receptive to being more independent in the decision making process especially when it pertains to them. Solutions to the problem of homelessness and the inaccessibility of services are complex and involve both case and class advocacy.

In relation to the study ethnic sensitivity is very important when 71.9% of the participants in the study are African-American. As stated in the literature unemployment is a major reason for homelessness of women and children. And as cited in the study results approximately 59.4% of women are unemployed. The need for more unique intervention strategies is important according to the literature. The women in the study cited that they need more individualized

interventions to meet their specific needs. The literature stated that homeless women have an average of two children. However, the majority of the women in the study had 3-5 children. Also, the literature stated that one half have never married. Of the participants in the study 62.5% of them are single and have never been married. According, to the literature one half of homeless women never graduate from high school. The women in this study are the opposite. Approximately 50% of them are currently in an educational program, 15.6% are in a community college, 6.3% are in a 4 year college and 9.4% are in a GED program.

Most homeless women are on welfare, and they utilize the services for a number of years. Neither welfare payments nor low paying jobs are sufficient to pay for rent, child care, transportation, health care, education, and other expenses. The homeless require skills and knowledge about how and where to search for appropriate housing. As stated by the women in the study, this is one of the improvements for transitional housing as far as resources. According to the women they feel that staff attitudes are bad and require a change, they need more availability of resources, and genuineness is lacking as well. The literature states that service providers may require more education, knowledge and skills themselves in order to better serve this population effectively.

Limitations and Strengths

One of the limitations of this study is that all Transitional Housing Programs in Minneapolis did not have an equal opportunity to be selected. This study only utilizes one of Hennepin County's Transitional Housing Programs. This study is limited to women only, and they were not homeless at the time because they had successfully completed a Transitional Housing Program. This study does not address the specific effects on children who are with homeless

women. The sample size return was small, however a response rate of over 50% was received which is a strength especially for a modest study. However, with this population they are often not at one address for a long length of time. Lastly, the findings cannot be generalized to other transitional housing programs outside the study.

Future Research

There are a variety of aspects that can be considered for future research. As listed here future research can be conducted on (1) what type of training can be utilized to assist service providers in the delivery of services, (2) how should responsibility for intervention be shared among social service agencies, the government, family, and the homeless women themselves, (3) this study could be redone with a larger sample by utilizing several transitional housing programs and (4) a study could be conducted on the differences between homeless men and women and their special needs.

Chapter Six

Implications

Implications for Practice

This study has yielded information that will assist service providers in serving homeless women. The needs of the women have been cited. The participants were vocal about their specific needs. This study gives service providers the tools to enhance the quality of services. There have been several suggestions noted. This study will hopefully encourage the law makers to develop policies that will make a difference, and filter down to the service delivery agencies whereby they may be implemented to make meeting the service needs of homeless women better. Therefore, a change may develop whereby a homeless women is looked at individually and not as a group in relation to her specific needs. Also, a utilization of strategies that are conducive to solving that particular individual's issues, and finally put a stop to lumping all homeless women and their needs into one category.

Therefore, practitioners must be skilled in negotiating with various institutions, bureaucracies and individuals. In addition, practitioners must advocate for homeless women in the political arena. Social work practice on any level should include skills in (1) advocacy, (2) mediation, (3) obtaining resources, and (4) teaching as therapists.

Implications for Policy

There is a socioeconomic crisis in the nation that requires new and fresh social policies to challenge the neo-conservative approach to meeting human needs. First, a vision is needed that incorporates affordable, safe, non transient housing as a basic need in society and as a goal to be achieved. A structure should be in place through which implications of social policies could be

analyzed, adjusted, unified, and coordinated. Second, decentralization of decision making and government downsizing are shifting the formation of social policies to state and local levels with three effects: (1) Social workers can influence state and local decision systems directly; (2) policy makers can formulate creative solutions based on locally specific needs; and (3) progressive innovations can be tested and then replicated "up" to state, regional, and national levels. One example of local innovation would be the establishment of a social housing sector, that is, housing owned by private non profit corporations. However, with diminished federal responsibility for affordable housing, we will likely see an expansion of social housing as a sector.

Implications for Research

Because the results of this study could not be generalized to include other Minneapolis transitional housing programs, future research is needed that include all the transitional housing programs in Minneapolis, and other Minnesota communities. Future research is needed that includes African-American families and transitional housing in the metro area. The above research projects would provide a more comprehensive study on these homeless families. Families and children represent the largest population among the homeless. Future scientific research would shed more light on the critical issue of homelessness.

Role of Social Workers

Social workers need to integrate two elements into their practice methods: (1) a housing element; (2) a community and economic development element. A housing element requires knowledge of the availability of affordable rental housing in a regional housing market. Low-income women require

assistance with the housing search to have a fighting chance of competing with market renters. Community and economic development are required, multiple unmet needs including housing and employment, are interrelated when the neighborhood is considered the unit of analysis. President Clinton's new National Urban Policy, articulated in "Empowerment: A covenant with America's Community," intends to "link families to work by bringing together tax, welfare, education, job training, transportation, and housing initiatives that help families make the transition to self-sufficiency and independence."

Social workers should know about these community economic development initiatives for three reasons: (1) to be legitimate community representatives at the decision table in the planning and design of service structures, (2) to help clients living in these zones gain access to any available resources, and (3) to facilitate consumer participation in the planning process.

References

- Anderson, S. C., Boe, T., & Smith, S. (1988). Homeless women. Affilia Journal of Women and Social Work, 3, (2), 62-70.
- Baasler, T. (1993). "On vagrancy and psychosis". Community Mental Health Journal, 19 (1), 27-40.
- Bahr, H. C. (1973). Skid Row: An introduction to disaffiliation.
- Baker, S. G. (1994). Gender, ethnicity, and homelessness. American Behavioral Scientist, 37 461-475.
- Barge, F., & Norr, K. (1991). Homeless shelter policies for women in an urban environment. Image Journal of Nursing Scholarship, 23 (3), 145-149.
- Bassuk, E. (1986). The mental health needs of homeless persons: New directions for mental health services.
- Bassuk, E. L. (1990). The problem of family homelessness. Community care for homeless families: A Program Design Manual (pp. 7-12).
- Bassuk, E. (1993). Homeless women: Economic and social issues. American Journal of Orthopsychiatry, 63, 337-339.
- Basler, B. (1985a.). For family shelters, the 1-room school.
- Bassuk, E., & Buckner, J. (1994). Troubling families: A commentary. American Behavioral Scientist, 37 (3), 412-421.
- Battle, S. (1990). Homeless women and children: The question of poverty. Child and Youth Services, 14, 111-127.
- Boxill, N. A., & Beaty, A. L. (1987). An exploration of mother/child interaction among homeless women and their children using a public night shelter in Atlanta, Georgia.
- Brunston, T., & Breton, M. (1992). Homes and homeless women. Journal of Environment Psychology, 12 (2), 149-162.

Burg, M. (1994). Health problems of sheltered homeless women and their dependent children. Health and Social Work, 19, 125-131.

Burt, M., & Cohen, B. (1989). America's homeless: Numbers, characteristics, and programs that serve them. Urban Institute Report 89-93.

D'Ercole, A., & Struening, E. (1990). Victimization among homeless women: Implications for service delivery. Journal of Community Psychology, 18 141-152.

Edelman, M., & Mihaly, L. (1989). Homeless families and the housing crisis in the United States. Children and Youth Services Review, 11 (1), 91-108.

First, R., Rife, J., & Toomey, B. (1994). Homelessness in rural areas: Causes, patterns, and trends. Social Work, 39, 97-108.

Golan, N. (1986). Crisis theory. Social Work Treatment, pp.296-340.

Goleman, D. (1979). Positive denial: The case for not facing reality. Psychology Today, 13 (9) 44-60.

Goodman, L., Saxe, L., & Harvey, M. (1991). Homelessness as psychological trauma: Broadening perspectives. American Psychologist, 46, 1219-1225.

Grunberg, J., & Eagle, S. (1990). Shelterization: How the homeless adapt to shelter living. Hospital and Community Psychiatry, 41 521-525.

Gulati, P. (1992). Ideology: Public policy and homeless families. Journal of Sociology and Social Welfare, 19, 89-111.

Hagen, J. L. (1987). "Gender and homelessness". Social Work, 32, 312-316.

Hagen, J. L., & Ivanoff, A. M. (1988). Homeless women: A high risk population. Affilia Journal of Women and Social Work, 3 (1), 19-33.

Hagen, J. L. (1990). Designing services for homeless women. Journal of Health and Social Policy, 1 (3), 1-16.

Hill, R. (1991). Homeless women, special possessions, and the meaning of "home". An ethnographic case study. Journal of Consumer Research, 18, 298-310.

Huttman, E., & Redmond, S. (1992). Women and homelessness: Evidence of need to look beyond shelters to long term social service assistance and permanent housing. Journal of Sociology and Social Welfare, 19 (1), 89-111.

Jones, M. J., Levine, I. S., & Rosenberg, A. A. (1991). Homelessness. American Psychologist, 46.

Kiesler, C. A. (1991). Homelessness and public policy priorities. American Psychologist, 46, 1245-1252.

Lamb, R. H. (1984). "Deinstitutionalization and the homeless mentally ill." Hospital and Community Psychiatry, 35, 897-907.

Levitan, S., Mangum, G., & Pines, M. (1989). A proper inheritance: Investing in the self-sufficiency of families.

Maza, P., & Hall, J. (1987). Study of homeless families: Preliminary findings. Washington, D.C.

McChesney, K. Y. (1986). New findings on homeless families. Family Professional, 1.

McChesney, K. Y. (1987). Women without: Homeless mothers and their children. Sociology, Public and Social Welfare.

McChesney, K. Y. (1990). Family homelessness: A systemic problem. Journal of Social Issues, 46 (4), 191-205.

McLloyd, V. (1990). The impact of economic hardship on Black families and children: Psychological distress, parenting, and socio-emotional development. Child Development, 61, 311-346.

Mills, C., & Ota, H. (1989). Homeless women with minor children in the Detroit metro area. Social Work, 34 (6), 485-89.

Mowbray, C. T. (1985). "Homelessness in America: Myths and realities. American Journal of Orthopsychiatry, 55, pp.4-8.

Murray, C. (1984). Losing ground: American social policy. 1950-1980. New York: Basic Books.

Pearlin, L. J., Lieberman, M. A., Menaghan, E. G., & Mullan, J. T. (1981). The stress process. Journal of Health and Social Behavior, 22, 337-356.

Rivlin, L. G. (1986). "A new look at the homeless." Social Policy, 16.

Rosenman, M., & Stein, M. (1990). Homeless children: A new vulnerability. Child and Youth Services, 14 (1), 89-109.

Rossi, P. (1994). Troubling families: Family homelessness in America. American Behavioral Scientist, 37, 342-395.

Rubin, A., & Babbie, E. (1993). Research methods for social work. (2nd ed.). Pacific Grove, CA: Brooks/Cole.

Schutt, R.K. (1987). Homeless shelters as organizations: Fill-fledged programs or just a place to stay? In Homelessness: Critical issues for policy and practice. pp. 43-47.

Slavinsky, A. T., & Cousins, A. (1982). "Homeless women". Nursing Outlook, 30, 358-362.

Wetzel, J. W. (1992). Profiles on women: A global perspective. Social Work in Health Care, 16, 13-27.

Ziefart, M., & Brown, K. (1991). Skill building for effective intervention with homeless families. Families in Society, 72 (4), 219.

APPENDICES

AUGSBURG



C • O • L • L • E • G • E

DATE: March 22, 1996

TO: Sandra A. Scott
1425 Portland Avenue South, Apt. 300
Minneapolis MN 55404

FROM: Rita R. Weisbrod, Ph.D., Chair
Institutional Review Board
612-330-1227 or FAX 612-330-1649
E-mail: weisbrod@augsborg.edu

RE: Your IRB Application: "A Needs Assessment on Homeless Women"

I have received your response to the IRB summarizing conditions required for final approval of your study. With these changes, your application is now approved.

Your Augsburg IRB approval number is # 95- 48 - 2.

This number should appear on your materials given to respondents or subjects, such as cover letters and survey forms.

If there are substantive changes to your project which change your procedures regarding the use of human subjects, you should report them to me by phone (612-330-1227) or in writing so that they may be reviewed for possible increased risk.

I wish you well in your project!

Copy: Thesis advisor: Glenda Dewberry - Rooney

February 19, 1996

IRB# 95-48-2

Dear Participant

I am a graduate student working toward a Masters in Social Work degree at Augsburg College in Minneapolis, Minnesota. For my thesis, I am researching the needs of homeless women who were residents in a Transitional Housing Program during the year of 1995. You were selected because you were a resident of a Transitional Housing Program during the year of 1995. This research study has been approved by the Institutional Review Board at Augsburg College and done in cooperation with Simpson Housing Services. Please read this form very carefully.

BACKGROUND INFORMATION:

This research study is being conducted to provide me with information for my Master of Social Work thesis and to provide you with an opportunity to report your perceptions of the needs of homeless women.

VOLUNTARY NATURE OF THIS STUDY:

Your experience and opinions are important. It is up to you whether or not to participate in this research study. Your decision will not affect your current or future relationship with Simpson Housing Services or Augsburg College.

PROCEDURES AND ANONYMITY:

I am surveying homeless women at Simpson Housing Services. Your responses are anonymous. Your anonymity is protected as Simpson Housing Services Program Director Liza O'Reilly is mailing out this questionnaire. I will not know your name. Completed and returned questionnaires will be filed in a locked drawer in my home, and they will be destroyed by September 30, 1996. Information from this questionnaire will be used for my thesis, for statistical purposes with Simpson Housing, and with my thesis advisor. The information provided on the questionnaire will not identify you in any form.

RISKS OF BEING A PARTICIPANT IN THIS STUDY:

By completing this questionnaire you may be reminded of feelings or experiences associated with Simpson Housing Services. You may choose to skip questions that are uncomfortable for you to answer without necessarily dropping out of this research study. In the event that this questionnaire produces emotional distress for you, please contact the Program Director at (612) 874-8683 at Simpson Housing Services so that support services may be provided to you as needed.

BENEFITS OF BEING A PARTICIPANT IN THIS STUDY:

While there are no direct benefits to participating in this study, this is an opportunity for you to report your perceptions of the needs of homeless women, which may, in turn, assist social service agencies in assessing the quality of

services provided to you and your children.

Please assist in this research study by completing this questionnaire. This questionnaire is a one-time commitment on your behalf and may take you approximately twenty (20) minutes to complete. Once completed, please return this questionnaire in the enclosed self-addressed, stamped envelope as soon as possible and no later than March 29, 1996. The completion and return of this questionnaire will indicate your consent to participation in this study as well as conclude your role in this study.

If you have any questions regarding this research study, please feel free to contact my thesis advisor Dr. Glenda Dewberry-Rooney at Augsburg College, at (612) 330-1338.

Please keep this copy for your records.

Thank you!

Sincerely yours,

Sandra A. Scott, MSW Student
Principal Investigator

INSTRUCTIONS

Please answer by placing an "X" in the space that fits your situation best. In some questions you are asked to explain your answer. You may skip any questions that you do not wish to answer. Please do not write your name on this questionnaire.

1. How many months during 1995 did you stay in a Transitional Housing Program?

- 1-4 months
- 5-8 months
- 9-12 months

2. What were the three most important reasons that caused you to seek Transitional Housing?

- | | |
|---|---|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Moving Assistance |
| <input type="checkbox"/> Education | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> Financial Assistance |

3. Where did you learn about Transitional Housing?

- | | |
|---|---|
| <input type="checkbox"/> From Friends | <input type="checkbox"/> From a Social Service Agency |
| <input type="checkbox"/> I Was Referred | <input type="checkbox"/> From Television |
| <input type="checkbox"/> From A Newspaper | <input type="checkbox"/> Other (Who?) _____ |

4. What services did you receive from Transitional Housing? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Education | <input type="checkbox"/> Mental Health Care |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Other (What?) _____ |

5. What services did you receive from Transitional Housing after you left?

- | | |
|---|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Education | <input type="checkbox"/> Mental Health Care |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Other (What?) _____ |

6. Were there other services you felt you needed after leaving Transitional Housing that you did not receive? What did you need?

7. What was your main goal when you entered Transitional Housing?

- | | |
|---|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Education |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Other (What?)_____ |

8. Was your main goal achieved?

- All
 Some
 None

9. Did the Transitional Housing staff help you reach your goal?

- yes (please answer question 10) no (please answer question 11)

10. How did they help?

11. If housing was a goal, did you have difficulty reaching this goal?

- yes (what difficulties?) no (please answer question 12)

Check all that apply.

- High Rent Costs
 Unlawful Detainers
 Prison Record
 Other (What?)_____

12. Are you currently in an educational program?

- yes (What type?) no (please answer question 13)

- | | |
|---|---|
| <input type="checkbox"/> GED Program | <input type="checkbox"/> Community College |
| <input type="checkbox"/> 4 year College | <input type="checkbox"/> Vocational School |
| <input type="checkbox"/> Refresher Course | <input type="checkbox"/> Other (What?)_____ |

13. If education was a goal, did you have difficulty reaching this goal?

- yes (What difficulties?) no (please answer question 14)

Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Defaulted Loans | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Schedule Conflict |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Course Selection |

14. Are you currently employed?

- yes (please answer question 16) no (please answer question 15)

15. If employment was a goal did you have difficulty finding employment?

- yes (What difficulties?) no (please answer question 16)

Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Prison Record |
| <input type="checkbox"/> Lack of Experience | <input type="checkbox"/> Hours Offered |
| <input type="checkbox"/> Low Wages | <input type="checkbox"/> Other(What?)_____ |

16. If child care was a goal, did you have difficulty finding child care?

- yes (What difficulties?) no (please answer question 17)

Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Quality Day Care Center | <input type="checkbox"/> Location |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Quality of Workers |
| <input type="checkbox"/> High Costs | <input type="checkbox"/> Other (What?)_____ |

17. If improved physical/mental health was a goal, did you have difficulty reaching this goal?

- yes (What difficulties?) no (please answer question 18)

Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Quality Workers | <input type="checkbox"/> Quality of Facility |
| <input type="checkbox"/> High Costs | <input type="checkbox"/> Other (What?)_____ |
| <input type="checkbox"/> Location | |

18. If transportation was a goal, did you have difficulty reaching this goal?

-] yes (What difficulties?)] no (please answer question 19)

Check all that apply.

-] Costs of a Car] Drivers Education
] Obtaining a Loan] Maintenance (gas, oil change, etc.)
] No Drivers's License] Other (What?)_____

19. Which of the following service did you use during 1995? Check all that apply.

-] Job Training] Housing Lists
] Education] Child Care
] Medical Assistance] Financial Assistance
] Transportation] Physical/Mental Health Care
] Moving Assistance] AFDC
] Rental Assistance] Other (What?)_____

20. Where did you receive the services you marked above? Check all that apply.

-] Social Service Agency] Welfare Agency
] Transitional Housing Program] Emergency Shelter
] Employment Agency] Hospital/Clinic
] Battered Women's Shelter] Other (What?)_____

21. Please tell us what you think could be improved in the Transitional Housing Program to meet your needs?

DEMOGRAPHIC DATA

1. What is your age?

-] 20-24] 40-44
] 25-29] 45-49
] 30-34] 50-54
] 35-39] 55 or older

2. What is your ethnic background?

-] African American/Black] Caucasian/White
] Asian American] Native American
] Hispanic] Other (What?)_____

3. What is your marital status?

Single, Never Married

Married

Divorced

Separated

Widowed

Other (What?) _____

4. What type of housing are you currently living in?

Transitional Housing

Section 8

Subsidized Housing

Permanent Housing

Emergency Shelter

Other (What?) _____

5. How many children do you have?

0-2

3-5

6 or more

6. What are the ages of your children? (Check all that apply).

1-3 years old

4-6 years old

7-9 years old

10 or older

If you have any questions about this study, you may contact me or my thesis advisor, Dr. Glenda Dewberry-Rooney at 330-1338, at Augsburg College.

Please return the completed questionnaire to me in the self-addressed stamped envelope provided. Thank you for your time and cooperation.

Sandra A. Scott, MSW Student
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