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**Exploring the Individual and Organizational Effects of
Formerly Homeless Employee Inclusion within North Carolina Shelters**

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Exploring the Individual and Organizational Effects of Formerly Homeless Employee
Inclusion within North Carolina Shelters

by

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Dedication

For Mom and Dad.

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Exploring the Individual and Organizational Effects of Formerly Homeless Employee
Inclusion within North Carolina Shelter Communities

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This exploratory study examined the individual and organizational effects of formerly homeless employee inclusion on members of the homeless shelter community, including shelter directors, formerly homeless employees, professional employees, and shelter residents. The effects of formerly homeless employee inclusion on shelter residents' vicarious self-efficacy were specifically examined. A qualitative case study design was used to gather interview data from six homeless shelters in North Carolina. The interviewees included five shelter directors, three formerly homeless employees, and seven shelter residents. Professional boundary development was correlated with the impact of formerly homeless employee inclusion within the shelter community. There are more benefits than challenges to formerly homeless employee inclusion in homeless shelters. The challenges generally affected the formerly homeless employees themselves, sometimes

to the point of addiction relapse. Formerly homeless employee inclusion provides the benefits of self-efficacy, tough love, and understanding and helping for shelter residents. Additional benefits were found for the formerly homeless employees. Benefits and challenges for professional employees were anecdotal and therefore not trustworthy. There are several major implications for professional practice resulting from this study. Shelter residents in the present study consistently viewed formerly homeless employee inclusion as positive. This positive experience may contribute to improved client engagement, retention, and outcomes. The challenges presented were infrequent, and considered manageable by the shelter directors. These findings may encourage other shelter directors to employ formerly homeless individuals, thereby benefitting others who are either experiencing or working to alleviate homelessness. Formerly homeless employee inclusion is also consistent with strengths-based practice and the social justice principle of the National Association of Social Workers Code of Ethics, as it provides meaningful opportunities for indigenous participation. Future research should focus on further understanding the correlation between formerly homeless employee inclusion and shelter resident outcomes and the effects of formerly homeless employee inclusion on professional shelter employees.

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CHAPTER I: INTRODUCTION

PEARL'S STORY

Pearl was 46 years old when she entered the shelter. She had lost everything to her crack cocaine addiction, including her home, her job, and her relationship with her family. While in the shelter, she worked hard. She attended at least one Narcotics Anonymous (NA) meeting each day and held a low-wage customer service job. She saved her money, did her chores, and generally kept to herself. Pearl was extremely direct, and often confronted other residents about their continued alcohol or other drug use.

Still, her no-nonsense approach worked with the other residents. They appreciated that she continued to try to meet her recovery, housing, and educational goals, even though she had no advantages or special circumstances. Estranged from her family, she had no support system except the shelter community and members of Narcotics Anonymous. She had few marketable skills. She was not a warm, friendly person, but she had a strong will to stay clean and obtain housing. Residents responded to her example with the attitude, "If Pearl can do it, maybe I can, too."

When she moved to her own apartment, some of the shelter social workers were apprehensive. She was stubborn, opinionated, and brusque. Would her personality affect her ability to keep a job? If she lost her job, how would she handle returning to the shelter?

Pearl used her strong personality to achieve her goals. A few months after she left the shelter and moved into her own housing, she did return. This time, however, she was reporting for work. She had sent her resume to the shelter director, the principal investigator (PI) of this study, and asked to be considered for weekend employment. She

explained that she knew she could help others, because she had “been there,” and that she aspired to the job because she always wanted to “remember where I have been.” For many years, she worked almost every weekend at the shelter. Fair and professional, she was respected by staff, clients, and volunteers.

Fifteen years later, every employee from that time is gone—except for Pearl. During this time, she has completed her associate degree and become a bookkeeper at a local business. Today, she works only a few shifts per month at the shelter, as she says, “to remember where I have been.”

PURPOSE OF THE STUDY

Many homeless shelter programs around the country employ “former-consumer employees”—people like Pearl who have experienced homelessness or other crises such as addiction. This study examines a specific kind of former-consumer employee, the formerly homeless employee. The research study explores the individual and organizational effects of including formerly homeless employees within the shelter community. The study’s scope includes the effects of formerly homeless employee inclusion on the shelter residents, supervisors, professional employees, as well as on the formerly homeless employees themselves.

Research in other fields, such as addictions (Berg, Andersen, & Alveberg, 1997; Zemore & Kaskutas, 2008), corrections (Hossack & Robinson, 2005), mental health (Christensen & Jacobson, 1994; Dixon, Krauss, & Lehman, 1994), and veteran services (Weissman, Covell, Kusher, Irwin, & Essock, 2005) has produced a substantial body of work establishing that former-consumer employee inclusion has a positive effect on clients. These benefits include a vicarious sense of self-efficacy, the belief that the agency values people like them, and a sense of hope (Besio & Mahler, 1993; Dixon,

Krauss, & Lehman, 1994; Fisk, Rowe, Brooks, & Gildersleeve, 2000; Gartner, 1969; Stewart, 1967; Van Tosh, 1993; Weissman, et al., 2005).

To date, only Kryda and Compton's (2009) study has examined the effects of former-consumer employees' inclusion in shelter staffing on members of the homeless shelter community. This study sought to better understand the challenges and benefits of employing the formerly homeless in the shelter community, with the aim of helping shelter directors make informed decisions about hiring the formerly homeless.

IMPORTANCE OF THE STUDY

Empirical research on homeless shelter operation and service delivery is limited, at least partly as the result of two factors. First, homeless shelters were created and have been operating under the assumption that they are a temporary solution for a “short-term” problem, for now over 30 years. Second, homeless shelter residents also receive services from a number of social service organizations, based on their presenting problems, such as addiction or mental health disorders. Homeless shelter social workers and/or case managers generally serve as the coordinator of these external services, and work with shelter residents on their plan to transition out of the shelter. Hence, homeless shelters are not only “temporary” in the American social policy landscape, but also within the shelter itself, where services focus almost entirely on “moving out”. These two factors may have contributed to the dearth of scholarly research on homeless shelter organization and administration. As such, program design decisions on issues such as shelter capacity, time limits, rules, and staffing may be based on convenience or conjecture, rather than empirical evidence.

The present study focuses on one aspect of shelter administration—type of staffing. The idea of employing former-consumer employees, paraprofessionals who are

former clients, is not new to human services. In the 1960s and 1970s, former-consumer employees were known as indigenous workers (Pearl, 1974; Pearl & Riessman, 1965). These employees were typically from the same neighborhoods as the agency's client base, and therefore were assumed to have had many of the same life experiences. The mobility in modern America, however, makes recruiting employees from the local neighborhood difficult. Wagenfeld and Robin (1981) warn against relying on superficial similarities between former-consumer employees and clients, such as race or socioeconomic status. Rather, the critical connection comes through a shared significant life experience (Wagenfeld & Robin, 1981; L. White, 2000) such as homelessness or addiction.

Former-consumer employees have experiential knowledge, and do not typically have a baccalaureate degree (Yuen & Fossey, 2003). While shelters have the option of employing persons who have both experiential knowledge and a college degree, experiential knowledge is the defining criterion for employing former-consumer employees. These employees usually start in paraprofessional positions, and their opportunities for advancement vary (Durlak, 1979; Lynton, 1967; Pearl, 1968; Yuen & Fossey, 2003).

Employing former-consumer employees in human services settings provides a potential to benefit everyone involved. Agency administrators have workers who know the agency, the consumers, and cultural and community issues; and they also have the opportunity to continue to help the formerly homeless as employees. Former-consumer employees have an opportunity to "give back" while earning a living and training in the human services profession (Carlson, Rapp, & McDiarmid, 2001; Gartner, 1969; Itzhaky, 1995; Riessman, 1965; Salzer, 2002; Sherer, 1986; and Yuen & Fossey, 2003). Clients benefit from the peer support and the role modeling opportunities that former-consumer

employees provide (Barrett, Pratt, Basto, & Gill, 2000; Gartner, 1969; Gordon, 1976; Hossack & Robinson, 2005; Zenmore & Kaskutas, 2008).

Although the employer can benefit from hiring former consumers, such employment also presents challenges. These challenges can include the need for additional training, orientation, and team-building efforts between the paraprofessional former-consumer employees and traditional staff members. Individuals hired into paraprofessional positions may never have worked in a professional setting. Topics such as integrity and confidentiality should be explained (or demonstrated) to the staff.

Discussing roles and responsibilities in a full staff meeting or training session would benefit the former-consumer employee as well as the other members of the staff and reduce role confusion and boundary issues from occurring. For example, the case managers may have previously provided transportation for shelter residents with medical or mental health appointments. The shelter director may reassign this responsibility to the former-consumer employee, in order to give the case manager more time for professional activities, such as writing case notes or making telephone referrals. Without an explanation, however, the professional may conclude they are being slowly displaced by a less costly worker (Weissman, et al., 2005).

Another potential problem can arise when a former-consumer employee is working as a colleague alongside their former case manager. Typically, the employing agency's case manager should not be the former-consumer employee's case manager. Alternative service agencies should be identified and discussed with the former-consumer employee upon hiring (Dixon, Krauss, & Lehman, 1994; Manning & Suire, 1996).

The agency director must also be sensitive to the feelings and needs of the professional staff, who may be concerned about the potential for lowering the level of professionalism in their occupation and about the confidentiality of client information

(Armour, 2002; Brown, 1974; Carlson et al., 2001). These deterrents, as well as the possible benefits, require examination through empirical research. The present study asked shelter directors about their efforts to foster a team approach with employees. However, the study did not confirm whether professional employees felt these team building efforts were beneficial.

This research study is based theoretically on Judith A.B. Lee's (2001) Empowerment Approach, Albert Bandura's (1976, 1985, 1994, 2003) concepts of self-efficacy and reciprocal determinism captured in his Social Learning Theory (later renamed Social Cognitive Theory), and Frank Riessman's (1965, 1990, 1997) Helper Therapy Principle. Both the Empowerment Approach and the concept of self-efficacy through vicarious learning are directly relevant to discussions of former-consumer employee inclusion in homeless shelter staffing. Lee (2001) asserts that the Empowerment Approach is strengthened when the professional (or paraprofessional) helper has had experiences similar to those of the client. Bandura's (1985) concept of the vicarious experience of self-efficacy holds that shelter residents may assume that if the former-consumer employee is able to overcome obstacles, then they can do so as well. The Helper Therapy Principle (Riessman, 1965, 1990, 1997) calls for the development of helping opportunities for those who need help themselves, such as the formerly homeless. Therefore, these three theories have been used to provide a framework for studying the effects of formerly homeless employees in shelter settings.

RESEARCHER'S RELATIONSHIP TO THE TOPIC

The principal investigator's (PI) career in homeless shelter administration and direct services led to a research interest in exploring formerly homeless employee inclusion in shelters. The aspect of her shelter director career about which she is the most

proud is that over 75% of her 50+ employees were “people like the ones that we serve.” One of these employees joked in his interview for a paraprofessional position that he had never seen a job posting that read: “Formerly homeless, formerly incarcerated, and persons in recovery encouraged to apply.” He was in recovery from addiction, and found it difficult to find meaningful work, due to his drug-related convictions. He took the position at the shelter, and launched his social work career from there. He has since become a Certified Substance Abuse Counselor (CSAC), and earned both Bachelors of Social Work (BSW) and Masters of Social Work (MSW) degrees. He currently works as a clinician in a substance abuse treatment program, and is preparing for the Licensed Clinical Social Worker (LCSW) exam. This group of formerly homeless employees, working in cooperation with the professional social work staff, created an environment that ushered unusually high numbers of shelter residents back into housing in the community.

DEFINITION AND SCOPE OF THE PROBLEM

Since the passage of the McKinney-Vento Homelessness Assistance Act of 1986 (McKinney-Vento Act, 1986) the federal definition of a homeless person was:

...an individual who lacks a fixed, regular, and adequate nighttime residence, an individual who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

McKinney-Vento Homelessness Assistance Act of 1986

In November, 2010, this definition was modified to coincide with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. The HEARTH Act was enacted in May, 2009, as part of the Helping Families Save Their Homes Act of 2009 (P.L.111-22). At the time of this writing, the new changes had not taken effect. The Department of Housing and Urban Development (HUD) has until May, 2012 to publish the final regulations. As such, the 1986 version of the federal definition of homelessness remains in use at the time of this writing, and governs the Homeless Assistance Grants (Perl, 2011; Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009).

Amended section 103(a) of the McKinney-Vento Act broadened the definition of homelessness. This was something urged by advocates for the homeless for over two decades (Entner Wright, Caspi, Moffitt, & Silva, 1998; Link, Susser, Stueve, Phalen, Moore, & Struening, 1994), and finally realized in response to the housing market collapse of 2007 (Perl, 2011). Newly included in the federal definition of homelessness are persons living in transitional housing, those in hotels or motels not paid for by a government entity or charitable organization, and families and individuals who will imminently lose their housing. They must also have no a place to go or the resources to obtain other permanent housing (HEARTH Act of 2009). Once they have exhausted their resources, many homeless people will turn to shelters for housing, food, safety, and services.

Much of contemporary literature on homelessness points to one of two groups of “causes” for contemporary American homelessness (Lee, Tyler, & Wright, 2010). Structural explanations describe homelessness as stemming from policy and economic trends such as joblessness, a lack of affordable housing in nearly all markets, competition with a large aging population, the crack epidemic, and mental health, healthcare, and

welfare reforms (Blau, 1992; Burt, 1992; Jencks, 1994; Lee, Tyler, & Wright, 2010; Wright, Rubin, & Devine, 1998). Lee, Tyler, and Wright (2010) describe such structural factors as “forces that generate a population of poor people at risk for homelessness” (p. 509).

Individual explanations identify personal issues such as a mental illness, addiction, domestic violence, illness, or loss of a job as the reason for an individual or family’s homelessness (Bassuk, Perloff, & Dawson, 2001; Crane, Byrne, Fu, Lipman, Mirabelli, et al., 2005; Jasinski, Wesely, Wright, & Mustaine, 2010; Lee, Tyler, & Wright, 2010; Shinn, Gottlieb, Wett, Bahl, Cohen, & Ellis, 2007). Lee, Tyler, and Wright (2010) characterize these individual factors as the “personal vulnerabilities” (p. 509) that further contribute to this at-risk population becoming homeless.

Recent research (Baron, 2004; Burt, Aron, Lee, & Valente, 2001; De Venanzi, 2008; Caton, Dominguez, Schnazer, Hasin, Shrout, Felix, et al., 2005; Cronley, 2010; Haber & Toro, 2004), has provided empirical evidence that homelessness is instead an interplay of structural and individual contributing factors. Homeless persons represent a broad spectrum of strengths and difficulties, which they must address within the context of current policy and economic conditions.

Homeless service provision is comprised of a large network of shelters and service providers in the United States. Over 40,000 programs offer support for homeless families and individuals, including over 5,700 emergency shelters nationwide (Burt, Aron, Lee, & Valente, 2001). The National Coalition for the Homeless (2007a) explains that obtaining a completely accurate count of Americans experiencing homelessness is impossible. The available estimates are based on point-in-time counts, typically done twice per year. Individuals staying in shelters or in known encampments are counted on those nights, but many others will not be located using these methods (NCH, 2007a). The

current estimate of the number of homeless Americans continues to be the estimate prepared by the Urban Institute (2000) that approximately 3.5 million Americans experience homelessness each year. This number is based on findings of a national study conducted by the National Law Center on Homelessness and Poverty, the Urban Institute, and the National Survey of Homeless Assistance Providers in 1996. These organizations conducted point-in-time counts, and found that almost 10% of people living in poverty were homeless, resulting in an annual projection of 3.5 million Americans (1% of the population) experiencing homelessness each year (Urban Institute, 2000).

A national study (Link, Susser, Stueve, Phelan, Moore, & Struening, 1994) found that 59.2% of people who had been homeless stayed in vehicles, and 24.6% stayed in makeshift housing such as tents and boxes. Although these statistics are dated, they are supported by the National Law Center on Homelessness and Poverty's (2004) study of 50 cities that reported that "in virtually every city," the city's official estimated number of homeless people greatly exceeded the number of shelter and transitional housing beds available.

THE CHOICE OF QUALITATIVE METHODS

As shelter employment of the formerly homeless is an unexplored area, caution should be used in defining successful shelter resident outcomes to avoid generating a list of middle-class values such as housing, employment, sobriety, etc. The PI could not be certain that these outcomes would be the indicators of success that men and women experiencing homelessness would identify for themselves. Given these unknowns, qualitative methods were the most appropriate for this exploratory study. Padgett (2008) explains that qualitative program evaluations help avoid "overlooking what the clients value" (p. 40). Qualitative methods help give a voice to the study informants (Kramp,

2004; Morse & Richards, 2002). This characteristic of qualitative study is important, as the voices of people experiencing homelessness are underrepresented in the literature. Morse and Richards (2002) state, “If you don’t know what you are likely to find, your project requires methods that will allow you to learn what the question is from the data” (p. 28).

Qualitative methods provide the best approach to constructing a theoretical framework that is based in the reality of the study participants, rather than the researcher’s own presuppositions or previous research (Morse & Richards, 2002). Working with the “reality” of the participants was a primary focus of this study. For example, the qualitative interview allowed the participants to tell in great detail the story of how they came to the homeless shelter, rather than having to choose from a generic list of reasons for homelessness. All those interviewed enjoyed telling their story, which set them at ease for the remainder of the interview. The stories also provided information about their support systems, the agency, the employees, and the larger community.

GLOSSARY OF TERMS

Table 1 below presents definitions for terms used herein. “Formerly homeless employee inclusion” is a descriptive term coined by the author.

Table 1: Glossary of Terms

TERM	DEFINITION
Director	The Executive Director or Shelter Director, depending on the organization. This person is responsible for hiring, supervising, developing policy, and funding. This person typically has no direct service responsibilities (U.S. Department of Housing and Urban Development (HUD), 2010a).

Table 1: Glossary of Terms (Continued)

TERM	DEFINITION
Former-consumer employee	A human services employee who has experiential knowledge of the social problems addressed by the employing agency and who generally does not have a college degree, (Christensen & Jacobson, 1994). This person may or may not have received services at the employing agency.
Formerly homeless employee	A former-consumer employee who has personally experienced homelessness (White, 2000).
Formerly homeless employee inclusion	The inclusion of a “formerly homeless employee” in the staff of a homeless shelter or other human services organization. This person generally works as a paraprofessional in conjunction with professional employees such as social workers and case managers. This term was coined by the PI.
Homeless	The condition of a person who has no regular, fixed home. This term describes individuals residing in shelters, cars, outside, in abandoned buildings, or other place not meant for human habitation. It also describes those who are doubled-up with friends or family, living in cheap hotels or motels, or are threatened with imminent eviction (HEARTH Act of 2009).
Professional employee	An employee with a professional degree, license, or advanced certification. Examples include Masters of Social Work (MSWs) and Certified Substance Abuse Counselors (North, Pollio, Perron, Eyrich, & Spitznagel, 2005).
Resident	A homeless shelter client (Walsh, Rutherford, Sarafincian, & Sellmer, 2010).

FOCUS OF THE CURRENT STUDY

The goal of the present study was to better understand the effects of employing formerly homeless individuals in homeless shelters, along with the different ways in which members of the shelter community—directors, residents, formerly homeless employees, and professional employees—experience these effects. This understanding would allow shelter directors to make informed decisions about including formerly homeless employees in homeless service agencies. This research study situates these

effects within historical and theoretical contexts of both American homelessness and former-consumer employee inclusion in human services delivery.

ORGANIZATION OF THE REMAINING CHAPTERS

Chapter II reviews literature that discusses the larger issues of contemporary American homelessness, shelter provision, and the inclusion of former-consumer employees in human services, both historically and in existing services. Chapter III presents the theoretical framework for the study, based on Albert Bandura's Social Cognitive Theory, Judith A.B. Lee's Empowerment Approach, and Frank Riessman's Helper Therapy Principle. Chapter IV discusses the research design used to collect and analyze the data. Chapter V presents the findings, and Chapter VI contains the discussion of the conclusions and implications for further research and social work practice and policy.

CHAPTER II: LITERATURE REVIEW

INTRODUCTION

This literature review begins with a historical overview of American homelessness, to include a discussion of the size and scope of homelessness over time. Following is an explanation of the current definition of a homeless person in the United States. Through an examination of contemporary studies of homelessness, contributing factors and the demographic breakdown of homelessness in the United States are explored.

The chapter continues with descriptions of several types of shelters available to homeless individuals including: emergency shelters, overnight shelters, transitional housing programs, specialized shelters, and family shelters. These descriptions are important because the array of shelter programs differ greatly according to the population served.

An overview of the literature on the organizational culture of shelters is also provided, including studies that address organizational variables that impact staff, staffing variables that impact residents, and organizational values that impact residents. Following the list of studies regarding homeless shelters and the people they serve is a brief discussion of the federal funding sources for homeless shelters, including the McKinney-Vento Act of 1986 and the New Careers movement.

This chapter concludes with presentation of contemporary literature available on hiring former-consumer employees, analyzing the benefits and challenges found when integrating former-consumer employees into the shelter organization, and identifying the roles in which former-consumer employees are most likely to be successful in helping residents.

HISTORY OF HOMELESSNESS IN THE UNITED STATES

Homelessness has a long history in the United States, although initial experiences of homelessness differ markedly from the realities of today (Kusmer, 2002; Levinson & Ross, 2007; Rossi, 1989). Immediately after the Civil War, veterans who rode the rails launched what became a lasting image of tramps and the railroads. From that time until the Great Depression, homeless people were generally young white men traveling from place to place looking for work. They were either following employment opportunities such as logging or harvesting, or they were leaving areas with diminished prospects, such as drought-blighted farmland. These early homeless men, often called tramps or hoboes (Levinson & Ross, 2007), were more like contemporary migrant workers than present-day homeless individuals.

These men found housing in the “skid row” sections of American cities across the country. “Skid row” was originally coined in the 1850s (Kusmer, 2002), and was derived from the phrase, “skid road”, the area of Seattle where the logs skidded to a stop, and the workers clocked out for the night (R.A. Johnson, 2010). On skid row in every major city, young men could find services tailored to their needs, including inexpensive rooms, meals, and saloons (Hoch & Slayton, 1989; Kusmer, 2002; Levinson & Ross, 2007; Rossi, 1989). By the 1920s, the need for logging and agricultural migrant workers had greatly diminished owing to mechanization in these industries. During the Great Depression, the population in skid rows shifted from transient workers to unemployed men and sometimes entire families (Kusmer, 2002; Levinson & Ross, 2007).

In 1932, the National Council of Social Work and leading welfare organizations came together and created the National Committee on Care of Transient and Homeless (NCCTH). This group coordinated service activities, conducted two counts of the homeless, and developed plans which gave rise to the Federal Transient Service (FTS)

(Kusmer, 2002; Levinson & Ross, 2007; Rossi, 1989). In 1933, Harry Hopkins, a social worker, was appointed by President Roosevelt to oversee the Federal Emergency Relief Administration (FERA) (Jansson, 2011). Hopkins designated \$15 million to begin the work of the Federal Transient Services (FTS). Eventually, the FTS administered 300 transient centers in cities and towns, and contracted with existing organizations in over 300 additional rural communities in every state except Vermont, which refused to participate (Kusmer, 2002).

In smaller communities, the Federal Transient Service contracted with organizations such as the Salvation Army, to provide shelter, meals, and social work services. In larger communities, state-run shelters that housed 2,000 or more men were established. Women were not housed in shelters. Instead, they were given rooms, apartments, or houses in the community (Kusmer, 2002). The Federal Transient Services assisted an estimated one million people before its termination in 1935 (Levinson & Ross, 2007). Policy shifted from “alleviating immediate suffering to helping struggling households remain intact” (Levinson & Ross, 2007, p. 17). With wartime industry and the end of the Great Depression, unemployment ended for many, and the population of skid rows shrank (Hoch & Slayton, 1989; Kusmer, 2002; Levinson & Ross, 2007; Rossi, 1989).

Those who remained unemployed between 1935 and 1975 were the unemployable, the disabled, and the aged. Although older than the earlier groups of men living in these communities, skid row inhabitants were still overwhelmingly White and male—90 percent were white, 97 percent were men, and the average age was close to 50 (Bahr & Caplow, 1974; Bogue, 1963; Kusmer, 2002; Rossi, 1989; Rossi, 1990). Without the steady stream of traveling working men, the skid row communities became derelict and shabby, leading to the negative image of skid row found in the 1950s and 1960s that

persists today (Bahr & Caplow, 1974; Bogue, 1963; Levinson & Ross, 2007; Rossi, 1990).

By the 1970s, social conditions combined to produce a dramatic shift in the composition of the population comprising the poor, resulting in the “new” homeless, including women, families, young men, and minorities. Contributing social conditions included industrialization, deinstitutionalization for the mentally ill and disabled, loss of affordable housing, highway construction and gentrification, a worsening economic climate, deep cuts in public programs for the poor, the lack of opportunities and resources for returning Vietnam veterans, and rising unemployment rates for African Americans (doubling the rate experienced by whites) (Kusmer, 2002; Levinson & Ross, 2007; Takahashi, 1996).

HOMELESS POPULATION ESTIMATES

Using the 1986 definition of homelessness, on which all available data has been based, current estimates indicate that on any given night between 665,000 (U.S. Department of Housing and Urban Development, 2010b) and 844,000 (National Law Center on Poverty and Homelessness, 2004) people are homeless in the United States (National Law Center on Poverty and Homelessness, 2004; U.S. Conference of Mayors, 2001; U.S. Department of Housing and Urban Development, 2010b). (The Conference of Mayors publishes the Annual Hunger and Homelessness Report, which gathers information on homelessness from the U.S. Census and the point-in-time counts from its member communities.)

The smaller estimate of 665,000 homeless was based on the S-Night (referring to “shelter night”) count enumeration during the 2000 decennial census. Shelter providers reported the number of residents on that single night and an estimate of the total homeless

population was calculated (U.S. Census Bureau, 2008). The larger estimate of 844,000 was based on the annual study conducted by the U.S. Conference of Mayors. Each year, they study the numbers of persons in 27 U.S. cities experiencing homelessness and related trends such as increased poverty and food insecurity.

As of this writing (October, 2011), the only reported numbers of persons experiencing homelessness are based on the 1986 definition, and are therefore considered artificially low by many (Burt, 1996; U.S. Department of Education, 2000; Entner Wright, Caspi, Moffitt, & Silva, 1998; Lee, Tyler, & Wright, 2010; Link et al., 1994). Of particular concern is that the old federal definition ignored people experiencing homelessness in rural areas (Brown, 2002; Burt, 1996; U.S. Department of Agriculture, 1996; U.S. Department of Education, 2000). For example, in North Carolina, where the current study was conducted, 51 percent of the counties have no homeless shelters. These counties are almost exclusively rural (Brown, 2002). With no local shelters in many rural communities, homeless individuals and families are more likely to double-up with friends or family. These “precariously housed” people have no means of paying for their own housing, and their doubled-up living arrangements leave them with no permanency as their duration in a particular location is generally 60 days or less (Burt, 1996). These people have no protection from being asked to leave with little or no notice. They have been excluded from many programs serving the homeless, as they are not considered to be “literally” homeless (Burt, 1996, U.S. Department of Agriculture, 1996, U.S. Department of Education, 2000). This will change no later than March, 2012, as the new regulations go into effect, and expand the federal definition of homelessness as described in Chapter I.

Of the homeless people that are counted, the “literal homeless,” 51 percent are single men, 17 percent are single women, 2 percent are unaccompanied minors, 16.5

percent are children in families, and 13.5 percent are adults in families (U.S. Conference of Mayors, 2007), with no gender breakdown available for the adults in families. Homeless men and women often have minor children who are not considered homeless because they are living with family members or are in foster care, and these housed children are not included in the statistics (National Coalition for the Homeless, 2007a; U.S. Conference of Mayors, 2005).

Like other poor Americans, homeless Americans are more likely to belong to a racial minority. The racial composition of the homeless population is 49 percent African-American, 35 percent Caucasian, 13 percent Hispanic, 2 percent Native American, and 1 percent Asian (National Coalition for the Homeless, 2007a; U.S. Conference of Mayors, 2005). African-Americans, who make up only 13 percent of the U.S. population, are the most overrepresented group, and Native Americans (1 percent of the U.S. population) and Latinos (14 percent of the U.S. population) are slightly overrepresented. Caucasians (67 percent of the U.S. population) and Asians (4 percent of the U.S. population) are underrepresented in the homeless population (U.S. Census Bureau, 2008). These are broad, national rates, and do not reflect the variability by geographic region. The homeless population in Detroit, for example, looks similar to the homeless population nationwide. Detroit homeless persons are generally African American, male, and between the ages of 31-50. Seaside (Monterey County) California, on the other hand, has a homeless population comprised primarily of white females between the ages of 18-30. In Idaho, the homeless are predominantly young white men, ages 18-30 (U.S. Department of Housing and Urban Development, 2010b).

FACTORS CONTRIBUTING TO HOMELESSNESS

People who experience homelessness are typically struggling with more than one complex social problem. These may be individual (Bassuk, Perloff, & Dawson, 2001; Crane, et al., 2005; Jasinski, et al. 2010; Lee, Tyler, & Wright, 2010; Shinn, et al., 2007) or structural factors (Blau, 1992; Burt, 1992; Jencks, 1994; Lee, Tyler, & Wright, 2010; Wright, Rubin, & Devine, 1998), but many of these social problems have both individual and structural facets. Take the example of a former offender who has been released from prison directly into homelessness. Individual factors contributing to his homelessness could include his status as a former offender and inability to return home. Structural factors could include harsh sentencing laws and policies that ban him for life from public housing.

Advocacy and other social justice activities, requiring a structural orientation, may be part of a shelter director's (and potentially other employees') job responsibilities. The present study, however, explores the effectiveness of formerly homeless employees in direct service roles. Addressing residents' challenges resulting from "biographical risk factors" (Shelton, Taylor, Bonner, & van den Bree, 2009, p. 465), such as domestic violence, incarceration, and military service are generally the focus of direct services. Therefore, the following discussions will primarily discuss these risk factors.

Domestic Violence

The Violence Against Women Act of 2005 (VAWA; Public Law 109-162) prohibits domestic violence service providers from submitting resident information to Homeless Management Information Strategies (HMIS), which makes it difficult to gather unduplicated data on the number of people experiencing homelessness as a result of domestic violence (VAWA; Public Law 109-162). It can be argued that women who are

homeless as a result of domestic violence are even more difficult to count than the general homeless population.

Nonetheless, it has been asserted by experts in the field that domestic violence is a leading cause of homelessness among women (Baker, Billhardt, Warren, Rollins, & Glass, 2010; Bufkin & Bray; 1998; Jasinski, Wesely, Wright, & Mustaine, 2010; Metraux & Culhane, 1999; Richards, Garland, Bumphas, & Thompson, 2010). This is largely due to the number of battered women in poverty with limited access to resources. Domestic violence advocates have often ignored the intersection between domestic violence and poverty, perhaps to create a more sympathetic message by implying that domestic violence equally affects all women (Crenshaw, 1991; Haaken & Yragi, 2003; Richie, 2000). On the contrary, studies have shown that poverty does increase the risk of domestic violence (Benson & Fox, 2004; Catalano, 2007; Hetling & Zhang, 2010; Shinn, 2010a). This is particularly true for severe violence (Brown, Salomon, & Bassuk, 1999; Brown & Bassuk, 1997; Crenshaw, 1991; Haaken & Yragi, 2003; Josephson, 2002; Moe, 2007; Richie, 2000). Poor women also tend to have fewer friends or relatives who can assist with financial support (Crenshaw, 1991).

As such, shelters are the only housing option for many domestic violence survivors when they leave their abusers (Bufkin & Bray, 1998; Cole, 2001). Because they are fearful of entering a shelter, some women remain in abusive situations longer (Bufkin & Bray, 1998; Cole, 2001; Platt, Barton, & Freyd, 2009). While domestic violence shelters are available in many communities, they do not possess the capacity to shelter the number of women (and children) who require assistance (Moe, 2007; Grossman, Lundy, George, & Crabtree-Nelson, 2010; Richards, et al., 2010). For example, the National Network to End Domestic Violence (NNEDV) conducted a national study in

September, 2010. The researchers found that on just one day, there were 5,686 unmet requests for domestic violence shelter nationwide (NNEDV, 2010).

In addition to the shortage of shelter space, other issues can make it difficult or impossible for some women to access the domestic violence programs. Restrictive drug and alcohol policies exclude women who are high or intoxicated from entering some domestic violence shelters (Moe, 2007; Zweig, Schlichter, & Burt, 2002).

Recidivism is another complicating factor. Often, women leave a violent partner more than once (Moe, 2007; Platt, Barton, & Freyd, 2009). Domestic violence shelters may have time limits, including limits on the number of days women may stay in the shelter (Itzhaky & Porat, 2005), and requirements on how much time must elapse between shelter stays—typically 30 days (Moe, 2007). The limit on the number of days women may stay in a domestic violence shelter does not always allow the survivor enough time to develop the sense of security and empowerment necessary to move beyond the abusive relationship (Itzhaky & Porat, 2005). When little time has passed since their last stay in a domestic violence shelter, women who suffer another violent incident may not be able to return to that shelter and must find some alternative (Moe, 2007), such as a homeless shelter.

Nonetheless, the link between domestic violence and homelessness is not always direct (Baker et al., 2010). Domestic violence survivors have numerous barriers to housing as a result of their history of abuse. They may experience difficulty finding a living wage job due to sporadic or limited employment experience, and women who do find jobs are often harassed or sabotaged by their former batterer (Brown & Bassuk, 1997; Brown, Salomon, & Bassuk, 1999; Byrne, Resnick, Kilpatrick, Best, & Saunders, 1999). The findings from one study (Riger, Ahrens, & Blickenstaff, 2000) showed that 50 percent of the working survivors of domestic violence in their study had lost a job due to

their abusers' behavior. Hence, the lack of steady income can be one barrier to housing (Brown & Bassuk, 1997; Brown, Salomon, & Bassuk, 1999, Byrne et al., 1999, Riger, Ahrens, & Blickenstaff, 2000).

Domestic violence survivors may also have barriers to housing beyond the financial ones. For example, many landlords will not rent to them because of the perceived risk of harm to other tenants or to the property by the abuser (Baker, et al., 2010; Ghabrial & Barata, 2010). Others survivors have criminal records from being forced to participate in criminal activities by their abusers (Richie, 1996), or from their own crimes. Lastly, public housing and housing vouchers are not available to individuals who have a drug conviction (Richie, 1996; Shinn, 2010a), further reducing survivors' chances of staving off homelessness, as discussed in the following section.

Alcohol and other Drug Disorders

Experts agree that substance abuse and addiction are inextricably linked with homelessness in contemporary society (Dickson-Gomez, Convey, Hilario, Weeks, & Corbett, 2009; Didenko & Pankratz, 2007; Fountain, Howes, Marsden, Taylor, & Strang, 2003; Glasser & Zywiak, 2003; G. Johnson & Chamberlain, 2008; T. P. Johnson, Freels, Parsons, & Vangeest, 1997; Magura, Nwakeze, Rosenblum, & Joseph, 2000; O'Toole, Gibbon, Hanusa, Freyder, Conde, & Fine, 2004; Shelton, Taylor, Bonner, & van den Bree, 2009; Substance Abuse and Mental Health Services Administration (SAMHSA), 2003). Estimates on the number of homeless persons with an alcohol or other drug (AOD) disorder range from one-third (Glasser & Zywiak, 2003) to two-thirds of the adult American adult homeless (Dickson-Gomez, Convey, Hilario, Weeks, & Corbett, 2009).

The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 38 percent of homeless people are alcohol-dependent, and 26 percent abuse

other drugs. These figures are more than double the numbers reported for the general population (SAMHSA, 2003). The findings of the 2006 National Household Survey for Drug Use and Health (NHSDUH) showed that alcohol abuse was higher for older homeless adults, and illicit drug use was greater among homeless youth and young adults, although the report did not specify what ages constituted “older” and “young” adults (National Household Survey for Drug Use and Health, 2006).

Addiction disorders contribute to and exacerbate homelessness, and low-income people are particularly vulnerable to losing their housing at the onset or escalation of their addiction (Didenko & Pankratz, 2007; Glasser & Zywiak, 2003; Fountain et al., 2003; G. Johnson & Chamberlain, 2008; O’Toole et al., 2004; Shelton, Taylor, Bonner, & van den Bree, 2009). Approximately one-third of substance-abusing homeless persons were abusing alcohol or other drugs (AOD) prior to becoming homeless (G. Johnson & Chamberlain, 2008), known as “social selection” (Didenko & Pankratz, 2007). The other two-thirds of the substance-abusing homeless population began using after becoming homeless (G. Johnson & Chamberlain, 2008) as a way to self-medicate (Didenko & Pankratz, 2007; Fountain et al., 2003; G. Johnson and Chamberlain, 2008; T. P. Johnson, Freels, Parsons, and Vangeest, 1997; Magura, et al., 2000). This phenomenon is known as “social causation” (Didenko & Pankratz, 2007). Young homeless people are more at risk of the social causation model than their older counterparts (G. Johnson & Chamberlain, 2008).

Not only is addiction a contributing factor to and a result of homelessness, but often it prolongs homelessness. Homeless individuals with an alcohol or other drug (AOD) disorder are generally homeless for twelve or more months (G. Johnson & Chamberlain, 2008). Many shelters do not allow residencies of that duration.

Consequently, short shelter stays are not long enough to allow an addicted person to change and establish a solid recovery program (G. Johnson & Chamberlain, 2008).

Regardless of the homeless person's domicile (shelter, outside, doubled-up with friends, etc.), non-residential day treatment programs have been unable to reduce substance abuse rates within the homeless population. This is primarily attributed to non-residential day treatment programs' low retention rates with homeless addicts (Milby, Schumacher, Wallace, Freedman, & Vuchinich, 2005). Dropout rates for the homeless population are typically between 65 and 75 percent (Liberty, Johnson, Jainchill, Ryder, Messina, Reynolds, & Hossain, 1998).

There are several explanations for the ineffectiveness of non-residential day treatment programs with the homeless population. First, homeless substance abusers generally need more medical care than addicts from the general population (Daiki, 2007; Rayburn & Wright, 2009), which may complicate or delay full immersion in a treatment program. Second, homeless people have a weaker social support system in place. The recovery process may be more difficult without friends or family to support them (Hawkins & Abrams, 2007; Rayburn & Wright, 2009). Finally, research has shown that treatment success is much more likely for people who have some housing stability (Eggerston, 2007; Padgett, Gulcure, & Tsemberis, 2006; Greenwood, Schaefer-McDaniel, Winkel, & Tsemberis, 2005; Rayburn & Wright, 2009).

This creates a need for "wet" shelters and/or Housing First programs in order for homeless substance abusers to have a reasonable chance of being successful with their recovery from addiction. "Wet" shelters are shelters that allow high or intoxicated residents to enter (Budnick, Parnell, & Barnes, 2001; Burt, Aron, Douglas, Valente, Lee, & Iwen, 1999; Pearson, Montgomery, & Locke; 2009). Housing First is the latest national response to the homelessness crisis, where housing vouchers are offered to

homeless individuals and families at the beginning of the helping relationship, rather than as a reward for completing their case plan (Culhane & Metreaux, 2008; Kertesz, Crouch, Milby, Cusimano, & Schumacher, 2009; Milby, Schumacher, Wallace, Freedman, & Vuchinich, 2005). Therefore, for both the “wet” shelter and Housing First models, sobriety is not a requirement of eligibility. “Wet” shelters will be discussed more fully in a later section describing types of homeless shelters. In the policy implications section of the final chapter, additional discussion of the Housing First model will also be provided.

Even homeless addicts who have achieved sobriety may encounter obstacles as they enter the housing market. Many people who have struggled with addiction have criminal records. These are often drug convictions, or ancillary crimes, such as theft and prostitution. The intersection of homelessness, addiction, and a criminal record extremely limits housing options for these individuals and families. First, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 terminated Supplemental Security (SSI) and Social Security Disability Insurance (SSDI) benefits to individuals whose disabling condition was an alcohol or other drug (AOD) disorder (Davies, Iams, & Rupp, 2000), and disallowed AOD disorders as a eligible disability. Drug convictions also tend to limit employment opportunities for everyone (Holzer, Stoll, & Wissoker, 2004; Phinney, Danziger, Pollock, & Seegfeldt, 2007). This effectually lowers the earning potential of individuals with drug convictions, pricing them out of an entire segment of the housing market (Dickson-Gomez, et al., 2009; Phinney et al., 2007).

Further, public housing is unavailable to individuals with drug-related convictions per the Housing Opportunities Program Extension Act of 1996, also known as the “One Strike, You’re Out,” rule (Richie, 1996; Shinn, 2010a). Housing authorities are not only allowed to reject applicants with drug convictions, but they can also evict tenants who are

convicted of a drug offense. Some of these people will become homeless as a result (Dickson-Gomez et al., 2009; Phinney et al., 2007). For example, during a seven-year study of current and former welfare recipients, 20% of the subjects were evicted from their apartments, and 12% had been homeless (Phinney, et al., 2007). Lastly, private landlords are also unwilling to consider applicants with criminal records, due to the perceived threat to their property and other tenants (Baker, et al., 2010; National Law Center on Homelessness and Poverty, 2007). The next section presents expanded information on the impact of incarceration on homelessness in the United States.

Incarceration

There are strong links between homelessness and incarceration, demonstrating a bidirectional relationship (Dyb; 2009; Foster & Hagan, 2007; Greenberg & Rosenheck, 2008; Metraux & Culhane, 2006; Wheeler & Patterson, 2008). The homeless and incarcerated populations are also both more likely to be young, male, and African American (Eberle, Kraus, Pomeroy, & Hulchanski, 2006).

Homelessness as an antecedent to incarceration has been established (Greenberg & Rosenheck, 2008; McNeil, Binder, & Robinson, 2005; Metraux & Culhane, 2006). In a study of over 13,000 prisoners, 16% were homeless at the time of their arrest (McNeil, Binder & Robinson, 2005), which some consider the criminalization of homelessness (McNeil, Binder, & Robinson, 2005; Metraux & Culhane, 2006) Recent homelessness was 7.5—11.3 times more common for inmates than for members of the general population (Greenberg & Rosenheck, 2008). Criminal behaviors of currently homeless people include crimes such as loitering, trespassing, public urination, and panhandling (Metraux & Culhane, 2006). More serious offenses such as drug-related charges and prostitution are related to homelessness, particularly for those in active addiction

(Greenberg & Rosenheck, 2008; Metraux & Culhane, 2006). Even so, offenders who were homeless at the time of their arrest were more likely to have been charged with a property crime (Greenberg & Rosenheck, 2008), than of a more serious charge.

Homelessness is not only a precursor to incarceration, but also a result of it. Homelessness can occur at the point of reentry, where the offender is transitioning back into society, and adjusting to life outside of prison (Greenberg & Rosenheck, 2008; Metraux & Culhane, 2004, 2006; Petersilia, 2003; Wheeler & Patterson, 2008). Aptly, release from prison has been called the “second wave of deinstitutionalization” (Metraux, Roman, & Cho, 2007, p. 9-2). The authors of one study (Metraux & Culhane, 2004) found that over half of the offenders staying in shelters were there within 30 days of their release from jail or prison. Another study (Rodriguez & Brown, 2003) determined that 30- 50% of parolees in Los Angeles and San Francisco were currently homeless. Metraux, Roman, and Cho (2007) have suggested that this is in part because prisons are typically in rural locations, and released offenders often move to urban areas. Even when reentry services are provided, prison employees may have no knowledge of services and the housing market in areas other than where the prison is located (Metraux, Roman, and Cho, 2007).

Generating enough income to survive is an even greater challenge for offenders than for the general homeless population. Offenders are denied welfare benefits that include food stamps and public housing (Glaze & Maruschak, 2008; Shinn, 2010a). Removing this safety net may result in further impoverishment. Opportunities for employment are diminished by the stigma of incarceration, and offenders have difficulties finding employment (Glaze & Maruschak, 2008; Mauer & Chesney-Lind, 2002; Shinn, 2010a; Western & Wildeman, 2009; Wheeler & Patterson, 2008). Those who are lucky enough to secure employment are likely to find that their post-

incarceration earnings are diminished up to 30% for an unforeseeable length of time. Once again, these conditions not only affect the offender, but also their families. Formerly incarcerated men are 14% less likely to pay child support at all. Of those who do pay, their average payments are \$1400 less per year than those of fathers with no history of incarceration (Western & Wildeman, 2009).

Like addiction and homelessness, incarceration and homelessness exhibit a bidirectional relationship. As African Americans are disproportionately represented in both American poverty and the criminal justice system, they are also disproportionately represented in the homeless population (Glaze & Maruschak, 2008; Philippot, Lecocq, Sempoux, Nachtergaeel, & Garland, 2007; Shinn, 2010a; Wheeler & Patterson, 2008).

African Americans

Marginalized and excluded groups, including racial minorities, are more likely to experience homelessness (Philippot, Lecocq, Sempoux, Nachtergaeel, & Garland, 2007; Shinn, 2010a), partly because they are more likely to be poor. The disparity between African Americans and Whites experiencing homelessness is the largest, however. While African Americans are only 12.3% of the general population, they account for half of all homeless Americans (R.A. Johnson, 2010; U.S. Department of Housing and Urban Development, 2010b). African Americans are also more likely than Whites to experience multiple episodes of homelessness (Baker, 1994; U.S. Conference of Mayors, 2009).

In an extensive historical study of African American homelessness, R.A. Johnson (2010) described the urban renewal of the 1950s, combined with deindustrialization of the 1970s and the crack cocaine epidemic of the 1980s, as the “perfect storm creating a dramatic rise in Black homelessness” (p.600).

Gentrification, also known as urban renewal, is the phenomenon started in the 1950s where affluent people began buying property in low-income neighborhoods and rehabilitating the homes. While this practice benefited those who could afford to purchase these homes, it broke up established communities and dispersed their tenants. Not only were communities and social networks disbanded, but the affordable housing units were rarely replaced. By 1967, gentrification was responsible for the loss of over 400,000 housing units, with fewer than 42,000 were built to replace them (R.A. Johnson, 2010). The low-income, blue collar tenants who were dislocated were more likely poor African Americans.

At the same time, White Americans were taking advantage of Veterans Administration (VA) and Federal Housing Administration (FHA) loans to help them buy homes, and accumulate wealth for future generations. African Americans were systematically excluded from this opportunity, as they were not allowed to buy homes in all neighborhoods. While the American government was making it possible for Whites to purchase homes, it was also responsible for enacting policies that required keeping racial and social classes separate in the housing market (R.A. Johnson, 2010).

Like urban renewal, deindustrialization affected blue collar workers across races, and it disproportionately affected African Americans ability to maintain a “foothold” in the American working class. In the 1970s, fiscal policy led to financial incentives for manufacturers to move overseas. Factories permanently closed, and blue collar workers moved to service-based jobs. These non-union jobs paid much less, and American families found they were no longer able to support themselves on the wages from one low-paying job (R.A. Johnson, 2010). In the 1980s, seventy-five percent of the new jobs were paid at minimum wage (Wolch & Dear, 1993).

Even minimum wage jobs were scarce. For some, the drug trade was the only “economic opportunity in the jobless ghetto” (Western & Wildeman, 2009, p. 225), and then came mass incarceration. “Mass incarceration” describes the policy shift in the early 1990s when drug offenses were met with harsh sentencing and a punitive, rather than rehabilitative, philosophy (Western & Wildeman, 2009). This trend remains in effect today. Drug arrests (possession, distribution, manufacturing, etc.) accounted for one-third of African American male arrests in 2009 (Snyder, 2011). This figure fails to account for all of the crimes committed in order to support an addiction, such as prostitution, burglary, theft, etc. The incarceration rates for African American men are almost seven times that of White men in the U.S. (Western & Wildeman, 2009; Wheeler & Patterson, 2008). While African American men account for less than 7% of the overall population, they account for 50% of incarcerated persons in the United States (West & Sabol, 2009; Wheeler & Patterson, 2008).

The mass incarceration of African American men has contributed not only to their own poverty and homelessness, but also to their families’ struggles. While African American incarcerated men were half as likely to be married as their White counterparts, they were equally as likely to be fathers (Blau, Kahn, & Waldfogel, 2000). The female headed households left behind are more likely to experience enduring poverty (Western & Wildeman, 2009). The mounting pressures faced by these families negatively affect the children, resulting in aggression, behavior problems, and further marginalization. These conditions may result in the children themselves becoming offenders (Wildeman & Western, 2010), continuing the cycle of poverty.

Estimates range from 33% (West, 2010) to 80% (Lotke, 1998; Wheeler & Patterson, 2008) of African American men will be incarcerated at some point during their lifetimes. While African American men account for less than 7% of the overall

population, they account for 40 - 50% of incarcerated persons in the United States (West & Sabol, 2009; Wheeler & Patterson, 2008).

In 2007, the median family income for African American families was \$34,001. This was just 61% of the \$55,096 median family income for White families (Bowman, 2011; U.S. Census, 2008). In 2008, 10.1% of African Americans were unemployed, in contrast to only 5.2% of Whites (Shinn, 2010a). While all poor people will not become homeless, homeless people are always poor. Homeless persons are also more likely to have experienced an impoverished childhood (Firdion & Marspat, 2007).

Deinstitutionalization and Mental Health Disorders

Although deinstitutionalization is widely believed to have caused the surge in homelessness during the 1980s, psychiatric hospitals actually released more patients during the 1950s and 1960s (Levinson & Ross, 2007). Deinstitutionalization was based on the assumptions that community based care would be more humane, therapeutic, and cost-effective. In response, the Kennedy Administration enacted the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 (commonly known as the Community Mental Health Centers Act of 1963), and provided federal funding for community mental health centers, thereby facilitating deinstitutionalization (Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963; Rochefort, 1984; Sharfstein, 2000).

While deinstitutionalization has been overemphasized as the “cause” of homelessness (Snow, Baker, Anderson, & Martin, 1986), the phenomenon has in fact contributed to the disproportionate number of mentally ill persons within the homeless population (Lamb & Bachrach, 2001; Levinson & Ross, 2007; Snow, et al., 1986). This is only true, however, if the full definition of deinstitutionalization is used (Lamb &

Bachrach, 2001; Snow, et al., 1986). Deinstitutionalization is often assumed to be a singular release of institutionalized mental health patients. While this is one aspect, it also includes diversion from psychiatric hospital admission, and the creation of “adequate and accessible” community mental health services (Lamb & Bachrach, 2001, p. 1039). The first two aspects of deinstitutionalization have been successful. The number of institutionalized mental health patients in the U.S. has dropped substantially. In 1955, 339 per 100,000 were institutionalized for a mental health disorder. In 1998, that number had dropped to 21 per 100,000 (Lamb & Bachrach, 2001). The third aspect of deinstitutionalization has not been realized, however. Adequate and accessible community mental health services still do not exist for everyone who needs them (Lamb & Bachrach, 2001).

Without adequate community services, persons with a mental health disorder are more likely to experience homelessness. In a large (n=10,340) study of mental health consumers in a public mental health system, 15% were homeless (Folsom, Hawthorne, Lindamer, Gilmer, Bailey, et al., 2005). Homeless people experience mental health disorders at three to four times the national average, which rises to five times the national average when combined with an alcohol or other drug (AOD) disorder (Shelton, Taylor, Bonner, & van den Bree, 2009). Estimates range from one-third (Christensen, 2009) to one-half (Baggett, O’Connell, Singer, & Rigotti, 2010) of homeless persons have a mental health disorder. Approximately half of those, or 25% of the total homeless population, have a serious mental illness such as chronic depression, bipolar disorder, schizophrenia, schizoaffective disorder, or a severe personality disorder (Baggett, O’Connell, Singer, & Rigotti, 2010). Over one-fourth of homeless persons with a mental health disorder were released from an institution (primarily hospitals or psychiatric facilities) within the 90 days prior to seeking shelter services (Chen & Ogden, 2011;

Metraux, Byrne, & Culhane, 2010). Homeless shelters have become the “defacto aftercare facilities” (Metraux, Byrne, & Culhane, 2010, p.29), as the development of community-based services has lagged behind the need.

Military Service

Veterans constitute close to 30 percent of the homeless population in the United States (Garcia-Rea & LaPage, 2008; Iverson, Cornell, & Smits, 2009: National Coalition for Homeless Veterans), with approximately 400,000 veterans experiencing homelessness for some part of each year. Among homeless veterans, 45 percent have a mental health disorder and over 50 percent have an alcohol or other drug disorder. Overall, 73 percent have a mental health and/or substance abuse disorder (National Coalition for Homeless Veterans, n.d.).

Homeless veterans are generally single and come from poor families and communities (NCHV, n.d.). These men and women are not only faced with the factors that confront all homeless individuals, such as wage stagnation and the lack of affordable housing, but they are also burdened with issues such as post-traumatic stress disorder (PTSD), traumatic brain injury, substance abuse, and a lack of social supports (National Coalition for the Homeless (NCH), 2007; NCHV, n.d.). Veterans with PTSD and/or traumatic brain injury are more likely to become homeless, and the current conflicts in Afghanistan and Iraq are producing high percentages of affected veterans (NCH, 2007).

Although 14 years is the average between discharge from the military and becoming homeless (Iverson, Cornell, & Smits, 2009; Mares & Rosenheck, 2004), veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) are becoming homeless much more quickly. Over 1500 veterans of OIF/OEF were homeless in FY 2008 (Perl, 2011). Increases in homelessness for veterans of these two conflicts

have been attributed to their young age and limited job skills (Garcia-Rea & LePage, 2008), low social supports upon returning home, diagnosis of a psychiatric disorder (other than PTSD), alcohol and other drug (AOD) disorders, and their unmarried status (Perl, 2011). Perl (2011) also explored whether OIF/OEF veterans' combat exposure or participation in atrocities were factors contributing to higher rates of homelessness, but found no differences in these experiences between housed and homeless veterans. While there still exists a stereotype of homeless Vietnam-era veterans, those veterans actually have almost the same risk of homelessness (1.01 times more likely) to experience homelessness as men in the general population (Perl, 2011). Post-Vietnam-era veterans are four times more likely to become homeless, and are therefore faring much worse than veterans of earlier conflicts (Perl, 2011).

A difficult dimension to providing services to homeless veterans is the presence of female veterans. Female veterans are three to four times more likely to become homeless than women who have never served in the armed forces. Risk factors that were found to increase female veterans' likelihood of becoming homeless were sexual assault during their military service, unemployment, disability, poor health, anxiety, and/or PTSD. Women were found to have protective factors that offset some of these risks, which were having some college education and being married (Washington, Yano, McGuire, Hines, Lee, & Gelberg, 2010). Homeless female veterans were more likely to need family shelter accommodations, and very few VA shelters offered that type of housing (Perl, 2011).

While most VA housing dollars are directed toward home ownership, the VA does administer a program in cooperation with the Department of Housing and Urban Development (HUD) called the HUD-VA Supportive Housing (HUD-VASH) program. Started in 1992, HUD-VASH provides supportive housing that includes shelter,

transitional, and permanent housing for homeless veterans (O'Connell, Kaspro, & Rosenheck, 2008; Tsai, Rosenheck, Sullivan, & Harkness, 2011). Since 1992, the HUD-VASH program has served more than 30,000 homeless veterans (Tsai, et al., 2011), targeting homeless veterans with a mental health or alcohol or other drug (AOD) disorder, or a physical disability. Section 8 housing vouchers are provided to the clients, as well as services through community treatment teams (O'Connell, et al., 2008; Tsai, et al., 2011). The eligibility criteria is also based on the federal definition of homelessness, so potential clients would have to stay in a shelter or on the streets for 30 days in order to qualify for the program (O'Connell, et al., 2008). With the recent changes to the federal definition of homelessness, the 30-day rule may be lifted, allowing homeless veterans to move more quickly into housing.

TYPES OF SHELTERS

Over 40,000 shelters are provided to homeless individuals and families in the United States (Burt et al., 1999), and the types of shelter programs have increasingly become diverse and specialized (Burt, et al., 1999; Veness, 1994). Shelters offer a range of specific services based on hours of operation (24-hour, nights-only), issues presented (addiction, domestic violence, etc.), and resident demographics (single men, families with children, etc.). Literature that addresses the major types of shelters is described in the sub-paragraphs below.

Emergency Shelters

True emergency shelter programs usually operate only under severe weather conditions when temperatures are too hot or too cold for homeless individuals to safely be outside. These programs are often housed in a church or a building owned by a local government, such as a gymnasium. Other shelters may expand their hours during

emergency conditions, often called “white flag” conditions, because many homeless service agencies hang a white flag outside to signify the dangerous weather and immediate availability of shelter (Bledsoe, n.d.; Homeless Escape the Heat, 2006; Rutherford, 2011).

Overnight Shelters

Some shelters operate only as overnight shelters, generally opening around 4:00 p.m. and closing at about 7:00 a.m. Increasingly, however, providers are acknowledging the need for 24-hour shelters so that residents who work night shifts have a place to sleep, social workers and case managers can meet with residents, and residents who are unemployed or disabled have a safe place off the streets (Burt et al., 1999). Still, 48 percent of the cities surveyed by the U.S. Conference of Mayors (2005) reported that even families with children may have to leave the shelters during the day. While figures were not available for shelters serving single individuals, the figures can be assumed to be at least as high.

Transitional Housing Programs

Transitional housing programs have until recently served as an intermediate step between shelter and permanent housing for individuals or families who were ready to move out, but they were not deemed “ready” for permanent housing by housing service providers, or there were simply no available affordable housing units (Budnick, Parnell, & Barnes, 2001). Now, some of these transitional housing units are being used in the Housing First model, also known as Rapid Rehousing. The concept is that when individuals are offered housing initially, they can be much more successful in addressing issues such as addictions, mental health, and unemployment (Padgett, Gulcure, &

Tsemberis, 2006). In either version, transitional housing residents live in a private unit, generally an apartment, and continue to receive supportive services.

Specialized Shelters for Persons with Addictions

Specialized shelters for homeless people with an alcohol or other drug (AOD) disorder include three types of programs along a continuum. The Social Model Program (SMP), or “social detox,” is for individuals who want to recover (Barrows, 1998; Borkman, Kaskutas, Room, Bryan, & Barrows, 1998; Budnick et al., 2001; Room, 1998; Room, Kaskutas, & Pirothe, 1998; W.L. White, 2001). The Harm Reduction model is an option for those who want to reduce, but not eliminate, their substance use (Hass, 2001; Hwang, 2006; Podymow, Turnbull, Coyle, Yetisir, & Wells, 2006). A Wet Shelter (Budnick, Parnell, & Barnes, 2001; Burt, et al., 1999) is for individuals who are still using alcohol or other drugs.

The types of shelters for homeless people with AOD disorders are not available in most communities, however. As a result, homeless individuals with AOD disorders often fall into the unsheltered population, because the majority of shelters have abstinence policies (Burt, et al., 1999). For example, North Carolina has over 140 homeless shelters, but only one Social Model Program Shelter, The Healing Place of Raleigh (B. Brown, personal communication 2011, May 23) and no harm reduction shelters (T. Swopes, personal communication, 2011, May 21). Each of these types of shelters is discussed more fully below.

Social Model Programs

Emerging in the 1990s, Social Model Programs (SMPs) evolved from the Alcoholics Anonymous (AA) tradition. SMPs are usually staffed entirely by recovering addicts and are based on the 12-Traditions and 12-Steps of AA, but also work to connect

the resident with other available community resources (Barrows, 1998; Borkman et al., 1998; W.L. White, 2001). W.L. White (2001) asserts that these treatment programs needed to shift their focus and emphasize recovery as “a connection with indigenous resources and relationships beyond the self” (p.1). Social Model Programs operate using a democratic group process and minimal hierarchy. They hold individuals responsible not only for their own recovery, but also for bringing recovery to their community (Barrows, 1998).

Harm Reduction Shelters

Harm reduction shelter programs, with “managed alcohol administration” (Hass, 2001; Hwang, 2006; Podymow, et al., 2006) provide one serving of alcohol per hour during waking hours. Podymow et al. (2006) found that this model significantly reduced visits to the emergency room, as well as encounters with police. The researchers also noted a considerable decrease in the estimated alcohol consumption of the program participants, although the baseline data was from the participants’ self-report.

“Wet” Shelters

“Wet” shelters are shelters that do not require residents to discontinue alcohol or drug use in order to receive shelter and services (Budnick, Parnell, & Barnes, 2001; Burt, et al., 1999; Pearson, Montgomery, & Locke, 2009). These programs allow individuals who are high or intoxicated to enter the shelter. There are wet shelters in many cities as an option for men and women who are unwilling or unable to present as sober upon shelter admission. Generally these are separate facilities with limited services and no frills (Burt, et al., 1999; Pearson, Montgomery, & Locke, 2009). Higher-quality, more comfortable sober-living facilities are available and preferred by those who are eligible. Alcohol and drug use on the shelter premises is prohibited, because of legal issues, and

out of concern that an individual's behavior may worsen during the night, if he or she continues to use (Budnick, et al, 2001; Burt, et al., 1999). Residents may stay only as long as they are not disruptive, to ensure the safety of the other residents and staff members.

Family Shelters

Shelters for families with children require vastly different space configurations and services. Dormitory-style shelters, which are widely used for unaccompanied men and women, are not effective or appropriate for families who need private rooms or efficiency apartments to maintain a semblance of normal family life for their children (Anderson & Koblinsky, 1995; Fogel & Dunlap, 1998; Rossi, 1990).

Most family shelters are designed to accommodate women with younger children, and fewer than half of these shelters accept families with teenage boys or fathers (U.S. Conference of Mayors, 2005). In a 2005 study, the U.S. Conference of Mayors found that 57 percent of cities reported that a homeless family with an "older" boy (sometimes no more than 8 years old) or an adult male would have to be split up in order to receive shelter. The availability of accommodations for such a family in the other 43 percent of cities is unknown. While reasons for these rules may be understandable, such as having only communal bathroom facilities, the policy still places a burden on families who do not fit within the rules of available shelter programs (Anderson & Koblinsky, 1995; DiBlasio & Belcher, 1992; Mihaly, 1989).

ORGANIZATIONAL CULTURE OF SHELTERS

A number of studies have examined organizational characteristics, such as rules, levels of bureaucracy, and staffing within shelter organizations and similar residential programs (Delaney & Fletcher, 1994; Fogel & Dunlap, 1998; Karabanow, 2004; Martin

& Segal, 1977; North, et al., 2005). These studies are important as there is so little research that specifically explores organizational characteristics in homeless shelters. The literature in this area has been sub-divided into three areas for discussion below:

- Organizational concepts that impact staff
- Staffing concepts that impact residents
- Organizational values that impact residents

Organizational concepts that impact staff

In reviewing staffing issues within shelter organizations, Packard (2001) confirmed that staff are more committed to their work when their values, specifically compassion, respect, empathy, empowerment, and dignity, are congruent with those of the shelter organization. While Packard (2001) did not examine the effects of the type of staff employed, it did examine the organizational culture that impacted hiring practices.

Jaskyte (2004) sought to understand the relationship between leadership, organizational culture, and innovation in nonprofit organizations. Her sample included 247 employees from 19 branches of the Associations for Retarded Citizens (ARCs) in Alabama. Data was collected through self-administered surveys. Bivariate correlations were performed between the five scales for transformational leadership, cultural consensus, and the seven value dimensions of cultural consensus. The relationship between the dimensions of leadership (“challenging the process, inspiring shared vision, enabling others to act, modeling the way, and encouraging the heart”) (p.159) and cultural values were positive (Jaskyte, 2004).

“Modeling the way and encouraging the heart” are consistent with formerly homeless employee inclusion. The formerly homeless employees would have opportunities when working with the shelter residents to serve as role models, and to

offer a sense of hope and support. These are consistent with Albert Bandura's (1976, 1985, 1994, 2003) self-efficacy component of Social Cognitive Theory. As one of the theoretical foundations for the present study, Bandura's vicarious experience of self-efficacy component is discussed in more detail in the Chapter III.

Staffing Concepts that Impact Residents

Research has demonstrated that staffing concepts and/or variables do impact residents in homeless shelters or similar facilities. Studies have evaluated the agency's level of bureaucracy (Crook, 2001; Martin & Segal, 1977, North, 1997), staff-to-client ratios (Leda & Rosenheck, 1991), and the employees' experience as a consumer (Kryda & Compton, 2008; Weissman, et al., 2005).

The earliest study of organizational culture in shelters examined aspects of bureaucracy, size, and staff expectations on resident outcomes in 23 halfway houses (Martin & Segal, 1977). It defined four dimensions of bureaucracy (complexity, decentralization, impersonality of interpersonal relations, and technical qualifications of staff) and two dimensions of size (number of staff members and staff-to-resident ratio). Working from the assumption that increased expectations by staff would result in better resident self-efficacy and outcomes, Martin and Segal (1977) studied which of the above dimensions increased staff expectations. They found that staff size was more significant than the number of residents or level of bureaucracy in predicting staff expectations. They found no correlation between staff qualifications and staff expectations. Halfway houses are not considered homeless shelters because the residents are not required to meet the federal definition of homelessness, though some of the residents would actually meet those criteria. This particular study is included because halfway houses have many similar characteristics to homeless shelters. Both types of program are residential, with

overnight staffing needs. Residents are expected to maintain themselves in a manner that creates as safe and peaceful living environments as possible. Rules may include completing chores, staying sober, no threats or violence, and showering daily. Residents in both types of programs must follow the agency's rules, or be asked to leave. Because of these similarities, the paraprofessional staffing needs would be similar in halfway houses and homeless shelters.

Leda (1991) found that shelters with higher staff-to-resident ratios were less likely to refer their residents to another housing program, implying that these residents were moved out of the shelter and directly back into the community. Crook (2001) looked at the effect of the level of bureaucracy on resident response to the program. Crook describes "low bureaucracy, indigenous participatory leadership, and personalized, concrete, and humane approaches" as the preferred model of service delivery for homeless residents (p. 37). Both of these studies emphasized the usefulness of providing individualized and adequate attention to the residents, which would be expected to facilitate engagement by the program consumers.

Three studies addressed resident engagement and retention in shelter services. The first study, (Kryda & Compton, 2008), was a qualitative study with 24 chronically homeless men and women. Chronic homelessness is defined as "being disabled and either being continuously homeless for a year or more, or having had at least four homeless episodes during the past 3 years" (HUD, 2010a). They found that chronically homeless individuals mistrusted outreach workers and lacked confidence in available services. The homeless informants in the HUD study expressed that outreach workers did not understand what it was like to be homeless and were generally profiting from the problem of homelessness. On a positive note, the researchers found that the chronically homeless respondents "viewed outreach workers who had been formerly homeless as providing

hope and being trustworthy, and that such workers' success stories would motivate those who remained homeless" (Kryda & Compton, 2008, p. 147).

In a National Institute on Drug Abuse (NIDA) funded study of 400 homeless men and women, North (1997) provided empirical evidence that homeless shelter use is "associated with diversity of services but inversely associated with professionalism and organization size" (p. 585). Specifically, North (1997) studied the role of organizational characteristics on homeless residents' choice of shelter, substance abuse treatment, and mental health services.

Previous literature had focused on homeless resident demographics as predictors of service utilization, but did not examine the role of organizational factors. North (1997) chose funding (number of funding sources), complexity (number of service types provided), size (number of full-time paid employees), and professionalism (ratio of employees holding a doctoral or registered nursing degree to the total full-time paid staff) were the four organizational characteristics chosen for examination. The study report contains no discussion as to why a doctoral degree was considered necessary for "professional" status. With respect to employment of former-consumer employees in homeless shelter services, the investigators found that homeless people preferred organizations with more service types, fewer employees, and lower proportions of professional staff. While individuals seeking mental health or substance abuse services preferred agencies with higher ratios of professionals, homeless individuals seeking shelter did not (North, et al., 2005).

Weissman, et al., (2005) studied 32 homeless veterans with an Axis I mental disorder diagnosis. The control group participants were assigned to a traditional treatment team comprised of case management and clinical service providers. The study group participants were assigned to a treatment team that included these providers as well as a

consumer-employee “peer advisors.” The peer advisors were formerly homeless, had at least six months of independent housing, were in ongoing mental health treatment, had been abstinent from alcohol and other drugs for at least one year, and had been through treatment for their addiction.

The interventions provided by these peer advisors included helping the residents navigate their surroundings and the service provision system in their community, acting as mentors, and encouraging socialization through self-help groups and relationship building with other program participants. The peer advisors met with their residents by phone, individually (in public locations such as coffee shops), and in groups. Peer advisors worked with residents for approximately one month prior to the resident obtaining housing in the community, and then for another 12 months. These employees worked 20 hours per week, with average caseloads of four residents each (Weissman, et al., 2005). The researchers concluded that those who were in the study group were more likely to remain engaged, and posited that they were therefore more likely to benefit from the program.

Problems do exist within the research on the relationship between organizational variables and resident outcomes (Poertner, 2005). Many agencies would be needed in a sample to generate findings of statistical significance. To compound this, accepted measurement instruments for many of these variables do not exist (Poertner, 2005). The large numbers of intervening variables are also statistically problematic.

These studies focused on the effects of formerly homeless employees on resident engagement and retention. Related human services administration literature suggests that many organizational variables may affect resident outcomes. The present study endeavors to understand how one organizational variable, formerly homeless employee inclusion, impacts the different member groups within the shelter community.

Organizational Values that Impact Residents

While also limited, a related stream of organizational literature has examined shelter resident outcomes. The findings support the concept that resident outcomes can be affected by organizational variables such as organizational climate, structure, and levels of hierarchy (Bannerjee, 1995; Glisson & Hemmelgarn, 1998; Jaskyte, 2004; Mulroy, 2004; Poertner, 2005; Rapp & Poertner, 1987; Yoo, 2005).

Some of these studies (Banerjee, 1995; Glisson & Hemmelgarn, 1998; Rapp & Poertner, 1987) also explore organizational climate in human service organizations, but more specifically as it relates to resident outcomes. Rapp and Poertner (1987) conclude that resident outcomes cannot be the focus of the direct services staff members alone, but the shelter manager must also be “myopic, single-minded, and obsessed with consumers [residents]” (p. 24). This shared focus on resident outcomes is an example of one aspect of the cultural values in an organization. Glisson and Hemmelgarn (1998) call this concept the “intraorganizational climate” rather than “cultural values.” They found that the intraorganizational climate, described as embracing “low conflict, cooperation, role clarity, and personalization” was a positive predictor of positive resident outcomes. Banerjee (1995) found that the combination of three variables (job satisfaction, competing values effectiveness, and resident-centeredness) had a positive effect on resident outcomes, but one of the variables alone did not have the positive effect. “Competing values effectiveness” is defined as the organization’s capacity for effective attention to “multiple and competing criteria simultaneously” (p. 34). For example, the social worker’s job satisfaction alone would not predict a positive outcome for a resident.

SHELTER FUNDING AND HIRING FORMERLY HOMELESS EMPLOYEES

A primary source of funding for homeless shelters is the federal Emergency Shelter Grants (ESG) Program, which is authorized through the McKinney-Vento

Homeless Assistance Act of 1986. Most homeless shelters need funding from McKinney-Vento in order to help them remain viable. The U.S. Department of Housing and Urban Development (HUD) administers the ESG Program, and requires recipient agencies to have at least one formerly homeless board member and formerly homeless employee.

Although HUD's website now lists formerly homeless employee inclusion as a "promising practice" (U.S. Department of Housing and Urban Development, 2010a), this requirement has not been fully implemented. Recipient agencies may ask for a waiver of this requirement if they are unable to locate suitable candidates. This exception does not encourage shelter administrators who may be reluctant to include the formerly homeless, most likely out of misconceptions or lack of experience with type of working relationship.

McKinney-Vento Act and the Emergency Shelter Grants Program

The ESG Program provides federal funding to homeless shelters and homelessness prevention programs through the McKinney-Vento Homeless Assistance Act (McKinney-Vento, 1986). This landmark legislation was reluctantly signed into law on July 22, 1987, by President Ronald Reagan who had been under intense pressure in the months before his re-election. The original legislation included 15 programs that provided a wide array of services to homeless individuals and families. Among these programs are the ESG Program, the Continuum of Care, the Supportive Housing Program, the Shelter Plus Care (S+C) Program, and the Single Room Occupancy (SRO) Program. The McKinney-Vento Act also ensures that homeless children may attend the school of their choice, regardless of their current address, and that the school district must provide free transportation to that school. Although the legislation has been amended and renewed several times since being enacted (U.S. Department of Housing and Urban

Development, 2010b), funding has remained essentially stable. In 1987, Congress authorized just over \$1 billion for McKinney Act programs for FY87 and FY88, but only \$712 million was actually appropriated for those years. Subsequently, overall funding levels increased from \$350.2 million in FY87 to \$1.49 billion in FY95 (NCH, 2007). For FY2011, \$2.055 billion has been appropriated (NCH, 2007), but this appropriation is accompanied by a proposed 36 percent cut in federal housing programs (NCH, 2007).

The Emergency Shelter Grant Program (ESG) funds agencies that serve the homeless by providing tangible goods and services, support services, and homeless prevention programs (Office of Community Planning and Development, 2005). Most shelter operations in the United States rely on ESG for part of their annual budgets.

Participation of Homeless Persons 24 CFR 576.56 (b)

One condition for the ESG Program funding is that recipient agencies have homeless or formerly homeless persons participating in both policy-making and operations (U.S. Department of Housing and Urban Development, 2010a) aspects of the organization. The legislation states that each recipient agency

...will involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under this part, in providing services under this part, and in providing services for occupants of facilities assisted under this part.

U.S. Department of Housing and Urban Development, 2010a

Implications for Former-Consumer Employee Inclusion

In an example of a “promising practice” in the ESG Deskguide (U.S. Department of Housing and Urban Development, 2010a, Section 4.6), formerly homeless employees are described as persons who are “fully aware of the issues and concerns of the residents”

and “can more readily relate to and motivate [shelter residents].” This follows the idea that former-consumer employees bring an attitude of respect and inclusiveness to their work, which fosters hopefulness and a sense of self-efficacy among residents (Friedman, 1994; Hardiman, 2004).

While only a few research studies have investigated the effectiveness of formerly homeless employees working with homeless residents (Kryda & Compton, 2008; North, 1997; Weissman, et al., 2005), there are many more studies and scholarly writings that address the positive impacts of former-consumer employee inclusion in other practice areas including mental health (Barrett, et al., 2000; Besio & Mahler, 1993; Fisk, et al., 2000; Gershon & Biller, 1977; North, et al., 2005), alcohol and other drug (AOD) disorders (Berg, Andersen, & Alveberg, 1997; North et al., 2005; Zemore & Kaskutas, 2008), probation (Gordon, 1976), public health (Stewart, 1967), education (Pearl, 1968, 1974), and poverty (Austin, 1978; Barrett, et al., 2000; Nittoli & Giloth, 1997; Wagenfeld & Rosen, 1981).

The New Careers Movement

Just as the McKinney-Vento Homelessness Assistance Act has created an opportunity for formerly homeless employee inclusion in present day homeless services, the Economic Opportunity Act of 1964, and Lyndon B. Johnson’s “war on poverty” created an environment for the New Careers movement to emerge. The New Careers movement referred to the legions of former-consumer employees in human services jobs during the 1960s and 1970s (Pearl & Riessman, 1965; Gartner, 1969). New Careers was based in Frank Riessman's helper-therapy principle, where both the givers and the receivers benefit. This movement had initial success in the mental health community, beginning with the Community Mental Health Act of 1963 (Armour, 2002). The first

former-consumer employees during this campaign worked as community mental health outreach workers (Austin, 1978; Brown, 1974). In 1964, Frank Riessman became the director of the New Careers (a term that he coined) Development Center at New York University, which provided job training in human services for the poor. Two years later, Congress responded with the Economic Opportunity Amendment of 1966. This amendment established and funded the Adult Work Training and Employment Program, which was generally known as the New Careers Program. The program was completely defunded by 1973 (Armour, 2002), and the Economic Opportunity Act was repealed in October, 1981.

The boom of former-consumer employee jobs in the 1960s and 1970s resulted in many articles and books by three influential writers, Michael Austin (1978), Michael Gershon (1977), and Arthur Pearl (1968, 1974). These works examined a range of settings and former-consumer employee issues. Pearl (1968, 1974) and Gershon (1977) promoted former-consumer employee inclusion and explicitly supported the New Careers movement. They held that former-consumer employees achieve resident outcomes that are equal to or significantly better than those obtained by professionals, an assertion corroborated by Durlak (1979) in a review of 42 studies comparing the effectiveness of paraprofessional employees and professionals. Even with these promising reports, employing former-consumers to work with poor and oppressed groups drew some criticism. There was concern that a “two-tiered” system of services would develop, with the poor being relegated to receiving services from consumer-employees rather than professionals. (Wagenfeld & Rosen, 1981) There is no evidence in the literature of concern being realized. Former-consumer employees generally work as part of a multi-disciplinary treatment team, or in a paraprofessional capacity.

During the New Careers movement, participants were employed through a federally funded program, and the main beneficiaries were considered to be the New Careerists themselves and the employing agencies. Today, the federal funding has long since been exhausted and New Careers programming no longer exists, but former-consumer employees continue to make contributions in many areas of human services.

CONTEMPORARY FORMER-CONSUMER EMPLOYEE LITERATURE

In the last 20 years, interest in former-consumer employees has revived, but some of the focus has shifted. While earlier writings (Austin, 1978; Brown, 1974; Durlak, 1979; Gartner, 1969; Gershon, 1977; Pearl, 1968, 1974; Pearl & Riessman, 1965) discussed benefits to the former-consumer employee, such as the work opportunity, the focus in the literature today has expanded to include an emphasis on consumer benefits (Berg, Andersen, & Alveberg, 1997; Kryda & Compton, 2008; Nittoli & Giloth, 1997; North, et al., 2005; Weissman, et al., 2005; Zemore & Kaskutas, 2008). Research has demonstrated that consumers were receptive to former-consumer employees in mental health, healthcare, education, chronic disease management, violence prevention (Nittoli & Giloth, 1997) and substance abuse (Berg, Andersen, & Alveberg, 1997; Zemore & Kaskutas, 2008). These positive effects are attributed to the residents' being less wary of former-consumer employees than they were of professionals offering the same help (Nittoli & Giloth, 1997). Some studies (Berg, et al., 1997; Kryda & Compton, 2008; Zemore & Kaskutas, 2008) reported that the former-consumer employees' involvement positively impacted consumer engagement and retention, which was expected to translate into positive consumer outcomes. No studies were found that were unsupportive of former-consumer employee inclusion, although many provided cautionary notes on how to reduce or avoid potential problems.

The remainder of this chapter presents literature on formerly homeless and former-consumer employee inclusion in settings including homeless shelters, public health, mental health, and veteran services. Findings from earlier studies on the impacts of former-consumer employee inclusion on supervisors, professional colleagues, the former-consumer employees, and consumers are also included.

Formerly Homeless Employees in Homeless Services

The majority of relevant literature relating to homeless services and formerly homeless employees is from the practice areas of mental health, substance abuse, and veteran's services. Three notable exceptions study homelessness specifically (Kryda & Compton, 2008; North, et al., 2005; Weissman, et al., 2005). These studies focused on the potential importance of including formerly homeless employees in outreach programs (Kryda & Compton, 2008; Weissman, et al., 2005) and in homeless shelters (North, et al., 2005). Homeless respondents viewed formerly homeless outreach workers as being trustworthy and offering hope. The findings attributed the formerly homeless employees' success stories as serving to "motivate those who remained homeless" (Kryda & Compton, 2008, p. 147). Research (Kryda & Compton, 2008; Weissman, et al., 2005) indicated that unsheltered homeless people were more likely to remain engaged in services when their initial contact with an agency or shelter was a formerly homeless employee. North et al. (2005) found that homeless people preferred receiving clinical services, such as mental health treatment, from small organizations with professional employees. The ideal shelter was also small in size, but client preference and professional staffing were inversely related.

In each of these studies, the homeless respondents indicated a preference for differently qualified and skilled service providers to meet their various needs. For

outreach workers and shelter employees, homeless people preferred formerly-homeless employees. For the delivery of professional services, such as mental health treatment, homeless consumers preferred the formally trained professionals. These studies provide a connection between exploring former-consumer employee inclusion in human services, to the present study. Moving beyond exploring the effects of formerly homeless employee inclusion on consumer engagement, the present study explores other effects of formerly homeless employee inclusion on shelter residents, directors, professional employees, and the formerly homeless employee themselves.

Analysis of Former-Consumer Employee Inclusion

As mentioned earlier, a concern developed in the 1960s and 1970s that because former-consumer employees would be typically hired to work with the poor, and professional services would be reserved for the affluent (Wagenfeld & Rosen, 1981). Instead, former-consumer employees were held up as being able to offer a bridge between professional employees and consumers, as they could improve services, act as role models for consumers, and reduce costs while alleviating personnel shortages (Gartner, 1969; Gordon, 1976). By the early 1980s, former-consumer employee inclusion was gaining recognition for the strengths that former consumers could bring to human services (Wagenfeld & Rosen, 1981). More recently, former-consumer employee inclusion has been described as being consistent with rehabilitation philosophy and disability rights, by demonstrating the value and contributions of all persons and the potential to increase sensitivity about consumers (Barrett, et al, 2000).

The employment of formerly homeless employees produces individual and organizational effects for four primary groups in the shelter community—supervisors, traditional staff, the formerly homeless employees themselves, and the residents served.

While the literature supports the idea of former-consumer employee inclusion, notes of caution appear regularly from formerly homeless employees, professionally trained colleagues, supervisors, and residents (Christensen & Jacobson, 1994; Dixon, Krauss, & Lehman, 1994; Fox, & Hilton, 1994; Manning & Suire, 1996).

The following sub-sections examine the literature reflecting the fundamental organizational and management issues of consumer-provider inclusion and the challenges and benefits of this inclusion for the different members of the shelter community.

The Supervisor's Perspective

Supervisors may have concerns about their own dual roles in the event that a former consumer becomes an employee. Fox and Hilton (1994) report that the supervisory relationship proves easier for all involved if the supervisor was not responsible for treating the former-consumer employee as a consumer. While that recommendation makes sense, it may be less of an option in small communities with very few service providers.

Supervisors must be careful not to assume the helping role with the former-consumer employee as well as with their professional employees. The professional employees must maintain boundaries consistent with the new working relationship. Professional staff members may be drawn into inappropriately assuming the role of therapist (or helper) when working with former-consumer employees who are having problems, such as an issue with mental health or an addiction relapse (Ashforth, Kreiner, & Fugat, 2000; Christensen & Jacobson, 1994; Dixon, Krauss, & Lehman, 1994).

A former-consumer employee's own experience with mental illness, addiction, or other problems can present a challenge for the supervisor, and the former homeless employee's relapse is a possibility. Consequently, the supervisor must put a plan in place

to avoid unduly burdening other team members if the former-consumer employee must take leave and go into treatment (Fox & Hilton, 1994). Supervisors also must be prepared to maintain confidentiality while fielding questions from consumers and other staff who are concerned about a former-consumer employee who is experiencing difficulties (Dixon, Krauss, & Lehman, 1994). Further, former-consumer employees need to understand how secure their job is in the event of hospitalization (Manning and Suire, 1996).

Another challenge for supervisors is that former-consumer employees may change jobs more frequently than professional employees. While turnover of former-consumer employees may cause difficulties for employers, Weissman, et al., (2005) found that the primary cause of attrition was not that former-consumer employees simply dropped out of the work force, but that they returned to school or moved into better paying jobs. However, as role-modeling is a key benefit to the inclusion of former-consumer employees, this upward mobility is likely to have a positive effect on the consumers in the program. Consumers would be able to see that the former-consumer employees are making real changes in their lives, and that they have been able to parlay their personal challenges into transportable employment skills.

The supervisor employing the former-consumer employee benefits, as well. The presence of former-consumer employees seems to improve team members' sensitivity to consumers' needs, decrease stigma, and enhance teams' capacity to reach out to consumers who are difficult to engage (Chinman, Rosenheck, Lam, & Davidson, 2000; Dixon, Hackman, & Lehman, 1997). Former-consumer employees help other staff by "challenging prejudices and enabling staff to relate to consumers in more genuine, personal ways" (Yuen & Fossey, 2003, p. 56).

Supervisors employing formerly homeless workers also have the opportunity to strengthen their organization's image in their consumers' eyes. The presence of former-consumer employees may lead consumers to perceive the organization as being more knowledgeable of and responsive to their needs (Katan & Prager, 1986).

Former-consumer employees across practice areas, such as addictions, mental health, and veteran services, identify regular supervision and strong new-employee orientation as necessary for their success (Manning & Suire, 1996). The support of other former-consumer employees has also been found to be extremely helpful for individuals making the initial transition from consumer to former-consumer employee (Manning & Suire, 1996). However, supervisors must also be careful to avoid creating an environment with "second-class workers." These are defined as employees who have no power to effect change, lack autonomy, and earn substantially lower wages than their colleagues (Yuen & Fossey, 2003). The perception that former-consumer employees are second-class workers can extend beyond agency walls and into the community. Although teams may be working with the same consumer, they may not be working together. In one study, the substance abuse treatment team, all of whom were in recovery, described being ignored and looked down upon by the mental health team, who held college or medical degrees (Brown, Grella, & Cooper, 2002). In another study, the former-consumer employees in Cleveland's Healthcare for the Homeless Project were least effective in their role of accompanying consumers to apply for benefits, as they were often perceived as the consumer's peer rather than as the professional's peer, and were subsequently not treated with respect by the staff at other agencies, such as the Social Security Administration (Christensen & Jacobson, 1994).

The Professional Colleague's Perspective

Role conflict concerns could develop for the professional employees. Educated, professionally trained employees would likely be uncomfortable if former-consumer employee jobs were similar to their own. While this concern is mentioned in the literature (Armour, 2002; Brown, 1974), no studies were found where this was actually the case. Professional employees also worry that their authority would be undermined or fear that the employing agency had a hidden agenda of training less-expensive former-consumer employees to replace more costly professionals (Weissman. et al., 2005). Often, the organization gives little thought or attention to orienting the professional staff to the role of a new former-consumer employee. Weissman, et al., (2005) suggest educating staff members to regard former-consumer employees as an essential part of a holistic service delivery system rather than as simply an add-on (or replacement) to existing services.

Confidentiality is another concern, since professional team members have had years of training and are bound by the ethics of their discipline. They worry that providing new former-consumer employees with full access to consumer information may not maintain confidentiality (Carlson, Rapp, & McDiarmid, 2001; Cole, 2011; Hopkinson & Hurley, 1976). Hopkinson and Hurley (1976) suggest that these concerns stem from a lack of trust between the consumer-employees and the professional employees. The authors detail a very specific format for training former-consumer employees, so that they understand the ethical behavior that is expected of them. The ethical behaviors addressed in their trainings were placed into five groups. (1) Procedures, such as being on time, and examining only your clients' files. (2) Confidentiality, such not talking about the consumers outside of work. (3) Alcohol and other drugs, such as never coming to work high. (4) Para/professionalism, such as knowing your limits, or speaking to the supervisor for serious matters. (5) Relationship,

such as not imposing your values on consumers, and never having sex with a consumer. Of all of the articles reviewed for the present study, only the one (Hopkinson & Hurley, 1976), offered detailed advice for developing former-consumer employee training that would address many of the professional employees' concerns.

The Former-Consumer Employee's Perspective

Former-consumer employees' are described by Fox and Hilton (1994) as having a "lack of professional distance," meaning that they are less formal in their interactions with consumers, as a result of a common background. This more casual demeanor may actually facilitate the engagement process. Fox and Hilton (1994) write that a "lack of professional distance, due to common experience and background of the consumer staff and the consumers. . . accelerates the engagement process and provides the trust and security needed for a consumer to actively pursue wellness and to work with the team to do so" (p. 628).

Lack of professional distance can also be a problem. Organizations have different policies defining what constitutes a dual relationship, and former-consumer employees can find the idea of distancing themselves from program consumers troubling. They have to figure out how they fit into the organization, and they may have to change the nature of their relationships with some of the shelter residents. Former-consumer employees may worry about how consumers and their greater community perceive them. Fears of isolation—of having no peer group—can also occur (Carlson, Rapp, & McDiarmid, 2001), especially since former-consumer employees are usually required to distance themselves from consumers socially, yet at the same time they may not feel entirely welcome in the peer group of their new colleagues (Fisk, et al., 2000; Manning & Suire, 1996).

Former-consumer employees often work with consumers on issues that resemble their own past experiences. As such, counter-transference, where professional helpers (in this case, former-consumer employees) experience repressed feelings in reaction to emotions, experiences, or problems of the consumer (Dixon, Krauss, & Lehman, 1994; Korfmacher, O'Brien, Hiatt, & Olds, 1999), is another challenge that formerly homeless employees may need to address.

Job titles that stigmatize the consumer-employee are another concern (Barrett et al., 2000; Manning & Suire, 1996; P. Solomon, 1994). Former-consumer employees may resist taking a position with a title that makes clear to everyone that they are a former consumer, as revealed by job titles such as “prosumer” (Riessman, 1990), professional consumer (Hardiman, 2004), consumer-provider (Barrett, et al., 2000; Rapp, Carlson, & McDiarmid, 2001), or professional “ex” (Brown, 1991). Further, these stigmatizing labels may later interfere with former-consumer employees’ opportunities to obtain employment with other organizations.

Lastly, opportunity for advancement may be limited without additional education. New Careers experts Pearl (1968) and Lynton (1967) were concerned early on that jobs with limited opportunity for advancement would be created. Without the attainment of additional education, the former-consumer employee would have no opportunity to move up within an agency. Organizations with even very small educational stipends can help former-consumer employees overcome these obstacles (Cohen, 1976).

Potentially, many personal benefits exist for the former-consumer employee including the opportunity to give back while earning a living and to benefit from training in the human services profession (Gartner, 1969). Bassman (1997), a practicing psychologist with a personal history of schizophrenia has this to say. “The dignity and

respect accorded to paid, meaningful employment is a significant step toward community inclusion for the consumer/survivor” (Bassman, 1997, p. 239).

Gartner (1969) suggests that employment itself may lift former-consumer employees out of poverty and change their lives. Former-consumer employees may experience other benefits, such as an increased sense of value and self-worth, skill development, increased self-confidence, the rewards of helping others, pride in collaboration, and participation in social networks. In addition to gaining immediate wages and payments into Social Security, workers may also have access to retirement programs, health benefits, and paid leave.

The Consumer’s Perspective

As the benefits to the former-consumer employees have been the focus of the majority of studies on former-consumer employee inclusion, there is much less research on the consumer’s perspective. Some consumers may not want to receive services from former-consumer employees because they are not degreed professionals (Yuen & Fossey, 2003). In fact, the Social Model Program for recovery from alcohol and other drug (AOD) disorders has sometimes been termed a “poor man’s treatment,” because this non-medical model is almost exclusively staffed by persons in recovery (Barrows, 1998; Borkman et al., 1998; W.L. White, 2001).

Another challenge are consumers who feel that the former-consumer employee is now one of “them” (the agency staff), and therefore is less trustworthy (Borkman et al., 1998). Still, consumer concerns over services delivered by a former-consumer employee are scarcely mentioned in the literature. Possibly consumers are more accepting of this model, or their opinions may not have been solicited in the previous research. The present study begins to address this gap in knowledge.

Consumer Outcomes in Other Practice Areas

While a few studies have examined the effects of former-consumer employee inclusion on consumer outcomes (Besio & Mahler, 1993; Dixon, Krauss, & Lehman, 1994; Durlak, 1979; Fisk, et al., 2000; Gartner, 1969; Stewart, 1967; Van Tosh, 1993; Weissman, et al., 2005), others have looked at less tangible effects on consumers. In fact, the majority of these studies concluded that former-consumer employee inclusion had a positive correlation to consumer engagement and retention. While consumer engagement and retention are necessary for consumers to be successful in any program, the studies could not directly connect former-consumer employee inclusion to specific consumer outcomes. Below are examples of former-consumer employee engagement and/or retention in the various practice areas of public health, mental health, and veterans' services.

Public Health

Peer community health outreach workers (the equivalent of a consumer-employee), recruited from the communities they serve, contribute to the acceptance and sustainability of effective community health initiatives (Israel, 1985). An early study (Stewart, 1967) examined the use of community health workers to persuade neighborhood residents to use immunization clinics. While public health nurses brought in an average of 67 new consumers per month, community health workers were able to enroll an average of 285 new consumers per month. By employing the community health outreach workers, immunization clinics were able to improve their outcomes and immunize far more neighborhood residents.

The Indian Health Service (IHS) is the largest program to use the community health worker model in the U.S. Founded in 1968, the program uses community health workers to bridge cultural barriers and to integrate disease prevention into local customs

and practices (Satterfield, Burd, Valdez, Hosey, & Eagle Shield, 2002). Smaller, regional programs have also proven successful in promoting healthcare and prevention measures for hypertension, cardiovascular disease, diabetes, asthma, end-stage renal disease, sexually transmitted diseases, and cervical and breast cancer (Spencer, Gunter, & Palmisano, 2010). Particularly promising is the success of using peer community health outreach workers to reach young people around areas of sexual health, including sex workers (Alvillar, Quinlan, Rush, & Dudley, 2011; Cupples, Zukoski, & Dierwechter, 2010; Deering, Shannon, Parsad, Gilbert, & Tyndall, 2009; Naar-King, Outlaw, Green-Jones, Wright, & Parsons, 2009; Pollock, Frattaroli, Whitehill, & Strother, 2011; Spencer, Gunter, & Palmisano, 2010).

Mental Health

Former-consumer employees provide an alternative pathway into mental health service agencies for homeless mentally ill persons who are reluctant to seek treatment, and they also offer opportunities for hope through role modeling (Chinman et al., 2006). These assertive outreach former-consumer employees go out into the community and locate unsheltered homeless individuals. Through long-term relationship building, mentally ill homeless people can be encouraged to come in for mental health services as well as for shelter, medical, and other supportive services.

Research studies with formerly homeless outreach workers (Besio & Mahler, 1993; Fisk et al., 2008) found that the former-consumer employees were more tolerant, less distanced, and more empathetic than traditional staff, and were powerful advocates and role models. Van Tosh (1993) found that formerly homeless employees understood the basic survival strategies required by homeless people, which would be difficult or impossible for traditional staff to comprehend.

Although anecdotal, Fox's (2002) personal account of being a mental health former-consumer employee provides insight into consumer benefits: "I think the most important strength I bring to consumers is the ability to hope. I have seen over and over cases where prognoses are poor for individuals, myself included, and we have 'made it' " (p. 100).

Veterans Services

Weissman, et al., (2005) studied a program for homeless veterans designed to assist them in maintaining service engagement during their transition from shelters to living independently within the community. The former-consumer employees were not only previously homeless military veterans, but also past mental health consumers. While the study began with 17 consumers in the experimental group (which was assigned a former-consumer employee) and 15 consumers in the control group, so few control-group consumers were available for the follow-up interviews that a comparison of the two groups was not possible. The researchers conjecture that 13 of the 17 consumers in the experimental group, or 76 percent, were still available and engaged in services because of positive experiences with the former-consumer employees. Weissman, et al., (2005) found that veterans working with former-consumer employee "peer advisors" were more likely to follow through and make the transition to permanent housing. This success is attributed to their understanding of what is required to maintain housing. They assisted the homeless veterans not only in finding a place to live, but also in building the social support that would enable them to remain housed, including attention to recovery and mental health treatment as well as socialization needs.

As in other practice areas, such as mental health and services to veterans, the research supports the inclusion of former-consumer employees in addiction treatment

through Social Model Programs. Berg, Andersen, and Alveberg (1997) found that significantly more men remained in treatment in programs that employed former addicts as former-consumer employees than in programs that employed only traditional professional staff. The difference was the greatest at six months, where 50 percent of the males in the former-consumer employee programs were still engaged in services but only 15 percent of the male residents remained in the traditionally staffed programs. The investigators found no significant difference between the two types of programs for female residents, and offered two possible explanations for this phenomenon. The first was that female residents stayed in treatment significantly longer than male residents, regardless of program type, so the effects may have been diminished. The other was that the majority of former-consumer employees in the study were males, and perhaps the male residents saw them as potential role models more readily than the female residents. This does not imply that former-consumer employees are equally effective as traditional professional employees. Rather, it shows that a team of professionals and former-consumer employees may be the best human service delivery model in some, if not all, practice areas.

Zemore and Kaskutas (2008) found that “peer helping,” either by other residents or by former-consumer employees employed in the treatment program, resulted in higher levels of sobriety 30 days after completing treatment. Zemore and Kaskutas (2008) explained their logic model of the Social Model Program successes as follows: substance users enter the residential Social Model Program treatment facility, where they have constant exposure to 12-Step programming and peer helping, which results in greater subsequent 12-Step involvement after leaving treatment, and higher levels of total sobriety at the 30-day follow-up appointment.

The former-consumer employees' successes as group co-facilitators were similar. Offenders were more able to be honest about and accountable for their crimes when facing someone who had made the same inappropriate choices. The investigators found that the groups co-facilitated by a former-consumer employee experienced earlier engagement, as determined by their level of participation in the group meetings, and reported by the facilitators. The former offender also provided a model for change and achievable goals. Treatment program participants wrote supportive comments on their final evaluations, including, "I realized not everyone was against me" and "I took my lead from him, if he could do it, I could" (Hossack & Robinson, 2005).

The former-consumer employees working in Cleveland's Healthcare for the Homeless (HCH) project were formerly homeless mental health consumers. An ambitious program, HCH was developed to provide intensive outreach to consumers experiencing homelessness and mental illness. Former-consumer employees served on one of two treatment teams, each supervised by a mental health specialist with a Masters of Social Work degree. Their job descriptions included accompanying consumers to apply for benefits or housing, acting as host at the mental health drop-in center, performing clerical work, helping consumers move, and reaching out to other homeless persons to assess their needs and let them know about available services. Because they knew where people congregated, they were particularly effective as outreach workers, and they were trusted by the homeless people they engaged (Christensen & Jacobson, 1994).

Dixon, Krauss, and Lehman (1994) conducted their study on the Assertive Community Treatment (ACT) Team in Baltimore. This team was composed of a combined staff of professionals and former-consumer employees who had been homeless, had personal experience with mental illness, or both. They also worked with

homeless mentally ill consumers. From the beginning of the project, the former-consumer employees proved to be extremely valuable in terms of engaging, retaining, and assisting consumers. The unique qualities they possessed included “systems knowledge, street smarts, flexibility and patience, responsiveness, relational emphasis, issue identification/coping strategies, information and referral, engagement/peer support, positive role modeling, fighting stigma, and education of co-workers” (Dixon, Krauss, & Lehman, 1994, p. 619). A particular strength of the former-consumer employees was being able to relate to consumers, as they were able to engage many consumers who avoided mental health professionals. Often, consumers who did not trust professionals found it easier to trust a former consumer. The former-consumer employees’ personal experiences with medications, mental illness, and homelessness sensitized the professional staff and influenced how the team provided treatment (Dixon, Krauss, & Lehman, 1994).

LITERATURE CONCLUSIONS

The literature review provided evidence that former-consumer employees have been successful in improving consumers’ experiences of service delivery in various human service settings. The influence of organizational characteristics on consumer outcomes was also evidenced in the literature review and discussion. Former-consumer employee inclusion has the potential to improve consumer outcomes in an array of practice settings, including shelters and service programs for persons experiencing homelessness. There exists a gap in research in the area of former-consumer (formerly homeless) employee inclusion in services to the homeless.

This investigation examines the individual and organizational effects of formerly homeless employee inclusion on the members of the shelter community, including the

shelter residents, the formerly homeless employees, the shelter directors, and the professional employees. In the following chapter, the theoretical framework, based on the self-efficacy component of Social Cognitive Theory (Bandura, 1976, 1985, 1994, 2003) the Empowerment Approach (Lee, 2001), and the Helper Therapy Principle (Riessman, 1965, 1997), will be introduced and discussed.

CHAPTER III: THEORETICAL FRAMEWORK

INTRODUCTION

The theoretical basis for this study is based in Judith A. B. Lee's (2001) Empowerment Approach, Albert Bandura's (1976, 1985, 1994, 2003) ideas on self-efficacy and reciprocal determinism, as expressed in his Social Learning Theory (later renamed as Social Cognitive Theory), and Frank Riessman's (1965, 1997) Helper Therapy Principle. These theories are each uniquely useful in understanding the value of formerly homeless employee inclusion in shelters. Lee's Empowerment Approach asserts that marginalized populations, such as the homeless, benefit from the recognition and celebration of differences, such as differences in race, age, gender, educational attainment, and life's challenges. Bandura's theory of self-efficacy (Bandura, 1976, 1985, 1994, 2003) explains that clients can experience a vicarious sense of self-efficacy by observing persons (such as formerly homeless employees) with skills similar to their own. Riessman's Helper Therapy Principle asserts that, when helping others, the helpers are themselves helped. Thus, the helping relationship is mutually beneficial. Each of these theories will be discussed below, with connections drawn between theory concepts and the relationship to formerly homeless employees.

LEE'S EMPOWERMENT APPROACH

Although based on earlier empowerment and anti-oppressive constructs (Adams, 1996; Simon, 1990, 1994; B.B. Solomon, 1976) and Ecology Theory (Bronfenbrenner, 1979; Germain & Gitterman, 1980, 1996), Judith A. B. Lee's (2001), Empowerment approach is more formally organized than its predecessors. Lee uses empowerment as a term with specific meaning that includes personal, interpersonal, and political empowerment in a unified approach. Specifically, she invokes B.B. Solomon's (1976)

definition, describing empowerment as a process which aims “to reduce the powerlessness that has been created by negative valuations based on membership in a stigmatized group” (B.B. Solomon, 1976, p. 19). “Negative valuations” describe the manner in which oppressed and marginalized persons internalize the subtle and overt negative messages of their oppressors (B.B. Solomon, 1976; Lee, 2001). Lee’s Empowerment Approach calls to reduce the imbalance of power between helping professionals and consumers (Lee, 2001), and recognize the consumers’ strengths, expertise (Boehm & Staples, 2002), and power to be the architect of their own lives. The professionals’ role is to involve consumers in identifying their options and choices (Boehm & Staples, 2002; Lee, 2001).

The practice of empowerment places a priority on access by people who are members of marginalized and oppressed groups. Homeless men and women may feel that they have little in common with the shelter staff owing to differences that may include race, education, socioeconomic status, disability, a criminal history, or any factors that contribute to “otherness.” (In the relationship between two dissimilar groups, “otherness” refers to membership in the group with less power, status, or other social capital.) In such cases, the formerly homeless employee would have the opportunity to bridge the cultural gap and engage clients more quickly (Brager, 1965; Kryda & Compton, 2008).

Lee’s methodology, although not overly prescriptive, does make some assertions. The basic concepts of this theoretical perspective are (1) to practice competently, workers who employ the Empowerment Approach must understand the history and impact of social policy on the client group, (2) goal setting must be collaborative and transparent, (3) appropriate self-disclosure is useful because, in addition to providing other benefits, self-disclosure decreases the power differential in the service provider-client relationship (Lee, 2001), and (4) the empowerment process is stronger when clients receive services

from workers with similar experiences (also described as “force of modeling” in the section below on Bandura’s self-efficacy component). While Lee is speaking of workers who are professionals, a case can be made that former-consumer employees would also serve to further the Empowerment Approach, as formerly homeless employees have had experiences similar to those they are helping (Lee, 2001).

An implicit tenet of Lee’s Empowerment Approach is that all aspects of empowerment are collaborative efforts between worker and client. An illustrative case is that of a shelter client about to leave a homeless shelter. The worker and resident would have collaborated on developing and implementing the residents’ plan for obtaining housing. They would have worked together to develop a budget. Given the budget and the resident’s preferences and practical concerns, they would have devised a strategy for finding suitable, affordable housing.

Even leaving the shelter is a collaborative undertaking. The Empowerment Approach presents termination as completion, as a goal accomplished through the mutual efforts of the worker and client. Rather than focusing on ending or loss, empowerment emphasizes the client’s reunification with the community network (Lee, 2001). This network can provide support and nurture residents’ transitions from homelessness back into the community. This positive emphasis is important in homeless services, as former shelter residents often feel a loss when they emerge from a shelter. They are not only leaving behind many of the amenities of the shelter, such as telephone service, laundry facilities, and cooked meals, but they are also moving away from the sense of community and support.

These facets of Lee’s Empowerment Approach, particularly the concepts of collaboration, self-disclosure, and employing helpers with experiences that are similar to those of the clients, are consistent with formerly homeless employee inclusion. The anti-

oppressive focus of providing access to members of marginalized groups, such as homeless and formerly homeless persons, is a shared value of proponents of the Empowerment Approach as well as proponents of former-consumer employee inclusion. Former-consumer employee inclusion is an active engagement of the principles of recognizing and celebrating difference, which are foundations of the social work profession (Lee, 2001; National Association of Social Workers, 2008). Employing people like the ones served in a human service agency is a way of demonstrating to clients that they, too, are valued.

BANDURA'S SOCIAL COGNITIVE THEORY: SELF-EFFICACY COMPONENT

Bandura's work with self-efficacy is particularly applicable to the activities of former-consumer employees. Self-efficacy, a component of Social Cognitive Theory, is one of the theory's determinants that interact with one another "to govern human thought, motivation, and action" (Bandura, 1994, p. 35). Self-efficacy is a theoretical construct that has the potential benefit of helping to understand formerly homeless individuals who become shelter employees. Perceived self-efficacy is "belief in one's ability to organize and execute given types of performance" (Bandura, 1994, p. 20), and a core principle of self-efficacy is the emphasis on "competence, resilience, and problem solving" (Petrovich, 2004, p. 441). Self-efficacy emanates from four main sources (Bandura, 1985; Houser, D'Andrea, & Daniels; 1992; Petrovich, 2004): vicarious experience, where valued role models demonstrate the experience; enactive mastery (performance accomplishment), or the successful practice of a skill; verbal persuasion, or encouragement with feedback; and self-control, or maintaining emotional and physical arousal at self-supporting levels.

Formerly homeless employees working within homeless shelters would be well positioned to act as role models for shelter residents, and therefore provide the residents with a vicarious experience of self-efficacy. The self-efficacy benefits from modeling by formerly homeless employees would be expected to surpass the benefits of modeling by professional staff members. Increasing residents' sense of self-efficacy would be expected to contribute to their overall capacity for success (Bandura, 1985).

Vicarious experience allows observers, upon seeing people similar to themselves performing tasks successfully, to believe that they can also be successful in mastering similar activities (Bandura, 1985; Petrovich, 2004). Bandura (1985) calls these models "aspiration models," and argues that their use can be particularly effective for people who have little prior experience on which to base their evaluation of personal competence. It is important that the person modeling the success have abilities similar to or slightly higher than those of the observer (Bandura, 1985; Petrovich, 2004). Essentially, outperforming someone with lesser abilities or being surpassed by those with greater abilities offers little help in estimating one's own capacity for success.

Strauser, Waldrop, & Jenkins (1998) argue that for the observer to obtain the greatest effects of vicarious self-efficacy, the model should be someone who has successfully dealt with the same issues. In the example of a homeless shelter, this model could be the formerly homeless employee. Attribute similarity generally influences the "force of [role] modeling." This means that a role model (such as a formerly homeless employee) with more attributes similar to the learner (such as a homeless shelter client) provides a greater sense of vicarious self-efficacy for the learner. This is true even when the attributes, or personal characteristics, are unrelated to performance (Bandura, 1985; Petrovich, 2004). Age is an example of a characteristic that provides a connection, or force of modeling, that is too weak. Simply stated, the more the observer assumes he or

she has in common with the role model, the stronger the modeling influence. The similarity has to be meaningful, such as a shared experience. “Role models assumed to be similar to the learner are more persuasive ... have similar abilities, or slightly greater skilled models, offer the most information for estimating their own capabilities” (Petrovich, 2004, p. 433).

Another influential factor is the presence of “diversified [role] modeling,” in which the learner observes several people role modeling a difficult task. Diversified role modeling is preferable to having one person demonstrate repeated success, which Bandura (1985, 1994) asserts can easily be discounted as atypical. Having more than one formerly homeless employee, or volunteer, who is “successful”, for the learner to observe would increase this force of modeling. Lastly, role models who are trusted by the learner, and are respectful of the learner, improve the learner’s response to verbal persuasion (Petrovich, 2004). As consumers often believe former-consumer employees are more trustworthy than professional service providers (Berg, Andersen, & Alveberg, 1997; Kryda & Compton, 2008; Zemore & Kaskutas, 2008), particularly during early stages of engagement, the former-consumer employees would be effective role models.

The vicarious experience of self-efficacy is especially pertinent to discussions of former-consumer employees. Bandura posits that “learning by doing” has been given “almost exclusive priority,” but in fact, “virtually all learning phenomena, resulting from direct experience, can occur vicariously by observing other people’s behavior and its consequences for them” (Bandura, 1985, p. 19). Bandura maintains that observing a model similar to oneself provides as much information about how successful one can be as if one had successfully performed the task oneself. Therefore, homeless clients may see a formerly homeless employee working in a shelter and determine that, because that

person was able to transition out of homelessness, such a success may also be possible for them.

Countless research studies have relied on Bandura's construct of self-efficacy as a theoretical foundation, although few have looked at the self-efficacy of homeless people. One such study, however (Epel, Bandura, & Zimbardo, 1999) found that homeless shelter residents with higher levels of self-efficacy searched more for housing and employment and were in the shelter for shorter stays than were those who had lower levels of self-efficacy. Residents with low self-efficacy were more likely to need to request an extension of their shelter stay. Self-efficacy, as defined as people's beliefs of their capabilities to perform in a way that can exert change in their lives (Bandura, 1994) was directly linked to positive client outcomes such as obtaining housing and employment (Epel, Bandura, & Zimbardo, 1999).

In another application of Bandura's construct of self-efficacy with impoverished people, Houser, D'Andrea, and Daniels (1992) developed strategies to change the self-efficacy and motivation of women receiving Aid to Families with Dependent Children (AFDC) benefits. Their training sessions resulted in an increase in the women's self-efficacy regarding their ability to become financially independent. Houser, D'Andrea, and Daniels (1992) also noted that the group approach is the "ideal format" for addressing self-efficacy challenges with populations such as AFDC recipients. These observations may translate well to homeless shelter environments and to engaging formerly homeless staff as the facilitators.

Self-efficacy can be used to "increase successful participation, persistence, and motivation" (Strauser, Waldrop, & Jenkins, 1998, p. 127), all characteristics that homeless men and women need to return to housing stability. Low self-efficacy results in seeking environments and activities that they see as manageable (Strauser, Waldrop, &

Jenkins, 1998), a result that may explain some of the relapses experienced by homeless individuals with alcohol and other drug disorders, even for those with prolonged sobriety.

RIESSMAN'S HELPER THERAPY PRINCIPLE

Frank Riessman (introduced in Chapter II as one of the founders of the New Careers movement) formulated the “helper therapy” principle. This principle asserts that by helping another person, helpers (such as former-consumer employees) may experience increases in social status and self-esteem, and find that their own problems diminish in the process (Riessman, 1965, 1990, 1997). The helper therapy principle specifically calls for the creation of helping opportunities for those who need help themselves. Riessman described his helper therapy principle in two applications. In the 1960’s, the principle was generally discussed within the context of the New Careers movement. These helpers were paid paraprofessionals, typically called “indigenous workers”, as they were from the community in which they worked, and were expected to have had similar life experiences as the clients that they would serve. Later, in the 1990’s, Riessman propelled the self-help movement, again rooted in the helper therapy principle. Within self-help (sometimes referred to as “mutual aid”) groups, the helper/”helpee” relationship had the possibility of being more fluid. For example, a participant can be a helper one week, and the next week, he/she is the helper. In either type scenario, the helper had experienced problems similar to those of the helpee, and had a “unique understanding that [derived] from their indigenous experience and [had] credibility as role models” (Riessman, 1997, p. 225).

According to the helper therapy principle, both the former-consumer employees/helpers and the clients/helpees benefit. Riessman asserts that while not everyone who receives the help always benefits, those who are giving the help generally benefit from the experience of helping (Riessman, 1965, 1990, 1997). Still, in peer

helping relationships, those who are helped feel less stigmatized as the one who always receives the help, as it is easier to see themselves as future helpers (Riessman, 1997). This theory suggests that former-consumer homeless employees could be particularly beneficial to clients who already feel stigmatized and marginalized, such as persons experiencing homelessness.

EMPOWERMENT APPROACH, VICARIOUS SELF-EFFICACY, AND THE HELPER THERAPY PRINCIPLE

These three theories intersect in the examination of former-consumer employee inclusion. The empowerment approach (Lee, 2001) calls for collaboration, self-disclosure, and employing helpers who have experiences similar to those of the clients. The self-efficacy component of Bandura's Social Cognitive Theory (Bandura, 1976, 1985, 1994, 2003) informs former-consumer employee inclusion in that clients have the opportunity to see employees who are similar to themselves successfully overcome challenges. This allows the client to think, "if he/she can do it, then maybe I can too." Riessman's (1965, 1990, 1997) helper therapy principle echoes Lee (2001) and Bandura (1976, 1985, 1994, 2003) in the idea that clients can be helped by workers who have had similar life experiences, and that this experiential knowledge provides credibility to the former-consumer employees in their interactions with clients. Riessman (1965, 1990, 1997) identified benefits not only to the clients, but also to the former-consumer employees. He found that the helper (former consumer employee) also benefited from the act of helping. Helpers experienced increases in status (as someone who can help) self-esteem, and feelings of empowerment. The act of helping provided the feeling of "I can't be helpless if I can help someone else" (Riessman, 1990, p.222).

These three theories provide a framework for the complex relationships between the helper and the helped. Based on these theories, more than one group from the shelter

community (directors, formerly homeless employees, professional employees, and shelter residents) could be expected to benefit.

PURPOSE OF THE CURRENT STUDY

Within the scope of social work research, a body of best-practice literature that addresses homeless shelter organization and management could influence policies and administrative decisions that affect homeless persons in shelters or other housing programs. This study looks specifically at the presence of formerly homeless employees as staff members in homeless shelters. If homeless shelter inclusion of formerly homeless employees has a positive impact on shelter residents, shelter administrators may be more willing to look past the potential challenges and recognize the benefits this type of employee can bring to the shelter organization. While the potential benefits to shelter residents constitute the primary focus of this research project, the study also explores challenges and benefits to the formerly homeless employees, supervisors, and the other shelter employees.

The research design reflects the PI's general understanding of and professional experience with shelters and services for people experiencing homelessness. This experience, along with extensive review of the literature, exposed research gaps that inform this study's design and theoretical framework.

First, research on former-consumer employee inclusion is voluminous in other practice areas, such as addictions and mental health, but only a few studies on homeless services programs have explored formerly homeless employee inclusion. Therefore, this suggests additional research, such as the present study, is needed to explore the effects of formerly homeless employee inclusion. Second, the benefits of former-consumer employee inclusion to all members of a service community are infrequently the subject of

these investigations. Instead, studies more often examine the benefits to the former-consumer employees themselves and/or the costs and benefits for the employer. Therefore, this study will explore the benefits and challenges specific to all members of the homeless shelter community, including the formerly homeless employees, shelter residents, directors, and professional colleagues. Third, the majority of the previous research on former-consumer employee inclusion was not conducted in residential service programs, such as homeless shelters, although there were some exceptions in the addictions field. This study specifically addresses this gap by recruiting all participants from homeless shelters. Information from this qualitative, exploratory study will assist shelter directors and homeless service providers when considering formerly homeless employee inclusion as a staffing model in their organization.

CHAPTER IV: METHODS

The present study sought to better understand the challenges and benefits, and ways in which they vary between roles in the shelter community, with the aim of helping shelter directors make informed decisions about including the formerly homeless as employees in homeless service agencies.

The central research questions and hypotheses for this study address formerly homeless employee inclusion in homeless shelters (see Table 2). This chapter describes the design, data and procedures used to explore these research questions and hypotheses.

Table 2. Research Questions and Hypotheses for the Current Study

RESEARCH QUESTIONS	HYPOTHESES
Research Question 1: What are the individual and organizational effects of employing the formerly homeless in shelter settings?	<p>Hypothesis 1a: Shelter residents may experience a vicarious sense of self-efficacy by seeing the formerly homeless employees at work.</p> <p>Hypothesis 1b: There may be additional unforeseen effects on members of the shelter community resulting from hiring the formerly homeless.</p>
Research Question 2: Which respondent category is most closely related to the answers that respondents provided? For example, does race, gender, shelter role, or specific shelter have the most influence on a respondent's answers?	Hypothesis 2: Response differences expected by shelter roles (resident, director, formerly homeless employee, or professional employee).

CONTEXT

The present study was originally designed to understand the effects of formerly homeless employee inclusion specifically on the shelter residents. The literature review revealed that there was far less research exploring the impact of former-consumer employees on residents than on the consumer-provider employees themselves, and to a

lesser extent, the supervisors and other employees. This was true of the literature across practice areas, including mental health, public health, addiction, and services to veterans. The initial study design focused on examining only two distinct populations—homeless shelter residents and homeless shelter directors. The shelter directors were included partly to confirm that the shelter residents’ understanding of who on staff were formerly homeless was indeed accurate, and partly to contribute knowledge based on their experiences and observations.

Through the process of conducting the interviews, however, the decision was made to expand the focus of the research to include the effects of formerly homeless employee inclusion on the shelter directors, formerly homeless employees, and to a lesser extent, the professional employees. This was done for two reasons. First, two of the shelter directors had recruited a total of three formerly homeless employees for interviews. For two of the interviews, the interview was well underway before this fact was revealed. (The role of the third formerly homeless respondent was explained by his colleague, who was also a study respondent.) The decision was made to include their rich and detailed interview data. Second, resident respondents frequently reported vicariously experiencing the formerly homeless employees’ challenges. It was for these reasons that data from the formerly homeless employees was helpful in understanding this experience.

DESIGN

The present study used the case study method of qualitative inquiry and Polkinghorne’s (1995) analysis of narratives. Researchers consider qualitative studies to be the gold standard for giving voice to the marginalized and oppressed because the research participants can be empowered by having the opportunity to exert their experience and knowledge as an active member of the research team (Elmesky, 2005;

Kramp, 2004; Padgett, 2008, Richards & Morse, 2006). This made a qualitative approach a good fit for this study of currently homeless and formerly homeless participants. Qualitative methods facilitated exploring the meaning of the experiences described from within the culture of the interview subjects.

Qualitative studies are also a good choice for exploratory studies, such as this work. When there is little information about a particular issue or phenomenon, it can be difficult or impossible to choose the “right” variables for a quantitative research design. Qualitative methods allowed the researcher to explore the topic, without pre-defined variables or a hypothesis.

The present study included four characteristics shared by most qualitative research. First, the focus of the method is on meaning and understanding. Second, the goal is to learn how the study respondents understand and describe their world (Merriam, 2009). Third, the researcher is the “primary instrument of data collection and analysis” (Merriam, 2009, p. 266). Lastly, the methods are inductive, meaning data is gathered to build theory or concepts, rather than deductive methods, where hypotheses are tested (Merriam, 2009).

The term “case study” has been used as a catchall term to describe either the methodology, the focus of the study, or the final report. For this study, the term could have been used to describe a single individual (such as a homeless woman), a location (such as a homeless shelter), or a bounded system (such as North Carolina homeless shelters). This study employs the view of case study where the case is the phenomenon occurring within the bounded system chosen as the focus of the study (Merriam, 2009; Miles & Huberman, 1994; Stake, 2005). This study is a collective case (multi-case) study. The bounded system included in this study is comprised of homeless shelters in North Carolina that employ formerly homeless individuals, where the shelter residents

know that there is at least one formerly homeless person on staff. This form of inquiry allows exploration of complex social systems, the homeless shelter system in North Carolina, in order to understand the phenomenon (Merriam, 2009). Multiple factors were explored, but these factors did not have to be predetermined. While only one issue of concern was identified, the effects of formerly homeless employee inclusion, multiple cases were selected (Creswell, 1998). In fact, selecting multiple cases is a “common strategy for enhancing validity and generalizability” (Merriam, 2009, p.50). These issues are discussed further in Chapter VI.

Using the transcript data, the constant comparative method (Merriam, 2009) was employed. This method allowed the researcher to begin data analysis soon after the first interviews were transcribed, instead of waiting until all the data has been collected. This allowed new lines of inquiry to be developed based on the emerging data (Schwandt, 2007). Creswell (1998) states that researchers generally utilize 10 to 30 interviews in qualitative studies, but some recommend as few as four for case study research. The present study used data from 15 interviews conducted in six shelters across North Carolina.

Polkinghorne’s (1995) analysis of narratives is used in the present study, as a platform for the respondents’ stories to be used as the data. Both the paradigmatic and narrative types of inquiry are used herein. Using the paradigmatic type of inquiry, information from common elements in the data were recognized and categorized and concepts were derived from previous theory and knowledge and applied to the data. Using the narrative type of inquiry allowed for the gathering of the events and happenings, which were developed into a common story.

DATA

The data source for the present study was the transcripts of the fifteen interviews with shelter directors, formerly homeless employees, and shelter residents. Archival documents (Creswell, 1998; Merriam, 2009), such as newsletters, that mentioned the formerly homeless employee(s) in their organization, were also to be collected. No archival documents existed, however. Although the formerly homeless employees who participated in this study were forthcoming to residents and colleagues about their own experiences with homelessness, the issue of privacy in the larger community was still a concern. Publishing a formerly homeless employee's story in a newsletter or other publication would make the information public and lessen the employee's control over who would receive the information. The shelter director who had given earlier thought to this issue consciously chose to respect the employees' privacy.

SAMPLE AND SAMPLING PROCEDURES

Recruitment

The sample is comprised of North Carolina shelters, in part because the state provides a large and diverse array of shelters and in part because of convenience. North Carolina has 145 shelters, ranging from very small, six-bed houses to large, barracks-style shelters with 500+ beds. These shelters serve the full range of homeless people, including men, women, domestic violence victims, families with children, and unaccompanied youth.

The North Carolina Office of Economic Opportunity, which administers the Emergency Shelter Grants (ESG) Program, provided the contact information for each shelter. Recruitment was initiated with an email introducing the study (see Appendix A).

The email contained a link to a short online survey (see Appendix B), which asked just four questions.

The online survey sent to 145 shelter directors in North Carolina yielded 49 responses (33.7%). Of the 49 respondents, 35 (71.4%) shelters employed formerly homeless workers. Nineteen of these shelter directors (54.3 %) said that they would be willing to participate in an interview, and would also be willing to recruit two shelter residents to participate. Four of the 19 directors were unsure of whether the shelter residents knew that there was at least one formerly homeless employee on staff. Therefore, those four shelters were eliminated.

When the respondents gave an answer other than “yes” on this recruitment survey, the survey ended by thanking the respondent for participating and requesting optional contact information for a drawing for a \$100 gift card. Figure 1 provides a visual representation of the responses.

At the end of this process, 15 shelters remained that employed formerly homeless workers (that were known to residents), and had a director who was willing to both participate and recruit at least two residents for the interviews. Still, a sample of 15 shelters, with multiple respondents at each shelter, would have been too large for a case study, based on the recommendations to limit qualitative interview to between ten and thirty (Creswell, 1998). Six shelters were chosen for the study. With one shelter director and one or two shelter residents recruited from each of the six shelters, the sample size would have 12-18 participants. This was well within the recommendations made in Creswell (1998).

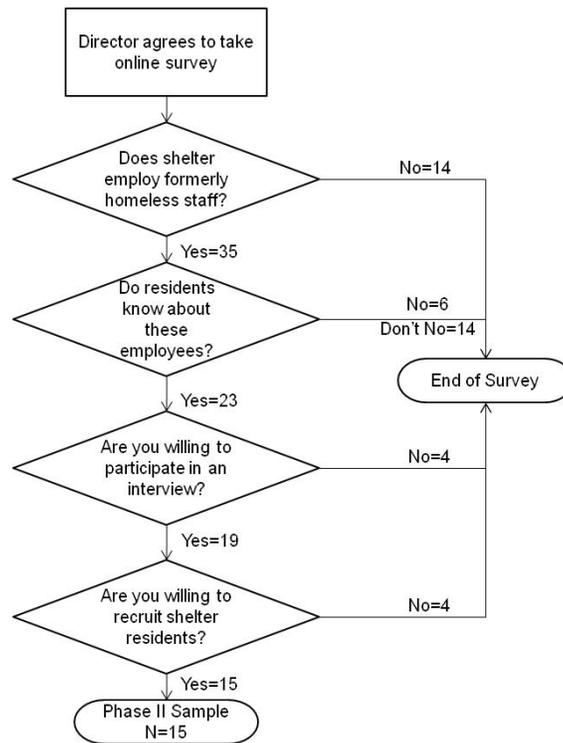


Figure 1. Recruitment Survey: Shelter Director Responses (n=49)

Choosing a Purposive Sample

A purposive sampling strategy was employed. Purposive sampling is sampling which includes different perspectives on the problem, process, or event being portrayed (Creswell, 1998). Considering the suggested parameters, the six shelters were chosen as a starting point, in order to recruit at least six shelter directors and between six and twelve shelter residents, for a sample of 12-18 participants. This larger number of interviews was chosen in order to include cases from various types of shelters, types of communities, and demographics for respondents. A second reason for scheduling this many interviews was to ensure that at least 10 respondents were available, in the event that some of the shelter residents decided not to participate. Once in the field, a third category of respondents emerged, formerly homeless employees, who were also included.

To choose the six shelters for this study, a North Carolina map was used to plot each of the shelter locations, including the number of beds and type of residents served. Each location on the map was marked as urban or rural, along with the population size of the town/city. Table 3 provides this information for each of the 15 shelters. The shaded rows in the table denote sites selected for participation in this study.

Table 3. Potential Interview Shelter Sites

SHELTER	POPULATION	CAPACITY	LOCATION	REASON FOR SELECTION
1	Families w/Children	39	Urban, Central NC	Same city as #14
2	Families w/Children, Single Men & Women	118	Urban, Eastern, NC	Did not return calls
3	Women w/Children & Single Women (Domestic Violence)	13	Urban, Eastern NC	Did not return calls
4	Families w/Children, Single Men & Women	43	Rural, Western NC	Rural, serves all populations
5	Women	12	Urban, Western NC	Same city as #8
6	Men	78	Urban, Central NC	Central, Traditional Men's Shelter
7	Women w/Children & Single Women (Domestic Violence)	16	Rural, Eastern NC	Rural & Domestic Violence
8	Men (Veterans)	220	Urban, Western NC	Veterans
9	Single Men & Women (Addiction)	92	Urban, Central NC	Near city to #6
10	Families w/Children, Single Men & Women	20	Rural, Eastern NC	Similar to #7
11	Women w/Children & Single Women (Domestic Violence)	25	Rural, Western NC	Similar to #7
12	Families w/Children, Single Men & Women	178	Rural, Western NC	Located between #15 & #6
13	Men	21	Urban, Central NC	Near city to # 6
14	Families w/Children (Transitional)	69	Urban, Central NC	Location & Population
15	Men	500+	Metropolitan, Southwestern NC	Largest shelter in NC

The fifteen shelters in this sample included representatives from men's shelters, shelters for women and families, domestic violence shelters, and shelters for veterans. While there were no extremely small shelters, there were four with 20 beds or less. The remaining shelters ranged to over 500 beds.

A purposive sample was developed to include shelters with diverse clientele, number of beds, and location types for the purpose of interviewing the broadest range of respondents. This was needed in order to understand the impact of demographics on the responses. This meant selecting shelters that accepted single men, single women, and women and/or men with children in communities ranging from populations of 14,000 to 687,000. No shelter from a community smaller than 14,000 people volunteered for this research study and the city with the population of 687,000 is one of the largest city in North Carolina.

Shelter #4 (from Table 3) was selected first. This shelter was unusual because it was one of the few shelters in the state that housed families with children, single men, and single women in the same facility. It was located in rural, western North Carolina. A second shelter for families with children (#14) was chosen in a large urban city in central North Carolina. While both shelters served families, they were in very different types of communities. Shelter #7 was chosen because it was in eastern North Carolina, which is largely rural, and it served domestic violence survivors and their children. At this point, there were enough shelters serving women and/or women and their children included in the sample.

Next, shelters serving homeless men were chosen. Shelter #15 was important because it was the largest shelter in North Carolina, and it was located in North Carolina's only metropolitan area. The director of Shelter #15 is also known to have considerable experience with formerly homeless employee inclusion. Shelter #6 was

chosen as it was also for men, but was located in a much smaller (though still urban) central North Carolina city. The final shelter (#8) was chosen because it was the only one that served veterans exclusively. It was located in an urban area in western North Carolina. Table 4 provides an overview of the shelters chosen as interview sites. The table includes the population served and the capacity of each shelter, along with the size and type (urban or rural) of the community. Also included is the type of position held by formerly homeless employees in each shelter, including front line (paraprofessional), case management (professional), or supervisory (management).

The names of the cities and the shelters have been changed to protect the participants' confidentiality. Also, exact numbers of formerly homeless employees were not available at each site. Many of the directors felt that they could not provide an accurate count because they did not know every employee's full history. More details about each of the six sites and about the respondents selected are provided following the table.

Table 4. Final Interview Shelter Sites

SHELTER	POPULATION	CAPACITY	FORMERLY HOMELESS EMPLOYEE POSITIONS	CITY INFORMATION
Collegetown Shelter	Families w/Children, Single Men/Women	43	Front Line	14,000 Rural
Big City Ministries	Families w/Children	69	Case Management	392,000 Urban
Smalltown Shelter	Women w/Children & Single Women	16	Supervisory	20,000 Rural
Mountaintown Ministries	Men	220	Front Line & Supervisory	78,000 Urban
Middletown Shelter	Men	78	Front Line & Case Management	227,000 Urban
Metropolis Shelter	Men	500+	Front Line & Case Management	687,000 Metropolitan

The Collegetown Shelter

The “Collegetown” shelter is located in a small mountain college town (pop. 14,000). This agency can accommodate 43 individuals per night, including beds in their shelter and transitional housing programs. Unlike most shelters, this shelter accepts single men and women even though it also houses families, a policy stemming from the small community size and the fact that no other homeless shelters exist. At the time of the interviews, the Collegetown shelter had two formerly homeless employees, both former residents of this shelter.

The Big City Ministries Shelter

The Big City Ministries shelter is a transitional housing program in a large city (pop. 392,000). The program serves families of any configuration with children, and can house up to 69 individuals in agency-maintained apartments. The agency does not aggregate the units but spreads them throughout the community, and residents receive services either in their homes or at the agency offices. The agency employed one formerly homeless person as a case manager at the time of the interview. While this individual served in a professional position, formerly homeless employees usually occupy paraprofessional positions, typically because of the education and skills required for professional positions (Kryda & Compton, 2008; North, et al., 1997; Weissman, et al., 2005).

The Smalltown Shelter

The “Smalltown” shelter is a small domestic violence shelter in a rural area (pop. 20,000). The shelter serves several counties, housing female victims of domestic violence and their children, including boys up to the age of 18. The shelter’s location is confidential, and the address is given only to women who have been screened for

admission through the administrative offices at another location. The Smalltown shelter is a house with 16 beds, but can accommodate up to 27 people using supplemental air mattresses. The employee interviewed was a formerly battered/formerly homeless employee, and knew of at least two others on the staff who were domestic violence survivors.

Domestic violence shelters are run very similarly to homeless shelters, and often have domestic violence survivors as employees and volunteers. The Smalltown shelter was chosen in part because it was the only shelter of any kind in this particular rural multi-county region. Additionally, only one other shelter director in a rural community (Collegetown) volunteered for the study. Eighty-five of North Carolina's 100 counties are rural (N.C. Rural Economic Development Center, 2010). As rural communities are the norm in North Carolina, it was important to include a second shelter from a rural area.

The Mountaintown Shelter

The "Mountaintown" shelter is a very large shelter for veterans in a mid-sized, tourist-destination mountain community (pop.78,000). The facility, formerly a hotel, houses 220 men. Sixteen of the beds are set up as emergency shelter, and 148 beds are transitional shelter beds. The remaining 56 beds are permanent housing, and the men pay a fee for their private rooms.

This shelter employs formerly homeless workers as permanent employees, and is the only shelter in the study with a cottage industry, meaning that they employ the currently homeless residents as temporary employees. These temporary employees may work no more than 1,000 hours in these positions. The purpose of the program is to provide interim jobs for the shelter residents until they find a permanent job in the community. With these jobs, workers have the opportunity to pay child support, clear old

fines, and save money. They also have the benefit of using the agency as a current job reference, which the shelter director believed made a difference in their efforts to obtain employment within the community. The shelter benefits from an eager workforce with a wide array of skills and talents. Three of these “Thousand Hour Workers”, as they are known, excelled in their work and have since been promoted. They now fill permanent, middle management positions of maintenance supervisor, housekeeping supervisor, and front desk supervisor at the shelter.

The Middletown Shelter

The “Middletown” shelter, located in a mid-sized urban area (pop. 227,000), houses 78 single men in a shelter with two programs—a 60-bed emergency shelter and a large transitional recovery program. As one of the United States’ failing tobacco manufacturing centers, this community has experienced an economic downturn reaching farther back than the current economic crisis. One visible sign of the hardships facing this community are the 400+ people in line each day waiting for a free lunch. This shelter employs one case manager and two paraprofessionals who are formerly homeless.

The Metropolis Shelter

The “Metropolis” shelter, located in a large metropolitan area (pop. 687,000), is the largest shelter in North Carolina, serving over 500 men per night between two locations. Because the shelter’s policy is to never turn a man away, the number of overnight residents often climbs to 600. The shelter offers two types of services—emergency and “focused case management” services—and has a daily meal program, where the noon meal is accessible to the community. In 2009, the shelter served over 250,000 meals. Although the shelter employs formerly homeless men, an accurate count of the formerly homeless employees was not available because the shelter director was

new to his position. His prior position was as the director of the second largest homeless shelter in North Carolina, where he also employed formerly homeless workers.

The Respondents

The final sample was comprised of fifteen interviews with three distinct groups— five shelter directors (3 males and 2 females), three formerly homeless employees (2 males and 1 female), and seven shelter residents (4 males and 3 females). The five shelter directors were all in their 40s and 50s. Four were White, and one was African American. Both of the female shelter directors ran organizations that served men, women, and children. All three male shelter directors ran organizations that only served men. Table 5 provides demographic information on all of the study respondents, grouped by shelter.

Table 5. Study Respondents

#	SHELTER	NAME	ROLE	GENDER	RACE	AGE
1	Collegetown	Nancy	Director	F	White	50s
2		Anna	Resident	F	White	40s
3		Tyler	Resident	M	Native American	50s
4		Jake	Resident	M	White	40s
5	Big City Ministries	Abigail	Director	F	White	40s
6	Smalltown	Alice	Formerly Homeless Employee	F	African American	50s
7		Doreen	Resident	F	White	50s
8		Samara	Resident	F	African American	30s
9	Mountaintown	Lawrence	Director	M	White	50s
10		Dave	Formerly Homeless Employee	M	White	50s
11		Billy	Formerly Homeless Employee	M	White	40s
12	Middletown	Samuel	Director	M	African American	50s

Table 5. Study Respondents (Continued)

#	SHELTER	NAME	ROLE	GENDER	RACE	AGE
13		Elijah	Resident	M	African American	50s
14		Silas	Resident	M	White	40s
15	Metropolis	Nick	Director	M	White	40s

The job responsibilities of a sixth “director” were very different from those of the other shelter directors. She had minimal exposure to, and no input into administrative issues such as hiring, agency policy development, or finances. Her position is better described as “shelter manager.” She oversaw the daily operation of the shelter, such as answering phones, helping guests settle in, and completing the initial intake. As she obtained this position without experience or education but rather based on her former experience as a shelter resident, she was reclassified as a formerly homeless employee for this study. Including this employee (an African American female), the study included three formerly homeless employees. The other two were White males from the Mountaintown shelter. All three held highly responsible middle-management jobs, and had been with their respective agencies for over two years. As discussed earlier, the decision was made to include all three interviews with the formerly homeless employees identified.

African American shelter resident participation was lower than anticipated. Because African Americans are overrepresented in the homeless population in the United States (National Coalition for the Homeless, 2007f; U.S. Conference of Mayors, 2005), it was expected that there would be an approximately even numbers of African American and White shelter resident participants. However, only two (29%) of the seven shelter resident respondents were African American. Four (57%) were White, and one (14%)

was Native American. No Hispanics participated in the study, though nationally Hispanics account for 13% of the homeless population (National Coalition for the Homeless, 2007f; U.S. Conference of Mayors, 2005). The shelter directors were asked to recruit up to three resident volunteers, but were not instructed to include any specific demographic. One explanation for the lower minority participation rate was that the shelter directors selected certain residents for the study, and fewer were members of minority groups. Another possibility is that the shelter directors asked more African American and Hispanic residents to participate, but those residents declined.

The literature indicates that members of minority groups are less likely than non-Hispanic Whites to participate in research studies (Loue & Sajatovic, 2007). There are several possible explanations for this phenomenon in the present study. These include fear and/or distrust of the researcher, language barriers, and financial considerations (Loue & Sajatovic, 2007). As recommended by Loue and Sajatovic (2007), an incentive (\$25 gift card) was offered to participants, mainly to demonstrate respect for the participants' time, but also to encourage participation. Several problems with incentives were considered. First, the incentive was probably not enough money to encourage participation from residents who would need to leave work to participate. This was addressed by offering interviews at any time of day or evening, to accommodate respondent's schedules. Second, it was known that \$25 could potentially motivate homeless individuals with no knowledge of the subject to participate. Therefore, the shelter directors were asked to personally recruit the shelter residents as participants. Shelter directors recruited participants who were mentally healthy enough to understand the questions, and were aware of the formerly homeless employee inclusion in the homeless shelter.

As evidenced by the findings from the interviews, unemployment was common among the shelter resident participants in this study. Only one of the residents had a job, which he had not yet started. The financial incentive would have understandably motivated all of these resident participants.

Scheduling Interviews

Each of the directors at the six shelters selected was contacted to confirm that they were still willing to participate in and recruit residents for interviews. All six shelter directors agreed.

DATA COLLECTION

Data for the present study was collected through 15 interviews with five shelter directors, seven shelter residents, and three formerly homeless employees. These interviews took place between July, 2009 and January, 2010. All interviews were conducted in the shelter organizations' facilities, with one exception. The interview with the Metropolis Shelter director was conducted by telephone. Most interviews took place at the shelters, but some took place at the agency's off-site case management offices, where more privacy was available. Interviews were approximately 30 to 60 minutes long, and the researcher asked the shelter directors to schedule the interviews at 75-minute intervals to allow sufficient time between interviews for note-taking. An entire day was set aside at each of the interview sites, to allow for interviews with shelter directors who were available during the day and residents who were only available at night. All of the shelter directors and residents scheduled daytime interviews. An unintentional result of daytime interviews was that the shelter residents were all unemployed, except for one who was starting a job later that day.

All but one of the personal interviews was conducted in private offices or in an empty dining hall. The single exception occurred when the only available private office was in use despite the fact that it had been reserved. In this case, the resident preferred to meet in the living room rather than wait for the private office. There was no door between the living room and the hallway. As the seating was located at the far end of the room, this arrangement did not appear to interrupt or compromise the interview.

The interviews followed a standard pattern. After settling into the interview space and exchanging introductions, the consent form was read to each participant. Answers to any questions were offered before obtaining the participant's signature. The consent form contained the standard information required by the university's Internal Review Board (IRB). Additional details specific to this study included the request to audio-tape the interview, no known risks of participation, no known benefits of participation (except a \$25 gift card), and that the interview was not expected to last longer than 60 minutes.

The participants were assured that they could stop the interview at any time if they decided they no longer wished to participate. All respondents signed the consent form, and received a copy for themselves. When asked if they had any questions about the consent form, all participants responded that they had no questions.

As discussed earlier, this study employed qualitative methods which researchers acknowledge to be highly appropriate for exploratory research studies, as well as for studies that include respondents from marginalized groups (Kramp, 2004; Padgett, 2008, Richards & Morse, 2006).

SURVEY INSTRUMENTATION

The research literature and theory served to guide development of the interview protocols (Appendices D and E). Open-ended questions on the benefits and challenges of

formerly homeless employee inclusion were the primary focus for all of the interviews. All participants were also asked about the formerly homeless employees' impact on resident's self-efficacy.

Additional questions were asked of the different populations within the study. Shelter directors were asked to discuss the formerly homeless employees' current place within the organization, opportunities for advancement and training, and the need for additional supervision. While lines of inquiry were added to fill gaps, such as asking the shelter residents how they learned about the formerly homeless employees on staff, the primary questions are directly informed by the review of the literature. Table 6 relates the themes from the literature review to the questions developed in the interview protocol.

Table 6. Relating the Literature to the Interview Protocol

	THEMES	SOURCES	QUESTIONS
HOMELESSNESS RESEARCH	Organizational Characteristics of Shelters and Similar Programs (Halfway houses, etc.)	Barrows (1998), Crook (2001), Crook, Mullis, Cornille, and Mullis (2005), Delaney and Fletcher (1994), Fogel and Dunlap (1998), Karabanow (2004), Leda and Rosenheck (1991), Martin and Segal (1977), NCHV (n.d.), North et al. (2005)	Number of staff? Number of beds? Average length of stay? Resident type? Services? History of FHE inclusion?
	Homeless Resident Engagement & Retention	Kryda and Compton (2008), North et al. (2005), Weissman, et al. (2005)	Types of FHE jobs? Advancement opportunities?
RESEARCH IN RELATED FIELDS	Resident Outcomes	Bannerjee (1995), Berg, Andersen, and Alveberg (1997), Glisson and Hemmegarn (1998), Jaskyte (2004), Mulroy (2004), Nittoli and Giloth (1997), Poertner (2005), Rapp and Poertner (1987), Yoo (2002), Zemore and Kaskutas (2008)	To residents: What is your 5-year goal? How confident are you that you will be successful? To directors: Does FHE inclusion have an impact on shelter resident outcomes?

Table 6. Relating the Literature to the Interview Protocol (Continued)

	THEMES	SOURCES	QUESTIONS
RESEARCH IN RELATED FIELDS (Continued)	Challenges	Armour (2002), Barrett et al. (2000), Brown (1974), Brown, Grella, and Cooper (2002), Carlson, Rapp, and McDiarmid (2001), Christensen and Jacobsen (1994), Dixon, Krauss, and Lehman (1994), Fisk et al. (2000), Fox and Hilton (1994), Korfmacher et al. (1999), Lynton (1967), Manning and Suire (1996), Pearl (1968), P. Solomon (1994), Weissman, et al., (2005), Yuen and Fossey (2003)	Communication styles? Direct service skills? Attitude? Enthusiasm? Supervision needs? Other differences? Benefits & challenges to residents, staff, supervisors/shelter, the FHE?
	Benefits	Barrett et al. (2000), Barrows (1998), Bassman (1997), Berg, Andersen, and Alveberg (1997), Besio and Mahler (1993), Borkman et al. (1998), Brager (1965), Carlson, Rapp, and McDiarmid (2001), Cavanagh-Daley (1997), Chinman et al. (2000), Dixon, Krauss, and Lehman (1994), Dixon, Hackman, and Lehman (1997), Durlak (1979), Fisk et al. (2000), Fox (2002), Fox and Hilton (1994), Friedman (1994), Gartner (1969), Gershon and Biller (1977), Gordon (1976), Hardiman (2004), Hossack and Robinson (2005), HUD (2001a,b), Itzhaky (1995), Katan and Prager (1986), Mowbray and Moxley (1998), North, et al. (2005), Pearl (1968, 1974), Riessman (1997), Room (1998), Salzer (2002), Sherer (1986), Stewart (1967), Van Tosh (1993), White (2001), Yuen and Fossey (2003), Zemore & Kaskutas (2008)	How much experience with HEs, and in what capacity? Special qualities? Are there instances when an FHE can be helpful and professional employees may not?
THEORY	Empowerment Approach	Lee (2001)	Does FHE inclusion affect resident self-esteem, self-efficacy, empowerment, or positive outcome? Are there effects on other members of the shelter community?
	Vicarious Self-Efficacy & Reciprocal Determinism	Bandura (1976, 1985, 1994, 2003)	
	Helper Therapy Principle	Riessman (1965)	

Recruitment Survey and Interview Protocols

The first survey developed was a short survey designed to recruit study participants. It was sent to the directors of all 145 homeless shelters in North Carolina via email. In the email, there was a link to a web-based survey with four questions. At the end, participants had the opportunity to provide their name and email address. Respondents' names were submitted into a drawing for a \$100 gift card. Questions in this email survey were as follows:

- Do you employ formerly homeless workers in the shelter?
- Is it known to your residents that these employees were homeless?
- Would you be willing to participate in an interview, lasting approximately 60 minutes?
- Would you be willing to recruit 1, 2, or 3 shelter residents to participate in this study?

Separate interview protocols were developed for shelter directors (Appendix D) and shelter residents (Appendix E). The semi-structured interviews consisted primarily of open-ended questions, which encouraged participants to use their own words, with the intention of gathering richer responses. Core questions appeared in both protocols and the researcher used these questions with the formerly homeless employees as well. These core questions were designed to elicit the following information:

Differences between formerly homeless employees and other staff members, in areas such as

- Communication

- Direct service skills
- Attitudes toward residents
- Enthusiasm
- Quality of work
- Benefits of formerly homeless employee inclusion
 - For the residents
 - For the professional employees
 - For the organization
 - For the director
 - For the formerly homeless employee
- Potential drawbacks and/or challenges of formerly homeless employee inclusion in shelters
 - For the residents
 - For the professional employees
 - For the organization
 - For the director
 - For the formerly homeless employee
- Name, job title, and job description for any formerly homeless employees at the shelter

The first three questions were chosen to understand the participants' general experience with and evaluation of formerly homeless employees. The fourth question was

important to make sure that the respondents actually knew who was formerly homeless. A case of mistaken identity would have contaminated the results.

Each interview began with two short-answer questions, to gather primary information and to put the respondent at ease. Probes for the questions are listed beneath each inquiry question.

- Tell me about this shelter.
- Number of beds?
- Number of staff?
- Average length of stay?
- Types of residents?
- Services?
- Annual budget?
- Tell me about the formerly homeless employees working here.
- First names?
- How do you know they are formerly homeless?
- Job duties?
- The shelter director interviews also included the following questions.
- Tell me about the formerly homeless employees working here.
- What can you tell me about the shelter program?
- Have you employed formerly homeless workers in agencies other than this one?
- Please give me a brief history of current formerly homeless employees within your organization.
- Were they residents at this shelter?
- Have they held other positions other than their current job?
- What value do they bring to the shelter?

The shelter resident interviews were structured around the following questions:

- What circumstances brought you to the shelter?
- What can you tell me about the shelter and the programs?
- What are your feelings about formerly homeless employee inclusion in the shelter?
- What special qualities, if any, do these formerly homeless employees have?
- Have there been specific instances where a formerly homeless employee was helpful to a resident? It can be you or another resident.

Two additional questions evolved from the probe questions in the first resident interview. (The first interview respondent needed quite a bit of redirection during the interview, as he thought the interview was for a newspaper article. As such, he had somewhat prepared comments, which were not related to the interview questions.) Following the first interview, the following additional questions were added to each interview:

- Tell me a story about a problem that [formerly homeless employee name] resolved.
- Why do you think it worked out?
- Was there a time when [formerly homeless employee name] helped you personally?
- Tell me all about that.
- For homeless shelter directors and formerly homeless employees, the same questions were asked with a slight variation:
- If you can, tell me about a time when [formerly homeless employee name]/you made a difference in a resident's life.

The questions from the director and resident interview protocols were adapted for use with formerly homeless employees. Some questions were derived from the protocol for residents, such as, “Tell me about how you came to be a resident, and then an employee of this shelter.” Other questions, such as “Tell me about the [other] formerly homeless employees who work here,” evolved from the interview protocol for shelter directors. This question was included because the other participants were asked about the formerly homeless employees. It was helpful to confirm that all participants at each shelter were describing the same person(s) when they discussed the impact of a specific formerly homeless employee.

Pilot Study

Prior to recruitment, a small pilot study was conducted to test the survey instruments. A former colleague was chosen to preview the surveys and provide their impressions. The colleague was an experienced shelter director, who had at one time been homeless, and began his homeless services career as a formerly homeless employee (although he does possess a Master’s degree.) Modifications to the question language were made based on this feedback, specifically to make resident questions more accessible. The modifications included changes to the questions for precision, but primarily related to simplifying the language to offset the need for further explanation. The changes were reviewed with this colleague for approval. Next, the interview questions were tested using the readability statistic analyzer in Microsoft Word. It is calculated with the formula in Figure 2, and is based on the number of words per sentence and the number of syllables per word.

$$206.835 - 1.015 \left(\frac{\text{total words}}{\text{total sentences}} \right) - 84.6 \left(\frac{\text{total syllables}}{\text{total words}} \right)$$

Figure 2. Flesch-Kincaid Grade Level Score Formula

Once the questions were modified and approved by the pilot test subject, the Flesch-Kincaid Grade Level score was calculated. This resulted in a score of 6.8, for the shelter director interview questions, and a 6.3 for the shelter resident interview questions. These scores indicate that both of the interview questionnaires have a sixth grade reading level (Accessibility Institute, n.d.). Although the reading level of the participants was not available, it is known that only 62% of homeless Americans have a high school diploma or GED (Burt, et al. 1999). Therefore, the questions were found to an acceptable level for a homeless person to understand.

A significant part of planning the study was developing the instruments to be used to gather data for the study. There were several steps involved in this effort, including:

- Considering preformed expectations
- Producing the research questions from existing research
- Developing the recruitment survey and interview protocols

The remainder of this sub-section addresses each of these steps in turn.

Considering Initial Expectations

Based on the literature and professional experience, a strong relationship between formerly homeless employee inclusion and *resident self-efficacy* was expected. A second expectation was that there would be demographic patterns in the participants' responses, although what that would look like was not known. For example, if it was expected that

shelter respondents from rural areas generally supported formerly homeless employee inclusion, while respondents from urban areas did not, the assumption would be considered contributing to bias in the analysis. With this study, however, a purposive sample of shelters was selected, in order to engage as much demographic diversity possible.

DATA ANALYSIS

Transcription of the digitally recorded interviews and preliminary data analysis began shortly after the first interviews were conducted. A brief outline of the data analysis processes and further discussion of each process follows.

- Transcribing interviews
- Coding into meaning units (a distinct unit of meaning)
- Identifying themes (grouping of meaning units)
- Mapping themes and identifying larger concepts

Transcribing Interviews

The digital audio files were saved and password protected on a personal computer, with a backup copy saved on a USB flash drive. The flash drive was stored in a locked file cabinet in a secure university office. After listening to each interview in full, the interviews were personally transcribed, using Express Scribe transcription software. Transcribing the interviews personally had two benefits. The first was the opportunity to become intimately familiar with the interview data. Second, two of the shelter resident respondents had articulation problems. One man had no teeth and consequently had problems with diction. The other had a heavy regional accent. Having personally conducted the interviews, and therefore knowing the context of the conversation, it was much easier to transcribe the interviews.

When transcribing the interviews, each line was numbered and space was left for notes. Once the transcriptions were complete, the taped interviews were listened to again while following along in the typed text. Contextual notes were added. These notations included interruptions (i.e., someone entering the room, a loud crash from above, a cell phone ringing), emotional displays (i.e., crying, laughing), and various respondent behaviors (i.e., whispering, pacing). The complete transcribed interviews were saved along with the audio files. Digital copies were saved in password protected files on the personal computer, and hard copies were stored in the locked cabinet.

Identifying Meaning Units

The first step in the data analysis was to identify meaning units, which are sentences or phrases that describes one distinct idea or unit of data. The analysis process for each interview began by reading each transcript several times. Line-by-line open coding was used to identify meaning units (Miles & Huberman, 1994). This process involved marking each meaning unit with highlighting and separating it with space from the adjacent text. The respondent's initials were also added next to each meaning unit. For example, one shelter resident's statement, "[formerly homeless employees] just know what it's like... because they been there" was coded as a one meaning unit. When necessary for clarity (so that the context would not be later forgotten), the question or prompt that elicited the response was indicated. After repeating this process with all fifteen transcripts (totaling over 300 pages of text), well over a thousand meaning units were identified.

Identifying Themes

The next step in the data analysis was the process of working with emerging themes, or groups of meaning units. First, the transcripts were reread, and notes were

made in a notebook regarding potential themes. For example, after several respondents described addiction relapse as a potential problem for recovering formerly homeless employees, it was listed in the notebook as a potential theme, and named *relapse*. Hatch marks were used to keep a record of the frequency of the recurring themes. The transcripts were reread, to ascertain whether additional themes could be identified. Once a list of themes had been generated, all of the meaning units of data were “coded” by sorting them into the themes. To accomplish this, the typed manuscript was first cut apart into individual meaning units. Meaning units were sorted into piles labeled with the initial theme names. The meaning units comprising each theme were continuously evaluated throughout the process, known as the constant comparative method (Strauss & Corbin, 1990), to calibrate the themes. Some themes were divided into two or more new themes to demonstrate greater specificity. Other initial themes were combined where there was too little difference between them to justify the distinction. Meaning units that did not fit into any of the themes were coded as “other”. This process initially resulted in several dozen themes, which were eventually narrowed down to fourteen.

Once the themes represented the ideas shared by the research respondents, the themes were typed with their corresponding meaning units and saved. The slips of paper were saved in envelopes labeled by theme. Fourteen themes emerged from the analysis, and are presented with a brief description. Examples of the meaning units that were coded into each theme are included.

Concept 1: Shelter Director Philosophy Toward Hiring Formerly Homeless Employees

Creating opportunities is defined as or refers to the shelter directors’ recruitment of formerly homeless individuals to fill jobs in the shelter. Meaning units for this theme included recruitment, hiring, mentoring, training, job creation, and supervision.

Informal employment criteria are traits of formerly homeless employees desired by shelter directors and/or residents such as lengths of sobriety, character, respect for clients, prior homelessness, humility, and/or progress toward housing stability. These are employment criteria that are not found on formalized job descriptions. Meaning units for this theme included any ideas that were considered important criteria such as sobriety, housing stability, people skills, character issues, etc.

Concept 2: Formerly Homeless Employees On the Job

Role transitions in this study refer to the major changes that occur as the formerly homeless employee moves from the role as consumer to that of employee. It includes boundary challenges for the formerly homeless employees, shelter directors, professional employees and shelter residents. Examples include changed relationships between formerly homeless employees and shelter residents, formerly homeless employees and professional employees, and formerly homeless employees and shelter directors. Meaning units in this theme included relationships, trust, responsibilities, authority, and duties.

Finding out refers to the shelter residents' experience of learning that a formerly homeless person now works at the shelter. This could include various ways of knowing such as the formerly homeless employee's self-disclosure, having known the formerly homeless employee at a time when they were homeless, having heard it through their social network, etc. Meaning units included disclosure, grapevine, social networks, and prior experience with the formerly homeless employee as a consumer.

Concept 3: Impacts of Formerly Homeless Employee Inclusion

While the present study explored the effects of formerly homeless employee inclusion on all members of the shelter community, the actual results were focused on the

formerly homeless employees and the shelter residents. This concept can be subdivided into three parts to further organize the themes by role. Each of these sub-concepts are described below.

Concept 3.1 Impact on both the formerly homeless employees and shelter residents

Collaboration is defined as the degree to which other staff members integrate the formerly homeless employee into the daily shelter operation. Meaning units for this theme included formerly homeless employee-professional employee relationships, teamwork, appreciation, and respect.

Formerly homeless employee boundary development refers to the employee's failure to recognize and maintain appropriate work relationships with shelter residents and/or other employees. With other employees, the formerly homeless employee must relate as coworkers, and not as consumers. With shelter residents, the formerly homeless employees must interact professionally, rather than as members of the same social network, regardless of prior relationships. Meaning units included relationships, boundaries, dating, and professionalism.

Concept 3.2 Impact on the formerly homeless employees

Taken advantage of refers to shelter residents' pressures for special favors from the formerly homeless employees beyond their duties as a shelter employee. Shelter residents may use guilt or other manipulation tactics, such as accusing the formerly homeless employee as being "one of them", meaning the shelter staff. Meaning units for this theme included giving rides or cigarettes, lending money, or bending the rules. (Note that in the present study, the shelter respondents actually preferred strict rule enforcement, but had frequently witnessed these manipulations.)

Targeted describes the conditions where shelter residents attempt to damage the formerly homeless employee's reputation or job security, generally out of jealousy or

anger. Meaning units included lying to get the formerly homeless employee into trouble, retaliation, and jealousy.

Relapse or mental health crisis is defined as the possibility of or concern that the formerly homeless employee will suffer a *relapse or mental health crisis* that requires treatment. Meaning units included treatment, relapse, “using” (drugs or alcohol), inpatient services.

Countertransference refers to the formerly homeless employees’ vicariously reliving past pain or trauma due to observing or listening to a shelter resident who has had similar trauma. Meaning units included statements from formerly homeless employee that certain residents’ stories were more painful because they were similar to the formerly homeless employee’s own story.

Giving back refers to the formerly homeless employees’ desire to help the agency where they received help, as well as the desire to help others experiencing homelessness. Meaning units from this theme included *giving back*, helping the homeless, helping the agency, and making a difference.

Concept 3.3 Impact on the shelter residents

Shelter resident self-efficacy refers to residents’ vicarious experience of self-efficacy, whether improved or diminished, as a result of observing the formerly homeless employee succeed or experience difficulties. In the present study, residents experienced diminished self-efficacy when they perceived that the formerly homeless employees were not respected or valued by the professional employees. As this was based on the residents’ perceptions, it did not matter whether the professional employee actually held these views. More often, however, shelter residents reported vicariously experiencing improved self-efficacy, in the form of hopefulness and self-esteem, as a result of observing the formerly homeless employee being successful in their job. Meaning units

for this theme included humiliation and disempowerment (for diminished self-efficacy), and hopefulness, pride, resident comments such as “if he can do it, I can to” and that the formerly homeless employee “made it” (for improved self-efficacy).

Understanding and helpful is defined as the shelter residents’ belief that the formerly homeless employees were particularly effective because they had experiential knowledge and could therefore be helpful in different ways than the professional employees. Meaning units included in this theme included “knowing what it’s like,” “having been there,” understanding, helping, and respectful.

Tough Love is defined as shelter residents’ perceptions of the formerly homeless employees’ integrity, including adherence to rules and fair treatment of shelter residents. When residents broke shelter rules, the residents interviewed for the present study felt strongly that there should be natural consequences, such as being evicted from the shelter or losing certain privileges. Handling rule infractions on a “case by case basis,” as often done by the professional employees, was viewed as favoritism. Meaning units for this theme included fairness, unbiased, straightforward, even-handedness, and consequences.

Mapping Themes and Identifying Larger Concepts

The second level of analysis explored “causal, correlational, and influential” relationships between the themes (Polkinghorne, 1995, p.10). Once the themes were identified, labeled, and typed into a Word document, the document was reviewed several times. Themes were transferred to note cards, and a concept map was created on a large wall. This map would visually represent the relationships between the themes, and illuminate larger concepts.

The resulting concept map of themes formed the foundation for the written analysis. Attention was given to honoring the respondent story and incorporating it in the

analysis, in order to further understand the effects of formerly homeless inclusion on members of the shelter community. Figure 3 illustrates this process.

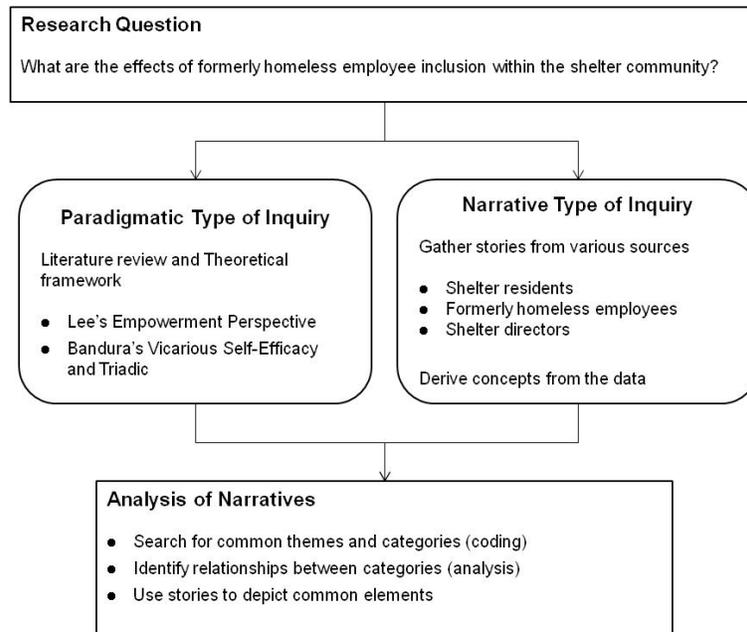


Figure 3. Formerly Homeless Employee Inclusion: Analysis of Narratives

Once the concept map adequately illustrated the relationships between the themes, a larger picture of the data emerged. Through the mapping processes, and based on prior knowledge and the literature review, five main concepts were identified. At this point, a second review of the literature was conducted to integrate research studies relating to the emergent themes. Relevant literature was incorporated into the literature review presented in Chapter II.

The three concepts, Shelter Directors' Hiring Philosophy, Formerly Homeless Employees on the Job, and Impacts of Formerly Homeless Employee Inclusion form a framework for the findings of the present study. Table 7 demonstrates the relationships

between the data concepts, including research questions, hypotheses, data, themes, and larger concepts.

Table 7. Summary of Data Concepts

RESEARCH QUESTION	HYPOTHESIS	PRESENTATION of DATA	THEMES	CONCEPTS
What are the individual and organization effects of formerly homeless employee inclusion within the shelter community?	Residents experience a vicarious sense of self-efficacy by seeing formerly homeless employees at work.	Respondent Quotes	Improved self-efficacy Diminished self-efficacy	Impact of Formerly Homeless Employee Inclusion
	There will be other effects on members of the shelter community.	Concept Map Respondent Quotes	Giving Back Creating Opportunities Understanding & Helpful Tough Love Countertransference Taken Advantage Of Targeted Relapse or Mental Health Crisis Collaboration	Impact of Formerly Homeless Employee Inclusion
Are there differences in these effects based on shelter role (resident, director, formerly homeless employee, or traditional employee), or are other variations such as gender, race, or affiliation with a specific shelter more important than shelter role?	Effects will generally be differentiated by shelter role.	Summary table with supporting narrative	Collaboration was the only theme varying by another qualifier (shelter site). All other variations occurred by shelter role.	Impact of Formerly Homeless Employee Inclusion

Table 7. Summary of Data Concepts (Continued)

RESEARCH QUESTION	HYPOTHESIS	PRESENTATION of DATA	THEMES	CONCEPTS
Interview Questions that did not directly link to a research question but did allow the interviewer and respondent to become comfortable with each other	n/a	Respondent Quotes Table of shelter descriptions Table of respondent demographics	Creating Opportunities Employment Criteria Role transitions Finding out Collaboration Effective formerly homeless employee boundary development Ineffective formerly homeless employee boundary development	Shelter Directors On the Job

Mapping the Themes by Demographic

Once the themes emerged, a chart was developed that included all of the themes addressed by the three respondent groups. The responses of each of the 15 respondents were charted, to explore the differences in responses based on the respondents’ shelter role, gender, race, urban/rural location, and type of shelter. The only demographic pattern to emerge in the study data was shelter role. This pattern of responses by theme is presented in Table 8 in Chapter V, along with the qualitative thematic descriptions, incorporating the respondents’ narratives.

CHAPTER V: RESULTS

This chapter presents the study results. The research objective of the study were to better understand (1) the effects of formerly homeless employee inclusion on members of the shelter community, and (2) which, if any, respondent demographics (including shelter role) influenced their perception of these effects. Fourteen themes, grouped into three overall concepts, emerged during data analysis. Each of the concepts, Shelter Director Philosophy on Employing Formerly Homeless Employees, Formerly Homeless Employees on the Job, and Impacts of Formerly Homeless Employee Inclusion are discussed, along with their associated themes. Figure 4 provides illustrates the relationships between the themes and larger concepts.

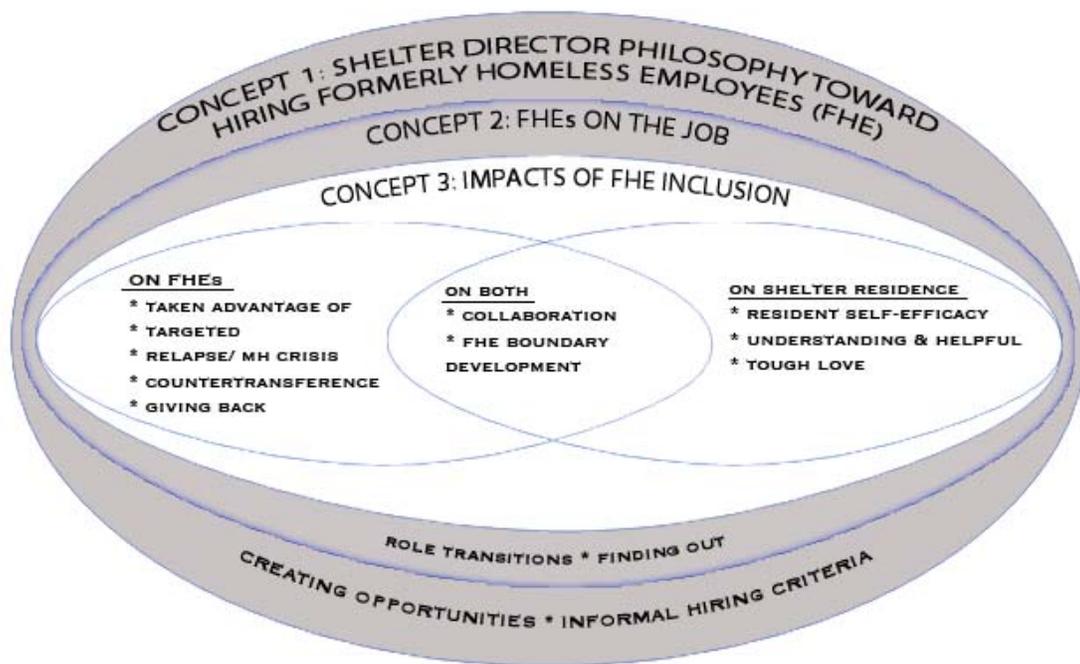


Figure 4: Concept Map with Accompanying Themes

CONCEPT I: SHELTER DIRECTOR PHILOSOPHY TOWARD HIRING FORMERLY HOMELESS EMPLOYEES

The first concept, Shelter Director Philosophy Toward Hiring Formerly Homeless Employees, encompasses a set of themes that create an environment that supports hiring employees that are formerly homeless. These themes are creating opportunities and informal employment criteria. While it may be assumed that these themes varied by shelter, it became clear through data analysis that the shelter directors' philosophical position toward hiring formerly homeless employees was the key, rather than agency policy. None of the shelter programs had formal policies, or even pressure from the boards of directors, to hire formerly homeless employees. It was entirely at the discretion of the shelter directors.

Nancy, a shelter director, shared her philosophy for the inclusion of formerly homeless employees: "We're more than shelter. We're really committed to helping people rebuild lives. . . . And people do make changes and they do rebuild their lives, and they do deserve new beginnings."

Creating Opportunities

The creating opportunities theme is defined as the shelter directors' recruitment of formerly homeless individuals to fill jobs in the shelter (p.133). The formerly homeless employee study participants told their stories reflecting both their individual history, and their shared history with the shelter director and/or organization. Lawrence, a shelter director, told this story, demonstrating the impact that creating opportunities had on this one formerly homeless employee.

I was walking across campus early in the morning, and approached [the formerly homeless employee]. He was standing down at the far corner of

the building, at the room he had chosen, and there were tears in his eyes. I said, "What's wrong?" He said, "Lawrence, it wasn't that long ago that I was homeless, an alcoholic, and living in those very woods." And he pointed to the woods. And then he stepped back and pointed to this motel room, and he said, "And look at where I live today...My, how God has brought me so far". And it wasn't long after that that I offered him the position of my front desk supervisor, and he's occupied that position for 18 months now, and has excelled in that role. And he has not relapsed now for over three years. And I dare say he won't. You can just tell that this man has turned the corner.

Lawrence, Shelter Director

When discussing their own hiring, the three formerly homeless employees in the study, Bobby, Dave, and Alice, described their employment as a result of essentially being in the right place at the right time. None of the three set out to find jobs in homeless services, but each received job offers from the director of the shelter where they each respectively stayed. All three formerly homeless employees have since worked their way up to good middle management positions. Alice, one of these formerly homeless employees, tells this story:

So, one day, I was just driving in my car, and it just dawned on me... go by the agency and see if they need any help. So I come by the agency and I met [the executive director]... I said, "Well, I just want to volunteer..." And she said, "Hold on a minute, I believe I can do better than that." And she said, "How would you like to work here part-time?" And I said, "WORK?... SURE!"

Alice, Formerly Homeless Employee

Alice started out in this part-time, shelter advocate position, which eventually grew to full-time. She loved the work, and was working toward her Associates degree in human services, with the goal of eventually earning a Bachelor of Social Work (BSW) degree.

Bobby and Dave, formerly homeless employees from Mountaintown Ministries, both landed their jobs after the executive director noticed their volunteer contributions during a big move to the new facility. Bobby explains, “Everything was volunteer [work] for the first four to six weeks. I was hoping to get on at the VA Hospital, but then a permanent position with [Mountaintown] Ministries came open, and it was offered to me. I said, “Outstanding, I’ll take it!”

Not only do the shelter directors create opportunities for initially hiring formerly homeless employees, but they also create opportunities for advancement. Alice, a formerly homeless employee, was promoted from an entry level position in the shelter to that of shelter manager. The shelter manager (Alice’s supervisor), resigned, leaving a vacancy. Twice this vacancy was filled, and each time Alice trained the new person that would be her supervisor. When the last one resigned, Alice asked the shelter director, “What about me? I TRAINED the other two.” The director agreed, and Alice became the shelter manager. Her director’s willingness to waive the educational requirements leads into the next theme, informal employment criteria.

Informal employment criteria

The informal employment criteria for employing formerly homeless individuals in homeless shelters was the second theme associated with the Shelter director philosophy on hiring formerly homeless employees larger concept. As with the creating opportunities theme, the shelter directors had full authority over the informal employment criteria. None of the shelters had specific criteria listed in their personnel policies for formerly homeless employees. Therefore, these decisions were left up to the current shelter director in all of the cases in the present study, and were handled on a “case by case basis”, as described by Nancy, one of the shelter directors.

When asked what employment criteria they considered important in hiring a formerly homeless shelter employee, the shelter directors' responses were divergent from those of the formerly and currently homeless respondents. The shelter directors focused more on the candidate's progress in his/her own journey. Nick, a shelter director, said, "I always have some concerns about wanting to make sure that the [formerly homeless employee] has their own life on track before we bring them in..."

When considering former residents for a paid position, the directors used employment criteria such as requiring the potential employee to have a minimum time in recovery (if applicable), and a minimum time in their own housing. These required periods of time varied widely from agency to agency. Requirements for sobriety ranged from "it depends on the person" up to one year. Requirements for living in their own housing ranged from immediately after they moved in, up to six months. Samuel, another shelter director, said it was important to "Make sure [the formerly homeless employee] has certain things in place, such as to make sure that if they have a drug problem, to make sure they have sobriety time. Make sure they have a strong [recovery] program, and sponsors."

Bachelors or Masters Degrees were required for case management or social work positions. Some of the shelters would not consider individuals with specific convictions, however. These ranged from domestic violence, child abuse (including sex crimes), and drug trafficking. None of the shelters had policies against hiring individuals with lesser drug charges. Individuals who were still homeless were not considered for permanent positions. Nancy, a shelter director, elaborated, "We don't allow people who are currently receiving emergency shelter or transitional services to work here. They're too close, and it's created such weird power plays...So the bigger thing is that they are no longer a resident here."

For the homeless and formerly homeless respondents, the ideal employment criteria for hiring shelter employees were based on the candidates' character. Alice, a formerly homeless employee had this to say:

They would have to have compassion. They would have to have sensitivity. They would have to be at a humble state, not arrogant. They would have to be nonjudgmental, and they would have to be a people's person. You have to have all them to touch the public. And respect, you gotta have that.

Alice, Formerly Homeless Employee

Anna and Jake, both shelter resident respondents at the Collegetown Shelter, also believed that prior homelessness should itself be a requirement for employees in homeless shelters. Anna said, "Well, it's like, why hire somebody in a domestic violence place that's never been abused? How in the world are they going to relate? [They] can't."

Jake's views were similar:

I've been around BSers my whole life, and I can spot a con game a mile away. Therefore, people who are ex-clients, ex-homeless, and ex-drug addicts, and ex-alcoholics...I don't think you're ever an ex-alcoholic... You've reached a point in your sobriety where you can help others... I would say it would be like a prerequisite for somebody who is a counselor to have suffered the same things before. Because two of the best counselors I've ever had in drug addiction have been ex-addicts their self.

Jake, Shelter Resident

Other than the two shelter residents, no other respondents stated that being formerly homeless should itself be a hiring criterion. Nick, a shelter director, actually cautioned against hiring people based largely on their experience of homelessness, as he worried about tokenism:

I think that we want to be careful that we aren't recruiting people who are formerly homeless so that we can hold them up and say, "Look at our token homeless person." I think we have to hire them for their capabilities and their qualities... knowing that their experience can be a true benefit for us.

Nick, Shelter Director

CONCEPT II: FORMERLY HOMELESS EMPLOYEES ON THE JOB

Formerly Homeless Employees on the Job is the concept which includes the themes *role transitions* and *finding out*. The *role transitions* theme deals with formerly homeless employees' experience of their shifting role from shelter resident (or consumer) to shelter employee. The *finding out* theme addresses the shelter residents' experience of learning that a formerly homeless person now works in the homeless shelter. Finding out through personal disclosure and other ways of knowing are addressed.

Role transitions

Once hired, transition issues are the challenges encountered as the formerly homeless employee moves from the position of resident to employee within the agency. Consistent with issues of social desirability, the shelter directors and shelter residents reported more concerns than the formerly homeless employees themselves.

Nancy, a shelter director, described the hardest part of the transition being that formerly homeless employees generally cannot fraternize with the residents. This puts a burden on the formerly homeless employee to develop a new peer group, on top of adjusting to a new working environment. Nancy said, "I think the hardest network to rebuild, I think, is that friendship network." She believed that having a connection to a faith community helped her two current formerly homeless employees, as they had social opportunities outside of the homeless and recovery communities.

Elijah, a shelter resident, talked about another transition issue, where the shelter residents would be initially wary of a formerly homeless employee, because they are unsure what role the formerly homeless employee occupies. They are not one of the professional staff, who the residents are used to working with at numerous agencies. They are no longer “one of the guys”, either, since they now work for the shelter.

Well, because you're walking into [the shelter] where, what [the formerly homeless employees] say, you have to do. And you have to trust their judgment. And I really don't trust [the formerly homeless employee], because I've only known [them] for three days, and here [they] are telling me what to do. And who are [THEY]?

Elijah, Shelter Resident

Elijah described an initial period, where the shelter residents may be individually gauging the formerly homeless employee's role and source of authority, as lasting only a few days. None of the other shelter residents described this phenomenon, however. The formerly homeless employees were unable to identify any issues that would relate to the changing role of the formerly homeless employee.

Finding out

Finding out is the theme which contains the shelter residents' experience of learning that a formerly homeless person now works as an employee at the shelter. This theme is approached from the shelter residents' perspective (of finding out), rather than from the formerly homeless employees' perspective (of choosing to self-disclose).

The shelter directors interviewed each left the decision whether or not to self-disclose up to their employee(s). Nick, the director of the Metropolis Shelter, explains. “We have to have them help us determine what level of disclosure they're comfortable with. I think that's truly important.” In the current study, all of the shelters employed

formerly homeless workers, and the shelter residents were aware of their status. (This was, in fact, a primary criterion for eligibility to participate in this study.) The formerly homeless employee study respondents felt it was helpful to be open about their past history of homelessness, as it created a connection with residents and gave them hope.

Even if a formerly homeless employee had not self-disclosed, however, there were other ways of knowing personal information in the homeless community. As discussed in the earlier homeless shelters section, many of these agencies are hiring their own former residents. It is possible that some current shelter residents had been in a shelter at the same time as the formerly homeless employee. In this case, they could know extensive personal information from casual conversations, support groups, or 12-Step meetings.

For example, the residents generally knew that the employee was formerly homeless, that he or she “got their act together”, and then accepted a job at the shelter. They learned that the employee was formerly homeless through various sources. Four of the shelter residents at three different shelters learned from the formerly homeless employee directly, through casual conversations in the smoking area, at meals, or in the TV room. Two of the shelter residents, both at the same shelter, found out from other residents in the shelter. The last resident knew the employee was formerly homeless because they had previously been homeless and in rehab together, several years earlier.

Alice, a formerly homeless employee, described a problem that she encountered with a new resident, who had known her several decades earlier, when she was a young woman. Alice had to set firm boundaries with this woman, who expected special treatment because of their prior relationship. Alice told this story:

I had to nip it in the bud when she would say certain things like, “I [have known] Alice a long time. I knew her when she was little.” And I said, “Whoa... No, we really [aren’t going anywhere] with that!” Because I don’t want anybody to think it’s favoritism, because it’s not. It’s not gonna be like that, because they knew me more.

Alice, Formerly Homeless Employee

The formerly homeless employees’ experiences of role transitions led to the next concept, Impacts of Formerly Homeless Employee Inclusion. These impacts include those which affect the formerly homeless employees or the shelter residents exclusively, as well as the impacts on the combined group of formerly homeless employees and shelter residents. These impacts are discussed in the next section.

CONCEPT III: IMPACTS OF FORMERLY HOMELESS EMPLOYEE INCLUSION

This concept has three sub-concepts, including the impact on both the formerly homeless employees and the shelter residents, the impact on just the formerly homeless employees, and the impact on just the shelter residents.

Concept 3.1 Impact on both the formerly homeless employees and shelter residents

Most of the themes for Concept 3: Impacts of Formerly Homeless Employee Inclusion affect either the shelter residents or the formerly homeless employees exclusively. However, the following themes, *collaboration* and *formerly homeless employee boundary development* affect both groups.

Collaboration

Collaboration is defined as the degree to which other staff members integrate the formerly homeless employees into the daily shelter operation. The professional employee sometimes did not fully accept the formerly homeless employee as a colleague (and even less likely as a friend), because of their own need to maintain professional boundaries with a former client (though now a coworker). Another aspect of *collaboration* is the

shelter residents' perception of this *collaboration*, whether accurate or faulty. Lawrence, another shelter director, addressed the relationship between professional and formerly homeless employees as follows:

Obviously, there is a distinction between the two groups of staff. They all pick up on that. In other words, the [formerly homeless employees] here that work for me know all too well that they are not part of the professional staff. Clearly, they don't earn that salary. They don't have the same responsibilities. They're not looked at the same way. That's probably the way it should be, so there's a clear distinction between the professional staff and what's expected of them, versus what I expect of the men who have been struggling on the outside and have come here to live, and over time have earned a position working here. Of course, I expect all of them to strive for the maintenance of real integrity.

Lawrence, Shelter Director

Still, some of the respondents were optimistic that formerly homeless employees had a positive impact on the traditional/professional employees. This impact manifested itself in a number of different ways, however. Abigail, a shelter director, believed that the traditional staff members were “held accountable” by the formerly homeless employees, and this served to keep the needs of the shelter residents in the forefront of their daily work. Nick, also a shelter director, described this idea further.

I think [formerly homeless employee inclusion] helps with the staff overall. It helps keep a perspective on why we come to work every day. When we get too much into talking about “clinical this” and “budget that”... Sometimes, if [the formerly homeless employee] is somebody who's willing to speak up, and they can say, “What about the guys?” I think that's a really important benefit.

Nick, Shelter Director

Of course, traditional staff could also speak up for “the guys”, but Nick described promoting the residents' needs as a role that formerly homeless employees often

assumed, because they better understood many of those needs. Samara, a shelter resident, said, “I think [the professional employees] look up to [formerly homeless employee] a lot. I know that I do. I think that they do, too.” Billy, a formerly homeless employee said something that reverberated through the interviews. “I don’t think [our presence] makes [the professional staff] behave any differently, but I think they absolutely trust our judgment, because we’ve been there.” Shelter directors and the other formerly homeless employees agreed with Billy.

Shelter residents’ views varied, however, based on the shelter. At one shelter in particular, the three residents believed that the formerly homeless employees were not respected by their professional colleagues.

Although no primary data was gathered from professional employees, the shelter residents’ perception of staff *collaboration* is of particular importance. Tying in to self-efficacy, the residents’ perception that the formerly homeless employees are “successful” is required for the residents’ vicarious experience of self-efficacy. Believing that the formerly homeless employees were not respected by the professional employees could diminish the shelter residents’ self-efficacy.

In order to bolster a sense of cohesion among the employees, all of the shelters had formally organized leisure staff activities, like bowling outings, where all staff members were included. One of the shelters had a community league softball team, which the shelter director, a local sports legend, had coached for 12 years. All levels of staff, residents, and former residents were eligible to play.

Whether scheduled occasionally or weekly, providing opportunities for the employees to relate to one another was on the agenda of all of the shelter directors in this study. Directors reported that these activities often served as an equalizing force in the daily routine of the shelter.

Formerly Homeless Employee Boundary Development

Effective *formerly homeless employee boundary development*, where the formerly homeless employees were able to keep their personal and private life appropriately separate, led to a number of benefits, primarily for shelter residents. As professional employees were not interviewed, it cannot be said with certainty that they also benefited. While shelter directors listed many benefits of formerly homeless employee inclusion, these benefits were to the shelter residents and the formerly homeless employees.

The present study indicated that when a formerly homeless employee was ineffective in developing professional boundaries, it was typically the formerly homeless employees themselves who suffered the resulting challenges. Abigail, a shelter director, gave an example of her formerly homeless employee who was working as a case manager in the shelter. (She did have a four year degree.) The formerly homeless employee had never fully made the transition to being an employee. Instead, she tried to curry resident's favor by using street slang, and wearing provocative clothing with too much jewelry. Although the formerly homeless employee believed that she was "relating" to the shelter residents, it had the opposite effect. The employee was not taken seriously by the other employees or the residents.

Effective boundary development was a factor in the remaining themes. Supporting examples from the data will be provided in the sections that follow.

Concept 3.2 Impact on the formerly homeless employees

The findings from this study indicated that the themes representing challenge disproportionately affected the formerly homeless employees. These themes, *taken advantage of*, *targeted*, *relapse or mental health crisis*, and *countertransference* affected the formerly homeless employees. *Giving back* was the theme representing a benefit to formerly homeless employees.

Taken Advantage of

The problem of formerly homeless employees being *taken advantage of* by shelter residents was identified by all of the shelter directors. The requests were generally small, such as asking for rides or cigarettes. (Multiply this by 200+ residents, however, and it quickly becomes a larger concern.) Other requests for favors were of a more serious nature, such as lending money or allowing the resident to stay in the formerly homeless employee's home. The shelter residents knew that the professional staff would turn down these requests, so they directed their attention to an easier target—the formerly homeless employee.

Not all of the residents had knowledge of this problem, however. The residents who did discuss it had typically witnessed shelter residents' attempts to take advantage, whereas the shelter directors described the aftermath of effects on the formerly homeless employees. None of the formerly homeless employee respondents, however, said that being *taken advantage of* was a problem.

Jake, a shelter resident described the problem by saying:

I think they get taken advantage of to a point, but after it goes past a certain point, there's a cutoff...Sometimes the [shelter residents] will try to play on [the formerly homeless employee]... And they'll try to cut corners, or get this special thing. And they don't get by with it too often, because they know what the limit is.

Targeted

Targeted describes the theme where shelter residents or other homeless people try to get the formerly homeless employee into trouble, typically out of jealousy or anger. A formerly homeless employee in Nancy's shelter briefly allowed a resident to live with him, and then asked him to leave because he was using drugs in the home. In retaliation, the house guest left drugs and paraphernalia in the apartment, and called the police.

So, [the formerly homeless employee] now knows that he just doesn't let anyone stay over ... but I think there's an element of sympathy and wanting to be helpful, but I think the biggest challenge is changing the roles and redeveloping a support base...

Nancy, Shelter Director

Although Nancy's example of targeting ended well, it is very easy to imagine a disastrous outcome. Fortunately, the other examples of targeting provided by the respondents were much more sophomoric. This form was described as resulting from jealousy and meanness. The offending resident's goal was to make the formerly homeless employee's job difficult, or to get them into trouble, just to be mean. Samuel describes one of these cases:

[The formerly homeless employee] had conflict with a couple of guys in the shelter, because I support his being a staff here. For some reason, we had a guest who was giving him a hard time. He was talking rude to him. He was getting nasty with him, and the staff wasn't doing anything wrong...It's like, he sees that this [employee] has gotten his act together, and he's mad because his ain't together. So, he's gonna go off on him... So [the employee] was smart enough to go to someone when these things were happening.

Samuel, Shelter Director

Like being *taken advantage of*, the formerly homeless employees did not mention targeting. Again, this is probably due to social desirability issues and not wanting to look like a victim. Although all of the shelter directors and residents did discuss it, these attempts to get the employee into trouble, or to damage their reputation, were largely just considered nuisances.

Countertransference

Failure to develop healthy professional boundaries can result in problems for the formerly homeless employee. Generally, the first problem encountered is the issue of *countertransference*, as described by formerly homeless employees and shelter directors. *Countertransference* can happen in one of two ways. The first response to *countertransference* is where the formerly homeless employee is reminded of their own struggles through their experiences with the residents. Alice tells her story:

... I've had one lady... when she came in, she just struck my heart...She took me back to my relationship... And it really hurt me that she went back. 'Cause she constantly couldn't see herself. It was all about him. It was nothing about her. And that reminded me of ME...It kind of messed me a little bit. The staff here helped me get back on track with that. When she went back, it really struck a nerve there... And it was like I was looking at ME...

Alice, Formerly Homeless Employee

Alice was helping a woman whose story strongly resembled her own. Listening to this resident, Alice began to relive her own pain and described her attempt to help the resident as having “messed with my head.” Alice reported that she had already begun to question her own judgment and had started blurring her experience with that of the resident. A likely next response would have been some degree of disengagement. Had Alice not received help quickly, her situation would have likely escalated. Alice was fortunate to have the support of her employer and colleagues, and successfully worked through her pain without regressing. Even still, the effects of the trauma were evident, as she told the story with teary eyes.

The second response to *countertransference*, as described by most of the shelter directors, occurred when formerly homeless employees measured the worth of their work against the shelter residents' progress in their case plan. When the residents were

unsuccessful, the formerly homeless employees internalized this failure. Samuel, a shelter director, described an example where the formerly homeless worker became frustrated that the shelter residents were not working hard enough to rebuild their lives.

Some of them can overly identify with the guests. We've been blessed that even the ones that we've had... we've called them on it. You've gotta still let [the shelter residents] be who they are ... We have to sometimes remind [the formerly homeless staff]... Let them be where they are. YOU had to go through it, and I know you want them to have as much as you have, and you want them to get what you have, but you gotta let THEM do it....As much as you want this to happen for them, you can't do it for them... [The formerly homeless employees] want them to hurry up and get it. They want them to skip the process. So, I have to remind them... They gotta go through that same process. If they SKIP something, they won't LEARN anything.

Samuel, Shelter Director

This shelter director was able to intervene early and help his employee with these feelings. As Samuel said, he wants all of his employees to allow the shelter residents to have the freedom to be “who they are” and “where they are,” on the road to change.

The problems of *countertransference* often led to being *taken advantage of* or *targeted* by the shelter residents or other homeless people in the community, as described in the following sections.

Relapse or Mental Health Crisis

This theme, *relapse or mental health crisis*, was defined broadly as the problems that can contribute to homelessness and vary from person to person. The potential for a formerly homeless employee to relapse was mentioned by all of the study participants; shelter directors, shelter residents, and formerly homeless employees alike. Two of the shelter directors also discussed the possibility of a mental health crisis. Nancy described it this way. “If they’ve had issues that related to their becoming homeless in the first

place, that they struggle with along the way, we will help them within the agency's personnel policies, like if you're struggling with mental health or addictions issues... we would support them like we would anyone else."

Although not every formerly homeless employee is at risk for a *relapse or a mental health crisis*, this line of inquiry produced a great deal of data. While all respondents agreed that *relapse or mental health crisis* was a potential challenge, many had to think for a moment to recall an event that had actually happened. Two of the shelter directors did not have any experience with a formerly homeless employee relapsing. In addition, none of the shelter directors viewed relapse as a deterrent to formerly homeless employee inclusion. They indicated that while it does indeed happen, their agencies are equipped to deal with employee leaves of absences, and that the employee is given the time that they need to access treatment or mental health services.

Lawrence, a shelter director, describes how he handles employee relapses:

So yes, these men need more attention, closer supervision... I have to be willing to allow them to make mistakes that I might be less likely to accept from professional staff... And we do, we allow them to make some mistakes. It's not uncommon for one of our staff members to relapse. We breathalyze and drug test with great regularity. We breathalyze daily and we drug test randomly. So it's not uncommon for me to have a staff member that fails a breathalyzer or fails a drug test. I don't fire them over that. I give them a two week suspension, and they go to counseling and they address it. If it happens a second time, then they forfeit their job here. But they don't forfeit their residency [if they live in one of the on-site apartments], because we continue to work with them.

Lawrence, Shelter Director

Nancy, another shelter director noted that her employees, both traditional and formerly homeless, are at different places in their lives, and she hopes that she is

responsive to all of her employees' needs, whether it is for treatment, family leave, or other situations.

Giving Back

All of the formerly homeless employees explained their motivation for wanting to work in a homeless shelter. While they appreciated the opportunity for employment, the three formerly homeless employees in the present study each said that being able to “give back” to the agency that had helped them was their reason for doing this work. Dave described his feelings in this way.

The fact that I get to serve people every day is the most important part of my job... I would do this for absolutely free, for no paycheck. I can make a living doing something else. I got my head screwed on straight. It just so happens that they pay me. That's a bonus. I love it. I love it.

Dave, Formerly Homeless Employee

Alice wanted to help others in the same way that she had been helped years earlier at the same shelter.

... I know I'm here for a purpose. I don't know how long I'm here..., but I want to be the best that I can be, if it's nothing but to hug somebody like somebody hugged me. If it's nothing but to help somebody with their children... Or bring them up like somebody did me... That's all that matters to me.

Alice, Formerly Homeless Employee

While speculative, Jake had the following to say about formerly homeless employees' motivations and benefits relating to their employment in the homeless shelter.

I think when [the shelter directors] mentor [the formerly homeless employees] like that. For one thing, it's kind of a self esteem boost. [They're] thinking, "These people care enough about me to give me a chance. They seen something. They seen a diamond in the rough. They

identify that maybe I'd be good to work here. They HIRED me." They're very appreciative that they were given the chance and all the attention they're getting to do well in the job. It's something that would be almost a prideful type thing. You know, I'm doing so good that somebody recognized something about me that was actually salvageable about me. That's going to cause me to do my best job, to do my best work. With [the formerly homeless employees] both, it's the same thing. I know [one of the employees] real well, and he was just like me. He used to do drugs, he's now happy he's done.

Jake, Shelter Resident

Concept 3.3 Impact on the shelter residents

The findings of the present study suggest that the residents primarily benefitted from formerly homeless employee inclusion. The themes in this concept include *shelter resident self-efficacy*, *understanding and helpful*, and *tough love*. *Shelter resident self-efficacy* was both a benefit and a challenge for shelter residents, as the residents vicariously experienced improved or diminished self-efficacy by observing the formerly homeless employees.

Shelter Resident Self-efficacy

Self-efficacy is one's belief in their ability to succeed, based partly on "mastery experiences", where they were successful in a similar task (Bandura, 1976). Bandura (1976) found that people can also experience a vicarious sense of self-efficacy when they observe someone similar to themselves master a task. Thus, by witnessing a formerly homeless employee's success, the homeless shelter resident is left with the belief that "if s/he can do it, then I can, too".

The experience of self-efficacy was generally positive, though there were some examples of diminished self-efficacy. The shelter residents' perception of *collaboration* was interconnected with their vicarious sense of self-efficacy, learned from observing the formerly homeless employees. In situations where the shelter residents perceived that the

professional staff did not respect the formerly homeless employees, the residents vicariously experienced this lack of confidence and injury to their own self esteem. As Jake, a shelter resident, described his perception of the formerly homeless employees' place in the shelter staffing structure, his confident, jovial demeanor changed. He dropped his voice as if telling a somber story, placed his elbows onto his knees, and held his head in his hands.

Some of the staff here... They treat [the formerly homeless employee]..., because they know his past... They treat him as if his opinion really doesn't matter. In fact, me and him were talking in the office one night, and he said, "I just feel sometimes that [the professional] staff don't give me the respect that I deserve.

Jake, Shelter Resident

Jake's perception that the formerly homeless employees were not valued team members visibly bothered him. Although this perception was echoed by another resident at the same shelter, no other study respondents described this experience.

In most cases, however, the residents did view the formerly homeless employee as a role model demonstrating success, and believed that they could also be successful. Shelter directors and formerly homeless employees also described examples of improved self-efficacy among residents, as a result of the formerly homeless employee serving as a role model. The shelter residents had strong praise for the formerly homeless employees' ability to inspire. Some of the residents were motivated to get back on their feet and address the areas of difficulty that contributed to their own homelessness.

I hear [Dwayne, a formerly homeless employee] talking a lot talk about dusting yourself off, and that "last chance". You've always got to have one last chance to make it... That's what this place is all about... encouraging people that they can do it, no matter what. Yes, you're here, yes thank God you're not out there, but here's what you can do. If you set

your mind to it, here's what you can do... they give that extra push with themselves, to help another person. [The formerly homeless employees]go over the call of duty.

Anna, Shelter Resident

While some felt motivated to “dust themselves off”, others felt inspired to follow exactly in the formerly homeless employees’ footsteps. They hoped to find employment for themselves in human services one day.

It made me feel good, because it makes me think that once I get my stuff together, I'd like to see myself volunteer or maybe be in this type of work one day. I know not right now, but maybe one day, I could see it because it helped me a lot. It makes me feel like maybe there's something that I went through, and I could tell somebody, and maybe it would help them come out of something.

Samara, Shelter Resident

The shelter directors also discussed self-efficacy at length. They viewed formerly homeless inclusion as a means of instilling hope in the shelter residents.

I think, a lot of times, when they see those guys, and by that I mean both men and women, when they see them and they get a chance to engage with them, and they get that opportunity to just watch them and learn from them, and get advice from them... That's something that someone who hasn't been there can't even pretend to do. I think that's probably THE biggest benefit.

Nick, Shelter Director

Nancy described the “little steps along the way”, as being just as important as a big dramatic outcome. She also pointed out that much of this mentoring is done behind the scenes.

I always tell people that you can't look for the major end result. You have to look at all of the little steps along the way. My guess is that the people who are formerly homeless do a lot of seed-planting along the way, and inspire and motivate in ways that we don't get to know directly.

Nancy, Shelter Director

Alice, a formerly homeless employee, describes how she contributes to the residents' self-efficacy. This follows her own experience, when she was in the same shelter, and was also helped by a formerly homeless employee.

I think [being a survivor] is my greatest tool, because quite a few women come through, and as soon as I hug them and say, "Baby, I'm a survivor. I been there." So, that's my greatest tool. I let them know that, and it changes [their] whole attitude, and [they're] like, "Okay, you know what I'm REALLY talking about."

Alice, Formerly Homeless Employee

Samara, a resident in the shelter where Alice worked, talked about initially hearing Alice's story. "When I went in, she told me her story about everything... what she went through. I just opened up to her. And that helped me..."

These examples keep coming back to the same point. The formerly homeless employees inspire hope for the shelter residents. One shelter director summed it up eloquently.

"I think the biggest benefit, if you get the right person, is that in our environment, the guys have someone that they see every day who can continue to give them hope. I think that at the end of the day... the key factor for whether we can help someone be successful or not is whether we can help them not completely lose hope."

Nick, Shelter Director

When shelter residents believed that the formerly homeless employees had the respect of the traditional employees, they proudly described the dynamics. The residents were proud of the formerly homeless employees and expressed positive sentiments about the organization and other staff members. This reaction corresponds with Bandura's

concept of self-efficacy (1976), which holds that a learner can vicariously experience a sense of self-efficacy by watching someone similar being successful. Receiving services from someone similar to oneself is also seen in the theme, *tough love*, where the mutual expectation to “do what you say you will do” is important to both the formerly homeless employees and the shelter residents.

Understanding and Helpful

The shelter residents generally experienced the formerly homeless employees as *understanding and helpful*, because they had “been there.” *Understanding and helpful* was purposefully coded as one theme, rather than two, because the formerly homeless employees’ ability to be helpful was attributed to their understanding of the problems that homeless people are confronted with on a regular basis. This understanding was cultivated through experiential knowledge, rather than other sources, such as a professional education. Silas, a shelter resident, provides a particularly vivid illustration:

[The formerly homeless employees] can relate to you. They know where you’re coming from...Someone who actually hasn’t been homeless doesn’t understand the little things... like how important a shower is...People say, “Go get a job.” Well, I need a phone. I need a place to sleep where the cops won’t harass me... It’s just little things like that, they GET. Just little things, like what it’s like to have a raccoon walk up on you when you’re sleeping... They’re more likely to understand... just little things like that.

Silas, Shelter Resident

Doreen, another resident, discusses what it meant to her, when the first people she encountered in the shelter were Alice and Michelle, both formerly homeless employees. This is only a small glimpse, however, as this resident talked for close to an hour on this topic. She was quite talkative and eager to share stories about her experiences. In fact, she provided so many detailed examples that the PI had to verify with her than she had only

been in the shelter for little more than a week. She reiterated that knowing that the staff had “been there” made all of the difference to her.

Miss [Alice]...Miss [Michelle]... to know that they had BEEN here, so they know what we're going through, and to know that they made it. It gives you hope. It lets you know that you can get through this. I admire them because they made a real difference in their lives, you know. When you think nobody understands what you're going through, and there's people that work here that's been there. It makes you feel more secure.

Doreen, Shelter Resident

Only a day after entering the shelter, other residents began to shun and taunt Doreen because of her lengthy incarceration. (Doreen's crime received national media attention and established members of this small community recognized her name.) Doreen was contemplating suicide when “Miss Alice” intervened. Rather than telling Doreen to ignore her bullies, Alice went directly to the other shelter residents, told them that, “the past was the past,” and she expected the residents to support each other in the way that she tried to support them. She threatened to evict the trouble-makers if they continued to harass Doreen. This no-nonsense approach worked. Five days later, the shelter residents were calmed down, and many of the women had apologized to Doreen for being so unkind. The manner in which this was handled resolved the conflict swiftly and supportively. According to Doreen and Alice, the community actually bonded as they healed from the ordeal. While the way Alice handled this is an example of *tough love*, the reason that she acted so swiftly was because she knew what it was like to stay in a shelter, and need the support of others.

In addition to this experiential knowledge, all of the shelter directors interviewed agreed that the formerly homeless employees had an affinity for this work. Nancy explained: “I think the homeless population has a lot to offer. They have that firsthand

experience. I wish I could relate more than I can. I can relate from other experiences in my life, but I've not been homeless. And so I think they connect with clients in a different way." All six of the shelter directors described the communication as being simply easier between the residents and the formerly homeless employees.

[The formerly homeless employees'] engagement style tends to be much more natural...For the other employees...that engagement style is something that they really have to work at and learn. The fact that [the formerly homeless employees] sits down at lunch with shelter clients, and [the formerly homeless employees] are willing to sit there right next to them, share their lunch with them, and just chat.

Nick, Shelter Director

Lawrence, also a shelter director, described the delicate issue of addressing residents' hygiene. Hygiene issues must be addressed by staff members, before they become a source of contention between residents. Often, shelter residents do not have a change of clothes. Other times, they have mental health, alcohol, or other impairments that interfere with their self-awareness. Lawrence shares on the effectiveness of his formerly homeless employees in handling these sensitive discussions.

I've also had guys that were mentally ill and smelled real bad. They needed a bath. And I said [to the formerly homeless employee], "hey, go out there and talk to him". And he would go out there, and they would come right on in here and take a shower. And [the formerly homeless employee] washed their clothes for them...made sure that they were washed clean and dry. They really appreciated that he would do that for them.

Lawrence, Shelter Director

While any staff member could have initiated a conversation around hygiene, Lawrence believed that these requests feel less derisive to the residents when coming from someone who had been in similar circumstances. Traditional/professional

employees generally addressed the problems that appeared to be creating the biggest barrier to housing for shelter residents. These issues included securing employment or disability, addressing addiction and mental health disorders, and leaving their abuser. Shelter resident narratives emphasized that while these “major” issues were certainly present, there was the equally difficult, though less tangible burden of “all of the little things.” These little things, taken together, created a steady stream of indignities and inconveniences that the homeless person had to endure. Shelter residents believed that only another homeless or formerly homeless person could understand those particular sources of frustration.

Tough Love

Shelter residents appreciated uniform rule enforcement, and formerly homeless employees expected the shelter residents to “do right”. All of the shelter directors also described this unwavering enforcement of the rules as the formerly homeless workers being “tougher” than the professional staff on the shelter residents. The label *tough love* was chosen for this section to convey both residents’ and formerly homeless employees’ view of this as a positive attribute, in contrast with the shelter directors’ concepts that former-consumer employees are somehow harder, or more inflexible, on residents. The directors described the *tough love* attribute as a problem, and as something that needed to be addressed in supervision and training.

The staff that we have that are formerly homeless are usually a whole lot tougher on the men than our other staff. A lot of times it's that, "I did it, and this is where I am. YOU should be able to do it too, and you should do it exactly like I say, and I'm not cutting you any breaks." We see a lot of that, and again we can largely overcome that with good training, but it is something that we have to be aware of, because by and large, they'll be tougher on residents than most other staff. So that's probably one of the biggest problems.

Nick, Shelter Director

Nancy frames the phenomenon as more positive, but echoes Nick's assessment. Instead of describing these employees as "tough", she describes them as "more consistent."

I feel that [the formerly homeless employees] are my most consistent... They tend to see things a little bit more in black and white... They're not going to cut slack if they find out that someone is abusing alcohol. They have no problems enforcing the drug-free environment! Actually one of them at the staff meeting yesterday was like, "Do it for everyone. No exceptions.

Nancy, Shelter Director

Nancy explained that this "black-and-white" view of the rules was problematic. With access to resident case histories restricted to only the professional staff members, the formerly homeless employee would generally be unaware of the resident's full situation. As a result, Nancy felt that the formerly homeless employee would not always understand the rationale for allowing the resident to stay, even with a major rule infraction. Shelter residents, on the other hand, viewed these occurrences as inconsistent applications of the rules, of which they expressed disapproval.

As the residents described the shelter rule enforcement, they were comfortable and talkative. As Elijah describes the shelter rules, he held the residents responsible for their own behavior, and the consequences of that behavior:

The [formerly homeless] staff is real good. They are strictly on the rules and regulations in this establishment, so therefore if you mess up, you get out. So if you choose to mess up and you choose to go to another shelter, where you have to sleep on the floor, where you have to walk here or to another place to get something to eat, you choose that goal and you do that goal.

Elijah, Shelter Resident

Silas, another resident staying in the Middletown Shelter with Elijah, repeatedly said, “You can’t get anything by [the formerly homeless employees].” He respected these employees for being firm and street savvy. Jake, a resident in the Collegetown Shelter, admired the formerly homeless employees for their direct and unwavering approach to dealing with difficult residents.

...If somebody comes in and starts really being obstinate, [the formerly homeless employees] are obstinate right back to them... And that’s what people need sometimes. They don’t need to come in being obstinate and somebody coming along with all of these flowery words and “hi, how are you doing” and a cup of coffee and a donut. I think that’s all part of their style of dealing with things.

Jake, Collegetown Shelter Resident

This may appear to conflict with the formerly homeless employees being *understanding and helpful*, discussed in the following section. In practice, however, this was much less of an issue. First, shelter employees were faced with far more opportunities for to be *understanding and helpful* in a day’s work than they were faced with rule violations. Most residents in homeless shelters are, after all, there to receive help and are compliant with shelter rules. Secondly, shelter residents interviewed in this study actually preferred the straightforward, black-and-white, *tough love* approach. The shelter residents experienced this *tough love* as being treated with fairness. They saw this approach as beneficial, because they knew what to expect. The residents’ preference for a literal interpretation of the shelter rules mirrors the values of the formerly homeless employees. The shelter residents in this study seemed to desire consistency and order in the shelter operation.

Tough love was an example of a theme where the responses from shelter residents were quite different than from those of the shelter directors. The following section describes how the responses varied by respondent demographic.

DEMOGRAPHICS AND THE FINDINGS

As described in the Methods chapter, care was taken to select a purposive sample from a range of shelters, from small to very large, and located in different types of communities—urban and rural, small town and metropolitan areas. Shelters housing single men, single women, and families with children were chosen. African American, Native American, and White participants were included.

A matrix of responses to the interview questions, coded with the respondent demographics (shelter role, gender, race, urban/rural, and type of shelter), was constructed to assess whether there were any patterns in responses, other than by shelter role. None of the other demographics were correlated with particular responses. For example, responses did not differ on the basis of rural or urban location. Shelter directors in rural communities had similar view to directors in the metropolitan community.

The responses were divided, almost exactly, by respondent role: shelter director, shelter resident and formerly homeless employee. For example, when asked whether shelter residents took advantage of the formerly homeless employees, all of the shelter directors and shelter guests said, “yes”. All of the formerly homeless employees said, “no”. There were some within group differences, discussed in the themes sections, but the overall consistency was notable.

Table 8 details the breakdown of the responses, by respondent role. The other demographics have been removed, as there were no other patterns. Questions that were not asked of all three groups are not included in this comparison—as a result, only some

of the themes are included in the comparison. Within themes where there was agreement (overall, or by respondent role), examples (meaning units) may have varied, but the content was the same, and they are therefore organized into that particular theme.

Table 8. Similarity of Responses by Role

THEMES		SHELTER DIRECTORS	SHELTER RESIDENTS	FORMERLY HOMELESS EMPLOYEES
Informal employment criteria		Housing & Recovery Stability	Personal Character	
Collaboration		Yes	Varied by shelter	Yes
Taken Advantage of		Yes		No
Targeted		Yes		No
Relapse or Mental Health Crisis		Possible	Yes	
Countertransference		Possible		
Giving Back		Yes		
Resident Self-efficacy	Improved	Yes, as well as instilling hope		
	Diminished	Directors did not fully address	Varied by shelter	NO
Understanding and Helpful		Yes		
Tough Love		Problem	Strength	

Chapter VI reviews the benefits and challenges of formerly homeless employee inclusion in homeless shelters. The potential to effectively empower shelter residents with this staffing model is discussed. The study findings are further explored within the context of the theoretical framework based on the works of Frank Riessman, Albert Bandura, and Judith A.B. Lee. Implications for practice and policy, as well as recommendations for future research, are also presented.

CHAPTER VI: DISCUSSION

This final chapter integrates the study's findings with earlier research literature. Implications for both social work practice and policy are discussed. Limitations of the study are addressed. Recommendations for future research are presented.

This exploratory study examined the individual and organizational effects of formerly homeless employee inclusion on members of the homeless shelter community, including shelter directors, formerly homeless employees, professional employees, and shelter residents. A qualitative case study design was used to gather interview data from six homeless shelters in North Carolina. The interviewees included five shelter directors, three formerly homeless employees, and seven shelter residents.

Shelter residents in the present study found formerly homeless employee inclusion positive and believed it was beneficial to themselves and to other homeless shelter residents. This is consistent with earlier studies (Berg, Andersen, & Alvarez, 1997; Chinman et al., 2000; Dixon, Krauss, & Lehman, 1994; Hossack & Robinson, 2005; Stewart, 1967; Weissman, et al., 2005; Zemore & Kaskutas, 2008).

INTERPRETATION OF FINDINGS

In the present study, fourteen themes were organized into three larger concepts. These concepts were Shelter Directors' Philosophy toward Hiring Formerly Homeless Employees, Formerly Homeless Employees on the Job, and Impacts of Formerly Homeless Employee Inclusion. The primary findings include benefits and challenges for both formerly homeless employees and shelter residents.

Shelter Directors' Philosophies toward Hiring Formerly Homeless Employees

The shelter director is the individual who determines whether or not formerly homeless employees will be hired. Shelter directors reported that there were no

formalized employment policies encouraging formerly homeless employee inclusion. In the present study, all of the shelter directors informally supported the hiring of formerly homeless employees, as evidenced by their creating opportunities for the formerly homeless employees at their shelters.

The creating opportunities theme differed from the literature. Earlier research (Barrett, et al., 2000; Wagenfeld & Rosen, 1981) determined that former-consumer/formerly homeless employee inclusion was an organizational characteristic which valued all persons. In the present study, there were no organizational values driving formerly homeless employee inclusion. Instead, the shelter directors provided the momentum for formerly homeless employee inclusion in each of the shelters. As there were no formally adopted policies around formerly homeless employee inclusion at all but one of the shelters, a change in shelter director could potentially unravel the inroads made by formerly homeless employees.

It is not known if the absence of these policies is due to the shelter directors' oversight or caution. Based on the level of care and thought that shelter directors put into creating these opportunities, however, an oversight is unlikely. It is more feasible that shelter directors were protecting formerly homeless employees by not formalizing these hiring policies. First, doing so would draw the attention of members of boards and/or funding organizations, who may not understand the potential benefits of formerly homeless employee inclusion. Second, shelter directors may not have wished to formalize any policies because they prefer to handle these hires on a case-by-case basis. The shelter which did have formal policies is an example of how institutionalizing the practice can be beneficial. That particular shelter employs more formerly homeless people than any other shelter in North Carolina. Their funders, their board, and the community have all

embraced their efforts to provide these opportunities to homeless and formerly homeless employees.

Shelter directors created opportunities for hiring, and also applied informal expectations of formerly homeless employees that were different from the expectations for other employees. These differing expectations resulted in the shelter directors' informal hiring criteria for employing formerly homeless workers. Examples included length of sobriety and housing stability, as well as adopting a more lenient stance on criminal records.

Shelter residents' opinions on informal hiring criteria for formerly homeless employees differed from those of the shelter directors. Shelter resident placed value on the applicant's character, whereas the shelter directors looked for measures of sobriety and housing stability. These were new findings. Prior research on informal hiring criteria was not found, but it may have been implied. In both prior research and the present study, shelter residents were positive about former-consumer/formerly homeless employee inclusion for reasons including character traits such as being straightforward, caring, understanding, and helpful. (These will be further discussed later under the themes *understanding and helpful* and *tough love*.) Shelter residents often attributed these characteristics to the formerly homeless employees' experiential knowledge of homelessness.

As the literature and the present study concur that former-consumer/formerly homeless employees' character and experience benefits shelter residents, it stands to reason that these characteristics be considered as part of the hiring criteria. When shelter directors do decide to develop more formal hiring criteria, it would be beneficial to include these criteria from both the shelter directors and the shelter residents, as well as to solicit and include criteria from the professional employees.

Formerly Homeless Employees on the Job

Directors in the present study supported formerly homeless employee hiring. Formerly homeless employees' integration into the organization presented some challenges for the formerly homeless employees themselves, and to a lesser extent, the residents in the shelter. Specifically, the formerly homeless employees struggled with role transitions stemming from the move from being a former consumer to being a current employee. The manner in which shelter residents found out that the employee was formerly homeless was also a common theme. Formerly homeless employees had to struggle with the process of role transitions from consumer to employee and come to some resolution of that prior to being able to develop effective professional boundaries in their new role.

Role Transitions

The literature and the findings of the present study agreed that the formerly homeless employees' role transitions from consumer to employee can produce multiple challenges. Previous literature has reported that the supervisors' role in creating clear expectations along with training was crucial. For example, research agreed (Ashforth, Kreiner, & Fugate, 2000; Christensen & Jacobson, 1994; Dixon, Krauss, & Lehman, 1994; Fox & Hilton, 1994; Manning & Suires, 1996) that supervisors should not provide treatment or case management services to the former-consumer/formerly homeless employee, as it could lead to role confusion and boundary issues.

In the present study, at least one shelter director had assumed that role, with positive results, thereby validating her actions. Even so, this may lead to role and boundary issues in the future, as the formerly homeless employee continues to see the director as his case manager and counselor.

Research (Hopkinson & Hurley, 1976; Manning & Suire, 1996) and the shelter directors agreed that former-consumer/formerly homeless employees need additional orientation and training when they begin their job in the shelter. None of the shelters in the present study had a formal process for this, however. As such, it would be possible for key information to be overlooked when employees other than the shelter directors were conducting the training and orientation. Information that would be critical for formerly homeless employees would include information on getting help if they need it, their new relationships with shelter residents and the professional employees, and what is expected of them. These issues would not traditionally be covered in new employee orientations. Hopkinson and Hurley (1976) recommended that the orientations cover practical elements such as how to maintain professional boundaries, and that coming to work high or intoxicated would have serious consequences, such as immediate dismissal. Having an orientation addendum specifically designed for formerly homeless employees would be beneficial to the formerly homeless employees as they make this transition. A smooth transition into their new role would benefit the shelter residents and the other employees, as well.

Transitioning from consumer to employee can leave the formerly homeless employee without a peer group at work (Carlson, Rapp, & McDiarmid, 2001; Fisk, et al., 2000; Manning & Suire, 1996). They must discontinue personal relationships with the homeless residents, while at the same time they may not fit into the professional employees' social networks. This can leave the new formerly homeless employee feeling isolated. The literature described this as an often overlooked difficulty for the formerly homeless employees (Carlson, Rapp, & McDiarmid, 2001; Fisk, et al., 2000; Manning & Suire, 1996).

In the present study, all of the shelter directors had some level of awareness around this issue. Many had implemented team-building social activities, such as bowling or softball, to foster workplace camaraderie among the staff members. Most of the shelter directors, however, acknowledged that the formerly homeless employees were different than many of the professional employees, for reasons including education, life experiences, interests, and resources to pursue these interests. It was less likely that friendships outside of work would develop between members of the professional staff and the formerly homeless employees than it would be for employees within the same group. All but one of the shelters in the present study employed three or fewer formerly homeless employees, and they were often on different shifts.

Having worked in prior jobs with larger groups of actual peers (warehouse work, factory work, hotel housekeeping, construction, etc.), the shelter directors in the present study reported that the formerly homeless employees sometimes did mourn the loss of such a peer group at work, as described in the literature (Carlson, Rapp, & McDiarmid, 2001). They may miss having “buddies” to go out with, etc.

Shelter directors who acknowledged these difficulties and validated the formerly homeless employees’ feelings were likely more helpful to a struggling formerly homeless employee than those who downplayed these concerns. This acknowledgment, along with encouragement to build social networks outside of work, was beneficial to formerly homeless employees.

Finding Out

The manner in which shelter residents learned that the employee was formerly homeless was not discussed in the literature, except within the context of self-disclosure. Most of the residents in the present study, however, found out in other ways. Many of

these employees had been homeless at the same time as the formerly homeless employee. They had crossed paths in shelters, 12-Step meetings, etc. Other residents found out through their social networks.

Depending on how shelter residents learned about the employees' former homelessness, the implications vary. Shelter residents felt privileged, for example, when the formerly homeless employee shared the information with them. One formerly homeless employee described a shelter resident, who she'd known decades earlier, as trying to curry favor based on that relationship. Shelter directors and formerly homeless employees must be aware that the various methods of finding out can impact the dynamic between the shelter resident and the formerly homeless employee.

Impacts of Formerly Homeless Employee Inclusion

The data indicate that employing formerly homeless employees in homeless shelters has both beneficial and challenging impacts on the formerly homeless employees and the residents of the shelter. Formerly homeless employees face most of the challenges, and shelter residents reap most of the benefits.

Impacts on Both Formerly Homeless Employees and Shelter Residents

While most of themes affected either the shelter residents or formerly homeless employees exclusively, there were two themes that crossed over and affected both groups. These were collaboration and formerly homeless employee boundary development.

Collaboration

Collaboration issues, where there are problems of some nature (role definition concerns, etc.) between the former-consumer employees and the professional staff members, are well documented in previous research literature (Armour, 2002; Brown,

1974; Brown, Grella, & Cooper, 2002; Carlson, Rapp, & McDiarmid, 2001; Christensen & Jacobson, 1994; Cole, 2011; Fisk et al., 2008; Hopkinson & Hurley, 1976; Manning & Suire, 1996; Yuen & Fossey, 2003). Based on observations reported by the shelter residents, and statements made by some of the shelter directors, the data from this study are consistent with earlier research. However, as professional employees were not included in this study, this finding only represents the impressions of the shelter directors and residents. It is important to note that in the present study, shelter residents who witnessed these collaboration problems could internalize these issues, vicariously experiencing the formerly homeless employees' disempowerment.

While the literature discussed the implications of collaboration, or failed collaboration, on the former consumer/formerly homeless employees, the present study provided a new finding—the impacts on the shelter residents. Shelter residents vicariously experienced diminished self-efficacy when they perceived that the professional employees resisted collaboration effort with the formerly homeless employees. If shelter directors are aware of this dynamic, they can address it in and orientation or supervision with the professional employees. Professional employees would likely be more cognizant of their behavior if they understood the impacts on shelter resident.

Formerly Homeless Employee Boundary Development

Formerly homeless employee boundary development was strongly correlated with impacts on both the shelter residents and the formerly homeless employees, described in the following sections as themes. While effective boundary development was described in previous research literature (Christensen & Jacobson, 1994; Dixon, Krauss, & Lehman, 1994; Fox & Hilton, 1994) the relationship between boundary establishment

and impacts on residents and formerly homeless employees is a new finding. Where formerly homeless employees were able to develop effective professional boundaries, positive effects were experienced by both the shelter residents and the formerly homeless employees. These effects are described in the following sections on Impacts on Formerly Homeless Employees and Impacts on Shelter Residents.

Impacts on Formerly Homeless Employees

The themes affecting the formerly homeless employee respondents were largely supported in the literature, as detailed in the following sections, and were often related to the formerly homeless employees' boundary development. The present study found the themes *targeted*, *taken advantage of*, *countertransference*, *relapse or mental health crisis*, and *giving back* in this sub-concept.

Taken Advantage Of

Formerly homeless employees being *taken advantage of* was not found in the literature, though it was related to the issues around boundary development discussed above. Shelter directors were most likely to report this as a potential problem. It was generally related to the formerly homeless employee having a prior relationship with the resident who tries to use that relationship to curry favor.

Implications are twofold. Shelter directors should cover this potential problem in orientation, so that formerly homeless employees having this experience do not internalize the issue as a personal failure. As social desirability may have influenced the formerly homeless employees to minimize any difficulties, additional research would be needed to better understand the formerly homeless employees' perspective in this area, and for all of the other challenges, as well.

Targeted

Targeted, where a shelter resident attempts to discredit or get the formerly homeless employee into trouble, was again minimized by the formerly homeless employees. Only one study was found that discussed being *targeted*. Borkman, et al., (1998) described this happening because the shelter residents were angry that the formerly homeless employees had changed their allegiance. In the present study, however, simple jealousy of their success was more often cited.

Implications for orientation are similar to those described above for taken advantage of. Research implications include the need for an expanded shelter resident sample. In the present study, the shelter directors handpicked the residents who participated. With one exception, these residents appeared to be easy-going, considerate individuals, who were happy with the shelter services. They would be quite unlikely to engage in targeting anyone. A larger sample, to include less satisfied shelter residents, would contribute to a stronger understanding of shelter residents' motivation for these behaviors.

Countertransference

In the present study *countertransference* was more of an actual challenge for the formerly homeless employees than the previously described challenges. Countertransference issues (Dixon, Krauss, & Lehman, 1994; Korfmacher, et al., 1999) arose when the formerly homeless employees experienced repressed feelings in reaction to the emotions or experiences of the shelter residents. Formerly homeless employees were described as being able to handle the aggravation of being taken advantage of and targeted, but it was much more difficult to move beyond reliving their own pain or trauma due to *countertransference* issues.

Again, the implications of this finding point to the need for orientation and supervision. Unlike the earlier issues, *countertransference* training would benefit all shelter employees, including the professional employees. Shelter directors could also be aware of potential triggers for their formerly homeless employees, and address this in supervision, if necessary. If *countertransference* becomes an issue, the shelter director must refer the formerly homeless employee to the appropriate therapeutic treatment, and not attempt to provide this treatment themselves.

Relapse or Mental Health Crisis

In the present study, the potential challenge mentioned the most, by far, was *relapse or other mental health crisis*. This gave “relapse” an almost urban legend-like quality, as all of the study respondents described relapse as a serious challenge. Even so, very few respondents knew of any actual examples. Consistent with the present study, the literature contained multiple examples of *relapse or mental health crises* affecting former-consumer/formerly homeless employees (Ashforth, Kreiner, & Fugat, 2000; Christensen & Jacobson, 1994; Dixon, Krauss, & Lehman, 1994; Fox & Hilton, 1994).

While formerly homeless employee *relapse or mental health crisis* could occur for reasons not associated with work, and being *taken advantage of* and *targeted* were not expressly discussed in the literature, they were both described in the present study as potential antecedents to a *relapse or mental health crisis*.

The implications for *relapse or mental health crisis* are related to orientation, support networks, and social networks. Formerly homeless employees must be advised of their rights to treatment services. Having this information could encourage the formerly homeless employee to seek treatment rather than hide their *relapse or mental health*

crisis. Shelter directors may want to inquire about support and social networks when they discuss sobriety or housing stability with potential applicants, as well.

Giving Back

A positive finding for formerly homeless employees was having the opportunity to give back to the agency, which was empowering and directly related to self-efficacy. Consistent with earlier literature (Carlson, Rapp, & McDiarmid, 2001; Gartner, 1969; Itzhaky, 1995; Riessman, 1965; Salzer, 2002; Sherer, 1986; Yuen & Fossey, 2003), the present study findings showed that the formerly homeless employees wanted to help others as they were helped, and to give back to the agency where they received this help. Believing that they had knowledge and experience that were of value to the agency was empowering and life-changing for the formerly homeless employees in the present study.

The implications of this finding are that this helping others has the potential to snowball. Several shelter residents in the present study were inspired by the formerly homeless employees, and hoped to work in homeless services in the future.

Impacts on Shelter Residents

Shelter residents experienced both positive and challenging impacts of formerly homeless employee inclusion. These were grouped into the themes labeled *shelter resident self-efficacy, understanding and helping, and tough love*.

Shelter Resident Self-Efficacy

Based on Bandura's (1976, 1985, 1994, 2003) self-efficacy component of Social Cognitive Theory, improved self-efficacy among the shelter residents was anticipated. Consistent with prior research (Bandura, 1976, 1985, 1994, 2003; Barrett, et al., 2000; Besio & Mahler, 1993; Chinman, Young, Hassell, & Davidson, 2006; Dixon, Krauss, & Lehman, 1994; Fisk, et al., 2000; Fox, 2002; Gartner, 1969; Gordon, 1976; Hossack &

Robinson, 2005; Kryda & Compton, 2008; Stewart, 1967; Van Tosh, 1993; Weissman, et al., 2005; Zemore & Kaskutas, 2008), the present study found that shelter residents vicariously experienced improved or diminished self-efficacy because of their perceptions of the formerly homeless employees as being similar to themselves, known as strength of modeling (Bandura, 1976; Wagenfeld & Robin, 1981; L. White, 2000).

For shelter residents, witnessing the formerly homeless employee struggle or fail in their position created a challenging finding, diminished *shelter resident self-efficacy*. While this was not specifically mentioned in the literature, it is related to the collaboration theme, as well as being the reasonable antithesis to Bandura's vicarious experience of (improved) self-efficacy (1976, 1985, 1994, 2003).

Self-efficacy carries two major implications for homeless service delivery. First, there is substantial evidence that shelter residents can experience improved self-efficacy vicariously by observing the formerly homeless employees succeed. It may be a strong motivator for shelter directors to hire formerly homeless employees. As with the collaboration challenges, an implication for diminished self-efficacy is that other shelter employees may be more willing to empower and support the formerly homeless employees if they realize the impact on shelter residents.

Understanding and Helpful

The second benefit experienced by shelter residents was the theme *understanding and helpful*. In both the literature and the present study, shelter residents appreciated the formerly homeless employees' experience as a consumer (Besio & Mahler, 1993; Chinman et al., 2006; Dixon, Krauss, & Lehman, 1994; Fisk et al., 2000; Kryda & Compton, 2008; Weissman, et al., 2005, Van Tosh, 1993). Formerly homeless employees were perceived to better understand the basic survival skills (Weissman, et al., 2005)

necessary for street and/or shelter living, as well as the daily affronts endured by homeless people.

Beyond the shelter walls, the theme *understanding and helpful* has strong implications for outreach work (Kryda & Compton, 2008; North, et al., 2005; Weissman, et al., 2005). As homeless services move from a shelter model to the Housing First model, the need for effective outreach workers will be crucial. The numbers of outreach workers needed could easily exceed the number of paraprofessional positions in homeless shelters. Formerly homeless employees are well-suited for this work.

Tough Love

The final theme, *tough love*, is the most notable finding from the present study, partly because of the stark contrast between the shelter directors and shelter residents' responses, and partly because it is a new finding. The directors reported that former-consumer employees are much "tougher" on the clients, and describe this as a problem that would generally require the formerly homeless employees to modify their behavior. Being "tougher", which included characteristics such as being less empathetic, too brusque, and too inflexible, was expected to be endorsed by the shelter residents in the present study. Instead, all seven of the shelter resident respondents indicated, sometimes strongly, that they preferred this approach from the shelter employees. What the shelter directors considered to be too strict or inflexible, the shelter residents perceived as fair and trustworthy (Christensen & Jacobson, 1994; Crook, 2001; Kryda & Compton, 2008).

The shelter directors, for example, described handling rule violations (and occasionally other problems) "on a case-by-case basis" at their respective shelters. One resident described this approach as "doing for one, but not the others." Residents viewed the flexible nature of the professional staff as inconsistent, unfair, and a mechanism of

favoritism. The residents questioned the integrity of these employees who regularly made exceptions to the rules.

In contrast, the formerly homeless employees almost never made exceptions to the rules. This may be due in part to the formerly homeless employees being neither authorized nor empowered to make exceptions to the shelter rules. An additional explanation is that the formerly homeless employees, having some shared culture and experience, also value and employ this forthright approach. As such, the theme was named *tough love*, to denote the sometime unpopular decisions that have to be made, as well as the underlying commitment to the shelter residents.

There are several implications of this finding. First, shelter directors may wish to incorporate the *tough love* approach by all staff members. Shelter residents perceived it as fair, and in fact, it would be simpler for the shelter staff to enforce the rules more consistently. Second, this finding points to gaps in social work knowledge around the belief systems of the consumers that we serve. Further research is needed to understand consumers' perspectives in order to design effective programs to serve their needs.

LIMITATIONS OF THE STUDY

The first limitation was the lower than expected initial response rate (49 of the 145 shelters). This rate was sufficient to select a purposive sample of shelter directors, and a convenience sample of shelter residents and formerly homeless employees for the interviews, however. The geographic constraints placed on the study constituted a second limitation. As the present study was a self-funded dissertation, all of the participants were in North Carolina, and within a one-day drive. Including respondents from other states may have produced different results.

Researcher bias was a serious limitation of the present study. A pilot study was conducted, to test the protocols. Only one participant was chosen for the pilot study, which was a design error. A larger pilot study might have provided additional ideas regarding content and wording in the interview protocols. The greatest limitation to the present study is the absence of inter-rater reliability. The PI worked alone to code all of the data. Having at least one other person to help develop the codes would have reduced research bias using member-checking to increase validity.

Another challenge to validity was the lack of triangulation. One of the sources of data was to be shelter materials that mentioned formerly homeless employee inclusion at the shelter, such as brochures, newsletters, videos, and employee manuals. None of these materials were available at any of the shelters, however. The PI did not press any of the directors for an explanation, out of concern for sounding critical rather than inquisitive, but two directors addressed this question briefly during their interviews. The first explained that the idea had simply never come up. The second director cited privacy issues as the reason that formerly homeless employees were not mentioned in the shelter's materials.

A further limitation was scope of the study, as professional employees were not included in the research design. Professional employees were left out of the original study design, because that research question was much narrower. As this focus changed, additional respondents should have been recruited in order to give voice to all of the members of the homeless shelter community. The decision was made to exclude them based on the amount of data already collected.

Issues of gender, race, and class may have limited the study, as well. When conducting the face-to-face interviews in the shelters, the PI expected to encounter some issues of difference between her and the shelter residents based on one or more

differences in class, race, and/or gender. Padgett (1998) describes gender, race, and age as “immutable” (p. 48), whereas individuals can alter other characteristics such as dress and demeanor. While the race and age may be immutable, others can easily misinterpret them. For example, a 60-year old person may look 10-20 years older if they have experienced lifelong exposure to the sun. An individual with a medium skin tone may be mistaken for several different races or ethnicities, depending on the circumstances. Thus, in response to the latter mutable characteristics, the PI wore office casual clothing and minimal jewelry to convey respectfulness and professionalism while minimizing outward displays of class difference. Another less openly discussed issue of class bears mentioning. As a person of considerable size, others may assume the PI to have a lower socioeconomic status, a perception that can be an asset when working with the very poor, such as the shelter residents. However, this immutable difference could also be a liability, if any of the participants held the bias of sizeism (Musher-Eizenman & Carels, 2009). The PI was not aware of any respondent bias based on any of these differences.

Instead of bias based on difference, however, homogeneity between the PI and the respondents may have created social desirability issues for two of the respondents. Padgett (1998) discusses the pros and cons of matching interviewer and participants demographics to facilitate rapport, specifically mentioning matching on age, race, and gender. As the PI was the only interviewer for this study, matching was not possible, although four interviewees—two shelter residents and two shelter directors—were similar to her in age, gender, and race.

In this study, the PI did not perceive a benefit to this matching because she experienced a similar collegial rapport with all of the shelter directors, regardless of age, gender or race. In addition, within the group of shelter residents interviewed, the two White women appeared to be less comfortable during the interview process than the other

respondents. One was extremely fidgety, though she explained this as being a symptom of her fibromyalgia. The other White female client gave the shortest interview, and she never seemed to enjoy the interview, unlike most of the client respondents. Padgett (1998) discusses a drawback of matching if the participants feel resentful or competitive with the interviewer. The similarities in gender, age, and race, accompanied by the marked dissimilarities of class and education, may have contributed to the (perceived) discomfort of these two women.

Some level of social desirability must be considered for all of the respondents, as well. While each of them was instructed that their honest opinions would be the most helpful, and that their information would not be identifiable in the reports, it remains possible that respondents sought to provide socially desirable answers. That is, they wanted to provide answers that they believed would help with the research study, or that would put themselves or their shelter facilities, practices, or services in a favorable light.

The fact that the shelter directors knew the PI was a former shelter director may have even increased social desirability issues for the shelter directors. This may have caused the shelter directors to be more reluctant to share challenges or difficulties in the interviews, resulting in overly-positive results.

The respondents were identified through a purposive sample of shelter directors, and a convenience sample of residents. Because the shelter director recruited the resident respondents, and then the residents self-selected to participate, some bias exists. Shelter directors would have asked residents based on their own employment criteria, which likely included one or more of the following—daytime availability, sobriety, mental competence, and English language. Residents would then choose to participate based on their own employment criteria, which may have included one or more of the following—\$25 gift card honorarium, their scheduling issues, being allowed to stay inside that day,

having someone to listen to them, assessment of difficulty of the interview, etc. This self-selection could have contributed to a more homogeneous resident sample than expected. For example, all of the resident respondents were unemployed at the time that they agreed to participate.

The final identified limitation of this study is its synchronous nature. The data collected reflect a single point in time, and represent the respondents' perspectives only on the day and time of the interview. A diachronic or historical approach, through which additional data would be gathered over a much longer period of time, might yield different results. However, as this study is exploratory, synchronous data collection is acceptable.

IMPLICATIONS FOR PROFESSIONAL PRACTICE

Shelter residents in the present study consistently viewed formerly homeless employee inclusion as positive. Research (Berg, et al., 1997; Kryda & Compton, 2008; Zemor & Kaskutas, 2008) has shown that these positive experiences with former-consumer employees may contribute to improved client engagement, retention, and outcomes. The challenges reported in the present study were infrequent, and considered manageable by the shelter directors.

These findings may encourage other shelter directors to employ formerly homeless individuals, thereby benefitting others who are either experiencing or working to alleviate homelessness. Formerly homeless employee inclusion is also consistent with strengths-based practice and the social justice principle of the National Association of Social Workers Code of Ethics (NASW, 2008) as it provides meaningful opportunities for indigenous participation.

Shelters that include formerly homeless employees demonstrate that differing strengths and sources of expertise can come together to provide successful services. Shelter residents not only benefit from the services offered, but also from the meaning, or value system, indicated by this brand of service delivery, an outcome consistent with earlier works by Flynn (1999), Gartner (1969), and Resnick, Armstrong, Sperrazza, Harkness, and Rosenheck (2004). These authors and others (Berg, Andersen, & Alvarez, 1997; Chinman et al., 2000; Dixon, Krauss, & Lehman, 1994; Hossack & Robinson, 2005; Stewart, 1967; Weissman, et al., 2005; Zemore & Kaskutas, 2008) have suggested that the best models of service delivery are partnerships between former-consumer employees and professionals, in which the strengths of both types of providers can benefit the clients.

IMPLICATIONS FOR SOCIAL POLICY

The present study has implications for both the Emergency Shelter Grants (ESG) Program and the Housing Emergency Assistance and Rapid Transition (HEARTH) Act programs. While both programs are designed as emergency assistance for persons experiencing homelessness, the ESG Program funds shelter services, and the HEARTH Act funds rapid re-housing programs, often called “Housing First”.

The ESG Program, funded by the Stewart B. McKinney Homelessness Assistance Act of 1986, administers the federal funding at the state level. These monies can be used for shelter operating expenses, essential services (such as social work), and homeless prevention activities. In the federal statute, shelter programs are required to include the “participation of homeless persons”. In practice, however, a waiver can be easily obtained by indicating that an attempt was made, but no formerly homeless or homeless person could be found to fill the position. In fact, the six shelters in the present study all

employed formerly homeless workers, yet none of them had any internal policies reflecting it as an organizational value or practice.

Empirical evidence regarding formerly homeless employee inclusion has the potential to encourage shelter directors to hire these workers. A position paper and factsheet could be posted on the websites of the national organizations on homelessness, and some shelter directors would find it. These methods would not make a tremendous difference nationally, but they would greatly matter to the formerly homeless workers who are hired.

A preferred method would be to use empirical research to demonstrate that formerly homeless employees have a positive effect on homeless shelter residents, and are not difficult to supervise. Advocates could use this information to persuade Housing and Urban Development (HUD) to mandate that this requirement be honored.

Similarly, the HEARTH Act is funding Housing First initiatives across the country and putting people into housing first. Services are then provided regardless of housing status, thus eliminating the need to cycle people through homeless shelters. Similar to the Assertive Community Treatment teams in the mental health field, formerly homeless outreach workers could serve on the multidisciplinary team, to provide services to the recently homeless. Mandating that each federally funded team employ two formerly homeless outreach workers, for example, would provide thousands of positions to these workers nationally. The benefits of formerly homeless employee inclusion would have the potential to impact far more persons experiencing homelessness if programs implemented such inclusionary policies.

RESEARCH RECOMMENDATIONS

While this small study contributes to understanding the effects of formerly homeless employee inclusion on the members of the shelter community, further research is needed to understand whether there are any effects on shelter resident outcomes. Very little empirical research evaluating the effects of organizational factors, such as type of staffing, on homeless shelter residents' outcomes exists.

Much more research is also needed to understand the relationships between formerly homeless employees and professional staff members. Including professional employees in future research would allow analysis of the effect of the formerly homeless employee/professional employee relationship on the shelter residents. The findings in the present study demonstrated that shelter residents are observing these relationships, and experiencing vicarious increases or decreases in self-efficacy, based on their perceptions of these relationships. It would be necessary to understand whether the shelter resident view of the relationship is accurate, in order to develop program-level responses that would foster an increase in self-efficacy.

CONCLUSION

Shelter residents in the present study found formerly homeless employee inclusion positive and believed it was beneficial to themselves and to other homeless shelter residents. This is consistent with earlier studies (Berg, Andersen, & Alvarez, 1997; Chinman et al., 2000; Dixon, Krauss, & Lehman, 1994; Hossack & Robinson, 2005; Stewart, 1967; Weissman, et al., 2005; Zemore & Kaskutas, 2008), which found client engagement and/or retention improved when programs used a hybrid model of staffing, that included both former-consumer and professional employees. In many of these earlier works, client retention was positively correlated to client outcomes. Future

research may provide such a connection for formerly homeless employees' effects on shelter client outcomes.

The findings in this study supported and added to prior scholarship. The formerly homeless employees' combination of experiential knowledge, direct communication style (*tough love*), and helpfulness translated into a meaningful experience for the shelter residents interviewed. These employee qualities contributed, perhaps strongly, to client retention and engagement, and may have positively impacted shelter client outcomes.

Formerly homeless employee inclusion had both benefits and challenges. The respondents in this exploratory study suggested that while they were aware of the potential for challenges, they experienced far more benefits than challenges. The formerly homeless employees did not do this work alone, however. All of the agencies in the present study employed hybrid teams of formerly homeless and professional employees. As one of the early New Careers scholars, Alan Gartner (1969, p. 22), wrote, "A professional-paraprofessional team may be the most effective means of providing certain [social] services." Based on earlier works and the present study, homeless shelters may be one of these services.

Formerly homeless employee inclusion provides the benefits of *self-efficacy*, *tough love*, and *understanding and helping* to the shelter residents. These employees bring a unique perspective to the job, and they work hard to provide necessary services to the shelter agency. They do this work in an effort to give back to the shelter or community that helped them when they were homeless. While formerly homeless employee inclusion does present challenges, this study found notable benefits, particularly for the shelter residents.

APPENDIX A: COVER LETTER FOR INTERNET RESEARCH

Dear Shelter Director:

You are invited to participate in a short survey, entitled “Employing Formerly Homeless Shelter Workers”. The study is being conducted by Susie Mallard Barnes and the School of Social Work of The University of Texas at Austin, 1 University Station, D3500, Austin, TX, 78712-0358. Contact information for the principal investigator is smbarnes@mail.utexas.edu, or 919-783-5109, or by mail at 431 Yarmouth Road, Raleigh, NC 27608-1029.

The purpose of this study is to identify NC shelters currently employing formerly homeless staff members that may be appropriate for the larger study, entitled “The Influence of Consumer-Provider Inclusion on Homeless Shelter Client Self-Efficacy.” Your participation in the survey will contribute to a better understanding of whether these life experiences of employees have an impact on the clients’ self-efficacy. We estimate that it will take about 5 minutes of your time to complete the brief online questionnaire. Please feel free to contact the investigator at the above address and phone number to discuss the survey if you have questions.

Risks to participants are considered minimal. There will be no costs for participating. As an incentive, all respondents will be entered into a drawing for a \$50 gift card. There are no other benefits to you for participating. Identification numbers associated with email addresses will be kept during the data collection phase for tracking purposes only. Only Susie Mallard Barnes will have access to the data during data collection. This information will be stripped from the final dataset.

Your participation in this survey is voluntary. You may decline to answer any question and you have the right to withdraw from participation at any time without penalty. If you wish to withdraw from the study or have any questions, contact the investigator listed above.

If you have any questions or would like us to email another person for your institution or update your email address, please call Susie Mallard Barnes at 919-783-5109 or send an email to smbarnes@mail.utexas.edu. You may also request a hard copy of the survey from the contact information above.

To complete the survey, please click on following link:

[Employing Formerly Homeless Shelter Workers Survey](#)

This study has been reviewed and approved by The University of Texas at Austin Institutional Review Board. If you have questions about your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact - anonymously, if you wish - the Institutional Review Board by phone at (512) 471-8871 or email at orsc@uts.cc.utexas.edu.

IRB Approval Number: 2009-01-0050

Thank you!

Susie Mallard Barnes, MSW

APPENDIX B: ONLINE SURVEY

Default Section	
<p>1. Does your shelter organization currently employ formerly homeless staff members?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<hr/>	
<p>2. Is it known to clients that these employees are formerly homeless, or is that kept confidential?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not sure</p>	
<hr/>	
<p>3. Would you be willing to participate in an interview, lasting 30-60 minutes?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<hr/>	
<p>4. Would you be willing to recruit one or two shelter residents to participate in an interview?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<hr/>	
<p>5. Thank you for participating in this Mini Survey.</p> <p>To ENTER THE DRAWING, please provide your contact info!</p> <p>Name: <input type="text"/></p> <p>Shelter <input type="text"/></p> <p>City/Town: <input type="text"/></p> <p>Email Address: <input type="text"/></p> <p>Phone Number: <input type="text"/></p>	

APPENDIX C: CONSENT FORM

Title Exploring the Influence of Consumer-Provider Inclusion on Homeless Shelter
Client Self-Efficacy

Conducted By: Susie Mallard Barnes, MSW

IRB PROTOCOL # 2009-01-0050

Phone: (919) 513-7955

Supervised by: Cal Streeter, Ph.D.

Phone: (512) 471-0543

of The University of Texas at Austin, School of Social Work

You are being asked to participate in a research study. This form provides you with information about the study. The person in charge of this research will also describe this study to you and answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not to take part. Your participation is entirely voluntary. You can refuse to participate without penalty or loss of benefits to which you are otherwise entitled. You can stop your participation at any time and your refusal will not impact current or future relationships with UT Austin or participating sites. To do so simply tell the researcher you wish to stop participation. The researcher will provide you with a copy of this consent for your records.

The purpose of this study is to explore whether employing formerly homeless people in shelters may influence the self-efficacy of shelter residents. Self-efficacy is a person's confidence in his/her abilities. Eighteen to thirty interviews will be conducted for this study.

If you agree to be in this study, we will ask you to do the following things:

This face-to-face interview with the principal investigator, at your location.

Total estimated time to participate in study is 30-60 minutes.

Risks of being in the study:

The risk associated with this study is no greater than in everyday life.

Shelter residents may have concerns that they will be asked to criticize the shelter organization or staff, and that this information will be shared or recorded. This is not an issue. There are no questions like this in the study.

Benefits of being in the study:

There are no individual benefits for participating. However, you will be contributing to the researcher's better understanding of the impact of formerly homeless shelter employees on shelter clients.

Compensation:

None.

Confidentiality and Privacy Protections:

Your confidentiality and privacy will be protected to the fullest extent of the law.

The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate you with it, or with your participation in any study.

The records of this study will be stored securely and kept confidential. Authorized persons from The University of Texas at Austin and members of the Institutional Review Board have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law.

All publications will exclude any information that will make it possible to identify you as an interviewee. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

In order for the PI to fully capture the interview, an audio recording will be made.

Tapes will be coded so that no personally identifying information is visible

Tapes will be kept in a locked filing cabinet in a locked office

Tapes will be heard only for research purposes by the investigator

To make possible future analysis, the investigator will retain the recordings

Contacts and Questions:

If you have any questions about the study please ask now. If you have questions later, want additional information, or wish to withdraw your participation call the researchers conducting the study. Their names, phone numbers, and e-mail addresses are at the top of this page. If you have questions about your rights as a research participant, complaints, concerns, or questions about the research please contact Jody Jensen, Ph.D., Chair, The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects at (512) 232-2685 or the Office of Research Support and Compliance at (512) 471-8871 or email: orsc@uts.cc.utexas.edu.

You will be given a copy of this information to keep for your records.

Statement of Consent:

I have read the above information and have sufficient information to make a decision about participating in this study. I consent to participate in the study.

Signature: _____ Date: _____

_____ Date: _____

Signature of Person Obtaining Consent

Signature of Investigator: _____

Date: _____

APPENDIX D: SHELTER DIRECTOR SEMI-STRUCTURED INTERVIEW

Introduction

Thank you for agreeing to meet with me. What you share in this interview will be kept confidential. If you are identified in the report, it will be in a way that will conceal your individual identity such as, “a homeless shelter director”, or “the manager of a small shelter for homeless women.” Please tell me what you think and feel. This will be the most helpful in trying to understand the influence of employing formerly homeless workers, or “consumer-providers” on shelter residents. I will be tape recording the interview to try to make sure that we have an accurate record of your views. I will also be taking a few notes for the same purpose. Do you agree to allow me to tape record this interview?

If NO: I will now turn off the tape recorder. Do you give me permission to take notes?

If YES: Thank you. I will now proceed with the interview.

If NO: Thank you for letting me know. I certainly respect your need for privacy. It is, however, important for me to document my interviews for this study, so we will not be able to proceed. Thank you again for your time, and I hope that you enjoy the rest of your day.

Interview Information	
Date	
Time	From to
Name	
Shelter	
City	

Shelter Information

Tell me about this shelter.

Number of staff

Number of beds

Average length of stay

Types of residents

Services

Annual budget

Any agency materials that I may take with me?

Current Consumer-Provider Experience

2. Tell me about employing formerly homeless staff in this shelter.

History of previous formerly homeless workers

Types of jobs held

Possibilities of advancement (without a degree)

3. Let's talk specifically about the formerly homeless employees who work here now.

- First names of current formerly homeless workers

- Did you hire these workers?

- If so, why?

- If not, do you know the story of their hire?

- What are their positions now?

- Have they had this same job the entire time they have worked here?

Let's talk more generally about formerly homeless employees. For these questions, please think of ALL experience that you have with formerly homeless employees working in a shelter (or other homeless service), not just those presently employed here.

Experience with Consumer-Providers

4. Are there differences between formerly homeless staff and other staff?

- Communication styles
 - Direct service skills
 - Attitudes toward residents
 - Enthusiasm
 - Supervision needs
 - Other differences?

5. Are there benefits to including formerly homeless employees in a shelter staff?

- To clients
- To other staff
- To the organization
- To the consumer-providers themselves

6. Are there drawbacks?

- To clients
 - To other staff
 - To the organization
 - To the consumer-providers themselves

7. How long have you worked with formerly homeless employees?

- As a colleague
- As an employer
- As an employee (where you were supervised by the formerly homeless worker)

8. What advice would you give to another shelter director who is considering hiring a formerly homeless worker?
9. Generally speaking, have you been as satisfied with their work as with other employees?
10. Have you had to make any kinds of accommodations for these employees?
11. Have you changed your supervision style to meet their needs? How so?
12. What is the “value” of these employees to the agency?
13. Do these employees work differently with shelter clients? How so?
14. Is there anything else you would like to tell me? Is there anything else that I should have asked?

Closing the Interview

Thank you very much for your participation! If you have any further thoughts about our interview, please feel free to email or call me. My contact information is on my card and your copy of the consent form.

Offer choice of \$10 gift card for fast food

Send a follow up thank-you note with all of my contact info

Researcher’s Interview Notes

Comments about the setting, tone, progression of the interview, etc.

Was the participant comfortable, hostile, nervous, etc?

Were there interruptions or other events that influenced the interview?

What are my feelings and perceptions about the interview?

Feelings and perceptions about the person interviewed?

Anything else?

Comments on the interview protocol

Problems encountered

Ideas on changes to the protocol

APPENDIX E: SHELTER RESIDENT SEMI-STRUCTURED INTERVIEW

Introduction

Thank you for agreeing to meet with me. What you share in this interview will be kept confidential. If you are identified in the report, it will be in a way that will conceal your individual identity such as, “a mother staying in a small shelter for families with children.” Please tell me what you think and feel. This will be the most helpful in trying to understand whether employing formerly homeless workers affects shelter residents. I will be tape recording the interview to try to make sure that we have an accurate record of your views. I will also be taking a few notes for the same purpose. Do you agree to allow me to tape record this interview?

If NO: I will now turn off the tape recorder. Do you give me permission to take notes?

If YES: Thank you. I will now proceed with the interview.

If NO: Thank you for letting me know. I certainly respect your need for privacy. It is, however, important for me to document my interviews for this study, so we will not be able to proceed. Thank you again for your time, and I hope that you enjoy the rest of your day.

Interview Information	
Date	
Time	From to

First Name/ Last Initial	
Shelter	
City	

Shelter Information

Tell me a little about your experience with this shelter.

- Is this your first time here?

- How long have you been here?

Tell me about this shelter.

Number of beds

Services

Anything “special” about this shelter

Experience with Formerly Homeless Shelter Workers

2. Let’s talk specifically about the formerly homeless employees who work here.

- First names of current formerly homeless workers

- How did you learn that they were formerly homeless?
 - The grapevine?

- Knew him/her before entering the shelter?
- He/she told you?
- Another staff person told you?

Let's talk more generally about formerly homeless employees. For these questions, please think of ALL experience that you have with formerly homeless employees working in a shelter (or other homeless service), not just those presently employed here.

4. Are there differences between formerly homeless staff and other staff?

- Communication styles
 - Direct service skills
 - Attitudes toward residents
 - Enthusiasm
 - Quality of work
 - Other differences?

5. Are there benefits to including formerly homeless employees in a shelter staff?

- To clients
- To other staff
- To the organization
- To the formerly homeless staff member

6. Are there drawbacks?

- To clients
 - To other staff
 - To the organization
 - To the formerly homeless staff member

7. How does it make you feel to know that formerly homeless people work in shelters?

- About the agency
- About the formerly homeless staff member
- About yourself and/or your own future

8. Do the formerly homeless employees have any special qualities that helped them to move out of homelessness, obtain housing, and get this job?

- Do you have these qualities?
- Do other residents?

9. Has the formerly homeless staff been helpful to you during your stay in this or another shelter? How so?

Wrap Up Questions

10. Where do you see yourself in one year? On a scale of 1-10, how confident are you that you will achieve this goal?

4. Is there anything else you would like to tell me? Is there anything else that I should have asked?

Closing the Interview

Thank you very much for your participation! If you have any further thoughts about our interview, please feel free to email or call me. My contact information is on my card and your copy of the consent form.

Offer choice of \$10 gift card for fast food

Send a follow up thank-you note with all of my contact info

Researcher's Interview Notes

Comments about the setting, tone, progression of the interview, etc.

Was the participant comfortable, hostile, nervous, etc?

Were there interruptions or other events that influenced the interview?

What are my feelings and perceptions about the interview?

Feelings and perceptions about the person interviewed?

Anything else?

Comments on the interview protocol

Problems encountered

Ideas on changes to the protocol

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