Characteristics and Self-Perceived Needs of Persons Who Use an Emergency Food Program

By

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A Thesis
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Abstract

An emergency food service was evaluated to develop a profile of the service users, to identify their self-perceived needs and to assess their support for the development of other services and programs. The data will be incorporated by the service provider into the process of program planning. A screening for general demographic data was completed of all service users on three evenings. Directed interviews were completed with nine participants. The data were analysed using qualitative analysis. The results indicated that the food service users had characteristics consistent with homeless populations described in other studies. While this population had a number of material needs, the desire for increased social support was also identified. Respondents generally did not strongly support the possibility of the provision of other programs or services that would encourage socializing, build skills, provide information or enhance self-esteem and empowerment. They did strongly support the development of an informal, safe meeting place that would provide some social interaction and access to some specific services such as a phone and laundry facilities.

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CHAPTER I

Introduction to the Study

Homelessness in Canada has been increasing significantly for more than a decade. Initially this increase was perceived to be a manifestation of a downswing in the economy and the belief at the time was that the numbers of homeless individuals would diminish as the economy improved. In response to what was thought to be a temporary situation, a number of government and private agencies and organizations implemented strategies to address the short-term needs of the homeless. One of these was a program developed by the Salvation Army in Thunder Bay, Ontario. The Soup Van Ministry was developed to provide a hot meal daily to those who were unable, by their circumstances, to meet this basic need. The program has been operating since 1989 and it has become apparent that, for a number of individuals who make use of this program, their situation has not been temporary. Many have been caught up in an existence from which there appears to be no way out. While the Salvation Army has been able to meet a basic nutritional concern, these individuals have other needs that they are not able to manage themselves because of their circumstances. The purpose of this study was to identify the general characteristics of those who use the Soup Van and their self-perceived needs in order to determine whether there are ways in which the Salvation Army could work collaboratively with them to address some of the concerns of their life situations.

A recent estimate is that one hundred million people on earth have no shelter of any kind. When those who have inadequate shelter and those who are at risk of

losing their shelter are added to this estimate, the number extends to one billion worldwide, that is, one person in four. (Lewis, 1987, p.7). While all countries have always had some individuals who "lived rough", widespread homelessness was once believed to be a phenomenon found in Third World countries. The reality is that the developed and affluent countries are in the midst of a rapid and alarming increase in homelessness. The last two decades have witnessed an unprecedented increase in the number of persons who are completely homeless. Canada is no exception but while it has just been within the past few years that governmental and private agencies have become aware of the need to address the issue, the response by these agencies for the most part has been disjointed and ineffective. Attempts have been fewer still to engage homeless persons in a process to address their situation.

This is not to say that nothing has been done. A number of studies have been undertaken by local communities, non-profit organizations and volunteer agencies that were related to specific communities or particular populations and a number of initiatives at the local level have been implemented in an attempt to provide some aid to homeless individuals. These initiatives for the most part have addressed present needs rather than long-term solutions. There was a hope that homelessness in Canada was an unfortunate, temporary setback that would right itself when the economy improved. This has not been the case and it has become necessary to revisit the ways in which assistance has been provided and to look for more appropriate approaches to address immediate needs and discover long-term solutions.

One program that was developed at the local level was in Thunder Bay,

Ontario. In 1989, the city of Thunder Bay approached the Salvation Army with its recognition of the growing number of persons who were spending much of their time on the streets seemingly without access to regular meals. In response, the Salvation Army developed a program to meet this need. Initially the clients were almost exclusively males of all ages, often living in temporary residences or on the street, often with discernable substance abuse and/or mental health problems. The clientele has continued to be primarily male but there have been significant increases in the number of younger males including some in their teens, single women of all ages including some in their teens, women with children and two parent families.

The change in the client group has likely been primarily related to social and economic conditions in Thunder Bay that mimic those in other communities across Canada. Thunder Bay is a community in northern Ontario with a population of 110,000. The principal industries of mining, pulp and paper, and grain handling have experienced extensive downsizing in the past few years leaving many persons unemployed and without many prospects of finding other work. These individuals have found that the things that were once stable in their lives, such as shelter and food, are no longer predictably there. This has been the experience of many across the country and as many take to the road in search of work, Thunder Bay has become a stopping off point. Employment opportunities are scarce in this community as well and these travellers find that they do not have the resources to move on, leaving them in a precarious position in a strange city and requiring the services of the Soup Van.

Another group of program users has been increasing as well. One of the large 'industries' in Thunder Bay is mental health. The Lakehead Psychiatric Hospital is the centre for the provision of mental health services for a wide area of the north. This institution once accommodated eight hundred inpatients. In response to the reform in Canada's mental health policies that occurred over the past years and the ensuing process of community resettlement, the bed capacity has been reduced to just over one hundred. Some patients have been returned to their home communities but many were relocated within Thunder Bay. As has been the case generally with this process of deinstitutionalisation, community supports were not in place to facilitate the transition.

For these individuals and others who have used the services of the Soup Van, their efforts to manage within their circumstances have been directly affected by the political climate. Within the past two years, in an attempt to control the deficit, the current provincial government has introduced dramatic changes to social services, eliminating some programs, downsizing many others and implementing severe budget cuts to just about all services.

As the number of people needing to use the Soup Van has risen, the program has been able to absorb the increases and provide meals daily. At the time of the program's development, a catering truck was obtained and continues to be used as a "soup van". Hot meals have been provided each night at two locations in the city to those who come for food. No questions have been asked to determine eligibility for the service and no judgments have been made. Meals have consisted of thick soup,

pasta or a casserole and a sandwich. Several local businesses have provided daily donations of pastries and sometimes fruit. Coffee, tea and juice have been available as well as cocoa in winter. On occasion, for example Christmas, full meals have been provided. In the summer of 1994 the program began to make available infant and toddler foods, junior juices and cheese sandwiches as more children of this age were coming with adults. When the program first began in 1989, an average of twenty meals were provided each night. Since that time the numbers have grown steadily. Some clients have used the Soup Van only occasionally or at the end of the month when their money has run out. Others have been there every day, even on the coldest winter nights. In 1995 the average number of individuals served was seventy per evening with numbers dropping somewhat in very cold weather and increasing to one hundred and forty in the summer. During 1995 nearly eighteen thousand meals were served. The program has been operated by three part time staff who have done the preparation and thirty-nine community volunteers who have assisted with the distribution of the meals.

Among the variety of clientele served, there have been many apparent and suspected needs that have been be identified by both program staff and volunteers. The Soup Van staff have been knowledgeable about community resources and when they have felt that it has been appropriate, they have talked to program participants about services that may be of assistance to them. A number of these individuals have been quite aware of the resources that are available but have chosen not to use them. While it is not known why this has been so, some of their reluctance may be related

to personal characteristics. A number of clients have exhibited behaviours that cause others to fear and reject them and that have made them unwelcome in some offices and programs. Others have not possessed the social skills or capacity to work patiently through the bureaucratic maze to access the system. For some, the lack of knowledge and skills related to getting what they need has resulted in not trying at all. Still others have given the indication that they have the knowledge about services and the capacity to find out about them but have seemed to lack the motivation to act.

The Soup Van program was created in response to a specific need and has done well in responding to that need. It has had a high profile within the community and has been well supported by local businesses and individuals. However, it has now begun its eighth year of operation. The premise upon which it was established was that it would serve the homeless and needy in Thunder Bay. Some of the same people have been attending regularly for most of those years. This has not been a stopgap measure for them; it has become a way of life. While the commitment has remained to feed those who need a meal, there has been a growing perception among the Soup Van staff and volunteers that a significant proportion of those who have come for food have been looking for more. Over the years there has been a core group of staff and volunteers who have remained with the program and with whom the clients have developed a rapport and trust. Some clients have regularly engaged the staff and volunteers in conversation, sometimes revealing their despair, their frustrations, their hopes and their humour. They have visited with each other and

have expressed concern when a 'regular' does not appear as scheduled. While a proportion of program users have needed the food, there has been speculation that another proportion may not need a meal as much as they need the contact, support and social interaction.

Many of those who use the Soup Van have fallen between the cracks of the social service system. They have been unwilling or unable to take advantage of available community resources. It is believed that clients using the Soup Van are able to articulate their needs. It has been a belief also that a number of them desire change but feel powerless to facilitate this and would benefit from having individuals around who that will acknowledge their situation and help them address their practical concerns and needs. It may be that the time has come to challenge some of them to begin to develop the skills that they need to work at changing their lives. It is the belief of the program providers that all people need reliable, long-term social supports that will offer affirmation that they are valued and cared for and deserving of support. The relationships that have developed over time through the Soup Van program may be a possible starting point for engaging these persons in other kinds of activities and programs that will enable them to start to manage their lives more successfully.

This study sought to identify some general characteristics of those who currently use the SoupVan program and their self-perceived needs to determine whether there may be other services or programs that could be offered as extensions to the Soup Van program that would be of value to this population. In summary, the

research questions were:

- What were the general characteristics of those individuals who made use of the soup Van?
- What were the similarities and the differences between these individuals and the population that the literature defined as 'homeless'?
- What did these individuals need besides a meal? Were they able to identify ways in which the Salvation Army could expand its' involvement with them?

This study provided long overdue information about the SoupVan program and will contribute to the evaluation of all Salvation Army social service programs in Thunder Bay that has recently been undertaken. The goal of this comprehensive evaluation is to facilitate the refining and restructuring of Salvation Army programs within the city in order to address current needs more effectively and economically. The present provincial economy and the shrinking of the social service net have required that program providers provide more for less or cut back on some aspects of program provision. It is anticipated that the information obtained from Soup Van participants will help the Salvation Army identify the ways in which it can most effectively serve the most vulnerable individuals of Thunder Bay.

CHAPTER 2

Review of Related Research

Historical perspective

An overview of the historical perceptions of homelessness by Hamid (1993, p.238) revealed that the understanding of who the homeless were evolved and changed over time. One of the first written references to homeless people was published in Germany in 1509 and contained a preface by Martin Luther who described homelessness in religious terms as being the product of moral weakness. He suggested that the book could help princes and lords "understand how mightily the Devil rules in this world". One premise in this book was that most vagrants were of Jewish origin. A publication in Britain in 1887 demonstrated some insight into the causes of homelessness by acknowledging its socioeconomic roots but again labelled homeless persons in terms of imagined ethnic membership by identifying most homeless persons as Scots. By 1912 homeless persons in Britain were being categorized by personality characteristics rather than nationality. Holmes' book, London's Underworld, used a psychiatric basis to prove that homeless people were insane, feebleminded or idiots and proposed that there should be a "national plan for their permanent detention, segregation and control." (Hamid, 1993, p.238).

A differing solution was offered in 1842 with a publication by Edwin Chadwick that explored the relationship between poverty and ill health and with the establishment of the Association for the Care of the Feeble-Minded in 1896. The British public's perception of the poor in general and the homeless in particular was

changed and resulted in a Royal Commission on the Poor Law in 1909 that stated that it was society's responsibility not to punish or to detain the homeless but to treat them. So the homeless came to be understood as ill people (Hamid, 1993, p.238).

By 1948 and the passing of the National Assistance Act, the presumption was that homelessness was a need for accommodation. The Act mandated local social services to provide temporary accommodation to "persons without a settled way of life . . . in reception centres" (p.238) and a number of hostels were created for that purpose. Nevertheless, the number of homeless households increased during the 1950s because of slum clearance and highway building projects and continued grow in the 1960s (Daly, 1991, p.44). By 1977 the Housing Act (Homeless Persons Act) broadened the definition slightly to give preference to "distressed families whose lack of accommodation was not of their own making". Priority groups were identified as families with dependent children, pregnant women, victims of disaster, for example fire, and the elderly and mentally vulnerable (Daly, 1991, p.44). So in Britain, the understanding of homelessness evolved from a perception of it as spiritual weakness, criminal behaviour, mental illness or incompetence to simply being without a home.

The experience in the United States has been somewhat different from that of Britain. Homelessness as a visible phenomenon began in the 1870s with the appearance of tramps and hobos, a group that evolved in response to the need for a mobile labour force for the building of railways and the harvesting of seasonal crops. Single men were housed in low rental areas in city centres so that those needing

temporary labour knew where to look. With the increase in mechanization, the opportunities for work diminished, there was no place go and the skid row communities emerged (Barak, 1991, p.21; Blau, 1992, p.34). During this time homelessness was related to the state of the economy, with the incidence rising during the Depression but nearly disappearing in better times as employment rose. By the 1980s the situation changed. The number of homeless persons was directly influenced as well by the number of persons with mental health concerns living in communities, by social welfare cutbacks, by a reduction in affordable housing, and by an increase in low-paying jobs (Daly, 1991, p.40). The fact that the rate of homelessness has continued to rise even in better economic times is an indication that there are more predisposing factors than just employment. Nevertheless, homelessness in the United States has continued to be viewed by many as a temporary situation requiring economic solutions. To a large degree these solutions have centred on the provision of emergency shelter. Permanent housing and social services have not been seen to be a priority (Daly, 1991, p.41).

The response of the American government and its agencies has revealed that some of the moralistic perceptions of the homeless continue to be promulgated. During the Reagan administration David Stockman, a former theology student, reported to Congress that entitlements were wrong, many of those receiving social benefits were not entitled to them, and proposed that one fifth of the families receiving welfare should have their payments stopped (Daly, 1991, p.41). Reagan himself stated that assistance was available for the hungry in the United States but

the hungry were unmotivated or did not know where to go for help (Daly, 1991, p.41). His belief was that people were homeless "by choice" (Fallick, 1987, p.2). During the same administration, Attorney-General Edwin Meese questioned the genuineness of the homeless and lectured them for getting free meals at soup kitchens, shelters and missions. He questioned whether they were deserving of these hand-outs (Daly, 1991, p.41). Still other representatives of Reagan's government cited the severe overcrowding of homelessness as being a characteristic of ethnicity, explaining that doubling-up and living with other extended family members was common in Hispanic communities (Daly, 1991, p.41).

In the ensuing years the American government has not provided strong leadership in coming to terms with homelessness. Different levels of government have continued to disagree on jurisdictional responsibility and have not generally worked well together in an attempt to discover solutions. In 1987 the Stewart B. McKinney Homeless Relief Act was passed which allocated funds to housing, social services, education and health care for the poor including the homeless (Cohen, 1994, p.94; Daly, 1991, p.43). Many advocates for the homeless have viewed this legislation as inadequate. While there have been useful, creative approaches made for assisting homeless persons, many of these have involved efforts by private or non-profit organizations.

Canada's experience with the homeless has been different from both Britain and the United States. The number of homeless in Canada has been comparatively not very high. The overwhelming situations experienced by Britain and the United

States have not yet developed in this country. The national safety net of health, social services and welfare has no doubt been instrumental in keeping the numbers down. Nevertheless, there has been a growing concern with the increase that has occurred in the past ten years. Canada Mortgage and Housing Corporation, the agency responsible for housing, has attempted to shift responsibility to the provincial and municipal levels but these governments seem unprepared to assume the load (Daly, 1991, p.43).

One of the unique characteristics of homelessness in Canada has been the variation among cities. On the one hand, economically depressed regions have experienced a growth in the number of homeless persons. On the other hand, the economy of southern Ontario has been more economically stable and has been responsible for a large proportion of newly created jobs. As a result, thousands of unemployed persons have migrated to Toronto to search for work and in the midst of a booming economy, have found themselves homeless (Daly, 1991, p.44).

Methodological Concerns

Definition of homelessness

A review of the literature has revealed that a major difficulty in coming to an understanding of who the homeless are, has been the absence of an accepted definition of what homelessness means. Definitions are able to imply connections between causes and effects and suggest courses of action. The definitional impreciseness in relation to homelessness has been a reflection of the ongoing tension between beliefs of social justice and the conceptualization of homeless

people (Bachrach, 1992, 1995; Mavis, Humphries, & Stoffelmayr, 1993). At issue has been whether homelessness is a trait through which particular behaviours are exhibited or whether it is a state in which housing issues are part of the larger issue of poverty (Cohen, 1994, p.774). The position chosen has had important implications for who has been included in the definition and for the interventions perceived to be most appropriate. Most definitions found in the literature have been descriptive rather than operational. Those used by non-governmental organizations have often focused on their particular political or professional agendas that reflected the needs of their particular clients (Fallick, 1987, p.17; Blau, 1992, p.8-9).

British definitions have been quite diverse. In 1980 Larew saw homelessness as a problem of disaffiliation and detachment that excluded the issue of housing (Scott, 1993, p.314). On the other hand, in 1982 Drake identified the issue as solely related to housing, describing the homeless as "any single person living with no home of their own" (Scott, 1993, p.314). In recent years the concept of "houselessness" has been suggested as an alternative to "homelessness". "Houselessness" implies the simple absence of a physical residence reserving the term "homelessness for conditions of more generalized deprivation" (Bachrach, 1992, p.454).

In 1985 The Housing Act assigned the management of homelessness to the local councils whose responsibility it became to find permanent housing for those in priority need, a category defined by the Act. Those evaluated to be intentionally homeless, because of nonpayment of rent or similar circumstances, were entitled to

temporary housing only. Considerable variations in the interpretation of the guidelines have resulted in only about half of applicants being accepted as homeless (Bentley, 1995, p.61). The probability of acceptance appeared to be related to the district of application rather than personal circumstances; some councils have accepted 80% of applicants while others have accepted only 20% (Bentley, 1995, p.63). Only 30-40% of local authorities have considered those who live in bed and breakfasts, hostels or squats (abandoned buildings) to be homeless. A number of council authorities require a court order proving eviction or domestic violence before considering an applicant homeless (Cohen, 1994, p.94). While London has tended to receive the greatest attention, homelessness has been growing faster outside London in the past twenty-five years. The annual increase within London between 1976 and 1987 was 9%. For the same time period, the increase in other urban areas was 16% and in non-urban areas it was 14% (Bentley, 1995, p. 61).

In the United States, the number of definitions of homelessness has equated to the number of individuals describing it. There have been some commonalities among them however. The majority have used definitions that have described situations that have been primarily housing issues (Blau, 1992; Belcher, 1991; Lehman, Cernan, DeForge & Dickson, 1995; Mavis, et al.1993; Solomon, Draine, Marchenko & Meyerson, 1992) although within these definitions there have been variations of criteria used regarding the number of times a shelter was used, the length of time on the street and the amount of time spent staying with friends and relatives. Susser, Conover & Streuning (1990) surveyed fourteen studies that were

done in the 1980s of homeless mentally ill persons. Most of these studies used as their focus of investigation persons who stayed in shelters or public places. Susser (1990) noted that while this "may not represent the most meaningful concept of homelessness" (p.392) it did reflect the popular usage of the term .

In 1984 the Department of Housing and Urban Development stated that the homeless were distinguishable from those who had permanent shelter even though that shelter was inadequate or overcrowded (Hulchanski, 1987, p.2). A definition produced by Rossi expanded this concept to include those who were precariously housed and at risk of becoming homeless (Bachrach, 1992, p.454). While an improvement, it was still housing based. One of the better definitions was developed in 1983 by the Alcohol, Drug Abuse and Mental Health Administration that identified as homeless "anyone who lacks adequate shelter, resources and community ties" (Scott, 1993, p.314). This definition recognized that the implications of homelessness were broader than just housing, a concept shared by Snow, Baker, Anderson & Martin who defined the homeless as characterized by the absence of permanent housing, supportive family bonds, and defined roles of social utility and moral worth (1986, p.408). The definitions currently used, especially by government agencies, tend to be refinements of the narrow concept that homelessness was primarily an issue of housing. One reason there has been a reluctance to embrace the wider definition of those who are homeless has been that a broader focus on social marginality as well as housing would require more complex and expensive solutions (Scott, 1993, p.314).

Prior to the mid 1980's there was little focus in Canada on homelessness and no official definition. In 1986 the Canadian Centre for Social Development, funded by the Canada Mortgage and Housing Corporation, undertook a National Inquiry on Homelessness in Canada. A "snapshot survey" was done of a number of agencies that provided emergency or temporary shelter. A number of workshops were also provided in various locations regarding homelessness. While some important information was both gathered and shared, this was not rigorous academic research at a national level (McLaughlin, 1991, p.61). There have been other small single-city studies of homelessness, and although some were excellent profiles of the individual communities, operational definitions were locally developed and not applicable beyond these communities.

The United Nations designation of 1987 as the International Year of Shelter for the Homeless by its title clearly focused on the poorest worldwide, those with no shelter of any kind. But the United Nations also acknowledged the wider issues involved.

> [Homelessness refers] to the millions of people with no home - the pavement dwellers, but the international year will also highlight the plight of hundreds of millions who lack a real home - one which provides protection from the elements; has access to safe water and sanitation; provides for secure tenure and personal safety; is within easy reach of centres of employment, education and health care; and is at a cost which people and society can afford. . . .It is not simply

> an issue of poverty. Urbanization, economic development and social policies all have direct effects on shelter conditions, and must be addressed. (Fallick, 1987, p.15).

The definition developed by the United Nations defines the homeless as

1. Those who have no home, such as "street people" and victims of fire. (absolute homelessness).
2. People whose homes do not meet UN basic standards (relative homelessness). These basic standards include

   access to safe water and sanitation

   secure tenure and personal safety

   accessibility to employment, education, and health care

   affordable prices

   (Edmonton Coalition on Homelessness, 1987, p.5).

So those living in housing where the plumbing or heating did not work or the roof leaked and families who lived far from schools were, by this definition, homeless. This definition, though, still defined both absolute and relative homelessness in terms that primarily related to housing. Through the International Year to Shelter the Homeless, the United Nations appealed to countries worldwide to come to terms with the shape of homelessness in their individual circumstances and to begin to address it. While there may have been some local consciousness raising at the Canadian level, since 1987 there has not been a discernable improvement in the effort to understand and define homelessness. Some excellent work has been done,

however, at the University of British Columbia through the work of Oberlander, Fallick and Hulchanski. In 1991 Oberlander and Fallick reviewed a number of Canadian reports and surveys on homelessness published since 1987 and determined that there is still " no general consensus as to the most reliable definition of homelessness" (p.14). While some work has been done by Canada Mortgage and Housing to identify affordability issues and the extent of substandard housing, little has been done to quantify the extent of relative homelessness (Edmonton Coalition on Homelessness, 1987, p.5). Learning from the evolution of concepts of homelessness in other countries and identifying the scope of homelessness in Canada, Oberlander and Fallick developed a definition for homelessness in British Columbia that they have since applied to an understanding of homelessness nationwide. They defined homelessness as

> the absence of a continuing or permanent home over which individuals and families have personal control and which provided the essential needs of shelter, privacy and security, at an affordable cost, together with ready access to social, economic and cultural public services (Oberlander & Fallick, 1991, p.15).

For the purpose of this study, the definition by Oberlander and Fallick was used for homelessness generally. However, it was necessary at times to differentiate between degrees of homelessness in order to create manageable concepts so the subgroups developed by the United Nations regarding absolute and relative homelessness were

used. The literature has used the term "literal" homelessness for the United Nations concept of "absolute" homelessness and this has been utilized in this study as well.

Measurement

The variations in the understanding of what homelessness is and is not has been a reflection of the continuing absence of research theory on the subject. The definitional, conceptual and methodological inconsistencies have led to confusion about what has been measured and has made evaluation and intervention difficult. The debate has been ongoing regarding who should be counted, where they should be located, when they should be counted and how the information should be gathered.

The problem of who should be counted has arisen from fundamental conceptual and ideological issues. Those who have been counted have depended on whether homelessness has been perceived as 'literal' or 'relative'. Most studies have focused on the literally homeless although a few have attempted to look at those who are relatively homeless as well (Acorn, 1993, p.854; Susser, et al. 1990, p.392). A number of studies, as Bachrach (1992) noted, have not bothered to define homelessness at all. Appendix A provides a summary of definitional approaches.

Where or in what locations homeless individuals have been identified and counted has profoundly affected the data collected. Homeless persons have not been distributed uniformly in a community. They have tended to be more concentrated in areas where there have been services that met their needs, such as soup kitchens or shelters, but to count only those who use shelters or soup kitchens has excluded

others who have not used them. Statistics gathered from the core urban centres have differed greatly from those that have focused on broader urban areas or those that have included rural communities (Drake, et al. 1991). Counts that have focused on residents in shelters have had very different results from those that have included shelter occupants as well as those literally homeless who have lived in some manner on the streets. (Acorn, 1993; Carling, 1993; North & Smith, 1993; Rog, McCombs-Thornton, Gilbert-Mongelli, Brito & Holupka, 1995; Susser, et al. 1990; Winkleby & White, 1992). The counts of people living on the streets have been spotty at best. Often these studies looked for the homeless in public places - bus stations, coffee shops or parks as these locations were safer for the investigator. Homeless individuals who frequented alleyways, river beds, unoccupied work sites, areas under bridges or overpasses, underground tunnels or parked vehicles have not often been sought out (Bentley, 1995, p.8). Identification of relatively homeless persons has been rarely attempted because of the methodological complexities involved. Appendix B provides a summary of the difficulties in counting homeless populations.

Options have been available as well as to when the counting is done. Whether they have been shelter populations at night, or street populations during the day, seasonal and geographic variations and the day to day fluidity of the homeless population have made statistics difficult to obtain (Bachrach, 1992; Oberlander & Fallick, 1991, p.15). Susser (1990) has identified a particular concern with the precedence approach to data gathering that the majority of studies have employed.

This census approach has counted the number of homeless individuals during a very limited time frame, often one night. This method, he said, has resulted in a gross over counting of the long-term homeless population and an undercounting of those who are episodically homeless. The method that he has advocated as providing a more accurate count has been an incidence approach in which those who become homeless over a longer period of time have been counted (p.395). Appendices C and D provide a summary of the methodology that has been used in counting homeless populations.

The ways in which information has been obtained has also been debated. Self-reporting has been suspected to not always be accurate. Some homeless individuals have denied being homeless. Others have had difficulty with retrospective reporting and have provided inaccurate information (Corrigan, Buican & McCrackin, 1995; Higginbotham, 1992; Lehman, et al. 1995; Lord, Schnarr & Hutchison, 1987; Uttario & Mechanic, 1994). The use of key informants, those who provide services to the homeless and who provide information about them, have not always been useful as the information provided has often been incomplete and selective (Susser, et al. 1990, p.893; Bentley, 1995, p.9). Attempts have been made to count the homeless in specific areas but the results have been unreliable. The homeless have been an elusive population and it has not been possible to go to every abandoned building, every stairwell, under every bridge or to the many other places the homeless may be found. This method has also tended to identify only the visible homeless, those who appeared, by individual characteristics, to be living on the

street and failed to identify others who were literally homeless but who did not appear to be (Susser, et al. 1990).

The considerable methodological problems encountered in the attempt to study homelessness has made the information obtained of limited value. Because of the broad variations in definition and approach, it has not been possible to generalize results. Nevertheless, attempts have been made to quantify the number of homeless. The need for numbers has been demanded by political and economic bureaucrats who need to have concrete data upon which to make decisions and allocate resources. While the numbers generated can be nothing more than estimates, some governmental agencies, particularly in the United States, have presumed them to be fairly accurate (Blau, 1992, p.24). Other agencies have questioned whether the numbers have any value in terms of directing decision-making.

In the United States, two numbers became the standards by which to understand the extent of literal homelessness. The first was reported by the Department of Housing and Urban Development in 1984 which identified 250,000 individuals as being homeless (Blau, 1992, p. 21). The second originally was from a congressional report of 1980 that estimated 2.2 million individuals, a number that was adjusted in 1983 to 3 million (Bentley, 1995, pp.10-14; Blau, 1992, p.21). Both of these numbers, for different reasons, were unreliable (Bentley, 1995, p.15; Blau; 1992, pp.21-24; Jenck, 1994, p.3) but both continue to be used as a basis of comparison for growth rates of homelessness. In 1988 The Department of Housing and Urban Development revised its estimate and reported that between 500,000 and

600,000 were likely homeless on any given night in the United States. In the same year the National Academy of Science supported a study by the National Alliance to End Homelessness that estimated the nightly rates to be 735,000 individuals with 1.3 million to 2 million persons experiencing homelessness annually (Blau, 1992, p.23). A study in 1994 of the lifetime and five-year prevalence of homelessness estimated that 13.5 million (7.4%) of adults in the United States had been literally homeless at one time in their lives and another 5.7 million of these had been homeless in the five years previous to the study (Link, Susser, Snueve, Phelan, Moore & Struening, 1994). The researchers identified several major limitations in the methodology of the study and suggested that in reality, the figures would likely be considerably higher.

In 1990, the Bureau of Census attempted a one day count of the homeless by using 15,000 interviewers in 11,000 shelters and in an equal number of open-air sites. This approach had a number of limitations and flaws (Blau, 1992 p.24) and the Census Bureau later estimated that 70% of homeless persons in Los Angeles and 47% in New York were missed, about two-thirds of the homeless population.

While the United States government has made limited attempts to determine the extent of the homeless situation, the definitions used have been those that are the most narrow and restrictive, variations of definitions of literal homelessness. Choices of methodological approach have meant that often homeless families and young people have been excluded from the counting process as well as those some call the 'new homeless', those who have stable work histories and no personal problems who have found themselves out of work because of layoffs and

downsizing. Government estimates, however, can be expected to be low. A wider concept of homelessness with its much greater numbers would have enormous political and economic implications (Yeich, 1994, p.6).

In Canada before 1987, it was thought that there were between 20,000 and 40,000 homeless persons. These statistics were based on estimates derived from studies of the use of emergency shelters and soup kitchens, that is, "street people" (Oberlander and Fallick, 1991, p.16). The Canadian Council on Social Development generally agreed with the estimates even though they initially had defined homelessness as being synonymous with poverty and 4.5 million persons had been identified as living in poverty (p.16). When the National Inquiry on Homelessness was released, the estimate had been revised to either 100,000 (the number of beds provided to the homeless and destitute during 1986) or between 130,000 and 250,000 (those who did not have secure homes and those whose housing was inadequate) (p.16). The Canadian estimates have been proportionately lower than those in the United States as the safety net of health, welfare and social services has been significantly more extensive in Canada (Daly, 1991, p.43). While the Canadian estimates have also lacked accuracy, there has been an attempt to include those who are relatively homeless. Bentley (1995) reported that in major federal government housing policy documents of the mid and late 1980s, no mention of homelessness can be found though reference was made to the severely depleted affordable housing stocks, a comment that was used by some to equate to homelessness (Bentley, 1995, p. 49). The 1991 Canadian census attempted to count those who were homeless but

the results were inconclusive (Ferguson, 1995, p.68). According to Oberlander and Fallick (1991), no reliable, accurate count of homeless persons in Canada exists. The statistics most widely used are those of the Council of Social Development cited above, that is between 130,000 and 250,000.

The situation is not any clearer for the province of Ontario. The provincial government has not attempted formally to study this population. Some studies of local communities have been done. The Metro Toronto Planning Department study of the early 1980s revealed that 3400 persons were without a permanent address in Toronto. Homelessness was not defined (Bentley, 1995, p.49). In 1983 People Without Homes: A Permanent Emergency by the Social Planning Council of Metro Toronto looked at the nature and extent of homelessness rather than at homeless individuals. No attempt was made to estimate numbers (Bentley, 1995 p.49). More recent attempts to study homeless populations have been undertaken by local service agencies or interest groups. While providing useful information for their specific purposes, the data cannot be extrapolated beyond the local communities.

In Thunder Bay, there has not been an objective attempt to obtain information regarding homelessness. Individual agencies and service groups have attempted to gather some information about the population they serve. Primarily, these have been descriptive summaries and case stories of client contacts.

Precipitating factors

The discussions in the literature regarding the factors that precipitated the development of homelessness have reflected the varying philosophical stances of the

authors. Blau (1992) cited a publication of 1886 that listed the causes of tramping at that time. The list included drinking, poverty, vice, heredity, depravity, low wages, loss of self respect, lack of trade, hospitality of jails and almshouses, uncomfortable homes and industrial causes. Others factors suggested included dime novels, tobacco and the devil (p.35). These kinds of perceptions persisted for many years and in fact are not dissimilar to the causes of homelessness that have been suggested today. A number of authors have described homelessness in terms of political and economic forces and have speculated at length about the structural problems of the mixed market economy, declining income support, loss of affordable housing and the disorganization in preventive and therapeutic service systems (Barak, 1991; Blau, 1992; Shinn, 1992). It is not uncommon, though, to discover that the causes of homelessness have been described in terms of the attributes the homeless are believed to possess (Burt, 1992, p. 11). Some analysts have persisted in suggesting that homelessness is not a housing nor an income problem but a condition that evolves from the personal problems of individuals, for example, mental illness or substance abuse. While personal characteristics have made individuals vulnerable to homelessness, the causes are to be found elsewhere.

The most obvious cause of homelessness has been the lack of housing or the lack of affordable housing caused by severe cuts in spending on housing (Cohen, 1992, p. 70), the decline in the private rental sector (Daly, 1991, p. 39), an increase in rents and a corresponding decrease in a wage-earning capacity (Blau, 1992, p.42), and the loss of single room occupancy hotels and low cost housing due to the

reclaiming of the downtown urban areas by the middle and upper classes. Local governments have encouraged the conversion of low rental housing into office space and luxury apartments, providing tax incentives to developers do so (Cohen, 1992, p. 770). This process of gentrification has required long time residents of inner city communities to become displaced, with few alternative housing options available to them (Cohen, 1992 p. 771; Oberlander & Fallick, 1991, p.17; Yeich, 1994, p.15). Unemployment and underemployment have been the manifestations of a new work environment that has reduced the number of middle level positions and has left highly paid jobs at the top and low paying jobs at the bottom. This has left many with no jobs or with jobs with salaries below the poverty line (Cohen, 1992, p.77; Lehman, et al. 1995, p.922).

Changes in rural life and agricultural practices have contributed to the growth of homelessness in rural areas although this population continues to be less visible and rarely mentioned in the literature. Between 1981 and 1987 there were 650,000 farm foreclosures in the United States and these have continued to occur. As well, about 500,000 jobs have been lost in low-wage, rural manufacturing industries (First, Rife & Toomey, 1994, p.98). Farm owners, farm workers and to some extent business people who provided services to them in small communities, have found themselves without a home and without the shelters and support services found in urban areas (Oberlander & Fallick, 1991, p.17).

For others, the physically disabled, homelessness has been a reality of scarce housing as it is for others but for them housing is a design and environmental

issue as much as it is a social and economic one (Lehman, et al. 1995, p. 922; Oberlander & Fallick, 1991, p.17).

The breakdown in traditional family structures has been cited as a contributing cause by Blau (1992) and Oberlander and Fallick (1991). The decline of social networks and the loss of community is a situation that was not previously experienced by homeless individuals. In the past, persons who found themselves unemployed had friends, neighbours and family who would take them in. These social supports and networks have shrunk so those at risk of homelessness have less to fall back on.

One issue that has continued to cause confusion is the relationship between homelessness and the incidence of mental illness. For centuries the belief has persisted, sometimes openly and at other times obliquely, that homelessness was caused by mental illness. This debate resurfaced in the 1960s with the implementation of mental health reforms that altered the pattern of care for those with psychiatric problems. Management became community based and persons who had been treated in institutions were relocated to the community as part of a process of deinstitutionalisation. Bachrach (1985, 1992, 1993, 1995) has studied the process and the effect of deinstitutionalisation extensively. It was a process that resulted in the massive shift in the locus of care for the chronic patient. This event occurred because of an emerging philosophy that was rooted in the belief that positive social action would improve the plight of the mentally ill, who were perceived to be victims of inhumane conditions. With the development of new

psychiatric drugs, institutional management was no longer required. It was believed that a community setting would be more therapeutic. The economics of this philosophy was appealing as well, as the treatment cost of the mentally ill would be reduced (1992, p. 458).

The transition of mentally ill individuals into the community was to be supported by community services. However, the development of these services has not matched the needs in the community and many have been left on their own with no connections to support services. Deinstitutionalisation and the resulting lack of services have been frequently blamed for the increase in the rates of homelessness but the empirical data to confirm this has been lacking (Cohen, 1992, p. 817). Studies in the 1980s claimed that the streets had become asylums but this was not the case. Deinstitutionalisation occurred in the 1960s and peaked in the 1970s. Its relevance as a cause of homelessness in the 1980s and the 1990s has not been supported by available data. What the statistics did support was that the vast majority of homeless individuals were never in an institution and most mentally ill persons were not homeless (Blau, 1992, p. 86; Barak, 1991, p. 40).

Those who were mentally ill became homeless for the same reasons others did - lack of employment, reduced welfare benefits, loss of low rental housing - not because of their mental illness. When surveyed as to the causes of their homelessness, persons with psychiatric disorders identified economic and social problems as being the cause rather than their symptoms (Cohen, 1992, p.817). However for a few individuals, the lack of housing has no doubt been due to their

illness when they have been denied housing because of their symptoms (Alisky & Iczkowski, 1990, p.93).

While there has been an incidence of relationship between homelessness and mental illness, a causal relationship has been hard to prove. Daly (1991, p.48) referred to a study by Benn, Steff and Howe in 1987 in which they concluded that the overlap between homelessness and mental illness remains a "tangled web" of confusion between mental disorders and social conditions. In other words mental illness may be a cause of homelessness but it can also be a result of it.

Precipitating factors in the rise of homelessness in Canada have been summarized by Oberlander and Fallick:

> . . . homelessness appears to be linked to a complex mix of conditions which is affecting an increasingly broad spectrum of society. Evidence points to a predominantly urban-centered, socioeconomic and a physical shelter problem, deeply rooted in regional disparities, and closely related to opportunities for meaningful economic participation. (1991, p. 14).

Specific factors have included declines in the availability of low cost rental accommodation, low vacancy rates in rental markets, chronic regional unemployment, local poverty, inadequate incomes and social assistance supports to the poor, and a social safety net that has been strained to capacity due to economic restraint policies (Oberlander and Fallick, 1991, p.14). These authors identified the specific causes of homelessness in Canada as being unemployment,

underemployment and unemployability; poverty; breakdown of traditional family structures, lack of affordable housing, inadequacies and inequities in the provision of social welfare, lack of diversified community support systems for those who are deinstitutionalised, and displacement from urban revitalization. (p.14).

Characteristics

Much emphasis has been placed in the literature on the characteristics of the homeless population. Sometimes, however, behavioural characteristics have been identified as causes of homelessness. The confusion that has arisen between causes and characteristics has implications for the choices of management options and also creates the danger that stereotypes of the homeless will be perpetuated. Hamid (1993) cited a study done in 1990 in California that found that homelessness had been viewed as a policing issue rather than a housing issue until the 1989 earthquake when homelessness temporarily became a "normal" and accepted situation. During this period it was perceived as a housing need (p.240). In 1982 a study by Miller that reviewed the literature on perceptions of homelessness said that the visible subculture of drinking residents had shaped the public image of skid row residents as problem drinkers. In fact, studies have found that many of the men on skid row were not drinkers at all and many were not problem drinkers (Hamid, 1993, p.240). Researchers have tended to study the characteristics of the homeless population that are shaped by the public image of this group.

The general demographic characteristics of homeless persons have changed significantly from those of the homeless population in the past. Today's homeless

are younger. A number of studies placed the average age of the adult homeless male at about thirty-five with homeless women being a little younger. These findings have been consistent and unaffected by regional differences (Acorn, 1993, p.3; Blau, 1992, p 35). While homeless individuals are still predominantly male, about 51% according to most studies, there is now a higher incidence among females. Unattached women make up about 12%, while 34% are part of family units (Blau, 1992, p.28). Marshall and Reed (1992, p.763) characterized homeless women as younger, more socially stable with higher levels of psychiatric morbidity, and higher levels of employment. Women have often been part of the "hidden homeless", preferring to stay with friends or within an unsuitable relationship rather than use a hostel or the street (Grella, 1994, p.5). North and Smith (1993) studied six hundred homeless men and three hundred homeless women and found that comparatively, women more often had children in their custody, were more dependent on welfare, had been homeless for shorter periods of time and had reduced incidences of substance abuse and incarceration (p.423). Solitary women were more likely to be white, older, homeless longer and have a history of alcoholism or schizophrenia. Women also were at risk for physical and sexual abuse, the rate being twenty times higher than in the general population (p.423).

Present day homelessness in the United States also has had an over-representation of minorities (North and Smith, 1993, p 423; Scott, 1993, p.316). Blau commented that several studies estimated that about 50% of homeless individuals in that country are people of colour. (1992, p.76). Canadian statistics are

not available. Today's American homeless population is also better educated (Blau, 1992, p.27; Scott, 1993, p.316) with those possessing high school diplomas estimated at 40-50%. (Blau, 1992, p 27). One of the most notable differences in the current homeless population has been the increase in the incidence of homeless families. In 1982 the incidence was 20%; four years later it was 40% (Blau, 1992, p.26). Banyard and Graham-Bermann cited several studies that have identified families as distinctive and perhaps the higher functioning segment of the homeless population (1995, p.479). Those in families have lower rates of psychiatric problems and substance abuse although they have been at greater risk for family violence and mental health problems such as depressive or traumatic reactions (Banyard & Graham-Bermann, 1995, p.480; LaGory, Richey & Mullis, 1990). Bassuk's study of eighty sheltered families found that 94% were headed by females a significant number of whom had high school diplomas. However, 70% were found to have personality disorders and 66% had minimal or no supportive relationships (Bassuk, et al. 1986, p.1096). The children of these women demonstrated developmental lags, learning problems, depression and anxiety (p.1086).

A differing perspective is found in a study by Burt (1992). She acknowledged that more families are homeless than ten years ago when there were virtually no shelters for them and, she believed, apparently no demand for them other than for battered women.

> Nevertheless, claims that families now represent one third to one half of the homeless are exaggerated . . . methodological differences probably explain a

> large part of the discrepancy of the Urban Institutes statistics on families and those of other studies (p.16).

The premise has been that families have rarely slept on the street, so making estimates of family homelessness based on shelter use, a commonly used procedure, has given a distorted result. She also cited confusion by researchers in their reference to "individuals" and "households" which altered percentages (p.16).

Statistics regarding employment among homeless persons vary according to the segment of the homeless population studied. Blau (1992) reported an employment rate of 24-40% including full time and part time work but acknowledged that regional differences produced different statistics (p.28). Even though some worked, they still failed to make enough to support a family or to live on themselves (p.28). Most homeless individuals, however, are unemployed.

Homelessness has traditionally been linked to substance abuse and the statistics regarding this has varied among studies from 33% (Blau, 1992, p.26) to 30-40% (Daly, 1991, p.50) as compared with 10% in the non-homeless population. Bentley looked at fifty American studies from 1978-1987 in which prevalence of substance abuse among the homeless ranged from 11% to 86% (1995, p.34). The studies reviewed had no uniform definitions or common methodology so the results were incident specific making comparisons difficult. Those who have abused alcohol have been primarily older white males. The profile of drug abusers has been different. They have been mostly young black males, followed by Hispanic men, black women and white men. Only 13% of homeless populations surveyed have

admitted to abusing drugs (Bentley, 1995, p.37; Daly, 1991, p.50).

The relationship between substance abuse, alcohol especially, and homelessness has remained unclear. The public image of homeless persons has assumed that alcohol has been a major part of the problem but alcohol use may be a consequence of being homeless as easily as it could be a cause. The data has supported both interpretations (Bentley, 1995, p.37).

Studies of homeless populations have demonstrated that the social lives of homeless persons have some common characteristics. As children, one third had been abused and two thirds had experienced some form of family disruption (Bassuk, et al. 1986, p.86; Scott, 1993, p.319). Burt cited two studies that noted that homeless individuals had more episodes of institutional living or foster care than non-homeless persons (1992, p.358). Many of these were placed in care just before or after their families lost their housing (Blau, 1992, p.30). A New Jersey study of six hundred and ninety children in care identified that 40% were homeless at the time of placement. A study of women in New York shelters found that 26% had children in foster care. So homelessness has become merged with problems of child welfare (Blau, 1992. p.30).

In terms of the social ties of adult homeless individuals, Bassuk et al. (1986) found that 50% had no social contacts and those with mental illness were even more isolated with 60-90% having no contacts. Scott (1993) notes that overall women retain network ties better than men do.

Particular health issues have been characteristic of homelessness with a

significant proportion suffering from respiratory and heart problems, intestinal and respiratory infections including tuberculosis, scabies and lice, dental caries, musculoskeletal disorders, injuries from trauma, and frostbite. These conditions have been attributed directly to the homeless lifestyle - exposure to the elements, poor nutrition, sleep disruptions, lack of accessibility to showers and laundry facilities and living in close quarters with others in shelters (Acorn, 1993, p.855; Scott, 1993, p 320). Living as a homeless person contributed to an increase in morbidity rates of these conditions. The usual age-related patterns of development were altered and a positive correlation was found between the length of time of homelessness and the prevalence of physical problems (Scott, 1993, p.320). A study by Wright and Weber in the United States cited by Daly showed that physical health was identified as a factor in homelessness in 27% of males, 18% of females and 34% of the chronically homeless (Daly, 1991, p.46).

The measurement of mental illness in the homeless population has been subject to the same definitional and methodological variances and inconsistencies as in other studies in homelessness. Studies that have been done have shown wide demographic differences and influences by a variety of other variables. Bentley has suggested that greater prevalence of mental illness in some studies may have been due to a co-varying third factor (1995, p.37).

Drake, et al. found one third of the literally homeless to be mentally ill and found that housing instability in this population was correlated with the abuse of alcohol and street drugs and noncompliance with treatment (1991, p.330). Blau

(1992) reviewed studies that reported one quarter to one third of the homeless having mental illness but noted methodological problems in these studies regarding the definition of mental illness and in the process of data gathering. Some studies limited mental illness to psychosis and schizophrenia while others included these as well as depressions and personality disorders (p.29). In 1982 the New York Office of Mental Health found fewer than 25% of men in emergency shelters required psychiatric services, while in 1984 Bassuk's study in Boston found 90% to have psychiatric problems (Daly, 1991, p.48). Calsyn and Morse estimated that 20-40% of the homeless population had mental illnesses, an estimate that reflected the generally accepted level of 30% (1992, p.385).

As in other studies, the lack of a consistent definition of what homelessness is also has coloured efforts to estimate mental illness. Bachrach (1992) commented, that in response to the question "How many of the homeless are mentally ill?", the answer must be "It depends." The variables for determination have been how the population has been defined and what portion of the population has been viewed (p.457). She referred to a study by Morrison who classified a group of patients in San Francisco according to the definitions of homelessness found in the literature and found that, depending on the definition used, rates ranged from 22% to 57% (p.457). All researchers however have not shared a belief that definitions need to be more precise. Psychiatrists Cohen and Thompson argued that the dichotomy between homelessness and mental illness in homeless populations was "illusory" (Bachrach, 1995, p. 875).

In spite of the speculations about deinstitutionalisation, the fact has remained that some individuals have been sufficiently disabled by their condition that they have been ineffective in seeking or maintaining help and shelter (Bentley, 1995, p.38). The conditions that have disabled them have varied in rate and distribution among homeless populations; however, there have been high incidences of schizophrenia, dementia, developmental problems, antisocial personality disorders and nonspecific symptoms of distress (Bentley, 1995, p.39). Burt reported that suicide attempt rates have been much higher in homeless individuals than the national average. (1992, p.21).

A major difficulty in identifying psychopathology in homeless populations has been that the homeless often lived in conditions of extreme deprivation. Bachrach (1992) quoted Baxter and Hopper who suggested that if some homeless individuals who are perceived as being mentally ill could receive "several nights of sleep, an adequate diet, and warm social contact" some of their symptoms might subside (p.454). Grunberg and Eagle (1990) supported the possibility that the homeless have been misdiagnosed as mentally ill. They described the process of shelterization in which the homeless who spend longer periods of time in shelters have adapted their behaviours in order to manage their environment with minimal risks. The process has been one of acculturation characterized by a decrease in interpersonal responsiveness, a neglect of personal hygiene, increasing passivity and increasing dependence on others. Because of the similarities between many of the characteristics of shelterization and the negative symptoms of chronic mental illness,

it has been difficult to differentiate between residents who were chronically mentally ill and those who were not (p. 524). Behavioural adaptation in this situation has been a creative response.

> In the effort to survive, time and again, researchers met women who were clearly guarded, perennially frightened, confused, depressed, and perhaps even delusional. Was the fact that they wore four pairs of pants during the summer a reflection of an inability to properly identify weather-appropriate clothing or was it a highly conscious strategy aimed at frustrating potential rapists? Was their confusion a function of psychopathology or was it a result of long standing sleep deprivation? Was their poor hygiene the result of poor self-management skills or their restricted access to sinks and showers? (Blau, 1992, p.74).

The situation in Canada has not been documented. The assumption seems to have been that the characteristics of homeless Canadians are similar to those in the United States with some regional variations. In some areas, the west particularly, the homeless population has had a significant proportion of First Nation people. In an effort to improve their situations and find work, they have left the reserves for the city only to find they have not possessed the required job skills. (Oberlander & Fallick, 1991)

Response to homelessness

The response of governments to the ever-increasing number of homeless individuals has been inconsistent and has had mixed success. The response of the

British government has been to declare that "the scope for government action is limited" (Daly, 1991, p.45). Its solution has been to combine public and private funds in an attempt to stretch limited finances further and to promote improvement in the housing situation. There has been a decreased emphasis on the provision of shelters and an increasing focus on staged accommodations and long term housing (Cohen, 1994, p.773). However, there has also been less emphasis generally on housing-only solutions and an increase in multiple focus services including education, health and employment. A number of comprehensive and innovative approaches have been developed by private organizations in the nonprofit sector. Examples of these include the Rough Sleepers Initiative, a nonprofit agency that funded volunteer agencies to develop various levels of housing (Cohen, 1994, p.773), the London Housing Aid Centre that provided advice and assistance to the homeless, lobbied the government and conducted research (Daly, 1991 p. 51), and the National Institute of Mental Health Housing whose focus has been on those who have been or may become deinstitutionalised. (p.51). As well, The Empty Property Unit has brought more than 16,000 vacant houses back into use as low rental accommodation. (Daly, 1991, p.51).

In the United States also, there has been less emphasis on hostels. The very large hostels, those which sometimes reached capacities of one thousand men, have been reduced to about two hundred beds. More homeless families are being accommodated in efficiency apartments rather than shelters and there has been some nonprofit housing built for homeless persons with mental illness (Cohen, 1994,

p. 773). Attempts at assistance have gone beyond those just related to housing to include outreach programs, drop-in centres, soup kitchens, and the provision of care managers to assist with psychosocial and health needs.

In 1987 The McKinney Homeless Assistance Act created the Interagency Council on the Homeless that established eighteen programs to address the areas of emergency food and shelter, transitional and longer-term housing, primary and mental health services, education and job training, alcohol and drug abuse programs and economic assistance (Barak, 1991, p.107). The council was mandated to review and revise programs, make recommendations for federal, state, and local governments and private and voluntary agencies, provide assistance and information and report to congress annually (Barak, 1991, p.108).

While these kinds of early approaches were the first helpful responses to the problem of homelessness, these had more to do with crisis intervention than with permanent change. Barak (1991) identified the second wave of advocacy and the start of grass root community groups that represented a wide range of political purposes - housing campaigns, tenant rights associations, legal advocacy groups, service providers, civil rights groups, squatters and homeless unions (pp.131-135).

The homeless movement joined forces with other struggles for social justice as activists began to realize that homelessness was not fundamentally about housing but about revising the whole domestic agenda, from economic development to political empowerment (Barak, 1991, p.131). In the early 1980s a union of the homeless was formed in order to use their collective power to push for change.

Involved from the beginning was Chris Sprowal, who found himself homeless after his marriage and business failed. He summed up the purpose of the union as follows:

> We want to mobilize and organize a whole generation of dependent people . . . Moving from dependency to independence and empowerment means moving away from the shelter system . . . I don't give a damn how well run it is, shelters strip people of their dignity. They breed dependence and they cripple people. And when people wake up in shelters, they are still homeless. (Barak, 1991, p.142).

The Canadian response has been more recent and far less extensive than that of the United States. While the need for committed partnerships among governments and nongovernmental, volunteer and charitable agencies has been recognized, little has been done to encourage or coordinate this at the national level. There is nothing in Canada that equates to the Interagency Council on the Homeless.

In 1987, during the International Year to Shelter the Homeless, the province of Ontario took as its slogan for the year "More than just a roof" indicating a commitment to issues of personal identity, relationships, security and meaningful community roles (Ontario Ministry of Housing, 1988, p.35). The report generated by the Ontario Ministry of Housing at that time advocated increasing the supply of social housing, developing partnerships among service providers and funding agencies for improving support services (pp.12-13). Since that time there has been little evidence of attempts to implement the recommendations. In fact, the current

Ontario Government is committed to cost saving in social service and health delivery through extensive cuts to funding, drastic changes in program delivery and the elimination altogether of many programs, decisions made for the most part with no consultation with program providers or program recipients. Welfare benefits have been cut by 21.6% except for those to single mothers. The newly implemented Jobfare program will require those on welfare who are able bodied to work in order to receive their benefits. The social safety net in Ontario is unravelling, leaving the most vulnerable more vulnerable. In response to media questions about how the poor are going to manage, Premier Mike Harris responded that churches and community groups will need to get involved in the delivery of some services that have been provided by government.

In fact, it has been the churches and community groups that have always been the front line responders. Innovative and creative programs for the poor in Ontario, as elsewhere across Canada, have been developed by churches, volunteers and non profit groups. Many of the battered women's shelters, youth shelters and hostels have been operated by private agencies. Many cities and communities across the country have one or several soup kitchens and food banks operated by churches and other concerned groups. A significant proportion of low rental, transitional or permanent housing facilities have been owned and operated by nonprofit agencies. Covenant House is a non-profit organization that has cared for run away and street youths. There are several such homes in North America, including Toronto. Street Health is a program offered by volunteer nurses and other health professionals in

Toronto that has addressed the specialized needs of those on the streets (Crowe & Hardill, 1993). Also operating in downtown Toronto is the Fred Victor Mission, which has provided temporary accommodation for men for many years. The changing needs of clients has resulted in the establishment of an eighty-six unit permanent housing facility.

Community and religious groups have provided assistance as well in Thunder Bay. These have included several smaller shelters most of which have limited admission to particular populations. Emergency housing for women and families has been particularly scarce. A variety of programs designed to assist with job skills, social skills, life skills, recreation, and the like have been available but most have had specific criteria for involvement; few have been open for general participation. Quite an extensive array of programs has been available for those who have been part of the mental health system. A number of community and religious groups have provided emergency services including meals, clothing and furniture. In 1994 the Ogden-East End Community Health Centre developed a booklet entitled " Food Security in Thunder Bay: Profiling the Secondary Food System in ThunderBay", which indicated that in 1993, 87,000 separate accesses to emergency food services were made. (Hollinger, 1994). The booklet lists thirteen emergency food services including food banks, school programs and emergency meals. Most of these are quite small and informal and limited in their scope. The booklet indicated that most services do not keep statistics so the number quoted can, at best, be a general estimate.

Social Support and Empowerment

The literature on homeless individuals has often cited as a characteristic absent or weak social supports or social networks. Social support is a sociological construct that first began to be examined in the 1930s and has gained prominence with the work of Carrels and Caplan in the 1960s on the buffering effect of social support for persons experiencing health problems. Evidence accumulated that positive social supports could minimize the stress on the situation and improve well-being and health (Gottlieb, 1985, p.9). Though this concept of social support has received increasing attention in the ensuing years, a generally accepted definition has yet to be developed (Gottlieb, 1985, pp.8-16; Israel & Rounds, 1987, pp.313-316). The conceptualization of social support and its related term, social network, has not yet been formalized. Thoits (1984, p.458) described social support as aid from significant others that is intended to meet the emotional or material needs of other persons. Identified as needs were esteem, sympathy, encouragement and financial aid. Ell (1984) described social support as advice, guidance and approval as well as material aid and services that people obtain from their social relationships. This support is used to maintain identity and enhance self-esteem and coping. For Ell social support was a subset of a social network that could be relied on for support. Specht (1986, p.220), on the other hand, defined the terms in reverse using social support in a general way to describe a wide range of social interactions and social networks as a more specific set of related persons. Israel and Rounds (1987) reviewed thirty-three articles that examined the concepts of social networks and

social support and identified the lack of definitional agreement. They found that there was more consistency regarding the definition of social networks, the one most widely used being that of Mitchell (1969) who defined a social network as "a set of linkages among persons in which the characteristics of the linkages are useful for understanding the behaviour of the person involved". Another frequently used definition was that of Walker and MacBride (1977) who described a social network as "that set of personal contacts through which the individual maintains his personal identity and receives emotional support, material aid, information and new contacts". The term 'social network', then, implied the existence of social ties.

In order to clarify social networks further, a number of authors identified network characteristics as falling within three dimensions. Structural characteristics included the size and density of the network. Interactional characteristics were those of durability or stability of ties, the frequency of interaction and mutual and reciprocal aspects of relationships. Functional characteristics included affective support such as love and caring, instrumental support through the provision of tangible aid and services, and cognitive support through social outreach and the sharing of information and advice (Israel & Rounds, 1987, p.314). In this framework of understanding, social support was a function of a social network.

Israel and Rounds (1987) found many varying definitions of social support but a number used as a basis a taxonomy developed by Howse in 1981 that included four broad types of supportive behaviours. Emotional support included esteem, trust, concern and listening. Appraisal support provided affirmation, feedback and

social comparison. Informational support offered advice, suggestions, information. Instrumental support offered financial assistance and aid. Israel and Rounds summarized the varying differences among definitions by suggesting that a social network was a linkage among persons while social support included some of the functions that may or may not be provided by these links (p.316).

The importance of social networks and social support have been related to the effect of these on well-being and health. Early studies identified a positive correlation between social support and the well-being of persons with health problems. It was suggested that social support may buffer individuals from the negative psychological effects of stress (Biegel, Tracy & Song, 1995; Ell, 1984; Lepore, Evans & Schneider, 1991; Thoits, 1984; White, 1992). Social support at these times may act as a psychological mediator if individuals feel aided, valued and in control (Simmons, 1994, p.284). Auslander and Litwin (1988, p.234) indicated that belonging to social networks correlated positively with several measures of well-being while Ell (1984, p.132) noted that a lack of social ties had been found to be an important risk factor in psychological well-being. Kong, Perrucci & Perrucci, 1993, p.906) described an increase in depression after a stressful event in persons with weak social supports. On the other hand, the possession of a confiding relationship was able to buffer the impact of stress quite efficiently (Thoits, 1984, p.459). Thoits indicated that a growing body of evidence supported the notion that socioemotional support was an important factor in the stress process. Support seemed to counterbalance the disturbance created by the stressful situation but the

mechanism by which this occurred, however, is not yet known.

Limitations of social support have been suggested in some studies as well. Baker, Jodrey, Intagliata & Straus, 1993, p.329 found that community supports were important in predicting changes in the functioning of persons with mental illness but only if the supports were on-going and not provided on a limited or sporadic basis. Consistent support was required to maintain these individuals at an adequate level of functioning. In a study on overcrowding, Lepore, et al. (1991, p.906) found that initially social support buffered the effects of this stressful situation but as the exposure to the stress continued over time, the effect of social support diminished. They found that the effectiveness of social support was affected by a number of factors such as self-esteem, locus of control, social competence and ways of coping, a finding supported by Schilling (1987) who found that this effectiveness may vary even among individuals experiencing the same stressor (p.21).

Schilling (p.24) also identified a potential concern with social support in his reference to Silver and Wortman (1980) who found that other people, even when meaning to be supportive, may underestimate the extent of distress experienced by persons in need. If the perceptions of the helpers are different from the coping efforts or expectations of aid by the person under stress, social support may in fact increase psychological distress.

The role of social networks and social support has been identified in the literature about poverty and homelessness although it has been only a minor theme. The literature regarding homeless mentally ill persons has been more consistent in

identifying social ties as being an important factor in their ability to cope. It has been determined that the mentally ill generally have weaker social networks with fewer linkages and less satisfactory perceptions of social support (Ell, 1984, p.137; Gottlieb, 1983, p.110; Pomeroy, Cook & Benjafield, 1992, p 201). Cohen (1992) found that the deinstitutionalised mentally ill person who had small, low density networks was more likely to be rehospitalized. Moxley and Freddolino (1991, p.88) stressed the need to help these individuals build networks in order to adapt to the deinstitutionalisation process. The importance of enhancing the social networks of mentally ill persons by strengthening existing ties and building new ones were discussed by Biegel (1995, p.336). Segal and VanderVoort (1993, p.277) found that for the mentally ill, loneliness and boredom were serious concerns Lord, et al. noted that when mentally ill persons living in the community were asked about their needs, they identified lack of supports as being a particular concern. (1987, p.32).

Bachrach (1995, p.876) wrote about the need for social support among the mentally ill and the precedent that has been set in the United States where community mental health planning has blurred the boundaries of the service population and no longer focuses on those with psychopathology. It has moved beyond this to become a "boundaryless and boundary busting system" with a goal of improving the quality of life of the whole person, and every person, in the total environment. The danger of this approach has been that those most in need often have been pushed aside and do not receive the attention that they deserve. Unique groups have become lost in global labels. This has been true of homeless individuals,

whose needs have often become blurred with those of other groups such as the mentally ill, substance abusers, criminals, and welfare recipients.

Low status, disadvantaged persons have been shown to be more reactive to life stresses. Studies have indicated that the psychological vulnerability of disadvantaged persons in the face of stress may be due to a lack of psychological or social resources for coping with stress (Thoits, 1984, p. 455). The literature that looked at potential interventions for promoting social support among the homeless often looked at homeless people who had mental illnesses or homeless people who were substance abusers. Studies that perceived the homeless as a unique group that had unique needs were sparse. The condition of being homeless has meant, among many things, a disaffiliation and detachment from social structures (Riesdorf-Ostrow, 1989, p.6). Homeless people have lacked both formal and informal sources of social support and so pervasive social isolation has become part of their way of life. Bassuk, et al. (1986) looked at social support that was available to a number of homeless families. One quarter of the mothers could not name any supports and eighteen percent could only name one person, but this was often a recent shelter contact or a shelter professional. Over one quarter named their child as the major support (p.1098). Seeking social supports entails risks and many homeless persons choose a life of solitude to the stress and uncertainty involved in establishing contacts.

A number of authors suggested ways in which the social affiliations of the homeless could be improved. Baker, et al. (1993, p.330) stressed that programs or

interventions need to be individualized for each person as the level of support or stimulation that is suitable for one person may be too much or too little for another. He suggested providing a set of multi-level, multi-component interventions which would be dependent on the place where homeless people stay, the types and varieties of services needed, and the nature of the settings where they spend the greater part of their waking hours (p.322). Grunberg and Eagle (1990, p.524) identified a number of possible approaches that could help to establish positive social networks and promote affiliation between homeless individuals and social services including on-site psychosocial rehabilitation programs in hostels that would offer an alternative to the shelter subculture. Simmons (1994, p.287) promoted the establishment of self-help groups. Eng and Young (1992) also suggested self-help groups, mutual aid and support groups and advocated an increased use of lay people to complement the work of professionals in the areas of counselling, education and organization of interventions (1992, p.28). They also suggested exploring whether supportive ties formed in churches, communities or in other settings could serve as a basis to mobilize resources to reach and serve those in need (p.27). This supports the position of policy makers who promote informal support systems as a substitute for publicly funded social services (Auslander and Litwin, 1988, p. 234; Specht, 1986, p. 219).

While programs and services may enhance social support systems and the feelings of connectedness and affiliation, they have also been found to be an obstacle to individuals desiring change in their life circumstances. The problem has arisen

from a philosophy of social service provision that instilled ownership for need identification and problem management of clients to the professional experts. Social workers and case managers have traditionally determined needs and developed plans of care that met the needs of service systems and politics and have accepted as the norm the fact that a significant percentage of individuals who were part of their caseload did not adhere to the plans of care nor did they take advantage of available services, becoming "system failures" (White, 1992, p.91). White suggested that dropping out, however, was often an indication that the "drop outs'" own definitions of their life circumstances ultimately shaped their behaviours and responses, regardless of the need analyses created by the professionals. (p.91). White's reference group was the deinstitutionalised mentally ill.

Herman, Struening and Barrow (1993, p.1181) found this to be true as well for homeless individuals in their study of 1260 homeless men and women in shelters. These residents were asked to rate themselves in terms of their perceived needs for service provision. They were then interviewed and the interviewers assessed the need for service. It was found that 17% of these homeless persons rated themselves as needing services while the interviewers assessed 41% as needing help. A significant finding of this study was that homeless persons' self-ratings provided meaningful information about their needs for those who provide services. Studies that looked at the felt needs of the homeless population were scarce.

Several studies have examined the housing needs of the mentally ill in the community and have to greater or lesser degrees included the homeless mentally ill

(Ford, Young, Perez Obermeyer & Rohner, 1992; Neubauer, 1993; North & Smith, 1993; Srebnik, Livingstone, Gordon & King, 1995; Tanzman, 1993). The general finding of these studies was that these individuals had preferences for the kinds of housing they would prefer but understood that they needed some level of additional supports as well. Beiser, Gill and Edwards's study demonstrated that the self-perceived needs of mentally-ill individuals only partially overlapped with professionally assessed needs and the professional assessments identified higher levels of need than self-definitions (1993, p.2).

A number of studies emphasized the need for using as a basis for service or program interventions, the perceived needs of the consumer groups. The majority of these studies were directed at persons with mental illness, both housed and homeless. Carling (1993) found in his review of outcome studies of mental illness that, given a choice, most people did not define themselves primarily as chronically mentally ill and were able to make choices about the kinds and intensity of supports that they received (p.442). Uttario and Mechanic (1994) stated that even those who did receive some services often had other unmet needs that had not been identified. These authors found that persons with mental illness had concerns regarding keeping busy, recognizing and controlling symptoms, maintaining friendships and relationships, and controlling anger (p.372). Moxley and Freddolino (1991) determined that homeless mentally ill persons were able to identify the areas of greatest concern to them as being those related to income, housing, legal assistance, employment and health care (p.22).

A number of authors have advocated that the identification of needs must come from the consumers (Beiser, et al. 1993; Carling, 1993; Herman, et al. 1993; Moxley & Freddolino, 1991; Uttario and Mechanic, 1994) and that consumers must also formulate their own housing and support goals (Carling, 1993, p.439). There were still those who argued, however, that some individuals, especially the mentally ill, would not be able to do this effectively and because of denial, lack of insight and fear would underestimate their need (Herman, et al. 1993, p.1181). Lord and Farlow also suggested that the assumption that individuals understand their own needs better than professionals is not one generally shared by social service providers (1990, p.3).

Empowerment

The literature that supports a philosophical shift in control to the consumers of services often has used as reference the concept of empowerment. This is understood to be a process of change and has been described as a social action process (Wallerstein & Bernstein, 1988, p.381), an interactive process (Whitmore in Lord & Hutchison, 1993, p.6), a developmental process (Kieffer in Lord & Hutchinson, 1993, p.6), and a construct of linkages (Zimmerman and Rappaport, 1988, p.726). While the definitions require further development, Whitmore has identified some common assumptions among those that have been formulated. It has been assumed that individuals understand their own needs best and should have the power to define and act upon them; all people have strengths upon which they can build; personal experiences are useful and valid tools for coping effectively; empowerment is a lifelong endeavour. (Whitmore in Lord & Hutchison, 1993, p.7).

Whitmore's definition of empowerment described it as

> an interactive process through which people experience personal and social change, enabling them to take action to achieve influence over the organizations and institutions which affect their lives and the communities in which they live.
>
> (Lord & Hutchison, 1993, p.6)

Zimmerman and Rappaport (1988) saw empowerment as

> a construct that links individual strengths and competencies, natural helping systems, and proactive behaviors to matters of social policy and social change. It is thought to be a process by which individuals gain mastery or control over their own lives and democratic participation in the life of the community.
>
> (Zimmerman & Rappaport, 1998, p.726).

The authors noted that while this definition can apply to communities and social policies, it can also be applied at the individual level as psychological empowerment. (p.726)

Lord and Farlow (1990) stated that there has been no common understanding of what empowerment has meant and often little distinction has been made between personal and community empowerment (p.5). The term has been related in the literature with power and powerlessness and a sense of personal control. Lord and Hutchison (1993, p.7) suggested that powerlessness develops because of the interaction of three factors: social isolation due to a lack of social

support; unresponsive services and systems that offer inappropriate interventions; and poverty which has destroyed self-esteem and has created dependency on systems. The resulting situation of the combination of these factors has limited the capacity of those involved to dream, to believe in themselves and to take control of their lives. Powerlessness has been seen as the expectation that personal actions and efforts will be ineffective in influencing the outcome of life events.

Empowerment is a process of change that restores to individuals personal control over their lives. Empower means "the ability to choose". (Labonte, 1989, p.87). Labonte stressed that individuals and groups can only empower themselves; this is not a condition that can be imposed or applied by others. Those in social service delivery or other helping positions can only nurture its progress. Lord & Farlow (1990, p.4) stated that the process of empowerment is highly individualized and is enmeshed in day-to-day living and the interaction of external resources and internal motivations. He described persons who have successfully gone through the process as identifying a number of triggers that moved it along. Of particular significance was the availability of a few individuals who filled a variety of roles. Some were supportive and inspiring and were able to assist in making linkages to others and to resources. A pivotal role was that of individuals who provided moral support through an ability to listen, to validate intuitions, to promote self-esteem and to encourage the development of a dream and a direction. Mentors were also crucial for identifying strengths and promoting the building of these strengths and for challenging participants in the process to make choices and take risks. (p.87) Also

identified as important to the process was the acquisition of new information about rights and choices and about practical management skills for daily situations, insight into personal strengths and abilities, knowledge of available resources and informal courses or formal education (Lord and Hutchison, 1993, p.12). With these supports, over time, an awareness of personal competence and control evolved and eventually a change in perspective as well concerning life situations and potential.

The experience of these empowered individuals confirmed that to gain personal power, people needed information about themselves and their environment. They needed information about themselves to help them gain control over their daily lives. They also needed to make connections to others in order to share experiences, to analyse what happened to people in similar situations, and to get involved with others in order to start to change negative experiences. This process was similar to that advocated by Paulo Freire in the 1950s who proposed empowerment education for the poor and disenfranchised in Brazil in order to enable them to make changes in their personal and social lives. Empowerment education involved people in group efforts to identify their problems, learn about these problems from a social and historical perspective, envision a different way and develop strategies to reach their goal of change (Wallerstein & Bernstein, 1988, p.380). The knowledge of experts was given second place to the value of shared experiences. Friere believed that the information people needed to manage their lives effectively was possessed by the group who merely needed help to recognize this information and use it for their benefit. Freire emphasized the need to plan action, implement it, evaluate the

results, reformulate approaches as needed and act again. This cycle of action - reflection - action moved the participants into deeper levels of reflection and eventually they developed a belief in their ability to influence their personal and social lives (Wallerstein & Bernstein, 1988, pp.380-383).

Freire believed that the daily lives of people had to be the foundation for their learning. White (1992, p.95) supported this in her discussion of how best to support the mentally ill in the community. She stressed that these persons needed to make their own decisions within their natural milieu which is often hostile and nonsupportive. To manage successfully within this environment, these individuals needed to be perceived by those in a helping position as whole persons within a specific environment, not merely an aggregation of symptoms. She supported providing an advocacy relationship and role for social service providers who would provide the on-going encouragement and support in relation to a variety of daily experiences rather than the defined professional care provider role that has marked the system to date. The discussion in the literature regarding service provision to promote empowerment stressed that the most successful interventions have been those that were personalized, responsive to individual needs, interactive and allowed for self-reliance and control (Lord, 1993, p.15).

Most services for homeless persons have focused on short-term solutions and have not engaged these people in activities that could, over time, enable them to claim some control over their situations. There remains among service providers a vestige of the "flawed character" perception of poverty that believes that because of

individual deficits, poor people are not able to take advantages of opportunities that are available (Banyard and Graham-Bermann, 1995, p.480).

> A lot of people think homelessness is a type of social Darwinism. But it isn't stupid people who are homeless. It's that we hit walls that we can't get over by ourselves. (Gibbs, 1990, p.17).

Service providers, politicians and others in a position to make intervention decisions regarding the poor also require a change in perspective in order to acknowledge that the poor have strengths and skills but have not had access to resources and opportunities to make their lives better. Interventions that increase empowerment status can affect the level of perceived competence and increase access to resources. (p.481). Rosenfield and Neese-Todd (1993) emphasized that programs need to shift focus from an emphasis on areas of weakness to areas of strength and need to build on these with the goal of enhancing the empowerment process.

CHAPTER 3

Methods

Sample

The population for this study was individuals who make use of The Salvation Army Soup Van in Thunder Bay. It included those who have utilized this service regularly as well as those who have made use of it less frequently. Program participants have been predominantly male although the number of females has been increasing in the past few years. Ages for both genders have ranged from late teens to the elderly with those appearing to be in middle age being in the majority. Increasingly, adults with infants, toddlers, and school aged children have attended. A proportion of the persons served have not given any indication of having significant mental health concerns but a number have had marked symptoms. Some have had developmental challenges, and some have had both developmental and psychiatric problems.

For one portion of this study, data were gathered from all individuals who attended the Soup Van on three separate occasions. General demographic information regarding gender and estimated age was recorded as well as whether individuals were regular, occasional or new users of the Soup Van. A notation was also made when persons attended with others, for example, a couple or a parent with children. In addition, a directed questionnaire was completed with nine program participants in order to gather more extensive information. Because of the nature of the participants, the usual sampling procedures were not possible. The client

population has been different each evening and it was anticipated that some would not be receptive to an interview. Therefore, random sampling was not possible or even the most useful method of selection. A modification of stratified sampling was done of relevant subgroups. Information was to be sought from two older, solitary men; two older, solitary women; two single parents with children; two two parent families; and two youths under twenty-five years of age. An attempt was made to interview six persons who had been using the Soup Van for a long time and four who were newer program participants. Using these criteria for selection it was thought probable that some of those interviewed would have mental health concerns but this was not a selection criterion.

In order to determine those willing to participate in an interview, a notice was placed on the Soup Van for three days prior to the selection of participants explaining the reasons for wanting to speak with some who use the Soup Van and inviting volunteers for interviews to make themselves known to the interviewer on the fourth day (Appendix E). Those who volunteered were to be assigned to one of the subgroup classifications. The interviewer was then to select participants in such a manner that all subgroups were represented. If no suitable clients for a particular subgroup volunteered, the interviewer was to approach potential candidates from that subgroup until one was found who would agree to be interviewed. Approaching individuals to request participation in research studies has been a method commonly utilized in studies (Acorn, 1993; Belcher, 1991; Corrigan, 1995; Mavis, 1993; Nelson, 1992).

It was believed that the request for volunteers to participate would lessen the possibility that Soup Van users would perceive participation as coercive and increase the probability that they would participate in the interview openly and honestly. However, it was acknowledged that there was the possibility that a volunteer could still feel the need to participate in order to continue to use the Soup Van. If the interviewer were required to approach clients to request participation, it was possible that this again could be perceived as coercion with concerns about service delivery implications if the request were refused. The potential was there as well for sampling bias when the selection of clients for interviews was made. It was necessary to make a judgement regarding the suitability and ability of persons to participate in the interview. Some may have been selected or rejected who should not have been.

The notice was posted as scheduled but no one volunteered for the interviews requiring that the interviewer approach people directly. The majority of people approached would not agree to be interviewed. While a number of clients did agree to meet for the interview, a number of them did not appear as scheduled. Some who kept the appointment refused to go ahead with the interview when they learned that it was to be taped and a consent form was required. Adults with children felt that they were too busy to participate. While there was no doubt a variety of reasons for refusing, some of the reluctance to participate and inconsistencies in keeping appointments may be related to the environmental conditions. The interviews were done in winter when the weather was quite cold and unpredictable - a concern for

persons potentially with limited warm clothing and no transportation. The interviews were conducted in a city mall that was fairly well located and provided informality and comfort but it also required that participants find their way to the mall.

Interviews were completed with five males and four females. The males consisted of two between the ages of 18 and 30 and three aged 31 to 49. One was nineteen years of age and represented the under twenty-five category. Of the female participants, one was under age eighteen, two were between the ages of 18 to 30 and one was between 50 and 59. One of the women had a young child and represented the single parent category. The total number of persons interviewed was nine.

Information Sought

A broad screening of 100% of those using the Soup Van on particular evenings was done in order to identify some basic characteristics of program users - gender, estimated age, adults with young children as well as regular, occasional, or new clients. Interviews were done with nine clients using a questionnaire developed for this purpose. (Appendix F). The questionnaire was designed to provide a variety of information to assist the program provider to gain a better understanding of the program population and to make specific program decisions more knowledgably. Questionnaire items were developed in order to gather specific data that has been identified in the literature as being important in relation to the characteristics and needs of homeless populations. General categories included personal demographic information, housing, including shelter use, clothing, nutrition, education, employment, income, health, community contacts, and service

and program needs (Barker, S., 1994; Belcher, J., 1991; Grella, C., 1994, Grunberg, J., 1990; Winklby, 1992).

Methods of Data Collection

The data were collected in two ways. First, the screening of the total population was done by subjective assessment and recorded. The screening was done on three occasions, a few days apart, during one month so that both regular and occasional users would likely be included. One screening was done near the end of the month when numbers are usually highest and two were done immediately after the various government assistance cheques had been received by clients. Each client was identified by gender and an indication made as to whether attendance at the Soup Van had been regular, occasional or recent. Children and infants were recorded as well. Arbitrary or numerical definitions of "regular" and "occasional" were not developed as this would have hindered the screening of a large population. The individual doing the screening had known the clients well for a long period of time and was aware of their usage patterns. "Regular" users attended daily or nearly every day and "occasional" clients attended either sporadically or only at certain times, for instance at the end of the month. A notation was also made about individuals who came together, for example, a couple or an adult with children. An estimate of age was also done for each person. The data were collected on three separate evenings and recorded on separate forms. Individual forms were also used for collecting the information on the north side and on the south side of the city. Secondly, a directed questionnaire was used which elicited some specific information but which also

provided an opportunity for individual input and comments. This choice of instrument was based on the perceived characteristics of a significant number of Soup Van clients. The questionnaire was administered by an interviewer as it was anticipated that many would manage a directed interview best. An open ended discussion would have been difficult for some of them and likely would not have provided the information sought. Questionnaires distributed to clients would probably not have been returned by most and a number would not have been able to complete the questionnaire unassisted. This choice of an administered questionnaire has been supported in the literature as well as being the preferable method with a target population that may have low reading skills (Higginbotham, 1992). Some clients would not have been able to tolerate a long interview well so the time frame for the interview was structured to last approximately forty-five minutes. Some interviews were completed within this period of time but some took considerably longer.

The interviewer was a 1996 graduate in Psychology from Lakehead University. For two years he was a part-time staff person on the Soup Van. He resigned from this position in May 1996. The interviewer knew the Soup Van clients well and was very much liked and trusted by them. He possessed a special sensitivity to these clients and exceptional interviewing skills that enabled him to converse with these individuals at a level few others are able to attain. He was well able to evaluate the suitability of clients for interviews. The fact that he was no longer a staff person with the Soup Van Program lessened the possibility that clients

were concerned that what they said could negatively impact on their Soup Van participation. The importance of rapport and trust has been shown in the literature to be crucial in collecting consistent data from homeless people (Shanks, 1981, cited in Marshall, 1992, p.763).

The interviewer was instructed to ensure participants of confidentiality. It was explained to participants that the purpose of the interview was to find out some information about who has used the Soup Van and whether there are things other than a meal that these individuals need that the Salvation Army could provide. They were assured that they could speak honestly and that nothing would affect their continued participation with the Soup Van. The interviewer reviewed the Information for Survey Participants form (Appendix G) and provided a copy of this to participants. He then had participants sign a Consent Form. (Appendix H).

The questionnaire was completed at the time of the interview. As much as possible the interviewer was requested to ask the questions as stated in the questionnaire but leeway was allowed to further explain questions that needed clarification and to encourage responses. Questions were developed as structured items consisting of a question and a list of alternative responses from which the respondent selected one or more answers. To allow for the possibility that a participant's true response was not listed, questions also offered an "other" category.

The developed questionnaire was pre-tested by the researcher on two occasional users of the Soup Van Program who were temporarily residing at the Salvation Army hostel. They were asked to go through the interview and then

comment on the type of questions and suggest deletions or additions or a change in wording. They were asked as well whether they thought Soup Van clients would be receptive to this type of information gathering. Both felt that generally the questions were clear although several times clarification was needed for one gentleman. Those questions were simplified. Both had some concerns about the need for some of the particularly personal information, especially that which asked about time in jail. They were reminded that respondents could choose not to answer questions. Nevertheless, the number of questions regarding incarceration was reduced to one.

Data Analysis

In order to facilitate data analysis and to enhance the validity and reliability of the methodological approach, the interviews were audio taped and transcribed. This methodology has been reported extensively in the literature (Estroff, 1994; Farge, 1989; Lord and Farlow, 1990; Lord and Schnarr, 1987; Nelson, 1992). In two instances, individuals did not not want to be interviewed alone but would agree if they could be interviewed together with friends. This request was accommodated. The literature indicated that similar kinds of population groups, the homeless and the homeless mentally ill, have been interviewed in this manner and at times have been given the choice of being interviewed individually or as part of a group (Lord and Schnarr, 1987).

Qualitative methods were utilized to analyze the data. A determination was made to what extent Soup Van participants fell into the specific definition of homelessness selected for this study. Data were evaluated according to the broad

categories developed in the questionnaire each of which was a reflection of the most often cited categories in the literature by which homeless populations were described. The extent to which Soup Van participants were similar or dissimilar to these categories was examined. The responses were also evaluated to determine to what degree they reflected concerns around issues of social support and empowerment. The literature suggests that homeless populations generally have had fewer supports but that a proportion of this population have sought opportunities for increasing their contacts and supports. Responses were also examined to determine whether participants would find an expanded program by the Salvation Army helpful, and if so, what kinds of program options would be most useful to them.

The data were evaluated by using an analytic induction approach, an approach commonly used in the evaluation of qualitative data. There is less emphasis in this method of data analysis on developing concepts and theories as there is in other approaches than with understanding individuals in their natural settings and on their own terms (Taylor, 1984, p.129). In inductive analysis the patterns, themes, categories and insights evolve from the data. The information gathered was evaluated by both the researcher and the interviewer for emerging themes, meanings and feelings. The importance of having a second person examine the material in order to support developing insights and minimize oversights is supported in the literature (Taylor and Bogdan, 1994, p.131). From the data, themes and categories were constructed. Some of the categories were predetermined by the nature of the questionnaire which in part compared personal characteristics of

respondents with those identified in the literature. These included demographic information, patterns of homelessness, presence of physical and/or mental illness, utilization of community services, methods of managing difficult personal situations, sources of support and self-perceived service needs. An evaluation was done as well for themes that emerged independently from these predetermined areas. Through an examination of all themes and their convergence or divergence from each other, generalizations were developed (Taylor and Bogdan, 1994, p.134). This descriptive information was then interpreted by creating concepts and propositions. Taylor described concepts as abstract ideas generalized from empirical facts and propositions as general statements of facts grounded in the data. (p. 133). He stated that in qualitative research, concepts become sensitizing instruments that provide a general sense of reference and suggest directions in which to look. This has been identified as a commonly used approach in qualitative analysis. (Patton, 1980, p.306; Polit and Hungler, 1987, pp. 353-361)

All data were sorted into the identified categories. Through analysis, interpretation and reworking, the categories were refined. Each category was evaluated and interpretations made as to relevant findings. As well, linkages among categories were examined. Some data were compared by percentages.

CHAPTER 4

Findings

General Characteristics of the Sample

The screening that was done on three evenings provided an overview of current Soup Van users. The total number of users over the three days was 137 - 91 males, 30 females, and 16 children. One of the screenings was done before the clients received their cheques and the numbers for that evening were significantly higher, 96, than for the others which had a usage of 20 and 21 clients. For the purpose of assessing general demographic data, the information from the largest group was used. Of those clients recorded on the other two evenings, only nine were not regular users of the Soup Van so including these in the analysis would likely have resulted in double or triple counting. The general information from the large group is summarized in Table 1.

The highest user group was males (62.5%) followed by women (23.96%) and children (13.5%). The male clients were predominately in the 31 to 49 age group (40%) with those between the ages of 18 and 30 making up 33.3% and those aged 53 to 59 contributing 20%. Only 6.7% were over 60. Of the female user group, those between the ages of 18 and 30 made up the largest group (47.82 %) followed by those aged 31 to 49 (30.43%) and age 50 to 59 (13.04%). Individuals between the ages of 16 and 18 made up 8.7%.

Of the total group, 75 or 78.1% were regular users of the Soup Van, 17 or 17.7% were occasional users, and 4 or 4.2% were new to the service. Of the males,

85% used the Soup Van regularly as did 69.6% of females. Only 5% of the males and 4.3% of the females were new users. For both males and females, only 4 or 4.2% were over the age of 60. The children were between the ages of 5 and 13.

Table 1 Gender, Estimated Age and Service Usage of All Soup Van Clients on One Evening

		Males				Females			
		Numbers	Usage			Numbers	Usage		
			Reg.	Occ.	New		Reg.	Occ.	New
Age	0-18	8	4	4		7	4	2	1
	18-30	20	17	2	1	11	8	3	
	31-49	24	19	4	1	7	6	1	
	50-59	12	11		1	3	2	1	
	60 +	4	4						
Total		68	55	10	3	28	20	7	1

Note. Reg. = Regular, Occ. = Occasional

Questionnaire Results

Personal information

More detailed data were obtained from the interviews with five men and four women. Three of the males (60%) were regular clients and two (40%) were new users. Of the females interviewed, one (25%) was a regular user and three (75%)

were new clients. Therefore in the group interviewed there was a balance between regular and new clients. In the male group three (60%) were between the ages of 31 and 49; and two (40%) were between 18 and 30. One from this group was a nineteen year old who then represented the under twenty five category identified as a target group for the study. Two of the females (50%) were between 18 and 30 and one (25%) was between the ages of 50 to 59. One female (25%) was aged 17 and also represented the under 25 category. Eight (88.8%) of the group, five males and three females, had never married. One (11.1%) of the women was separated. Only one, a single woman, had a dependent, a six year old daughter. All those interviewed identified their ethnic background as Canadian with three (33.3%) adding 'native' Canadian. English was the first language for all of them.

Housing

Residency in Thunder Bay was indicated by eight persons (88.8%). Four (44.4%) had lived there for a relatively long time - three years to twenty years. Two (22.2%) were newcomers, one having been in the city for only four months, the other for one week. One (11.1%) person did not claim residency. She had been in Thunder Bay for just three weeks and was anticipating staying for about two months. While three (33.3%) had been born in Thunder Bay, five others (55.5%) were from outlying communities surrounding Thunder Bay, including two reservations. One (11.1%) was from Vancouver.

These individuals were living in a variety of accommodations. Seven (77.7%) were in apartments, one being a kind of rooming house arrangement; one

(11.1%) indicated that she was still living at home with her mother but often stayed with her boyfriend; and one (11.1%) was using a shelter. All but one (88.8%) indicated that they had remained in the same location both summer and winter. The person staying at the shelter hoped that this would be a short term arrangement.

The seven individuals living in apartments indicated that they paid their rent monthly, the amounts varying widely. Three (33.3%) lived in subsidized housing and paid $133.00 per month. Three others (33.3%) paid $230.00 to $370.00 while the single mother (11.1%) paid $650.00. The person in the shelter indicated a payment of $175.00. The usual arrangement for shelter users has been for an amount to be paid to the shelter by the individual's funding source if there is one, for example, welfare, so her perception that this is a kind of rent is not inaccurate. All rents included utilities.

The perception and evaluation of their living accommodation varied among individuals. Some (4 or 44.4%) had been in the same location for 1 ½ to 7 years; four (44.4%) had been in their residence for only a short time, three weeks to five months. One (11.1%) alternated between her mother's home and her boyfriend's apartment. All indicated that they felt safe in their current situation. Most (8 or 88.8%) felt they had enough furniture although one (11.1%) stated she needed "a bed, a stove, a T.V., lots of stuff". Later in the interview a second person decided that he would like "some sofas and a VCR". Four persons (44.4%) indicated they shared facilities with other tenants. Five rated the quality of their living arrangement as good, two as fair and two as poor ("Gross!") Things that were noted as being

positive about their accommodations were location, ("It's closer to town and where you want to go"; "Family environment. I have family in town"); environment, ("There's lots of room and lots of kids", "The apartment is nice. You make it your home"); contacts ("You get to know nice people"); and services ("It's close to the Soup Van and the soup kitchen").

Negative aspects of their living arrangements can be summarized in similar categories: location, ("It's a rough area with people under the influence. Adults approach kids they don't know"); environment ("Drafts, noise, drinking"); contacts ("Childish and mouthy people - they stress me out"). When asked what would make their living arrangements better two (22.2%) indicated a different location ("to be able to get my own place", "a complete move"). One (11.1%) wanted to be left alone to play music tapes without complaint, three others (33.3%) felt what was needed were "sofas and a VCR", " a bigger apartment" and "groceries".

Six respondents (66.6%) reported that they had never been evicted from a residence although one (11.1%) had been given a warning related to his "preaching activities." Three (33.3%) had been evicted for noise, damage, non-payment of rent and the condemning of the building.

The evening previous to their interview, all had a place to stay - six (66.6%) in their apartments and three (33.3%) at friends' or relatives'. The question enquiring whether they had a need in the past year to sleep outside or on the street evoked more emotion than other questions. ("Never!" "I've never been on the street!" "No! No! No!") All nine respondents (100%) indicated that they had not

spent any time on the street.

When asked about how they use their time, all used one or more of the public areas in the city - malls, coffee shops, parks or residential areas. One (11.1%) spent time at a friend's and one (11.1%) indicated he rode his bike all day. When the interviewer asked one person "Where do you hang out" she became quite annoyed. "I don't hang out! I'm a busy person! A little time here, a little time there, a little time at home". Four (44.4%) reported that they spent their time with others - friends, family or with a child. One (11.1%) said "I just go out and meet people. I never knew you till I started talking to you. Thanks!" Three others (33.3%) indicated they spent their time alone and one (11.1%) didn't answer the question.

Seven individuals (77.7%) indicated that they kept normal hours, going out during the day and spending time at home in the evenings and at night. The two persons under twenty five (22.2%) indicated that they were in during the day and out at night.

Shelter use.

The questions regarding shelter use received evasive replies or no replies. Five persons (55.5%) indicated they had never used a shelter in Thunder Bay. Two males (22.2%) and two females (22.2%) indicated that they had, two of whom indicated that it was a personal choice to go (22.3%). Two (22.2%) did not give a reason for going. Shelter use by these persons was indicated to be rare, only once or twice. The reasons for going were predominantly to sleep and for warmth although food and clothing were also given as reasons. Safety and the need to talk to a social

worker was cited by one respondent. Three (33.3%) who had never stayed in a shelter said they had never needed to; one (11.1%) acknowledged pride as the reason for not going; and one (11.1%) stated shelters were a bad environment, dirty and unsafe, "where people steal your clothes." Three (33.3%) gave no answer.

Some shelter users (33.3%) were able to identify positive things about them: "They get lots of people off the streets", "The Salvation Army place is a nice place", "Warmth and hospitality", "I don't mind it with the meals and everything". Others commented on the negative aspects of shelter life: "The smell, people's odour", "People steal."

When asked what needed to be different in shelters one person stated "You can check all of those. (referring to the options on the questionnaire - better rooms/beds; cleaner; better food; more activities; staff that are more helpful and polite; safer and fewer rules). I went there. I didn't stay." Another stated emphatically "I wouldn't go there! I'm an expert on shelters!" Seven (77.7%) had no answer.

Most (77.7%) indicated that they had enough clothes. One noted "I have so many its not funny." The same number (77.7%) stated that they had suitable winter clothing. Two of those interviewed said they did not have warm clothing; "I stayed in most of the winter." Five (55.5%) said they usually had money to buy the clothes they needed. "I try to budget. I bought a winter jacket this year for $329.00. I got my old one dry cleaned for $17.00 and I paid $8.00 to get the lining sewed." Three (33.3%) indicated that they did not have money for clothes. Eight individuals

(88.8%) acknowledged that they used the clothing depots and thrift stores.

Nutrition

The use of the Salvation Army Soup Van was quite consistent among this group though some used it more frequently than others. Five (55.5%) indicated daily attendance at the Soup Van; two (22.2%) said they used it a few times a week; and two (22.2%) indicated a few times a month. ("About four times a month. Never in winter"; "Closer to the end of the month."; "When my money goes low. I've been using it quite a bit lately.") The primary reason given by all clients for the use of the Soup Van was for a meal. ("Is that ever a hard question! Mostly for food. There's too many people in the kitchen. No groceries. Hunger.") Three (33.3%) indicated it was also to meet with friends while two (22.2%) liked the convenience. When asked what they liked about the Soup Van, most comments (55.5%) were about the food ("Excellent soup!"; "Sandwiches and desserts"; "It fills me up quite a bit. Sometimes you get some bread or bagels."; " Warm meals."). One person cited convenience as a positive aspect while three (33.3%) indicated social reasons ("Most of the staff are cool.") Aspects of the van that were not appreciated also focused on food. Three (33.3%) noted "fattening food", "onions and mushrooms", "ham". One stated "there's no use complaining" while three (33.3%) said there was nothing they did not like and three (33.3%) did not comment.

In addition to the Soup Van, all respondents ate at other soup kitchens in the city as well. All nine (100%) attended the Dew Drop Inn and two (22.2%) went to Shelter House. Three (33.3%) used coffee shops and fast food while four (44.4%)

sometimes went to family and five (55.5%) to friends. In addition five (55.5%) have used the food bank or The Salvation Army Family Services in order to get food. One other would have used it but "the food is too heavy to take on my bike". The usage of this was indicated by three (33.3%) to be once or twice a year.

On the day on which they were interviewed, eight persons (88.8%) indicated that they did not have money that day for food. The one who did had borrowed $20.00 from his pastor the day before. Six persons (66.6%) stated that there had been days in the past month when they had not eaten anything. Three (33.3%) said they went without eating on two days; one (11.1%) for three days; one (11.1%) for "a few" days; and one (11.1%) for one day. The reasons given were varied: two (22.2%) said they had no food and no money; one (11.1%) fed her daughter instead; one (11.1%) stated "I slept in and missed the Soup Van"; one (11.1%) indicated "It was too far to go to the Soup Van"; and one (11.1%) cited drinking and drugs as the reason.

Education

The educational level of the respondents varied considerably. One (11.1%) had a "grade school" education; one (11.1%) had completed grade six; two (22.2%) had finished grade ten; one (11.1%) obtained a grade eleven standing "after three tries"; one (11.1%) was currently in grade twelve and one (11.1%) had completed high school and had some credits towards an arts degree. One (11.1%) had never been to school. Six (66.6%) stated that they could read and write easily; one (11.1%) said he was able to read but wrote very little; two (22.2%) could neither

read nor write. Four (44.4%) were interested in going back to school and were able to identify an area of study that interested them. ("I'd finish my Arts degree"; "Math, English, science and computer tech - it's the 90s you need computer tech"; "Early childhood education"; "Upgrading - it's a pain in the ass but welfare gives the money back"). This young man was already enrolled in upgrading. Only two (22.2%) indicated that they would not know who to contact about upgrading or job training. Neither of them had any interest in furthering their education.

Employment

Eight (88.8%) of these individuals were not employed. The one who indicated he was employed occasionally assisted the apartment custodian with cleaning. Six had been employed at one time with a variety of jobs: hotel front desk clerk, custodial maintenance, dish washer, telemarketing, ARC Industries, economic development officer assistant. Of those who had worked, four (75%) had been unemployed for one year to three years. One (11.1%) had not worked in eleven and a half years. The reasons cited for being unemployed included illness (2 or 22.2%), lay offs (2 or 22.2%), being fired (1 or 11.1%), and quitting (1 or 11.1%). One individual who had a history of epilepsy had been working until, according to his report, the pastor told him that God had cured him and he no longer needed his medications. He stopped taking these for a period of time but his health deteriorated and he has been unable to work since. Reasons given for continued unemployment included physical disability (3 or 33.3%), no jobs (5 or 55.5%) and no comment (1 or 11.1%).

Five (55.5%) individuals said they would work for minimum wage; three (33.3%) would not; one (11.1%) did not answer. Five (55.5%) indicated that they would leave Thunder Bay if necessary to get work; three (33.3%) would not leave and one (11.1%) did not answer.

Income

The source of income varied among those interviewed. Three (33.3%) received welfare, three (33.3%) were on a disability pension, two (22.2%) received family benefits and one (11.1%) depended on family and friends. The amount of income varied substantially. Those on welfare received between $359.00 and $520.00 per month. Disability pensions provided $600.00 and $767.00 per month. Family benefits supplied $649.00 to one individual and $949.00 to the single mother. The perception of how their money was spent differed among individuals. The usual necessities of rent, personal items and household supplies, as well as cigarettes was cited most frequently. Clothing, transportation, fast foods were less often identified. Only one person (11.1%) noted entertainment, cable TV, alcohol, drugs and pet supplies. Five (55.5%) acknowledged food as an expense but four (44.4%) did not. Another individual indicated he had not called his parents for five years because of the long distance expenses but he also indicated that a significant proportion of his money went to exercise equipment and cleaning supplies. The summary of expenditures is documented in Appendix I.

Two (22.2%) individuals owned cars. For one this was not an expense as it was not working and he did not have the money to repair it. The amount estimated

by the second individual for the operation of his vehicle was $200.00 per month.

When they no longer had money, all nine (100%) used the Soup Van but as well five (55.5%) used the soup kitchen (Dew Drop Inn). Four (44.4%) indicated they borrowed money from family and friends. One (11.1%) stayed with family or friends. One (11.1%) acknowledged that he has stolen what he has needed. When asked if they had ever committed a crime to go to jail because of a need for food and shelter, eight (88.8%) said no, and one (11.1%) said "almost".

Health

Most respondents (7 or 77.7%) felt positive about the state of their health. Six (66.6%) rated their health as good and one (11.1%) as excellent. Two (22.2%) perceived it as fair. All had a health card and all but one (11.1%) had a family physician. The one who did not have a regular doctor preferred to use emergency departments when he had an health concern. Seven (77.7%) had seen their physician within the last year. Current health problems that were identified were generally moderate concerns. One had chronic ulcers on his feet that required daily dressings. Most other concerns were related to muscles and joints - knee problems, an old elbow injury, and sore muscles from exercising. One (11.1%) person identified that his chronic problems with muscles and joints were from walking the streets and noted that his toes got very sore from walking on concrete. He also had a breathing problem. One young woman identified headaches as her only health concern. . Three had seen a dentist within the past year but three had not seen one for five to ten years. All had been identified as needing glasses and all had them.

Seven (77.7%) persons indicated that they had never had a mental health problem and one (11.1%) indicated that she has had a history of mental illness. One (11.1%) did not answer but the interviewer made a notation on the questionnaire that the client was developmentally delayed. Two (22.2%) indicated that they had been in a mental health facility many years before. All respondents indicated that they had not used mental health services within the past three months and were not taking psychiatric medications. Four (44.4%) had at one time attempted suicide. All admitted to frequently having negative feelings: five (55.5%) felt down or depressed, seven (77.7%) felt pressure or stress, five (55.5%) frequently felt very angry, five (55.5%) felt very anxious and three (33.3%) felt hopeless. When they experienced these feelings their reactions varied: one (11.1%) went for a walk, one (11.1%) used drugs, one (11.1%) would "yell to get my point across" or "go to the bush and chop wood", three (33.3%) found someone to talk to - friends or someone at "Regional" (Regional Adolescent Treatment Centre). Three (33.3%) did not provide an answer.

Two persons (22.2%) indicated that their current partner was violent while one stated firmly "No answer!" Four (44.4%) did not have a current partner. One (11.1%) said a past partner had been violent while two (22.2%) indicated that they had never had a past partner. Four (44.4%) acknowledged being physically or sexually abused as a child; one (11.1%) gave a vague, indecisive answer and three (33.3%) did not reply. Two (22.2%) females had been sexually assaulted as adults.

Alcohol use appeared not to be common among this group. One (11.1%) indicated he used alcohol a few times a month while four (4.44%) reported they

rarely used it and four (44.4%) said they never used it. Two (22.2%) acknowledged the use of street drugs a few times a week, two (22.2%) a few times a month and one (11.1%) rarely. Four (44.4%) said they never used drugs.

Only one of those interviewed had ever been in foster care as a child.

Community contacts

Eight (88.8%) persons had family in Thunder Bay. All had brothers or sisters, and aunts, uncles and cousins. Three (33.3%) had parents and one (11.1%) had grandparents. Five (55.5%) said they never (1 or 11.1%) or hardly ever (4 or 44.4%) see their relatives. One (11.1%) visited his family daily, one (11.1%) weekly and one (11.1%) monthly. The family of one (11.1%) all lived in an outlying community and he had not seen them for many years. However he talked about his church as being the family of God and responded to most questions about relatives and family within this context.

Seven individuals (77.7%) claimed to have close friends in Thunder Bay but estimating the number of friends caused some difficulty. Five (55.5%) did not offer an answer. One (11.1%) claimed a thousand close friends, one (11.1%) six and one (11.1%) two or three. One (11.1%) said he had "a lot". Four (44.4%) saw their friends daily or weekly while five (55.5%) did not answer the question.

Four (44.4%) had asked for help from friends and family when they needed it. The kind of help asked for was primarily money (5 or 55.5%), food (4 or 44.4%), clothing (6 or 66.6%), and shelter (3 or 33.3%). One (11.1%) said she asked for a listening ear. Those who had never asked for help gave as reasons "pride" (1 or

11.1%) and "not wanting to bother them" (1 or 11.1%).

When asked to identify what family or friends had done that was important to them and appreciated five (55.5%) cited specifics - "fixed my bike", "invited me to their place", "gave me things". One (11.1%) could not identify anything specifically and two (22.2%) had no answer. When asked whether there were things they would like their family and friends to do for them, one (11.1%) would have liked to "spend more time together", with her family and one (11.1%) would have liked his church family to "make more time for fellowship to get into the Word of God". Three (33.3%) said there was nothing friends or family needed to do and four (44.4%) did not answer. When asked to identify ways in which they have helped friends and family two (22.2%) identified services such as cutting the grass and cleaning a friend's apartment and shopping for her when she broke her arm. This same person also cleaned for others as well. One (11.1%) person babysat and "listens" to friends and relatives. One (11.1%) claimed "I'm not in a position to help anyone. I'm fighting for my independence". She also noted that she had no phone so there was no communication with her family. Seven persons assessed their support from friends and family as excellent (2 or 22.2%) or good (5 or 55.5%). One (11.1%) stated it was poor and one said "50/50". When they needed someone to talk to, four (44.4%) identified friends and three (33.3%) relatives as individuals most often chosen. Two (22.2%) talked with a social worker, one (11.1%) with a doctor, one (11.1%) with a minister and one (11.1%) with a bartender. One (11.1%) said she did not talk with anyone.

Within the month prior to being interviewed, six (66.6%) said they had not made any contact with any agencies in Thunder Bay that provide specific services. Three (33.3%) did not answer. Four (44.4%) were able to specifically indicate who they would contact if their cheque were late. One (11.1%) provided a vague response which suggested she was not sure and three (33.3%) did not answer. Five (55.5%) did not know who contact about housing concerns. Only one (11.1%) knew who to speak with regarding legal issues.

In terms of specific services, two (22.2%) did not have access to a phone, one (11.1%) did not have access to laundry facilities, and one (1.11%) did not have access to a bath or shower.

When asked what they believed to be the biggest need at that moment in their lives two (22.2%) identified housing, one (11.1%) food and one (11.1%) "food and raiment". Two (22.2%) felt they needed a father, two (2.22%) identified family issues (family life; my family to get together). For one, (11.1%), the biggest need was for cleaning equipment while another (11.1%) wanted a vehicle, one (11.1%) didn't know and one (11.1%) said "Do I gotta answer that? I got all I want.". When asked to identify what they might be able to do to meet those needs themselves, some were able to suggest specific actions. The person who needed food, raiment and cleaning equipment felt he could "look in flyers and budget my money". In order to find a new place to live, one said she could "make contacts". One person who wanted her father and her family to get together said she could get counselling. Another response suggested that it would be necessary to leave town to be with a

father as he lived elsewhere. One suggested he could rob a bank in order to get food. Two had no answer and one was quite vague, "to gain and achieve your goals".

A variety of responses were elicited when asked what others could do to help them meet these identified needs. Three (33.3%) felt they did not need any help from anyone. One (11.1%) wanted help to fix his bike when it was broken; one (11.1%) wanted physical help when she moved; and one (11.1%) felt the government could help: "The government could give back the 20% in welfare. Then I had groceries". Three (33.3%) gave no answer.

The suggestion regarding development of a facility that would provide a safe and informal atmosphere for meeting people and relaxing was enthusiastically supported by all although one (11.1%) qualified his answer by saying he would be part of such a group "only if they were born again Christians".

The study group was requested to review a list of possible services and activities that could be made available and to indicate their level of interest. Options that were selected most often were 'coping with stress', 'anger management', 'surviving the system - dealing with bureaucrats' and 'pool tournaments'. Options not selected at all were 'disciplining your child with love' and 'coming to terms with drugs and alcohol'. There were varying degrees of interest for the other options. A summary of responses can be found in Appendix J. Other possibilities for programs that were suggested were 'horseback riding' and "a nice singles dance".

All indicated that they had a need for some direct services if these were made

available. Table 2 summarizes these choices.

Table 2 Summary of direct services desired

Service	For sure	Maybe	No
Use of a phone	2	1	
Use of a mailing address	2	1	
Shower	2		
Laundry facilities	3		
Haircuts	3		
Help in finding housing	2	3	
Consulting with a community health nurse	1	1	

Those who would use such a facility indicated that their main reason for attending would be to relax and meet people (5 or 55.5%), use the direct services, for example a phone or mailing address (3 or 33.3%), get information from groups (3 or 33.3%), get help for specific needs (3 or 33.3%) and a change in atmosphere (1 or 11.1%). Three did not give a reason.

Discussion of findings

An analysis of the information obtained in the broad screening of Soup Van users and from the questionnaires revealed that in many respects these clients are similar to other homeless populations that have been described in other studies. One individual was literally homeless. Five of the others clearly came under the definition of relative homelessness that has been used for this study. While issues of

unstable housing figured prominently in their circumstances, they also generally had minimal control over their circumstances. In part this was because of a lack of economic resources which impacted on all aspects of their lives by limiting access to a variety of services and programs. The other three other participants had stable housing in subsidized apartments but the current political climate concerning the management of social services in the province of Ontario have made these arrangements vulnerable as well.

The analysis of the information provided by the one night screening of all Soup Van users revealed that generally these clients were similar to groups of homeless individuals described in the literature. Table 5 provides a summary of the similarities and differences between these two groups. The majority were males predominantly in the middle aged category. Females comprised a smaller percentage and were younger. A significant number of older children were also in attendance, primarily with single females. Two young boys attended with an adult male. Young adults also comprised a significant percentage. Very young children were not present that evening and neither were many elderly adults. This can likely be attributed in part to the fact that the data were gathered when the weather was quite cold.

A large percentage (78.1%) of the individuals assessed that evening were regular users of the Soup Van. The expectation from the onset of this study was that a significant number of clients used the Soup Van regularly. It was that presumption that grew into a desire to discover more about those individuals and their needs and

Table 3 Similarities and Differences Between Study Population and Homeless Populations Described in the Literature

Similarities
♦ majority male; generally older than females
♦ majority resident in city one year
♦ majority in unstable housing
♦ all receiving financial assistance but unable to manage on it
♦ all used secondary food providers
♦ most unemployed; all unskilled
♦ frequent negative emotions and feelings of stress
♦ higher suicide rate
♦ higher incidence of abuse as children and as adults
♦ generally lacking in stable social supports
♦ often chose not to have contact with families and friends
Differences
♦ most accepting and uncritical of their accommodation
♦ all felt safe in their accommodation
♦ all had basic amenities though some had to share
♦ most had enough clothes and furniture
♦ generally healthier; felt positive about their health; all had access to health care and used it
♦ minimal alcohol use

- one had been in foster care as a child

crystallized into the research question. However the estimate that 78.1% of the users on this particular occasion were regular clients was considerably higher than anticipated. The total number of users was also higher than in previous years during cold weather. Numbers consistently had been higher during the summer months and had tapered off as the temperature dropped and winter set in. The total number of users documented during this assessment reflects what also was known previously, that is, the use of the Soup Van has increased steadily.

The information gathered through the administered questionnaire provided insight into a few selected Soup Van users. It was not possible to find persons who would agree to do the questionnaire who would represent the subgroups that it was hoped would be represented. No individual over sixty years age and no two parent family groupings would agree to take part in the study. It was difficult to find participants generally. This was not totally unexpected with this population and was consistent with difficulties in participant selection encountered in other studies. (Lord & Farlow, 1990). Reasons given for not participating in this study were related to lack of time or interest although it was likely that for some a lack of trust was the issue. This population group often has had good reason to be suspicious and caution has often been an appropriate defence mechanism. This was likely a factor in the agreement by some to participate only if interviews could be done together with friends. It may also be reflected in the frequency with which participants chose

not to respond to questions.

The nine people who did participate provided invaluable information about some of the individuals who have made use of the Soup Van and their reasons for doing so. It is not possible, however, to make generalizations from the data. The nine were fairly representative of the subgroups from whom information was desired but the older population and two parent families were not represented. All were Canadian or native Canadian with English as a first language. This is not consistent with the literature most of which has been generated in the United States and which identifies the majority of homeless populations as being from African American or Hispanic backgrounds. Canadian statistics, though sparse, have identified homeless populations in Canada as having a large component of youth, natives, the mentally ill and the physically disabled.(Oberlander & Fallick, 1991). All of these subgroups were represented in the group under study.

All but one of this group were from Thunder Bay or from the surrounding district and six had been resident in Thunder Bay for three years or more. This supported the evidence in the literature that indicated that homelessness does not mean rootlessness and that has documented that 50% of homeless individuals have been in the same city for more than a year.

Eight of these individuals had some place to call home although the perceived satisfaction with their accommodation varied. The suitability and stability of their living arrangements was tenuous for several of them. Four had been in their apartment for less than six months and three had a history of evictions. One

seventeen year old alternated between her mother's home and her boyfriend's apartment and was not settled in either place. One young woman was staying in a shelter and while she was not willing to talk about that experience, comments throughout the interview suggested that she was in a shelter for battered women. The housing situations of these persons reflected the experiences of others in the literature whose living situations put them very much at risk of becoming literally homeless. The three participants who lived in subsidized housing operated by the city of Thunder Bay were the most satisfied with their living arrangements and the most stable having been in their accommodation for three to seven years.

Participants were reluctant to talk about any experience with living on the streets. It is not possible to live outside in winter in Thunder Bay but there are those who do live in this manner during the summer. All denied ever having to manage in this way. Questions about homelessness and shelters were sensitive questions for most individuals and answers were not always consistent with information provided at other points in the interview. One person who claimed at one point that she had never used a shelter later exclaimed "I'd never go there, I'm an expert on shelters." This kind of reticence to talk about the experience of being homeless and the need to use shelters or to deny any experience with it was consistent with what has been found with other studies. This has been one of the things that has made studying the homeless population so difficult.

Individuals were less reluctant about sharing their perceptions and opinions of shelters. While some positive comments were noted, a number were negative

and focused on issues of safety and security, cleanliness, and self-esteem.

The health of the participants in this study appeared to be very much better than the health of homeless populations reported in other studies. The difference is in large part due to the Canadian health care system which has made access for health care possible for all, including the homeless. The perceptions of their health by the study group was also more positive than has been generally reported in the literature. Most of the group felt good about their health and consulted a physician as required. The health concerns that were noted, however, were similar to concerns identified in other studies of homeless populations, primarily musculo-skeletal problems, upper respiratory conditions, and headaches. Some other commonly experienced health issues directly related to street living, such as skin infestations and breakdown or back problems, were not identified in this group. Dental care did not appear to be a priority for the majority of this group even though they qualified for financial assistance for this.

There were inconsistencies among respondents in relation to the questions about mental health concerns. One acknowledged she did have an history of mental illness and had been in a mental health facility at one point. Others denied any history of mental health concerns though at other points in the interviews comments had been made to suggest otherwise. One young man stated "I have been diagnosed as crazy, but I say I'm not." A teenage girl twice referred going to "Regional" to talk to a social worker and to participate in groups on anger management. "Regional" is the Regional Adolescent Treatment Centre which offers a wide variety

of approaches for working with adolescents with behaviour and emotional difficulties.

The discrepancies in reporting mental health concerns may have been due to a reluctance to acknowledge these or it may have reflected a difference in interpretation regarding what constitutes a "mental health problem".

Much of the literature about homeless populations concluded that a significant proportion of that population had a history of mental illness and a good percentage of these had formerly been institutionalized. Other studies disputed that position. Within this study population, reported mental health concerns was acknowledged by only one individual. However, one of the comments made by the interviewer was that, without exception, all the participants appeared to have a variety of behavioural anomalies. Their social skills were minimal. While one individual had been identified on the questionnaire by the interviewer as being developmentally delayed, two others appeared also to have similar difficulties. The lack of interactional competencies and convoluted responses of the others made interviewing difficult. Some of the literature noted that homeless persons often intentionally adopted behaviours of those with mental illness as a protective device as they believe that it afforded them some protection on the streets. Other authors suggested that, over time, the life experiences of homeless persons altered their social skills and responses. It is not possible to evaluate the particular circumstances or the motivation of the individuals in this study group. It is likely, however, that the experience of individuals with mental health concerns was greater than reported.

The studied participants demonstrated a lower educational level than that generally identified in the literature where 40-50% of homeless populations were noted to be high school graduates. Four expressed an interest in improving their educational status. One was enrolled in upgrading but comments revealed his general lack of commitment to the process. The other three had not developed a definite plan for pursuing any kind of study program.

Educational status very likely was a major determinant affecting their employment histories. While six had at one time been employed, they were in unskilled jobs that became vulnerable or obsolete when the economy changed. While a number indicated a mild interest in working again, three put restrictions on the option indicating that they would not work for minimum wage or relocate. Only one identified one of his major needs as being the need for a job. Only two had an educational level that might assist them in the job market. None had a skill or trade and three were illiterate. The prospects of employment for most of these individuals was likely very slim.

As none of the participants was employed except one who worked in a casual capacity, all relied on some form of assistance. The amount of income they received varied and some fared better than others. Table 3 documents the amount of disposable income available to each individual once their rent was paid.

Those who lived in subsidized housing had considerably more disposable income. Those whose source of income was welfare had experienced a cut of 20% in their payments within the past six months and had been left with less with which

to manage. With limited funds at their disposal, tough choices had to be made daily regarding expenditures. Participants were asked to indicate how they believed they spent their money. A summary of their response is provided in Table 4. Choices made indicated that income of most participants was allocated to the daily

Table 4 Calculation of disposable income

Source	Amount of Income	Rent	Disposable Income
Disability	$776.00	$230.00	$546.00
Disability	$650.00	$133.00	$517.00
Family Benefits	$649.00	$133.00	$516.00
Welfare	$440.00	$375.00	$65.00
Welfare	$520.00	$360.00	$160.00
Welfare	$357.00	$175.00	$182.00
Family Benefits	$949.00	$650.00	$299.00
Disability	? (Managed by Trustee)	$133.00	? (Managed by Trustee)

Note. one person lives at home and has no income or rent. The income of $949.00 from Family Benefits is for a mother and child.

necessities of food, household supplies, and personal supplies. Five bought cigarettes. Few indicated that they spent much on non-necessities such as fast food though choices indicated may not have been entirely accurate. Only one person indicated buying alcohol and drugs while three had acknowledged earlier to using

Table 5 Allocation of Income

Options	Number of times chosen
Clothing	2
Personal Items	5
Food	5
Household supplies	4
Transportation	2
Cable TV	1
Rent/utilities	8
Phone	2
Cigarettes	5
Restaurants/fast foods	2
Entertainment	1
Alcohol/drugs	1
Pet food and supplies	1
Other - exercise equipment	1
cleaning supplies	1

both. Two people indicated that they paid for a phone but seven people indicated elsewhere that they had access to a phone. It was not appropriate to judge whether

choices that were made were wise in the light of their limited resources; people have made their own choices for their own reasons. However, some observations were made. One person indicated that he had bought a new coat for $329.00, and later, that expenditures were made regularly on cleaning supplies and exercise equipment. This person had earlier indicated that he had not phoned his family for five years because of the long distance charges. For another, car expenditures were a regular choice. One young man indicated that his income was spent on cigarettes, alcohol and drugs and noted at one point that "I haven't bought food in four months". Food was noted as an expenditure by only five of the nine participants. Rather than an expense necessity, food seemed to be an optional purchase for some.

Scott (1993) reported that the level of emotional stress was high among homeless populations generally. This was correlated to unemployment, poor physical health, anxieties regarding a lack of access to health services, increased alcohol intake, and a lack of social support. The group under study all identified frequent feelings of emotional distress but the triggers noted in the literature for the most part were not identified as part of their experience.. Most of them perceived their physical health as being good and they all had access to health care. Most reported minimal or no use of alcohol. Unemployment and the resulting inadequate income and unstable housing was one commonly shared experience which undoubtedly contributed to their emotional state. Four admitted to attempting suicide. The documented suicide rate among homeless populations has been noted to be higher than the general population. Other forms of violence, physical and sexual

abuse as children and sexual assault as adults, were also reported by this group. Again, rates of these kinds of experiences were found in the literature to be higher. A number admitted to being in abusive relationships and one had also admitted to being in a past violent relationship supporting the findings of other studies that homeless women are often in a series of abusive relationships. Only one had been in foster care.

Other manifestations of emotional turmoil in the homeless have been correlated with a higher rate of alcohol abuse. The reported use in this group however was low for both substances with street drugs being used more frequently than drugs or alcohol. Accuracy of responses may have factored into the reported incidents but generally there was consistency with comments made in other parts of the questionnaire. The only discrepancy identified was in the two teens, who both reported a moderate use of both substances. Yet later one of these individuals talked about the insistence of medical personnel that he cut back on his drinking because of stomach ulcers that had developed due to alcohol abuse. He suggested his current use of alcohol was greatly reduced but his girlfriend commented that his alcohol intake continued to be even greater than hers.

Another factor identified by Scott as a major contributor to psychological stress among the homeless was the absence of social supports. North (1993) however noted that the homeless are not as disaffiliated as might be expected from much of the literature on homelessness. She indicated that those who did not have contact with family and friends were in that situation by personal choice. The

participants in this study reflected North's findings. All nine were single, eight had never married and one was separated. Four did not have current partners and two reported that they never had a partner. Most, then, were managing on their own. While three indicated that they spent a portion of their time alone, all spent some part of the day in public places and most spent time with family and friends. Only one did not have family in Thunder Bay but he felt connected to his "family of God".

The response concerning contacts with family and friends and the ways social support was present or absent demonstrated the most inconsistencies in this study. Four indicated they had contact with their families regularly; five hardly ever or never saw their family. One participant from an outlying community had not seen his family for many years and they would not allow him to go and visit because of an incident twenty years earlier. This person expressed a wish that his family would "forgive and forget". Another participant did not want to bother his family and had no contact with them. Another had asked her family not to call her as it was annoying to her landlord. With few exceptions, minimal or no contact with family was reported to be the decision of the study participants.

While most claimed to have close friends in Thunder Bay, only four saw friends regularly although five did not give an answer for estimated contacts. Most individuals were unable to articulate ways in which family or friends had helped them. One received birthday cards; one was invited by church members for meals; one got his bike fixed. Generally, however the responses were vague even though a previous question had asked whether they had approached family and friends for

help and a number had indicated that they had asked for money, food and clothing. Even those who rarely or never saw their families and had few friends rated the support they received as good or excellent. The young woman in the shelter indicated that while she had received money and clothing from friends and family she also received "support". She noted as well that she was able to do things for them in return - babysitting and "listening".

This person was one of only three that indicated that they helped family and friends. One cut grass and one assisted with cleaning and shopping. One participant declared she was not in a position to help anyone. Primarily, support was perceived by respondents to be of the instrumental type - financial aid and practical assistance. Only two identified emotional support as a valued contribution. Yet when they were asked what they wished others would do for them, the two that provided a reply wanted people to just spent time with them.

Most participants were able to identify individuals with whom they could talk. Most went to friends or relatives and some chose professionals - social workers, doctor, or clergy. While most of these individuals had some social contacts, generally these appeared to be fairly loose and fragile. The exceptions were the young woman in the shelter who seemed to be more aware of the possible dynamics of social support and the person who felt quite secure as part of his church family.

All responded quite positively to the possibility of the establishment of an informal facility where people could meet and just relax. Some were less

enthusiastic about including more formal services or programs as part of that facility. Generally there was only moderate interest in the suggested activities that could be made available. There was some interest in most of the options offered although none was an overwhelming choice. A number of variables may have affected the selection process. A lack of understanding by some of the participants of the intent of the option likely affected their choices even though the interviewer attempted to clarify this. For example, a number did not understand the term "bureaucrat". Other participants may have been embarrassed to make some selections even though they had an interest in them. There were several interviews in which the suggested option of "healthy sexuality" elicited giggles and denial of interest which then evolved into a 'sort of interested' response. Sensitivity to the possible reaction of friends may have influenced the choices of those who were interviewed with others. Those options that were not selected by anyone (Coming to terms with alcohol and drugs and Disciplining your child with love) was a reflection of the characteristics of the study group. Only one had a child and alcohol and drug use was reported to be moderate by this group.

Although food was a major issue for all the respondents, there was only moderate interest in 'Cooking classes' and 'Budgeting and money management'. All participants were essentially unemployed and yet those options that might have helped them develop employment skills were of minimal interest although half had some interest in 'Resume writing'. Difficulties with housing and finding suitable accommodation had been identified as major issues by most yet those options that

might have assisted with this were not selected by many. For this group of respondents, all of these issues were concerns in their lives, but they were not the primary concerns. The pervasive negative emotional feelings acknowledged in the questionnaire were paramount and it was these that they wanted addressed. The options in which most were "very interested" were "Coping with stress" , "Anger management", and "Surviving the system - dealing with bureaucrats". When the "very interested" and the "sort of interested" were combined, "Coping with stress" and "Anger management" were the choices of six (66.6%) and six (75%). One person responded to only the first four options and did not complete the rest so subsequent options were calculated out of eight respondents.

The findings of this study supported findings by other researchers (Moxley & Freddolino, 1991) that homeless populations have most often cited economic needs - housing and food as the major needs in their lives ("a new place to live"; "groceries"). The literature noted that a desire for employment was also often cited as a major concern although this was indicated infrequently by the population of this study and was identified by only one as the biggest need in his life. The literature also provided evidence that less often, social or relational issues were cited as major needs by homeless populations. However, two of the participants of this study identified family stability as their greatest need (my father"; "a father; my family to get together).

While four persons were able to suggest specific personal interventions that could help them to meet their own needs, these options were not at times suitable,

for example, robbing a bank. The others were not able to articulate their greatest needs and were unable to suggest courses of action. Generally the responses reflected a lack of control over their own lives or even a desire to be more in control. And yet any expectation that others should in some way be doing things for them was not evident either.

Themes and Threads

Powerlessness

This lack of control was one of several themes that emerged from the data. There was at times a sense of powerlessness that was expressed regarding personal circumstances. The cutbacks in government support, and to a lesser extent the lack of jobs, were identified as major contributors to their situations, issues over which they had little control. Most seemed to be resigned to their lives and had few expectations or hope that their circumstances could change to any significant degree. Their expressed needs, then, were basic for survival - shelter and food. Neither was their much evidence to indicate that they had a desire for more control. It may be that, to a point, this was a realistic perception of their circumstances. Currently there are few jobs available for the unskilled and the current political position in the province of Ontario regarding social services and social assistance has required that they manage with less.

Stigma

Another theme that was identified was the stigma that was attached to shelter use. Questions about these kinds of circumstances generated considerable emotion.

Because of the reluctance of participants to talk about their experiences it was difficult to determine why there were such negative perceptions. The issues around shelter use seemed to be separate from those of other aspects of homelessness and economic need. There was no evidence in any of the interviews that the need to use a secondary food source such as the Soup Van or other soup kitchens was stigmatising in any way.

Values

The issue of values was a thread that could be identified throughout many of the interviews. While some acknowledged that there were times when they needed assistance from others, the need for independence was strong. Most preferred to manage on their own, seeking help only if essential. While this stance enabled them to develop some survival skills, it often contributed to their isolation. It also deprived them of the opportunities and assistance from community resources and individuals that may have been of some help.

For one subgroup of the study population, the value of 'family' was very evident. Throughout the interviews with the three native Canadians, family issues figured prominently, a characteristic that is pervasive in native culture. Ties with their families appeared to provide identity, a sense of security and belonging, and an acknowledged source of material aid and social support. It was these individuals that identified needing a 'father' and 'my family to get together' as their greatest need.

Social Support

In various ways, issues of connectedness and social support emerged as threads throughout all the interviews. Access to family and friends were cited by several persons as reasons for choosing their residence. Some wanted family and friends to spend more time with them. A few saw as their greatest need being reunited with their fathers and getting their families together again. At other times, these same respondents indicated that they chose not to see family or chose to primarily spend time alone. While desiring contact, at the same time, they pushed people away. But most expressed at various times and in various ways the desire and need for more social contact. It was useful to compare the questionnaires from these individuals with the one participant who felt part of and secure with an identifiable social group, his church. He identified being a part of a larger social network within which he received instrumental and emotional social support. He felt able in turn to reciprocate support by helping others with cleaning and shopping. While he still identified stresses in his life and demonstrated difficulties with making good choices about how to spend his money, he gave the overall impression of being more grounded and more satisfied with his life and of having a greater sense of self-esteem.

CHAPTER 5

Summary, Conclusions and Recommendations

Summary of Study

The focus of this study has been to learn more about persons who use The Salvation Army Soup Van Program to determine whether they are similar to homeless populations described in the literature. A second focus was to document the self-perceived needs of a sample of the Soup Van clients in order to assess whether there were other programs or service interventions that could be provided by The Salvation Army that would assist Soup Van users to manage some aspect of their lives more effectively.

The methodology utilized a qualitative research approach that entailed the administration of a directed questionnaire to nine persons who made use of the Soup Van. As well, general information was obtained about a larger number of Soup Van users by screening all program participants on three separate nights. The qualitative approach was valuable for this task as it enabled the researcher to understand something of the life experiences of these individuals and to identify themes and threads that were common in their lives. It has been shown in the literature as well to be a useful tool in assessing client needs and to help to distinguish between needs and services.(Lord, Schnarr & Hutchison, 1987). The qualitative data in this study were able to demonstrate a need for formal and informal supports rather than for formal services and programs.

Limitations

While the survey was useful in data gathering, the information obtained tended to be superficial as is common with surveys. This approach does not allow opportunity to probe into the complexities of the behaviour and feelings of the study participants. As well, a number of other limitations that are inherent in the use of qualitative methodology were present in this study. While some valuable information was revealed through the general screening of all Soup Van users, the largest volume of data were obtained through the completion of a directed interview with nine individuals. Although most subgroups were represented, two were not. This sample was small though population samples of studies using the qualitative approach have needed to be small as the volume of data has been so large. Still, a small sample limited the variety and volume of responses, opinions, and insights that gave the study meaning. The selection of the sample proved to be difficult. All nine individuals were asked to participate and there was no way of knowing what their motivation was in agreeing to complete the questionnaire. There was then, the possibility that they felt coerced and that non-participation would have impacted in some way on their continued use of the Soup Van. As the data gathered depended on self-reporting, there was no way of determining whether the information shared was reliable or truthful.

Limitations were also created by the choice of tool used. A questionnaire was developed for this study that did not have established validity or reliability. The design of the questionnaire may have provided limited responses or framed

questions in such a manner that the responses did not reflect the participants' choices. As well, the data that were recorded on the questionnaires may have been biased by the interviewer's selected perception. The taped and transcribed interviews lessened that limitation by enabling two individuals to evaluate the responses. The analysis of the data was cumbersome and provided the potential for overlooking important information and themes. While both the interviewer and the researcher examined the data for recurring themes, this did not guarantee the validity of themes but only minimized biases.

The presentation of data was also difficult as it was necessary to be selective. It is recognized in the literature that in qualitative research all data are not important for the study question and judgements must be made regarding inclusion or exclusion of data so that it was possible that useful information was not included. While some of the data were summarized in tables this approach had to be done with discretion or the integrity of the narrative material of some of the responses would have been lost. Another limitation to this study which is also characteristic of qualitative research generally was that the results have limited applicability beyond the study.

Conclusions

The results of this study confirmed that the Soup Van has provided services to individuals who were, by the definition used for this study, relatively homeless. One was literally homeless. While initially created as an emergency food provider, the Soup Van has evolved from being a life line during crisis to being a life style for

many. Inadequate, unstable housing, unemployment, a lack of education and skills, a lack of stable positive social supports, and an inadequate income have put these individuals at risk. They have needed to become especially creative and resourceful in order to survive. For many it seems, one way to make ends meet has been to take advantage of the emergency food providers in the city. Some have needed to do that because of an inability to budget to ensure that they have the essentials for daily living. Others have had difficulty in choosing appropriate priorities for the expenditures of their incomes. Others have not had sufficient financial resources with which to survive even minimally. Some, it would appear have chosen to spend their money on things other than food assured that they will not go hungry because of the other available resources for meals such as the Soup Van.

The supposition that some used the Soup Van primarily for socialization was not borne out by the data. All the participants in this study utilized the Soup Van primarily, and sometimes exclusively, for the food. A small number indicated that they sometimes met friends there or talked with the staff but this was secondary to the need for a meal. This conclusion was supported by the attendance of ninety six individuals at the Soup Van one evening in winter. While one of the participants in the study indicated she never used the Soup Van in the winter, clearly many did, including children. This should be a confirmation for the program provider that the service rendered is an essential one and needs to be continued. In fact, it can likely be anticipated that the numbers of individuals using the service will climb as more persons become caught in the restructuring and redefining of the social services

network in Ontario.

Recommendations

The results of the study clearly indicated a desire by the Soup Van users for an informal meeting place and an intent to use such a facility. A recommendation to the service provider would be to consider the establishment of such a facility. The desire of the study participants was that this facility be loosely structured and informal. The opportunity to participate in program options was less enthusiastically supported and likely would be best implemented at a later time. The literature indicated that persons who have a history of victimization and marginalization and likely have a degree of disaffiliation and detachment from social structures were cautious with others and required opportunities first to build trust within a supportive environment that had a caring staff and a loose, flexible structure. (Grella, 1994). An informal drop-in could begin to promote bridge-building with these persons and would provide an opportunity for the development of activities as desired by them. Traditionally, service providers have expected disadvantaged clients to voluntarily take advantage of services and programs deemed to be helpful for them. This approach has not acknowledged that their first priority has been survival and decisions and choices made regarding their lives have been made within that context.

Not enough is known about what helps individuals to order and maintain their lives, how they identify their needs, how and why they accept or reject services or more informal resources. Their day-to-day lives within their communities are the

locus of their decision-making and action. But communities are not perfect and often reject marginal people. Attempts to engage homeless individuals in a process that will assist them to understand their options and to make helpful decisions needs to ensure that the process is one of advocacy and that the ultimate control is with the individual. Past approaches have, at times, embraced a rhetoric that supported empowerment but which actually made individuals increasingly dependent and generated a sense of powerlessness.

Powerlessness is created through the interaction of social isolation and minimal social support, unresponsive service systems that offer inappropriate interventions, and poverty which has destroyed self-esteem and created dependency (Lord, 1993) The ensuing emotional stress and turmoil experienced often becomes the major issue for individuals as evident in this study. The provision of opportunities to experience acceptance, to be assured of worth and value, and to receive various forms of social support may assist some with the management of their emotions. An informal drop-in could offer these essential supports. As noted in the literature, social support seems to provide a buffering effect between life stresses and physical health and well-being although the mechanism by which this occurs is not known. (Lepore, 1991).

The understanding of homelessness has been elusive. It has been a matter primarily of definition as it has been seen variously as an issue of poverty, or employment, or housing, or education, or discrimination or measurement. It is all of these things and more and any attempt to develop solutions will require a

comprehensive, multi-dimensional approach.

Future Research

Further research is needed in several areas in order to broaden the understanding of this complex phenomenon. Issues of definition, methodology and measurement need to be addressed in order to enable the validity and reliability of research results to be established. The literature on homelessness has been generated primarily in the United States where it has been noted that a large precentage of the homeless population are African American and Hispanic. Canadian research that examines ethnic susceptibility for homelessness would be useful in identifying groups at risk. Studies that focus on homeless populations generally rather than on homeless populations with particular characteristics, for example, mental illness, would provide an understanding within a broader, more comprehensive context. More information is needed, as well, about the process of choice and ways of enabling individuals to develop decision-making skills. Research is also needed regarding ways in which specific assistance can be provided to individuals without promoting dependency. Studies regarding the effects of specific types of social support is assisting homeless populations specifically would also be valuable.

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APPENDIX A

DEFINING THE HOMELESS
(A Problem for Enumeration)

A RANGE OF DEFINITIONS	PROBLEMS/COMMENTS ON DEFINITIONS
1) the absence of shelter or "on the street"	a very narrow concept, referred to as "literal homelessness
2) those who do not have customary and regular access to a conventional dwelling or residence	what is "customary and regular access" and what is "conventional dwelling or residence"
3) lack of a fixed, regular and adequate nighttime residence	residence in temporary shelters, welfare hotels, and transitional housing qualifies a person as homeless
4) accommodation with friends or others (doubling up) where it is understood by both parties to be a last resort and temporary solution	the alternative has to be a street or a refuge
5) dislodged, marginal, or multi-problem (drugs, alcohol, poverty) people	in the opinion of some a "life-style problem" where the person has to bear some responsibility
6) those in very inadequate or marginal or vulnerable living/housing circumstances	may still have a fixed address, a nighttime residence: really an "at risk" population

The definition ranges from the narrow concept of literally living on the streets, to lack of a fixed, regular and adequate nighttime address to those in temporary or potentially unstable accommodation (doubling up) to those in inadequate, marginal or vulnerable living/housing circumstances. The definition certainly affects the size of the homeless population.

From Measuring Homelessness: A Review of Recent Research (p.viii), by Daniel Bentley, 1995, Winnipeg: Institute of Urban Studies.

APPENDIX B COUNTING THE HOMELESS (Some Problems Beyond Definition)	
1) Statistical Rarity:	Homelessness may affect between 0.1 to 1.5% of the total population. This means in random sampling of an urban area, 70 to 500 persons might need to be approached to identify each homeless person. Sampling, therefore is either very expensive or has to take place only in areas of concentration. This prior stratification is difficult and people in the unsampled areas are missed.
2) Identification:	Homelessness is not immediately observable from the appearance of an individual. They have to be asked directly and may not wish to disclose their situation.
3) Transience and Turbulence:	Homelessness may be one time and very short term, periodic (the last few days of the month before welfare cheques arrive), transitional (between one living arrangement and another) or long term (never able to access adequate housing). A count at any point in time may include only part of the homeless population over a year or longer period of time.
4) Geographical Concentration:	Homeless people are not distributed uniformly in the community. Sometimes distribution reflects institutions that serve their needs. Other gathering points may not be as well known. Accurate counting depends on the extent to which locations can be discovered.
5) Communication Difficulties:	It is not always easy to communicate with the homeless. Some may not be co-operative and helpful in providing information. Because of the high incidence of substance abuse and mental illness homeless people may be poor informants. Many are suspicious of the authorities.

From Measuring Homelessness: A Review of Recent Research (p.ix), by Daniel Bentley, 1995, Winnipeg: Institute of Urban Studies.

APPENDIX C GENERAL APPROACHES TO COUNTING THE HOMELESS	
1) Survey of Expert Opinion	Surveys of representatives of different levels of government, housing associations, social service agencies, advocacy groups, researchers, shelter operators, and other knowledgeable observers, who provide their best estimates or impressions of the number of homeless people.
2) Published Reports:	Using published reports of the level of homelessness in selected areas and projecting this level to a broader regional or national basis.
3) Shelter Counts:	Using average capacity and/or waiting lists of various hostels, shelters and other forms of transitional housing as an indicator of the level of homelessness. Figures can be obtained at a local or national basis depending on the number of shelters contracted.
4) Arrests or Observations by Police:	An indicator that depends on the knowledge of local police authorities. Would only represent a small proportion of the homeless.
5) Personal Observation:	Basically an approach of virtually living with or at least observing homeless people long enough to get to know who/how many people are homeless in a particular area.
6) Street Counts:	Attempted consensus or actual counts of homeless people at a variety of places ranging from bus and train stations to alleyways and areas under bridges or overpasses. A variety of hostels and shelters and other service locations are often included in such counts.
7) Market and Socioeconomic Indicators:	To a certain extent this depends on determining causes of homelessness. If cause can be associated/correlated with such aspects as increasing rents, rising unemployment or increasing deinstitutionalisation then changes in these indicators can be used to predict changing numbers of homeless people.
Note: No judgement has made on the relative benefit of the above approaches. The best approach depends on a variety of factors such as the definition of homelessness that is used, resources available, size of the area, etc.	

From Measuring Homelessness: A Review of Recent Literature (p.x), by Daniel Bentley, 1995, Winnipeg: Institute of Urban Studies.

APPENDIX D A SAMPLE OF SAMPLING METHODS FOR COUNTING THE HOMELESS	
1) Street Sweeps on Probability Street Sampling:	This involves a random sampling in defined areas (city blocks) with known or pre-estimated likelihoods of encountering the homeless. Blocks are stratified according to different levels of probability. Stratification is difficult and time consuming. This method is susceptible to undiscovered sources of error.
2) Hidden Homeless Counts:	Attempts to compensate for some of the errors associated with randomized block sampling. Particular attention is paid to difficult and reclusive sites, such as abandoned buildings. Other areas of attention include doubled up households.
3) Snowball Sampling:	Also called network sampling. It is used to identify populations thickly and widely spaced over large areas. The main idea is to locate people by referral from members of an initial sample.
4) Tracking Studies:	This approach attempts to establish a relationship between the level of homelessness at a particular point in time and annual prevalence. The idea is to determine how often people move in and out of a homeless situation and how long they remain homeless.
5) Counting Homeless Youth:	There is no good method of identifying homeless children who are with their parents or on their own. Shelters will often not accept unaccompanied children. There are also definitional problems. Is a run away child homeless if they have established a permanent or stable arrangement with others (in the prostitution trade for example).

From Measuring Homelessness: A Review of Recent Research (p.xi), by Daniel Bentley, 1995, Winnipeg: Institute of Urban Studies.

APPENDIX E

WE NEED YOU TO GIVE US A PIECE OF YOUR MIND!!!!

We want to talk to some of you.

♦to get your comments about what we're doing
♦to get your suggestions for other things we could do
♦

Interested??????

Thomas will be visiting the Soup Van on _____to make arrangements.

Talk with him.

APPENDIX F

INTERVIEW GUIDE

Information for Survey Participants

Thanks for agreeing to participate in this survey. The Salvation Army has been providing meals through the Soup Van program for seven years. We are attempting now to find out more about the people who use the program. We want to learn if there are other things we could be doing that would be helpful to those who use the Soup Van.

There is a questionnaire that we would like you to complete with the assistance of an interviewer. It will take about 45 minutes to one hour to complete. We are interested in finding out about your life, how you manage, what some of your major concerns are, and your use of the Soup Van. The reason that we are asking for this information is so that we can learn what is going well for you, what isn't going very well, what kinds of problems and stresses you have, and what kinds of assistance would be helpful to you. The interview will be done by Thomas who worked with the Soup Van program for about two years. He will be writing down your answers during the interview to be sure that what you say is recorded accurately. We will also be taping the interview so that we cannot misinterpret what you say.

Some of the questions involve personal information. If you would prefer not to answer a particular question, that is quite acceptable. Just tell Thomas that you would rather not answer the question. If at any time during the interview you feel that you would rather not continue with the interview, again just tell Thomas that you would like to stop the interview.

We encourage you to be honest and open in your comments and opinions. Neither your participation in this survey nor any of the answers that you give will in any way jeopardize your use of the Soup Van. The Soup Van staff will not be aware of who participated in the interviews. Although Thomas once worked for the Soup Van program, he is no longer employed in that capacity and is not in a position to influence your participation.

We want to assure you that your answers will be confidential. Your name will not appear on the questionnaire or in any other summary document. The questionnaire will be seen only by Thomas and by Captain Lang. All the information from everyone interviewed will be put together into one report. Again no individuals will be identified. This information will be made available to Salvation Army personnel who work in Thunder Bay who will look at how the information that you give us can be best used and acted upon. The information will also be used for an assignment that Captain Lang is doing to complete her Master's studies in the Department of Educational Psychology in the Faculty of Education at the University of Manitoba.

When the information has been evaluated, a summary of the services and programs that people would find helpful will be made available to you. Personal information about those who participate in the interviews will not be available in order to keep this information confidential. Once the information has been summarized both the questionnaires and the tapes will be destroyed.

If you have any questions or concerns during the interview, please talk to Thomas.

QUESTIONNAIRE

PERSONAL

1. How old are you? 1.1 under 18 ____
   1.2 18-30 ___
   1.3 31-49 ___
   1.4 50-59 ___
   1.5 over 60 ____

2. What is your marital status?
   2.1 married or living together ___
   2.2 separated or divorced ___
   2.3 widowed ____
   2.4 never been married ___

3. What is your first language?
   3.1 English ___
   3.2 French ___
   3.3 Ojicree ___
   3.4 Finnish ___
   3.5 Other ___

4. So your ethnic background, then, is (4.1) _____.

5. Do you have any dependents?
   5.1 No ___
   5.2 Yes ___
   5.3 How many do you have and what are their ages ?
   _____

HOUSING

6. Are you a resident of Thunder Bay?
   6.1 Yes ____
   6.2 How long have you been here? _____

   6.3 No _____
   6.4 How long have you been here? _____
   6.5 How long will you be staying? _____
   6.6. Where did you live before coming to Thunder Bay?

6.6. Where did you live before coming to Thunder Bay?

_____

_____

7 . What type of residence do you live in?

7.1 apartment ___
7.2 boarding house ___
7.3 hotel/motel ___
7.4 shelter ___
7.5 with family/friends ___
7.6 other _____

8. Do you live in this residence both summer and winter?

8.1 Yes ___
8.2 No ___
8.3 Where do you move to? _____
_____

8.4 When do you go there?_____ _____
_____

9. How often do you pay your rent?

9.1 daily ____
9.2 weekly ___
9.3 monthly ____
9.4 other ____

10. How much is your rent?

10.1 _____

Are utilities included?

10.1 Yes ___
10.2 No ___

11. Do you share facilities? (bathroom, kitchen)

11.1 Yes ___
11.2 No ___

12. Do you have enough furniture?

12.1 Yes ___
12.2 No ___
12.3 What do you need? _____
_____

13. How long have you lived in your present location?
    13.1 ___ days
    13.2 ___ weeks
    13.3 ___ months
    13.4 ____ years

14. What do you like about living there?
    14.1 _____
    _____

15. Are there things that you don't like about living there?
    15.1_____
    _____

16. Do you feel safe living there?
    16.1 Yes ___
    16.2 No ___
    16.3 .Why not?
    _____
    _____

17. Have you ever been evicted from your residence?
    17.1 No ___
    17.2 Yes ___ What was the reason?
    17.3 building was condemned ___
    17.4 couldn't pay the rent ___
    17.5 noise ___
    17.6 damage ___
    17.7 other ___

18. Where did you sleep last night?
    18.1 _____
    _____

19. Have you needed to sleep outside or on the street in the past year?
    19.1 No ___ **(Go to question 21.)**
    19.2 Yes ___
    19.3 How long did you live this way?
    _____
    _____

    19.4 What was the season of the year?

    _____

Where did you stay?

19.5 parks ___
19.6 abandoned building ___
19.7 car ___
19.8 other

_____

Why did you need to live this way?

19.9 no money ___
19.10 eviction ___
19.11 personal choice ___
19.12 drinking/drug problems ____
19.13 other _____

_____

20. Where did you go when you got off the street?

20.1 shelter ___
20.2 family/friends ___
20.3 rooming house ___
20.4 hotel/motel ___
20.5 other

_____

21. Where do you spend most of your time, that is where do you hang out?
(MULTIPLE ANSWERS ACCEPTABLE)

21.1 malls _____
21.2 coffee shops _____
21.3 parks _____
21.4 downtown _____
21.5 train tracks _____
21.6 residential areas ____
21.7 other

_____

_____

22. Who do you spend this time with?

22.1_____ _____

_____

23. What time of day or night do you hang out at these places?

23.1 morning ___
23.2 afternoon ___
23.3 evening ___
23.4 after midnight ___

24. When are you at your residence?
    - 24.1 morning ___
    - 24.2 afternoon ___
    - 24.3 evening ___
    - 24.4 after midnight ___

25. How would you rate the quality of your present living arrangement?

(25.1)	(25.2)	(25.3)	(25.4)
4	3	2	1
excellent	good	fair	poor

26. What would make your living arrangements better for you?

    26.1 _____
    _____

27. Have you at any time used one of the shelters in Thunder Bay - for example the Salvation Army Hostel, Shelter House, Faye Peterson, Battered Women's Shelter?

    27.1 Yes ___ **(If no go to question 32.)**
    Did you choose to go or were you taken there by the police?
    - 27.2 Personal choice _____
    - 27.3 Police _____

28. Why did you choose to go there? **(MULTIPLE ANSWERS ACCEPTABLE)**
    - 28.4 to sleep ___
    - 28.5 to eat ___
    - 28.6 for clothes ___
    - 28.7 safe place ___
    - 28.8 to hang out ___
    - 28.9 to talk to social worker ___
    - 28.10 for warmth ___
    - 28.11 other

    _____

29. How often would you say you use a shelter?
    29.1 _____
    _____

30 Are there things about a shelter(s) that you like?
    30.1_____
    _____

31 Are there things about a shelter(s) that you don't like?

31.1 _____

_____

32. No ___

Why have you never stayed in a shelter?

32.2 didn't need to ___
32.3 no transportation ___
32.4 pride ___
32.5 bad environment (unsafe, dirty, crowded) ___
32.6 too many rules ___
32.7 other

_____

_____

33. What kinds of things would need to be different in the shelters for you to choose to go there?

33.1 better rooms/beds ___
33.2 cleaner ___
33.3 better food ___
33.4 more activities/ things to do ___
33.5 staff that are more helpful and polite ___
33.6 safer ___
33.7 fewer rules ___
33.8 other

_____

CLOTHING

34. Do you feel that you have enough clothes?

34.1 Yes ___
34.2 No ___

35. Last winter did you have winter clothes - a warm coat, boots, mitts?

35.1 Yes ____
35.2 No ____

36. Do you usually have money to buy clothes that you need?

37.1 Yes ___
37.2 No ___

37.. Have you ever used the clothing depots in the city?

37.1 Yes ___
37.2 No ___

. Why not? 37.3 don't need to ___
37.4 don't know where they are ___
37.5 pride ___
37.6 transportation ___
37.7 other _____

NUTRITION

38. How often do you use the Salvation Army Soup Van?
38.1 daily ____
38.2 a few times a week ___
38.3 a few times a month ___
38.4 end of month ___

39. What is the main reason that you use the Soup Van?
39.1 for a meal ___
39.2 to meet friends ___
39.3 to talk to Soup Van staff ___
39.4 for information ___
39.5 it's convenient ___
39.6 other

_____ __
_____

40. What do you like about the Soup Van?
40.1 _____
_____

41. Are there things about the Soup Van that you don't like?
41.1 _____
_____
_____

42. Where else do you go to eat? **(MULTIPLE ANSWERS ACCEPTABLE)**
42.1 Dew Drop Inn ___
42.2 Shelter House ___
42.3 Salvation Army Hostel ___
42.4 restaurants/coffee shops ___
42.5 family/friends ___
42.6 fast food places/ take out foods ___
42.7 other_____

43. Have you ever used the food bank or the Salvation Army Family Services to get food?
    - 43.1 No ___
    - 43.2 Yes ___
    - 41.3. How often do you use these? _____
      _____

44. Do you have money **today** to buy food?
    - 44.1 Yes ___
    - 44.2 No ___

45. In the last month were there any days when you didn't eat anything?
    - 45.1 No ___
    - 45.2 Yes ___
      - 45.3 How many days? _____

      Why didn't you eat?
      - 45.5 not hungry ___
      - 45.6 sleeping ___
      - 45.7 drunk/drugs ___
      - 45.8 no money ___
      - 45.9 other _____
        _____

EDUCATION

46. What grade did you finish in school?
    - 46.1 Grade school ___
    - 46.2 High school ___
    - 46.3 College ___
    - 46.4 University ___
    - 46.5 Trade courses_____

47. Are you able to read and write easily? That is, can you fill in government forms, use the phone book, fill in employment applications?
    - 47.1 Yes ___
    - 47.2 No ___

48. Are you interested in going back to school?
    - 48.1 No ___
    - 48.2 Yes ___
      - 48.3 . What would you like to study? _____

49. Do you know who to contact about upgrading courses or job training?
    49.1 Yes ___
    49.2 No ___

EMPLOYMENT

50. Are you presently employed?
    50.1 Yes ___
        How often do you work?
            50.2 Full time ___
            50.3 Part time ___
            50.4 Casual ___

        50.5 What kind of work do you do? _____

    50.6 No ___
        Have you ever been employed?
            50.7 Yes ___
            50.8 No ___

            50.9. How long have you been unemployed?

            50.10. What did you work at? _____

        Why did you leave? 50.11 laid off ___
                           50.12 fired ___
                           50.13 quit ___
                           50.14 illness ___

        Why are you still unemployed?
            50.15 don't want to work ___ (go to Income section)
            50.16 no jobs ___
            50.17 actively seeking employment ___
            50.18 unable to work because of a disability ___

        Would you work for minimum wage?
            50.19 Yes ___
            50.20 No ___

Would you leave Thunder Bay to get work?

50.21 Yes ___

50.22 No ___ 50.23. Why not?

_____

_____

INCOME

51. What is the source of your income?

51.1	salary	___
51.2	UI	___
51.3	welfare	___
51.4	disability	___
51.5	family benefits	___
51.6	pension	___
51.7	family/friends	___

52. What is your present monthly income?

_____

53. Where do you think most of your money goes? Please choose seven.

53.1	clothing	_____
53.2	personal items (shampoo, toothpaste)	_____
53.3	food	_____
53.4	household supplies (toilet paper, soap)	_____
53.5	transportation	_____
53.6	cable TV	_____
53.7	rent/utilities	_____
53.8	phone	_____
53.9	cigarettes	_____
53.10	restaurants; fast foods	_____
53.11	entertainment	_____
53.12	alcohol/drugs	_____
53.13	pet food and supplies	_____

53.14 [children's expenses: clothing, school supplies, diapers, formula]

_____

54. Do you own a car?

51.1 No ___

54.2 Yes ___ 54.3 What does it cost a month to run it?

_____

55. What do you do if you run out of money?

55.1 use shelters ___

52.2 use Soup Van/soup kitchen ___

55.3 stay with family/friends ___

55.4 borrow from family/friends ___

55.5 steal what's needed ___

55.6 other ___

56. Have you ever committed a crime in order to go to jail because you needed food and shelter?

56.1 No ___

56.2 Yes ___

HEALTH

57. Do you have a health card?

5471 Yes ___

57.2 No ___ 57.3 . Why not?_____

_____

58. How would you rate your general health?

(58.1)	(58.2)	(58.3)	(58.4)
4	3	2	1
excellent	good	fair	poor

59. Do you have a family physician?

59.1 Yes ___

59.2 No ___

60. When did you last see him/her?

60.1 within past month ___

60.2 within past 6 months ___

60.3 within the past year ___

60.4 more than a year ___

60.5 more than 3 years ___

61. Do you have any health problems at the moment?

611 heart ___
61.2 breathing ___
61.3 muscles/joints ___
61.4 other _____
_____

62. When did you last see a dentist?
62.1 within past month ___
62.2 within past 6 months ___
62.3 within the past year ___
62.4 more than a year ___
62.5 more than 5 years ___

63. Are you supposed to wear glasses?
63.1 No ___
63.2 Yes ___
Do you have these?
63.3 Yes ___
63.4 No ___
63.5. Why not?_____

64. Have you ever had mental health problems?
64.1 No ___
64.2 Yes ___

65. Have you ever been hospitalized in a mental health facility?
65.1 No ___
65.2 Yes ___

66. Have you used a mental health service within the past 3 months?
66.1 No ___
66.2 Yes ___

67. Have you ever received a prescription for a psychiatric medication?
67.1 No ___
67.2 Yes ___

68. Are you presently supposed to be taking psychiatric medications?
68.1 No ___
68.2 Yes ___

69. Do you take these as prescribed?
69.1 Yes ___

69.2 No ___ 69.3 Why not _____

_____

70 Have you ever attempted suicide?

70.1 No ___

70.2 Yes ___

71. Do you frequently feel	no	yes
71.1 down or depressed	___	___
71.2 pressure or stress	___	___
71.3 very angry	___	___
71.4 very anxious	___	___
71.5 hopeless	___	___

72. What do you do when you feel this way? _____

_____

73 .Is your current partner violent?

73.1 No ___

73.2 Yes ___

73.3 N/A ___

74. Was a past partner violent?

74.1 No ___

74.2 Yes ___

74.3 N/A ___

75. Were you physically or sexually abused as a child?

75.1 No ___

75.2 Yes ___

76 Have you been sexually assaulted as an adult?

7361 No ___

76.2 Yes ___

77. How often do you use alcohol?

77.1 daily ___

77.2 a few times a week ___

77..3 a few times a month ___

77.4 rarely ___

77.5 never ___

78. How often do you use street drugs?

78.1 daily ___
78.2 a few times a week ___
78.3 a few times a month ___
78.4 rarely ___
78.5 never ___

79. When you were a child, were you ever in foster care?
79.1 No ___
79.2 Yes ___

COMMUNITY CONTACTS

80. Do you have family in Thunder Bay?
80.1 No ___
80.2 Yes ___ Who are they?
80.3 parents ___
80.4 brothers & sisters ___
80.5 grandparents ___
80.6 aunts/uncles/cousins ___
80.7 others _____

81. How often do you see them?
81.1 daily ___
81.2 weekly ___
81.3 monthly ___
81.4 once a year ___
81.5 hardly ever ___
81.6 never ___

82. Do you have close friends in Thunder Bay?
82.1 No ___
82.2 Yes ___ 82.3 How many? ___
How often do you see them?
82.4 daily ___
82.5 weekly ___
82.6 monthly ___
82.7 once a year ___
82.8 hardly ever ___
82.9 never ___

83. Have you ever asked family members/friends for help when you needed it?
83.1 Yes ___

. What kind of help did you ask them for?

83.2 money ___
83.3 food ___
83.4 clothing ___
83.5 shelter ____
83.6 a listening ear ___
83.7 other _____

83.8 No ___

Why have you not asked them for help?

83.9 didn't need it ___
83.10 didn't want to ask (pride) ___
83.11 didn't think they would help ___

84. What things have your family/friends done for you that have been important and appreciated by you?

_____
_____

85. Are there things you wish your family/friends would do for you?

_____

86. Are there things that you do to support your family/friends? _____

_____
_____

87. How would you rate the support that you get from your family/friends?

(87.1)	(87.2)	(87.3)	(87.4)
4	3	2	1
excellent	good	fair	poor

88. When you need someone to talk to, who do you go to most often?

88.1 friend ___
88.2 relative ___
88.3 social worker ____
88.4 doctor ____
88.5 bar tender ____
88.6 minister/priest ___
88.7 stranger ___
88.8 no one ____
88.9 other ____

89 Within the past month how many contacts have you made with agencies that provide specific services for example, subsidized housing, job training, legal aid?

_____

90. Do you know who to contact
- 90.1 when your cheque is late ? _____
- 90.2 for housing? ____
- 90.3 for legal matters? ____

91. Do you have access to a phone (not a pay phone)?
- 91.1 Yes ___
- 91.2 No ___

92. Do you have access to laundry facilities?
- 92.1 No ___
- 92.2 Yes ___

Do you have to pay to use these?
- 92.3 Yes ___
- 92.4 No ___

93. Do you have access to a bath/shower?
- 93.1 Yes ___
- 93.2 No ___

94. What do you think is the biggest need at the moment in your life?

_____

_____

95 What do you think you are able to do about meeting those needs yourself?

_____

_____

96. Is there something someone else could do to help you?

_____

_____

97. If a safe, informal place was available where you could meet with friends, have a coffee and relax do you think you would make use of it?
- 97.1 Yes ___
- 97..2 No ___
- 97.3 Maybe ____

98. If some services were made available to you and some information and recreation Goups were offered do you think you might be interested in participating?

98.1 Yes ___
98.2 No ___
98.3 May be ____

99 The following is a list of possible services and activities that could be made available. Please indicate whether you would be very interested, sort of interested, or not interested in taking part.

		Very	Sort of	Not
99.1	Cooking classes			
99.2	Smart shopping			
99.3	Managing your medications			
99.5	Coping with stress			
99.4	Vegetable gardening			
99.6	Communication skills			
99.7	Budgeting/money management			
99.8	Literacy/Upgrading			
99.9	Baseball Team			
99.10	Anger Management			
99.11	Developing self-esteem			
99.12	Coming to terms with drugs and alcohol			
99.13	Music appreciation			
99.14	Healthy sexuality			
99.15	Pool tournaments			
99.16	Coming to terms with abuse			
99.17	Parenting classes			
99.18	Tenant rights and responsibilities			
99.19	Resume writing			
99.20	Coaching for job interviews			
99.21	Problem solving skills			
99.22	Art classes			
99.23	Disciplining your child with love			
99.23	AA Group			
99.23	Guitar lessons			
99.24	Craft classes			
99.25	Non-violent crises intervention			
99.26	Surviving the system - how to deal with bureaucrats			
99.27	Dressing for success - what's appropriate			

99.28 Community resources - what's out there and how can I use them _____

99.29 Volunteer opportunities within the community _____

99.30 Are there other suggestions that you can think of that would interest you?

_____

100. If the following services were made available, do you think that you might have a need to use them?

		For sure	Maybe	No
100.1	Use of a phone			
100.2	Use of a mailing address			
100.3	Shower			
100.4	Laundry facilities			
100.5	Haircuts			
100.6	Help in finding housing			
100.7	Consultation with community health nurse			

100.8 Are there other services that you sometimes need?

_____

_____

101.If a facility like this could be developed, what would be your main reason for using it?

101.1 use of direct services (eg. phone) ___
101.2 get information from groups ___
101.3 a place to relax and meet people ___
101.4 get help for specific needs ___

This is the end of the questionnaire.

Do you have any further comments or suggestions for us?

_____

_____

_____

Thanks very much for your time and the information that you have provided. You have made a valuable contribution to our understanding of people who use the Soup Van.

APPENDIX G

Information for Survey Participants

Thanks for agreeing to participate in this survey. The Salvation Army has been providing meals through the Soup Van program for seven years. We are attempting now to find out more about the people who use the program. We want to learn if there are other things we could be doing that would be helpful to those who use the Soup Van.

There is a questionnaire that we would like you to complete with the assistance of an interviewer. It will take about 45 minutes to one hour to complete. We are interested in finding out about your life, how you manage, what some of your major concerns are, and your use of the Soup Van. The reason that we are asking for this information is so that we can learn what is going well for you, what isn't going very well, what kinds of problems and stresses you have, and what kinds of assistance would be helpful to you. The interview will be done by Thomas who worked with the Soup Van program for about two years. He will be writing down your answers during the interview to be sure that what you say is recorded accurately. We will also be taping the interview so that we cannot misinterpret what you say.

Some of the questions involve personal information. If you would prefer not to answer a particular question, that is quite acceptable. Just tell Thomas that you would rather not answer the question. If at any time during the interview you feel that you would rather not continue with the interview, again just tell Thomas that you would like to stop the interview.

We encourage you to be honest and open in your comments and opinions. Neither your participation in this survey nor any of the answers that you give will in any way jeopardize your use of the Soup Van. The Soup Van staff will not be aware of who participated in the interviews. Although Thomas once worked for the Soup Van program, he is no longer employed in that capacity and is not in a position to influence your participation.

We want to assure you that your answers will be confidential. Your name will not appear on the questionnaire or in any other summary document. The questionnaire will be seen only by Thomas and by Captain Lang. All the information from everyone interviewed will be put together into one report. Again no individuals will be identified. This information will be made available to Salvation Army personnel who work in Thunder Bay who will look at how the information that you give us can be best used and acted upon. The information will also be used for an assignment that Captain Lang is doing to complete her Master's studies in the Department of Educational Psychology in the Faculty of Education at the University of Manitoba.

When the information has been evaluated, a summary of the services and programs that people would find helpful will be made available to you. Personal information about those who participate in the interviews will not be available in order to keep this information confidential. Once the information has been summarized both the questionnaires and the tapes will be destroyed.

If you have any questions or concerns during the interview, please talk to Thomas about these.

General questions about the Survey can be directed to

1. Captain Penny Lang
   Former Executive Director of the Salvation Army Community and Residential Services, Thunder Bay, Ontario
   Present address: #2115-53 Thorncliffe Park Drive, Toronto, Ontario, M4H 1L1
   Phone: (416) 429-9341

2. Dr. Ray Henjum
   Faculty of Education
   University of Manitoba
   Winnipeg, Manitoba
   R3T 2N2
   Phone: (204) 474-9092

A summary of the survey findings may be obtained from:

1. Capt. Malba Holliday
   Executive Director of the Salvation Army Community and Residential Services
   545 North Cumberland Street
   Thunder Bay, Ontario, P7A 4S2
   Phone: 345-7319

2. Capt. Penny Lang
   #2115-53 Thorncliffe Park Drive
   Toronto, Ontario, M4H 1L1
   Phone: (416) 429-9341

3. The Soup Van - a number of copies will be kept in the van. Please ask one of the staff or volunteers for a copy.

Once Thomas has reviewed this information sheet with you, he will ask you to sign a consent form saying that you understand the purpose of the survey and agree to participate.

A copy of this Information Sheet will be given to you so that you will have the information and the phone numbers if you wish to ask questions or get a copy of the summary.

Thank you again for your participation.

Capt. Penny Lang
Former Executive Director of the Salvation Army Community and Residential Services.

APPENDIX H

The Salvation Army Community and Residential Services
Soup Van Ministry

Survey of Participant Use Consent Form

The Information for Survey Participants sheet has been discussed with me and I have received a copy of this.

I understand the purpose of the survey, that is, that the Salvation Army would like to gather information about the people who use the Soup Van in order to determine whether there are things that could be done, in addition to the Soup Van program, that would be of value to those who use the Soup Van.

I understand that Capt. Lang will be using the information as well for an assignment in order to complete her Master's studies in the Department of Educational Psychology in the Faculty of Education at the University of Manitoba. I have been advised that I may contact Dr. Ray Henjum at the University of Manitoba at (204) 474-9341 if I have questions or comments.

I understand that if I am uncomfortable with any question, I am free to refuse to answer it. I also understand that I may choose to withdraw from the survey at any time and if I choose to do this, that it will not affect my continued participation with the Soup Van or with any other program provided by the Salvation Army.

I understand that the interview will be done by a former employee of the Soup Van Program. I understand that the information that I provide will be kept confidential and will be known only to the interviewer and to Captain Lang and that the consent form, questionnaire and tape will be destroyed after the summary has been prepared.

I understand that a summary of the survey results will be made available to me and the instructions regarding how to obtain a copy of this have been provided. I have also been provided with the names addresses and phone numbers of persons to whom I can direct questions, comments or concerns.

(Please complete either A or B)

(A) I have read the above conditions and agree to participate in the survey of Soup Van participants.

_____

(Participant) (Interviewer)

(B) The above conditions have been read to me and explained and I agree to participate in the survey of Soup Van participants.

_____ _____

(Participant) (Interviewer)

APPENDIX I

Summary of interest demonstrated in program possibilities

Services and Activities	Very	Sort of	Not
Cooking classes	3	1	6
Smart shopping	2	2	5
Managing you medications		2	7
Coping with stress	4	2	3
Vegetable gardening	1	2	5
Communication skills	2	2	4
Budgeting/money management	3		5
Literacy/upgrading	2	1	5
Baseball team	3		5
Anger management	4	2	2
Coming to terms with drugs and alcohol			8
Music appreciation		4	4
Healthy sexuality		3	5
Pool tournaments	4		4
Coming to terms with abuse		2	6
Parenting classes		1	7
Tenant rights and responsibilities	1	1	6
resume writing		4	4
Coaching for job interviews		1	7
Problem solving skills	2	1	5
Art classes	2	1	5
Disciplining your child with love			8
AA group		1	7
Guitar lessons	1		7
Craft classes	1	1	6
Non-violent crisis intervention	1	3	4
Surviving the system - dealing with bureaucrats	4		4
Dressing for success - what's appropriate	3		5
Community resources - what's out there	2		6
Volunteer opportunities with the community	1		7

APPENDIX K

Summary of Questionnaire Responses

Personal

1. Age:
   males: age 19 (1) 18-30 (1) 31-49 (3)
   females: under 18 (1) 18-30 (2) 50-59 (1)

2. Marital status:
   separated/divorced - 1F
   single, never married - 5M; 3F

3. First language :

   English - 9

4. Ethnic background
   Canadian - 9 (First Nation - 3)

5. Dependents:
   none - 8
   one - 1F - 6 year old daughter

Housing

6. Are you a resident of thunder Bay?
   6.1 yes - 8
      6.3 How long have you been in Thunder Bay?
         :whole life - 3
         :20 years - 1
         :4 years - 1
         :3 years - 1
         :4 months - 1
         :1 week - 1
   6.3 no - 1
      6.4 How long have you been in Thunder Bay?
         :3 weeks
      6.5 How long will you be staying?
         : not sure, a couple of months
      6.6 Where did you live before coming here?
         :Vancouver - 1
         :Nipigon - 1
         :Fort Frances - 1

:Geraldton - 2
:Longlac - 1

7. What type of residence do you live in?
:apartment - 7
:at home - 1
:shelters - 1

8. Do you live in this residence both summer and winter?
:yes - 8
:no - 1

9. How often do you pay your rent?
:monthly - 7
:no rent - 1
:no answer - 1

10. How much is your rent?
:$133.00 - 3
:$230.00 - 1
:$360.00 - 1
:$375.00 - 1
:$650.00 - 1
:$175.00 - 1
:no rent - 1

Are utilities included?
:yes - 8

11. Do you share facilities?
:yes - 4
:no - 5
:shares with family members at home

12. Do you have enough furniture?
:yes - 8
:no - 1
12.3 What do you need?
stove, bed, TV, lots of stuff

13. How long have you lived in your present location?
:5-7 years - 3
:1 ½ years - 1
:5 months - 1
:4 months - 1
:3 months - 1
:1 month - 1

:at home - 1

14. What do you like about living there?
location - closer to town and where you want to go
- closer to downtown
- family environment - family in town
environment - apartment is nice; you make it your home
- lots of room; lots of kids
contacts - you get to know nice people
- lots of kids
- family is in town
services - van outings
- close to Soup Van and soup kitchen

15. Are there things that you don't like about living there?
location - rough area; people under the influence; adults approach kids that they don't know
environment - drafts, noise, drinking
contacts - childish and mouthy people - they stress me out
- my brother
no answer - "Nothing bothers me!"

16. Do you feel safe living there?
:yes - 8
:normally -1

17. Have you ever been evicted from your residence?
:no - 6 (1 warned re preaching)
:yes - 3
What was the reason?
:noise, damage to a curtain
:family problems, noise, damage
:"everything on the list" - building was condemned, couldn't pay the rent, noise, damage

18. Where did you sleep last night?
:in apartment - 6
:at a friends - 1
:at boyfriend's - 1
:at a relatives - 1

19. Have you needed to sleep outside or on the street in the past year?
:no - 9

21. Where do you spend most of your time? Where do you hang out?
:malls - 3
:coffee shops - 2

:parks - 1
:downtown - 1
:residential areas - 3
:friends - 2
: bike riding all day - all over

22. Who do you spend this time with?
:alone - 3
:friends - 4
:boyfriend - 1
:girlfriend - 1
:family - 2
:child - 1
:no answer - 1

23. What time of the day do you hang out at these places?
:morning - 2
:afternoon - 7
:evening - 4
:night - 2
:it depends - in between hours

24. When are you at your residence?
:morning - 5
:afternoon - 1
:evening - 4
:night - 3
:no definite hours

25. How would yo rate the quality of your present living arrangement?
:good - 5 :fair - 2 :poor - 2

26. What would make your living arrangement better for you?
:a complete move -1
:a bigger apartment - 1
:if people would leave me alone and not complain about my music - 1
:VCR and groceries - 1
:some sofas - 1
:to be able to get my own place - 1
:no answer - 2

27. Have you at any time used one of the shelters in Thunder Bay?
:no - 5

:yes - 4 (2M, 2F)

Did you choose to go there or were you taken by the police?
:personal choice - 2
:no answer - 2

28. Why did you choose to go there?
:to sleep - 3
:to eat - 1
:for clothes - 1
:safe place - 1
:to talk to a social worker - 1
:for warmth - 2

29. How often would you say you use a shelter?
:once or twice - 2
:don't need to at the moment - 1
:no answer - 1

30. Are there things about a shelter that you don't like?
:they get lots of people off the streets
:the Salvation Army place is a nice place
:warmth and hospitality

31. Are there things about a shelter that you don't like?
:I don't mind it with the meals and everything
:people steal
:the smell; people's odour
:nothing

32. Why have you never stayed in a shelter?
:didn't need to - 3
:pride - 1
:bad environment (dirty and unsafe; people steal your clothes) - 1
:no answer - 3

33. What kinds of things would need to be different in the shelters for you to choose to use them?
:"You can check all of those. I went there. I didn't stay." (better rooms/beds, cleaner, better food, more activities/things to do, staff that are more helpful and polite, safer, fewer rules)
:"I wouldn't go there! I'm an expert on shelters!"

:no answer - 7

Clothing

34. Do you feel that you have enough clothes?!"
:yes - 7
:no - 2

35. Last winter did you have winter clothes?
:yes - 7
:no - 2

36. Do you usually have money to buy the clothes that you need?
:yes - 5
:no - 3
:no answer - 1

37. Have you ever used the clothing depots in the city?
:no - 1
:yes - 8

Why not?
:didn't need to - 1

Nutrition

38. How often do you use the Salvation Army Soup Van?
:daily - 5
: a few times a week - 1
: a few times a month - 2

39. What is the main reason that you use the Soup Van?
:food - 6
:to meet friends -3
:convenient - 2

40. What do you like about the Soup Van?
:excellent soup
:sandwiches and dessert
:service is good
:it fills me up quite a bit; sometimes you get some bread or bagels
:staff are nice

:most of staff are cool
:warm meals
:convenient
:I like the way they make their meals

summary: food - 5
convenience - 1
social - 3

41. Are there things about the Soup Van that you don't like?
:nothing - 3
:no use complaining
:fattening food
:onions and mushrooms
:ham
:no answer - 3

42. Where else do you go to eat?
:Dew Drop Inn - 9
:Shelter House - 2
:Salvation Army hostel - 0
:restaurants/coffee shops - 1
:family - 4
:friends - 5
:fast food - 2

43. Have you ever used the food bank or the Salvation Army Family Services to get food?
:yes - 5
:no - 4

How often do you use these?
:twice a year - 2
:once a year - 1
:once - 1

44. Do you have money today to buy food?
:yes - 1
:no - 8

45. In the last month were there any days when you didn't eat anything?
:no - 3
:yes - 6

How many days?
:a few - 1
:three - 1

:two - 3
:one - 1

Why didn't you eat?
:sleeping - 1
:drunk/drugs - 1
:no food/no money - 2
:too far to go to Soup Van - 1
:fed daughter instead - 1

Education

46. What grade did you finish in school?
:high school - 1
:twelve - 1
:eleven - 1
:ten - 2
:six
:grade school - 1
:never been to school - 1

47. Are you able to read and write easily?
:yes - 6
:no - 2
:I read but I don't write much

48.Are you interested in going back to school?
:yes - 4
:no - 4
:no answer - 1

What would you like to take?
:finish my arts degree - I have partial university
:upgrading - It's a pain in the ass. It costs but welfare gives the money back.
:Math, English, science, computer tech. - it's the '90's. You need computer tech."
:early childhood education.

49. Do you know who to contact about upgrading courses or job training?
:yes - 6
:no - 2
:in school - 1

Employment

50. Are you presently employed?
:no - 8
:yes - 1
How often do you work?
:casual
What kind of work that you do?
:janitorial

Have you ever been employed?
:yes - 6
:no - 1

How long have you been unemployed?
:one year - 1
:two years - 1
:3 years - 2
: 11 ½ years - 1

What did you work at?
:ARC Industries - built tables and benches
:hotels and restaurants - washed dishes
:telemarketing
:custodial maintenance
:economic development officer assistant

Why did you leave?
:laid off - receivership
:quit - didn't like the people there
:laid off due to seizures
:fired - didn't sell enough
:laid off
:illness

Why are you still unemployed?
:physical disability - 2
:no jobs - 5
:no comment - 1

Would you work for minimum wage?
:yes - 5
:no - 3
:no answer - 1

Would you leave Thunder Bay to get work?
:yes - 5
:no - 3

:no answer - 1

Income

51. What is the source of your income?
: welfare - 3
:disability - 3
:family benefits - 2
:family and friends - 1

52. What is your present monthly income?
:welfare - 357.00
- 520.00
- 440.00
:disability - 776.00
- 600.00 + ?
:family benefits - 649.00
- 949.00
:family & friends ?

53. Where do you think most of your money goes?
:clothing 2
:personal items 5
:food 5
:household supplies 4
:transportation 2
:cable TV 1
:rent/utilities 8
:phone 2
:cigarettes 5
:restaurants/fast foods 2
:entertainment 1
:alcohol/drugs 1
:pet food and supplies 1
:other - exercise equipment
- a lot of cleaning supplies

54. Do you own a car?
:no - 7
:yes - 2
What does it cost a month to run it?
:nothing - it doesn't work -1
:about $200.00 a month -1

55. What do you do if you run out of money?
:use Soup Van 9
:use soup kitchen 5
:stay with family/friends 1

:borrow from family/friends 4
:steal what's needed 1

56. Have you ever committed a crime in order to go to jail because you needed food and shelter?
:no - 8
:almost - 1

Health

57. Do you have a health card?
:yes - 9

58. How would you rate your general health?
:excellent - 1
:good - 6
:fair - 2

59. Do you have a family physical?
:yes - 8
:no - 1

60.When did you last see him/her?
:within past month 2
:within past 6 months 3
:within the past year 2
:more than a year 1

61. Do you have any health problems at the moment?
:elbow injury (chronic)
:chronic ulcers on feet; has had it for years
:sore muscles from exercising
:muscles and joints, knee problems
:headaches
:muscles and joints from street walking; toes get sore from walking on concrete; also breathing
:no answer - 1

62. When did you last see a dentist?
:within the past year 3
:more than a year 2
:more than 5 years 3
:more than 10 years 1
:don't see a dentist 2

63. Are you supposed to wear glasses?
:yes - 9 Do you have these?
:yes - 9

64.Have you ever had mental health problems?
:no - 7
:yes - 1
:no answer - 1 (Interviewer noted 'developmental delay"

65. Have you ever been hospitalized in a mental health facility?
:no - 7
:yes - 2

66. Have you used a mental health service within the past 3 months?
:no - 7
: no answer - 2

67.Have you ever received a prescription for a psychiatric medication?
:no - 9

68. Are you presently supposed to be taking psychiatric Medications?
:no - 9

70. Have you ever attempted suicide?
:no - 5
:yes - 4

71. Do you frequently feel

:down or depressed	5
:pressure or stress	7
:very angry	5
:very anxious	5
:hopeless	3

72. What do you do when you feel this way?
:exercise; go for a walk
:smoke a joint
:yell to get my point across
:go and talk to a friend
:talk to loved ones
:go to Regional and talk to someone
:no answer - 3

73. Is your current partner violent?

:no current partner	4
:no	2
:yes	2

:"no answer" 1

74. Was a past partner violent?
:no - 6
:yes - 1
:never had a partner - 2

75. Were you physically or sexually abused as a child?
:no - 1
:yes - 2
:physically - 2
:vague answer - 1
:no answer - 3

76. Have you been sexually assaulted as an adult?
:no - 7
:yes - 2 (females)

77. How often do you use alcohol?
:never - 4
:rarely - 4
:a few times a month - 1

78. How often do you use street drugs?
:never - 4
:rarely - 1
:a few times a month - 2
:a few times a week - 2

79. When you were a child were you ever in foster care?
:no - 8
:yes - 1

Community Contacts (Family)

80. Do you have family in Thunder Bay?
:yes - 8
:no - 1

Who are they?

:parents	3
:brothers and sisters	7
:grandparents	1
:aunts/uncles/cousins	9
:other - in-laws	1

81. How often do you see them?

:daily 2
:weekly 1
:monthly 1
:hardly ever 4
:never 1

82. Do you have close friends in Thunder Bay?
:no - 2
:yes - 7
How many?
:2-3
:6
:1000
:a lot
:no answer - 5
How often do you see them?
:daily
:weekly
:monthly
:once a year
:hardly ever

83. Have you ever asked family members/friends for help when you needed it?
:yes - 4
:no - 2
:family in Nipigon - no; church family - yes

What kind of help did you ask them for?
:money 5
:food 4
:clothing 6
:shelter 3
:a listening ear 1
Why didn't you ask for help?
:pride - 1
:"didn't want to bother them"

84. What things have your family/friends done for you that have been important and appreciated by you?
:fixed my bike
:friends have invited me over to their place: Christians helped me move
:mine have been there for me (unable to be specific - silence)
:give me things; give me support
:all those things (unable to be specific)
:no answer - 2

85. Are there things that you wish your family/friends would do for you?
:spend more time together
:make more time for fellowship to get into the word of God
:no - 3
:no answer - 4

86. Are there things that you do to support your family/friends?
:I'm not in a position to; no phone - no communication
I'm fighting for independence.
:cut grass
:helped a friend clean her apartment and shopped for her when she broke her arm; has cleaned for others as well
:babysit; listen
:no answer - 3

87. How would you rate the support that you get from your family/friends?
:excellent - 2
:good - 5
:poor - 1
:50/50 - 1

88. When you need someone to talk to, who do you go to most often?

:friend	4
:relative	3
:social worker	2
:doctor	1
:bar tender	1
:minister/priest	1
:no one	1

Community Contacts (Resources and Services)

89. Within the past month how many contacts have you made with agencies that provide specific services?
:none - 6
:no answer - 3

90. Do you know who to contact when your cheque is late
:"my worker"
:"Peter" (the trustee)
:"social services"
:"you scramble"
: yes - 1
:no answer - 3

for housing
:"my mother takes care of that"
:non-profit housing - 3
:no - 5

for legal matters
: no answer - 9

91. Do you have access to a phone (not a pay phone)?
:yes - 7
:no - 2

92. Do you have access to laundry facilities?
:no - 1
:yes - 8
Do you have to pay for these?
:yes - 6
:no - 3

93. Do you have access to a bath or shower?
:yes - 8
:no - 1

94. What do you think is the biggest need at the moment in your life?
:"a new place to live"
:"Do I gotta answer that? I got all I want."
:"food and raiment"; cleaning equipment
: groceries
:my father
:"a home of my own"
:a father; my family to get together
:a vehicle, a good job, and family life
:I don't know

95. What do you think you are able to do about meeting these needs yourself?
:"look in flyers and budget my money" (food, raiment and "cleaning equipment)
: "make contacts" (a new place to live)
: "I don't know where to look" (a home of my own)
:"I'd have to leave town. May father isn't here. (my father)
:"rob a bank"
:"to gain and achieve your goals" (a vehicle, a good job and family life)
get counselling" (a father; my family to get together)
:no answer - 2

96. Is there something someone else could do to help you?
:"physical help when I move"
:"fix my bike when I need it"
:"I don't feel I need help. I don't need a trustee. I had one 19 years ago. I know how to handle my money."
:"the government could give back the 20% in welfare. Then I had groceries."
:"no!"
:"not really"
:no answer - 3

97. If a safe, informal place was available where you could meet with friends, have a coffee and relax, do you think you make use of it?
:yes - 9 "sort of like a coffee house";
"certainly if they were born again Christians"

98.If some services were made available to you and some information and recreation groups were offered do you think you would be interested in participating?
:yes - 5 "they're aren't many; some are lacking; or poor transportation makes it impossible"
"Oh, yes!" (very enthusiastic)
:maybe - 3 "with Christians)
:no answer - 1

99. The following is a list of possible services and activities that could be made available. Please indicate whether you would be very interested, sort of interested, or not interested in taking part.

Services and Activities	Very	Sort of	Not
Cooking classes	3	1	6
Smart shopping	2	2	5
Managing you medications		2	7
Coping with stress	4	2	3
Vegetable gardening	1	2	5
Communication skills	2	2	4
Budgeting/money management	3		5
Literacy/upgrading	2	1	5

Baseball team	3		5
Anger management	4	2	2
Coming to terrs with drugs and alcohol			8
Music appreciation		4	4
Healthy sexuality		3	5
Pool tournaments	4		4
Coming to terms with abuse		2	6
Parenting classes		1	7
Tenant rights and responsibilities	1	1	6
resumee writing		4	4
Coaching for job interviews		1	7
Problem solving skills	2	1	5
Art classes	2	1	5
Disciplining your child with love			
AA group		1	7
Guitar lessons	1		7
Craft classes	1	1	6
Non-violent crisis intervention	1	3	4
Surviving the system - dealing with bureaucrats	4		4
Dressing for success - what's appropriate	3		5
Community resources - what's out there	2		6
Volunteer opportunities with the community	1		7

100. If the following services were made available, do you think that you might have a ned to use them?

Service	For sure	Maybe	No
Use of a phone	2	1	
Use of a mailing address	2	1	
Shower	2		
Laundry facilities	3		
Haircuts	3		
Help in finding housing	2	3	
Consultations with a community health nurse	1	1	

Are there other services that you sometimes need?
:talking to a worker when I'm depressed -1
:couple counselling - 1
:transportation - 1
:no comment - 6

101. If a facility like this could be developed, what would be your main reason for using it?
:use of direct services (eg, phone) - 3
:get information from groups - 3
:a place to relax and meet people - 5
:get help for specific needs - 3
:other - a change of atmosphere - 1
:no answer - 3

Do you have any further comments or suggestions for us?
: a nice singles' dance
:cook enough so we can have seconds and thirds; have bread that we can take home

Faculty of Education
ETHICS APPROVAL FORM

To be completed by the applicant:

Title of Study:

Characteristics and Self-Perceived Needs of Persons Who Use an Emergency Food Provider

Name of Principal Investigator(s) (please print):

Penny Lang

Name of Thesis/Dissertation Advisor or Course Instructor (if Principal Investigator is a student) (please print):

Dr. Ray Henjum (Acting Advisor)

I/We, the undersigned, agree to abide by the University of Manitoba's ethical standards and guidelines for research involving human subjects, and agree to carry out the study named above as described in the Ethics Review Application.

Penny Lang

Signature(s) of Principal Investigator(s)

Ray Henjum

Signature of Thesis/Dissertation Advisor or Course Instructor (if required)