

# **Perceptions and Experiences of Clientele and Service Providers in Homeless Organizations in Minneapolis**

Wartburg College Community Sociology

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*Abstract*

The purpose of the current qualitative study was to better understand the experiences of the homeless in Minneapolis, Minnesota, as well as the experiences and perceptions of those who aid the homeless. Interviews were conducted with shelter clients, shelter staff, and the staff of an advocacy organization. Coding of interview notes resulted in three major themes: causes and patterns of homelessness, individual and societal perceptions concerning homelessness, and resources and programs available to the homeless population. Causes included increased housing costs, drug or alcohol abuse, and lack of formal education. Participants recognized both societal and individual responsibility for homelessness. Housing and child care were seen as the most effective programs offered by shelters.

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## INTRODUCTION

Homelessness is a growing problem in the United States. On average, 600,000 people are homeless in America every week (Weicher 2006). Much of the homeless population in the United States consists of racial minorities. According to Wright (2000), half of families and over one-third of individuals without homes are African-American. Of all people without shelter, 60 to 70 percent are single males and approximately 30 percent are women with children. Less than 30 percent of eligible households with children receive governmental assistance. In 1998, there were children in 47 percent of assisted households (Weicher 2006). Approximately 90 percent of homeless families are headed by a single female parent (Markos & Lima 2003). Women escaping abuse make up half of all homeless women with children. In fact, domestic violence was identified as a primary cause of homelessness (Markos & Lima 2003).

Many homeless individuals suffer from some kind of physical or mental disability. One-quarter to one-third of people experiencing homelessness have been diagnosed with a serious mental disability. A larger percentage suffers from substance abuse problems (Wright 2000). Substance abuse becomes an even greater issue, as many shelters do not allow individuals with substance abuse problems to use their facilities until the individuals have completed a detoxification program. Gulcur and colleagues (2003) conducted a study on the Housing First Program. The Housing First Program allows individuals housing before entering treatment for substance abuse or mental illness. This program was more cost efficient and led to more positive outcomes for the individuals.

Supportive housing has also been shown to improve the quality of life for homeless individuals with physical or mental disabilities (Nelson et al. 2005). Even without treatment, merely having a supportive shelter was shown to improve attitudes of these individuals. A study conducted in Athens, Georgia (Glisson, Bruce, & Fischer.

2001) found that the majority of the individuals were able to obtain low-cost housing with the help of the shelters.

Homeless shelters, however, have not always provided care to individuals diagnosed with a mental disability. Instead, individuals with chronic mental illness were often institutionalized. Recently, these individuals have been encouraged to live independently in their communities. Although many of these individuals are able to live successfully, others are not able to care for themselves. They may also not be able to utilize support from family and friends, resulting in homelessness or poverty (Salveson 2006).

Newly homeless individuals struggle with the burdens of residential instability, physical disease, and mental illness, but many improve their health status and access to care while they are in shelters. Through the services provided by the shelters, many receive health insurance during their stay, which helps increase their access to health care (Schanzer et al. 2007). A common health problem found in the homeless population is sexually transmitted infections (STIs). In a study by Grimley and colleagues (2006), homeless clients receiving services at a shelter were receptive to STI testing including testing for HIV. Most individuals who tested positive were notified and successfully treated.

Families are also in great need of care because of the physical, emotional, and mental harm children experience through homelessness. Markos and Lima (2003) recommended that funding should increase for programs that promote healthy living conditions, better nutrition, and higher education for children and families. It has been found that children who are homeless are more likely to have lower self-esteem than non-homeless children. In order to prevent this from happening, children need to be kept in a

stable environment, such as school. School facilitates incorporation of these individuals into societal in-groups.

Lee, Farrell, and Link (2004) focused on the homeless as an out-group. In a society there are in-groups and out-groups. The out-group is labeled negatively and stigmatized by the in-group, which often results in prejudice and discrimination in the services that are provided. They found that more exposure of the in-group to the out-group was related to more positive views held by the in-group. Exposure was also positively related to policy attitudes and the in-group's willingness to support and help the out-group.

In the 1980s, the government began removing skid row housing in cities and replaced it with shopping centers, new homes, and convention centers. Skid row housing is characterized as low quality, low income housing for the near-homeless population. Rather than creating a solution, the abolition of skid row housing resulted in dispersion of the homeless, which is becoming a more frequent phenomenon. Removing skid rows also resulted in less exposure and less acceptance by the in-group (Lee et al. 2004).

Also in the 1980s, homeless individuals mobilized collective action events in cities across the United States. Drawing on social movement theories about mobilization, Snow, Soule, and Cress (2005) examined the contextual factors that affect the variation in the frequency of homeless mobilization. Findings revealed that a mix of factors congruent with strain and resource mobilization theories help to account for social movements that continue to emerge.

Specific to Minnesota, the Wilder Report (2007) is a state-wide survey conducted every three years. It is designed to examine the demographics and needs of homeless adults both in and out of homeless shelters. In 2006, Minnesota's homeless population included over 1,300 families. Seventy-five percent of these were families headed by

single mothers. Twenty-eight percent of unemployed homeless adults reported not being able to afford any housing, while 21 percent claimed they could pay \$500 per month. Fifty-four percent of homeless adults were considered to be in long term homelessness. In addition to rising housing costs, the most common barriers to stable housing were reported as mental health problems, substance abuse problems, and a criminal record.

In previous research, the perceptions of homeless people have been constructed by researchers and not the homeless individuals and service providers themselves. The current study was conducted in May 2007 to gain insight to the experiences of the homeless population, thereby enabling others to form a better understanding of homeless persons' perspectives of reality. This research paper will discuss the perceptions and experiences of clientele and service providers at Sharing and Caring Hands, People Serving People, Salvation Army: Harbor Lights, Simpson Housing, and Minneapolis Coalition for the Homeless (MCH), all located in Minneapolis, Minnesota.

The purpose of this phenomenological study was to understand the daily experiences of adults over the age of 18 who make use of the homeless shelters located in downtown Minneapolis, Minnesota. In addition to shelter clients, the perspectives of shelter staff and Coalition advocates were examined. Central research questions included:

*What are the perceptions and experiences of the homeless in Minneapolis?*

*What are the perceptions and experiences of those who aid the homeless?*

Sub-questions included:

*What resources are available to the homeless and how are they being used?*

*How does working to help the homeless impact service workers who aid the homeless?*

*What are the perceptions of the homeless and service workers who aid the homeless regarding community support?*

## METHODS

The design of this research study was qualitative. Qualitative research uses multiple methods of data collection. Qualitative research is used with inductive reasoning; observations lead to generalizations and the development of theories. The purpose of qualitative research is to seek greater understanding and develop meaning of individuals' experiences (Creswell 2003). The qualitative nature of the current study allowed researchers to question the participants about the meaning of their lives and draw conclusions about homelessness. Also, it allowed for greater flexibility, which was necessary due to the many uncontrolled variables in the research (e.g., the interviewer and interview location).

The researchers used a phenomenological approach to the study. Phenomenological research focuses on one event. In this case, the researchers had a particular interest in what it was like to be homeless and the experiences that surround homelessness, as well as perspectives of the services they receive. In this approach, researchers attempt to identify the core meanings of human experiences. This is done by studying participants and attempting to identify patterns or relationships among them (Creswell 2003).

### *Participants*

The target population for this study was homeless individuals residing in the Minneapolis, Minnesota area and staff who served those individuals. This included individuals of any ethnicity or socioeconomic status who were at least 18 years of age. From the target population, the researchers selected a smaller sample population. The sample was composed using convenience sampling based on the availability of individuals to participate in the interviews. Dates and times were arranged with

organization coordinators for the researchers to meet with individuals at organizations in downtown Minneapolis that served the homeless.

The organizations visited by the researchers were Sharing and Caring Hands, People Serving People, Salvation Army: Harbor Lights, Simpson Housing, and MCH. These organizations, except for the Minnesota Coalition for the Homeless, provided services directly to homeless individuals. The MCH provides indirect service through advocacy and education. At each of these locations, the researchers conducted interviews with staff, volunteers, and/or clients.

There were 26 total interviews conducted. The researchers conducted 13 interviews with individuals who receive services from the organizations. Of these 13 clients, seven were female and six were male. Four of these individuals classified their ethnicity as white/European and nine considered their ethnicity black. Ages of the clients varied; three individuals were between the ages 20 and 25, four were between 26 and 40 years of age, four were between the ages of 41 and 60, and two individuals were older than 61 years of age. The amount of time the individuals had been homeless ranged from less than a year to 10 or more years.

There were 13 staff members interviewed. Five of these individuals were females and eight were males. Demographic information regarding ethnicity and age was not collected for the staff interviews.

### *Materials*

An interview introduction script, informed consent, and three different interview guides were written for the researchers to use during their interview sessions. The introduction script included introduction of the researchers and the study and information concerning how the interview would be conducted (see Appendix A). The informed consent was written at approximately a sixth-grade level to accommodate the varying

education levels of the participants. It explained the study and its purpose in greater detail (see Appendix B). Separate interview guides were written for clients, staff at homeless shelters, and the Minnesota Coalition for the Homeless staff.

One of the interview guides contained questions pertaining to the clients' use of the shelters in this study and their experiences with homelessness. The client interview guide contained a total of 24 central questions. Many of these questions also included sub-questions. Some of the questions on this interview guide included "What is daily life like for you?" and "What led you to your current situation?" (see Appendix C).

Another interview guide was used during interviews with individuals working or volunteering at the homeless shelters. This consisted of 31 central questions with sub-questions for most of the central questions. Some of the interview questions included "How do you view the homeless?" and "Can you describe a typical day or week?" (see Appendix D).

A third interview guide was used for the staff members at the MCH. This interview guide was different from the other staff interview guide because those working at the MCH did not have regular contact with the homeless individuals they served. This interview guide had several questions pertaining to how this organization affected people experiencing homelessness. Some of these interview questions included: "Which of the coalition programs do you think is most effective/ least effective?" and "What would you say to people who believe homelessness is a social necessity/ inevitability?" (see Appendix E).

### *Procedure*

Researchers visited the different organizations to conduct the interviews. Convenience sampling was used at each location. Most interviews were conducted with two researchers and one interviewee. The interview session began with the researchers

reading the interview introduction script and the informed consent form. The interviewee then signed one copy of the informed consent form for the researchers to keep and was given a second copy of the informed consent form for them. The interviewers then asked questions from the interview guide and wrote down the information. When the interview was completed, the researchers thanked the participant for their time.

### *Role and Perspective of Researchers*

The researchers were undergraduate students at a small liberal arts college in the Midwest. All researchers were sociology majors and were either in their third or fourth year of college. Researchers conducted interviews with clients and staff at the aforementioned locations. The role of the researchers was to gather data pertaining to the research questions, which was done by conducting face-to-face interviews. The researchers recognized that in the process of qualitative research, a certain amount of inherent bias and subjectivity arises. The researchers attempted to control this by using a specific set of questions to systematically analyze the data.

## ANALYSIS

### *Separation of Data*

For analysis purposes, the interviews were divided into three categories based on who was interviewed: clients at the shelters, staff at the shelters, and advocates at the MCH. In total, there were 13 client interviews, 10 shelter staff interviews and three MCH advocate interviews.

### *Coding of Interview Notes/Development of Themes*

All researchers participated in the coding of interview notes for the client and shelter staff interviews. Coding for the MCH interviews was done by the four researchers who conducted those interviews. In each of the interview sets, researchers identified

categories, and then the number of interviews those categories came up in was tallied. Researchers also analyzed demographic information during this process. Categories that appeared in client interviews were level of education, presence of physical or mental disabilities, addictions, coping skills, the role the individuals felt they played in society, perceptions of personal versus societal responsibility, and perceptions of the shelter programs available.

Categories coded for the shelter staff interviews were causes and patterns of homelessness, community views of homelessness, programs available at the shelters, and the need for increased government assistance. The following categories emerged from the MCH staff interviews: factors contributing to the rise of homelessness, the importance of advocacy, the challenges and rewards that come from working at the coalition, and community views of homelessness. Categories identified in all interviews reflected three major themes: causes and patterns of homelessness, individual and societal perceptions concerning homelessness, and resources and programs available to the homeless population.

## FINDINGS

The examination identified several consistent themes regarding homelessness in Minneapolis. These themes are discussed in this section within each of the research questions.

### *Perceptions and Experiences of the Homeless in Minneapolis*

The shelter clients interviewed were commonly without housing during the past year. Six identified themselves as being without stable housing for less than one year, four as homeless from one to five years, one as homeless for five to 10 years, and two people as homeless for 10 or more years. Common experiences can be drawn from the

interviews with the homeless. However, interviews also illustrated the uniqueness of each individual's circumstance. Despite the small sample size, specific themes became evident.

Drug and alcohol abuse was often mentioned, with eight of the 13 individuals affected by drugs and/or alcohol. Drugs identified included marijuana, crack/cocaine, and methamphetamine. Interviewees also provided researchers with reasons for using, which included coping strategies, peer group interaction, and income. One interviewee identified drug use as a way of solving problems, while another indicated drug use as being a part of their social life.

Disabilities, both physical and mental, were frequently identified in interviews. Two participants received governmental assistance for their condition. Six people discussed mental disabilities, including depression, psychosis, and schizophrenia. Addiction and disabilities were two major factors in an individual's inability to maintain stable housing and income.

Lack of formal education was also an important factor in the homelessness of the participants. Eight clients were high school dropouts. One client said education was ". . . important, can't get anywhere without it. For my children, I want them to finish school and take advantage of all their opportunities." However, homelessness is not limited to the uneducated. Five of those interviewed identified themselves as having at least some college education; one was identified as a college graduate.

Researchers were also interested in how the homeless viewed their role in society. Each interviewee provided a unique perspective, including living for God, caring for children, and not being a burden. One response stated that the individual hoped to be

“ . . . a productive citizen, maintain social ethics of the community and [be] a contributing factor.” The responses were interpreted as being either a social or an individual role. Eight responses were categorized as social and six as individual.

The analysis revealed that all sets of interviews, when examined as a whole, recognized both social and individual responsibility for homelessness. Clients at all shelters provided diverse responses concerning how they came into their current situation. All responses were categorized into either social responsibility or individual responsibility. An example of a social responsibility response was rising housing costs. An example of an individual responsibility response was lifestyle (e.g., drug use, poor judgment). Twenty-one of the responses were interpreted by the researchers as social responsibility; twenty responses were interpreted as individual responsibility.

Finally, the researchers examined the level of satisfaction of the resources provided to the clients. Ten clients were satisfied; three were dissatisfied. The most used and effective of the resources were housing and child care. Clients found the curfew and social workers as the least effective aspect of the provided services. The clients were utilizing the services provided as a means of improving their current situation; all have future goals. Twenty-four of these goals were considered by the researchers to be short-term (one year or less), while 22 of the goals were considered to be long-term (longer than one year). Leaving the shelter was the most common goal, followed by obtaining permanent housing. Other goals included finding a job and helping their children to further their education. Tools to achieve these goals were also identified as social or individual, and consisted of reliable income, education, and substance abuse treatment.

#### *Perceptions and Experiences of Those who Aid the Homeless*

The shelter staff provided a unique perspective to the situation due to working with the homeless. The majority cited their passion for working with the homeless as

their reason for being drawn to such work. A staff member at the MCH said that his reason for working at the Coalition was “. . . working with people, experiencing their passion, energy, zeal for life . . . . I want to keep that hope and spirit alive.”

Shelter staff most commonly identified housing costs as a cause of homelessness, with seven of 10 individuals mentioning increased costs of housing. Other causes mentioned included drug and alcohol abuse, untreated mental illness, and lack of formal education. When researchers interpreted the responses, 13 were determined as social causes and 10 as individual causes. The three MCH staff members identified causes of homelessness to be racism, attitudes toward others, deinstitutionalization of those diagnosed with a mental illness, and the destruction of skid rows. In short, the causes were found to be strongly societal. Researchers determined that homelessness is both a social and individual phenomenon according to those interviewed.

The patterns identified were similar to the causes of homelessness. Illegal drugs and mental health issues were emphasized. Twelve of the patterns were interpreted by the researchers as individual and seven as social. One pattern revealed a cycle of homelessness. A shelter staff member commented “. . . it hasn't changed. The faces haven't changed. A lot of the same guys.” A coalition staff member attributes the cycle to the lack of available choices. “. . . you never had a good choice to make. You had crappy choice A. And crappier choice B.” The shelters were working to provide their clients with better choices.

Similar to client responses, the shelter staff also identified housing and children's programming as the most important programs offered. In addition, the staff was also optimistic about job assistance programs and free meals for their clients. The MCH identified indirect services, such as advocacy, as the most effective way to serve the homeless. Staff members are dedicated to implementing programs that will help the

homeless to better their situation. One staff commented “. . . we love them, but we want them to move forward.” An education advocate finds herself “. . . working to lose my job. In other words, I don’t want my work to be needed.” Regardless of the specific program, both clients and staff found access to the programs to be sufficient.

The shelters often rely on support and funding from the Minneapolis community, both individuals and organizations. Researchers inquired about the perceptions of the homeless in Minneapolis. Staff responses were mostly positive, reporting that the community has shown sympathy and support for the homeless and those who serve them. However, three staff interviewees saw a negative perception. These negative perceptions included the spreading out of resources and ignoring problems relating to homelessness. Overall, staff perceived Minneapolis as having a positive perception of the homeless population.

#### *Emergence of “Essence” Description*

The essence of this qualitative study concerns perceptions of the cause of homelessness in Minneapolis. Factors contributing to this situation occur at the societal level, even though they are often viewed as individual failings. Societal causes include urban renewal (specifically the destruction of skid row to build the Metrodome and Convention Center in downtown Minneapolis), deinstitutionalization of people with unresolved mental health concerns, social class differences, and unreasonable housing costs for the working class.

#### SUMMARY AND CONCLUSION

The first major theme identified in the current study was causes and patterns of homelessness. Causes included drug and alcohol abuse, disabilities, and lack of formal education. Also identified were unaffordable housing costs, deinstitutionalization of those

diagnosed with a mental illness, and removal of skid row housing. The causes identified are similar to previous findings by Lee and colleagues (2004) and Wright (2000).

The second major theme identified was individual and societal responsibility for homelessness. The clients interviewed equally acknowledged both individual and societal responsibilities for homelessness. However, the staff was more likely to identify societal responsibility for homelessness. The most common response by staff was housing costs.

The final major theme identified was resources and programs available to the homeless population. Staff stated that housing and children's programming were the most effective programs offered at the shelters. Clients mentioned housing and child care were the most beneficial programs offered. The beneficial programs found in this study were similar to those outlined by Gulcur and colleagues (2003), Nelson and colleagues (2005), and Glisson and colleagues (2001).

During interviews, several staff members mentioned the city of Minneapolis's efforts to decrease homelessness, referred to as the Ten-Year Plan. In 2006, several leaders of the community came together with one goal in mind: to end homelessness in Minneapolis by 2016. This plan became known as "Heading Home Hennepin: The Ten-Year Plan to End Homelessness in Minneapolis and Hennepin County." With the implementation of this plan, Minneapolis will no longer manage homelessness but attempt to prevent it. New housing opportunities will be available so that the number of shelter beds may be decreased drastically and used only in emergencies which will be resolved in a matter of two weeks. Youth prostitution, teen pregnancy, and recidivism rates will all decrease while the number of safer streets increases. For the plan to work, the committee outlined several goals that must be achieved: develop housing opportunities, implement system improvements in shelters, build capacity for self support, improve service delivery, prevent homelessness, and provide coordinated

outreach. With these goals achieved, the committee feels homelessness can end (Hennepin County 2006).

Future research should examine the Ten-Year Plan throughout its stages: planning, goal achievement, and implementation. Research should examine the relationship between the number of homeless individuals and the progression of the Ten-Year Plan, as well as similar programs throughout the United States. Other directions should track the education, job training, and employment skills of the current homeless population as the Ten-Year Plan is implemented, as well as the changes in homeless shelters and how this affects the staff members of the organizations.

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## Appendix A

### **Interview Introduction Script**

Hi, my name is \_\_\_\_\_ and this is \_\_\_\_\_. We are community sociology students from Wartburg College and we are here in Minneapolis working with a number of organizations in the downtown area that assist the homeless. We would like to thank you for your willingness to participate in our research project. I would like to read the informed consent form to you to provide you with information about the purpose of our study, its potential benefits, and your rights as a participant. If after hearing this information you are willing to participate we will just need you to sign two copies, one for our records and one for you to keep. We will both be asking questions and taking notes throughout the process of this interview. In order to assure confidentiality of your responses, we will separate the signed consent forms from your responses. If you have any questions at any point, please feel free to ask.

## Appendix B

### Client Interview Guide

1) What is daily life like for you?

When do you start your day

Where do you eat meals

Who do you interact with

During free time

Public transportation

Where do you sleep

2) Do you have a job?

Do you have any physical or mental limitations

3) What led you to your current situation?

4) How did you learn about this organization?

5) Why did you choose this organization as opposed to others?

Did the religious aspect of the organization impact your decision

6) How often do you use shelters?

7) How long have you been receiving services here?

8) How long have you been without permanent housing?

How old are you

9) How do you feel about the services provided at this organization?

10) What services do you use at this shelter?

What service is most helpful

What service is least helpful

Are men and women treated differently

Are people of different ethnicities treated differently

What is your ethnic background

11) What other community resources do you use?

Other Shelters

How do they compare to this organization

Health services

How often

12) How do you think the American society feels about homelessness?

Is Minneapolis different

13) What do you feel your role is in society?

14) What is your perception of people in the Minneapolis community?

15) Do you have family near?

How are your relationships with family members

16) Has your family background affected where you are at today?

17) What is your marital status?

Married

Divorced

Separated

Never married

Remarried

18) Do you have any children?

19) What type of educational experiences have you had in the past?

Are you currently attending any classes/training?

Do your children attend school/day care

How important do you think education is?

For you

For your children

20) Have drugs and alcohol played a role in your current situation?

how

21) How do you deal with the challenges that you face?

22) What do you see as your personal strengths?

23) What are your goals?

What do you need to reach them

24) What can organizations do to better serve you?

Create more awareness of services

**Thank you so much for your time and willingness to participate in this interview.**

**Interviewer record:**

Gender\_\_\_\_\_

Organization\_\_\_\_\_

Interview environment\_\_\_\_\_

Comments\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Appendix C

### Shelter Staff Interview Guide

1) What drew you to this job?

Previous related personal experiences

Previous related professional experiences

Specific organization

2) Can you describe a typical day or week?

Job description

Responsibilities

Client interaction

Travel

Paid vs. volunteer

3) Why has homelessness become such a big problem?

Lack of housing availability

4) How do you think the Minneapolis community views the homeless?

How accurate

5) How do you view the homeless?

6) How do you think your clients view the staff?

The services

7) What patterns have you witnessed in the homeless population?

With the population you serve

8) What is it like to be homeless in Minneapolis?

Daily experiences

9) What community resources do you utilize to help provide assistance for your clients?

MN Homeless Coalition

10) How many volunteers do you have?

Paid staff

Sufficient?

11) Do staff and volunteers tend to remain with the organization?

How long

12) How do you receive resources and supplies?

Donation

Government funding

Grants

13) What do you view as the most successful service/programs your organization provides?

14) Which of the services/programs that you offer do you think needs the most improvement?

How to improve

Would you be satisfied if you were homeless?

15) Which service/program is utilized most by clients?

Utilized least

Gender differences

16) Who is eligible to receive your services?

Describe clients

Referrals if denied

17) How long do clients typically receive services?

How often

Do you do follow-ups

18) Are there differences in how services are provided to men, women, and children?

19) Have you had to cut any services/programs due to lack of funding?

20) Does spirituality play a role in the services you provide?

How does it benefit workers/clients

21) How do you think the Minneapolis community views homelessness?

22) How do you view homelessness?

Prior to working here vs. after

23) How has working with the homeless impacted the way you live?

How you view your life?

24) What would you say to people who believe homelessness is a social necessity/inevitability?

The homeless

25) How do you think the Minneapolis community views this organization?

If negative – what could be done to improve?

If positive – example of how

26) How does this organization affect the Minneapolis community?

Benefit homeless?

27) What are the city's efforts to reduce homelessness?

Government/Ordinances

Individuals

Businesses/organizations

28) How is your job viewed by your friends and family?

29) What are some challenges of working in an organization like this?

Hardest part of your job

30) What are your views regarding what can be done to improve the conditions of the homeless in the future?

Government

City

Neighborhoods

Individuals

31) What is the most rewarding aspect of your job?

**Thank you so much for your time and willingness to participate in this interview.**

**Interviewer record:**

Gender\_\_\_\_\_

Organization\_\_\_\_\_

Interview environment\_\_\_\_\_

Comments\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Appendix D

### **Minnesota Homeless Coalition/Homes for the Homeless Interview Guide**

1) Can you describe a typical day or week?

Job description

Number of calls

Client interaction

Travel

Paid vs. volunteer

2) Why has homelessness become such a big problem?

Lack of housing availability

3) How do you think the Minneapolis community views homelessness?

Homeless individuals

4) How do you view homeless?

Homeless individuals

5) From where does funding for this organization come?

Public vs. private

6) Which of the coalition programs do you think is most effective?

Why

7) Which of the coalition programs do you think is least effective?

How to improve

8) What would you say to people who believe homelessness is a social necessity/inevitability?

9) How do you think the Minneapolis community views this organization?

If negative – what could be done to improve?

If positive – example of how

10) How does this organization affect the Minneapolis community?

Benefit homeless?

11) What are the city's efforts to reduce homelessness?

Government

Individuals

Businesses/organizations

Ordinances

12) How does the coalition work with government?

Federal

State

Local

13) If you could create a public policy that would help the coalition's cause, what would it include?

14) What drew you to this job?

Previous related personal experiences

Previous related professional experiences

15) How is your job viewed by your social circles?

16) What are some challenges of working in an organization like this?

Hardest part of your job

17) In the future, what more do you think could be done to help the homeless?

Government

City

Neighborhoods

The coalition

Individuals

18) What is the most rewarding aspect of your job?

**Thank you so much for your time and willingness to participate in this interview.**

**Interviewer record:**

Gender\_\_\_\_\_

Organization\_\_\_\_\_

Interview environment\_\_\_\_\_

Comments\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Purpose of the Study:**

This is a study in sociology that is being conducted by Jessica Herrmeyer, adjunct instructor of sociology at Wartburg College in Waverly, Iowa. The purpose of this study is to look at the experiences of those receiving help from shelters in Minneapolis, Minnesota and the resources available to these individuals.

**What will be done:**

You will participate in an interview with 2 student researchers that will take no more than 1 hour. The interview will focus on questions about your daily experiences and what you think of the community resources. We will ask for some basic information like your age, marital status, number of children, education level, etc.; no identifying information, such as your name, will be recorded. This basic information will allow us to correctly describe the general traits of the people who participate in this study.

**Benefits of this Study:**

You will be contributing to knowledge that will hopefully create useful ideas that can be used to improve the community resources available to you. Each organization will receive material gifts that reflect the needs of their client, such as toiletries, clothes, kitchen supplies, toys, etc.

**Risks or discomforts:**

No risks or discomforts are expected from taking part in this study. Any comments you make, positive or negative, will not affect the services you receive from this organization. If you feel uncomfortable with any question, you do not have to answer it. You are also able to end the interview at any time if you become uncomfortable. If you decide to stop at any time before you have finished the interview, your answers will NOT be recorded.

**Confidentiality:**

**Your responses will be kept completely confidential.** No identifying marks will be recorded during the interview. At the end of the interview, we will ask your permission to use quotations from your responses. If you agree to let us use quotations, we will NOT include any name or nicknames you use.

**Decision to quit at any time:**

Your participation is voluntary; you are free to stop participating in this study at any time. If you do not want to continue, just tell the interviewer.

**How the findings will be used:**

The results of the study will be used for scholarly purposes and may be presented in educational settings and at professional conferences. The results might be published for sharing with the academic community at Wartburg College. The information provided from this study will hopefully be used to improve the services available to you.

**Contact information:**

If you have any concerns or questions about this study, please contact Jessica Herrmeyer at [Jessica.herrmeyer@wartburg.edu](mailto:Jessica.herrmeyer@wartburg.edu) or by phone at (319)352-8389.

**Your signature below shows that you understand the above and agree to participate in this interview.**

Please print your name \_\_\_\_\_

Witness signature \_\_\_\_\_

Please sign your name \_\_\_\_\_ Date \_\_\_\_\_