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SHELTER LESS SURVIVALS AND THEIR OBLIGATIONS

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Abstract:

People are homeless owing to a posh series of things. Proof points to the association between status and individual factors, including lack of education, psychological state, addictions, and economic condition, and community factors such high state. Nevertheless among this context of fast economic growth and low state in an urban center, Canada , homelessness is increasing. The aim of this qualitative study was to better perceive middle homeless shelter residents and their desires within a context of the fast economic process. This study an element of an ongoing analysis initiative fashioned through a partnership between The Salvation Army (TSA) and also the University of urban center to make a foundation for co-learning among the residents of the bureau, inter-professional clinical groups, still as university students and school to boost the health and well-being of the community. In-depth semi-structured interviews were conducted with 10 bureau residents. 3 patterns of resident behaviors and wishes emerged: Stepping Stone, Embedded within the System, and Teetering on the Brink. The service implications of those patterns are mentioned.

Keywords:

Shelter,Poverty,WHO,AISH

Introduction

Poverty is an advanced development that shifts with local or national, social and economic conditions with little consensus on the way to measure it. Not like the U. S. Where poorness is defined as a fixed benchmark at that total financial gain is low to obtain minimum necessities, Canadian researchers generally use a relative measure of poverty where poor people have less than a share of a median income for food and shelter. These measurements give an understanding of the share of the population living in poorness. Status is an indicator of an awfully deep level of poorness. Individuals living in poorness may expertise status on a chronic or temporary basis (Daly, 1996; Government of Canada, Parliamentary research Branch, 1999; Rivlin, 1990). Poverty and status affect health. Just like alternative Western countries as well as Australia, great UK Sweden , and also the U. S. , Canadians with higher financial gain report better health . Individuals with lower financial gain levels are more seemingly to die younger and rate their health as poor regardless of age, gender, or geographic location . Compared to the general population, persons who are homeless have poorer health with a considerably accumulated risk of mental diseases, physical violence, and death. For homeless persons, unwellness severity is also markedly accumulated attributable to delays in seeking treatment and inability to adhere to therapy . The impact of poorness on health is also amplified through financial gain inequality and also the stresses related to living in poorness (Federal, Provincial and Territorial consultative Committee on Population Health, 1999). Health is a multifarious development that's embedded among a complex system at multiple levels (e.g., individual and community) (Health Canada, 1998). At the individual level, health may replicate Benzies et al. Physical, social, and private resources that change accomplishment of personal goals. At the community level, health is influenced by the presence of economic, social, and environmental structures that support the well-being of its members. Structures may embody shelter, education, food, income, sustainable resources, social justice, and equity (World Health Organization, 1986). Limited access to these structures constitutes social exclusion . Similarly, interventions to handle the complexities of states have to be compelled to be harmonized with consumer need, and embody community, structure, and policy changes to empower, rather than blame, the homeless. The definition of status varies (Government of Canada, Parliamentary research Branch, 1999) and will embody those persons “who don't have a permanent place that they will come to whenever they therefore choose” and live on the road or victimization emergency shelters, as well as those at risk of changing into homeless (City of the metropolis, 2006). For this study the homeless

were persons who stayed during a homeless shelter. The research queries were: (a) What are the characteristics of people accessing an inner city homeless shelter, and what are their necessities. Symbolic interactionism and social ecology theories notified the study. Symbolic interactionism is predicated on the belief that people within the context of their social interactions build and maintain purposeful worlds to make sense of their experiences. Through interviews with participants, researchers sought to know homelessness from the perspective of those UN agency are nearest to the experience. Social ecology focuses on the interrelationships between folks and their communities with stress on the social, institutional and cultural contexts of people who are homeless.

An institutional ethics review board approved the study. Participants were recruited through posters displayed in the office and letters distributed by staff. Participants were included if they: (a) were currently a resident of the office, (b) may speak English to an adequate degree to carry on a language, and (c) were over eighteen years of age. All participants provided written wise consent prior to their participation. Participants were offered food throughout the interview.

Participants

A purposive sample of 10 participants was chosen to capture variation in age, gender, and culture; variation in relevance employment status was not specifically sampled. Participants were between 20 and fifty nine with the mean age of thirty-nine years that is two years older than the typical office resident. In line with office population, 9/10 were male and also the majority self-reported European descent (7/10). Most one had completed high school, and 3 had at least some post-secondary education. The bulk (7/10) were single; two were divorced and one was in a common-law relationship. The bulk (7/10) were skilled in retail, service, and construction work, the rest unskilled laborers. There were currently operating for pay. Of these not operating for pay, sources of income included to assure income for the Severely Handicapped (AISH), social assistance, personal savings, and choosing recyclable bottles out of the trash. Two according that they had no cash to live on that. Participants' self-reported daily activities included attending office programs, hygiene, job searching and interviews, leisure activities (e.g., socialization, reading, computer games, taking note of music), finding sources of nutrition, and working for pay. Semi-structured interviews were conducted by student analysis assistants (RAs) with formal training in communication and therapeutic

relationships, and a little experience in operating with vulnerable populations. Interviews were meted out by appointment throughout regular business hours. RAs were trained to conduct the interviews and to abort the interview and phone on-the-scene staff to help any participant who experienced psychological distress. RAs conducted their interviews concurrently in separate office established safety protocols. All interviews were conducted while not incident. The semi-structured interview guide was organized with queries proceeding from general to specific and coated areas such as resident characteristics, needs, and concerns. Socio-demographic queries were asked the top of the interview. Interviews lasted some one hour, and were audio-taped and transcribed verbatim. Field notes were written after each interview to enhance interview data. To ensure confidentiality, all personal distinctive information was replaced with a nom de guerre selected by the participant, that was employed in reporting the findings.

Data Analysis

A thematic analysis was conducted to spot meaning generated by sentence-size data segments (Tesch, 1988). A line-by-line approach was used to examine the info intimately and make sure that no themes were overlooked. Data analysis was an iterative method whereby the RAs collaborated with the investigators to spot themes and patterns within the data that needed more in-depth exploration throughout subsequent interviews. Writing memos throughout the process additional facilitated data analysis. Because the analysis proceeded, themes were renamed and reorganized to accommodate the rising patterns of behaviors and needs.

Findings

Participants were various in terms of their needs for health and social services. Some were articulate utilizing refined vocabulary, while others lacked the flexibility to obviously describe themselves and their lives within the analysis context. Quotes from participants in text attributed to self-chosen pseudonyms. Whereas all came to Transportation Safety Administration to meet their basic needs for food and shelter, three groupings of participants' behaviors and needs emerged from the data: (a) Stepping Stone, (b) Embedded within the System, and (c) Teetering on the Brink. There was sizable heterogeneity among the teams.

Stepping Stone. Stepping Stone participants had incontestable positive attitudes, belief in their skills, and confidence that they might accomplish their goals. Several had Grade twelve

or any post-secondary education, and job skills. They were optimistic concerning their probabilities of finding work.

Embedded within the System. Participants Embedded within the System articulated a common theme of a right to financial gain help and were extremely dependent on it. Housing for Embedded participants was inveterately unstable; many rumored to be on waiting lists for additional stability, sponsored housing however recognized that families were continually given higher priority than single men. Physical and mental sicknesses were a priority and a barrier to independence for the Embedded cluster.

Teetering on the Brink participants shared characteristics with Stepping Stone and Embedded within the System teams. Just like the Embedded cluster, Teetering participants lacked a robust sense of direction in life and relied heavily on external factors. Mental disease and invisible disabilities were a barrier to social insurance and/or employment for the Teetering cluster. The stigma related to status was a priority for the Teetering cluster.

What Do Homeless Shelter Residents Need?

Common needs were found among the three groups with variation in the reasons for the need. All groups needed a place to stay.

My Own Place. All participants expressed the need to own a home to decision their own. However, the strategies to attain stable housing differed across teams. Stepping Stone participants were those that came to Calgary within the past few months to appear to work. They used the shelter as available and inexpensive temporary housing until they might save enough cash for a damage deposit. Embedded participants knowledgeable about chronic difficulties to find stable housing. They migrated from one shelter to a different consuming their assigned time, while looking ahead for backing housing. While Teetering participants needed an area of their own, most couldn't afford it and were ineligible for backing housing.

Job and cash. The Stepping Stones and Teetering participants used counseling, job searches, computers, the message center, basic hygiene things, and laundry at the Transportation Safety Administration to help them get a job. Stepping Stones participants had clear concepts concerning finding work. They understood that they needed to search out a job to get cash, and were ready to use the skills they already possessed to search out and keep a job. While

some Teetering participants rumored marketable skills such as computing, retail, and interior design, there have been high expectations that a lot of would be in dire straits them. Access to inexpensive transportation would have enabled some to just accept better paying out-of town jobs. Participants asked for quiet sleeping areas, especially for people who worked night shifts. Bag lunches and a few feeder meals were important, at the side of cafeteria hours to accommodate people who worked shifts and overtime. Further education, training, and mentorship programs to enhance employment opportunities were suggested by Stepping Stone and Teetering participants. Embedded participants were a lot of targeted on finding cash and resources through work agencies.

Away from Drug Dealers. Most participants expressed issues about the drug dealers in the park close to the shelter. For participants without addictions, the drug dealers implanted merely a nuisance that besmirched the image of the place that they referred to as home. For participants with addictions, the drug dealers were a true threat to sobriety, a demand of residence at TSA. This was a much bigger downside for the Embedded in the System participants than for the others who were additional possible to be proud that they were not drug users. One Embedded participant had been clean for a month however wished to maneuver far from the drug dealers and addicts. In contrast to shelter residents who were struggling with addictions, one Teetering participant believed that he was obtaining less support as a result of he did not have addictions.

Social Support and Resources. Common to all or any teams was the need to own social support. Sources of support and resources ranged from friends and family to health and social service agencies, and variations between teams were less obvious during this area. Social support from a partner was generally troublesome for those with low paying jobs and long hours. Whereas some had family support, making a reference to folks of a similar culture and background provided support for others. Some participants found social service agency workers helpful. Participants commented positively on the holistic approach that included religious care and support. Ways to increase social support and cut back loneliness and isolation, particularly for newcomers to the town, were vital to all or any participants. As a result of participants UN agency where employed worked long hours, they required access to health and social services outside of regular business hours. Embedded participants had serious concerns concerning the length of waiting lists for subsidized housing. One described his challenges, there have been also concerns concerning the shortage of diagnostic and

therapeutic resources for mental and physical sicknesses. Embedded participants reported the desire for additional full time psychologists and additional physicians UN agency were tuned in to what they required and would advocate for them. They required additional free food and access to telephones as a result of financial gain support checks were light for food and alternative wants when the rent was paid.

Additional Challenges for Homeless Shelter Residents

While the purpose of this study was to identify the characteristics of homeless shelter residents and their needs, participants unconcealed additional challenges to being homeless. Stigma was associated with poverty and status as described by one participant, “If this province wasn’t so ultra-conservative... didn’t have their nose up within the air and didn’t see each homeless person as a druggie, alcoholic, gambler, then I believe the full province would be a lot higher. Participants told of hierarchies of status where people living on the streets viewed with disdain by those living in shelters. While stigma is associated with any socially excluded cluster, the thought of ‘the poor keeping the poor down’ was a concern. Study participants according that favoritism by service personnel enabled differential access to resources and services. As an example, some food donations meant for shelter residents failed to reach them. “One woman donated steak and lobster. We tend to never see it” (one of the participant). Discourteous service personnel, particularly during phone contacts, were demeaning and severely taxed participants’ persistence to acquire services and resources. “.... And then I get cranky people on the phone most of the time” (one of the participant).

Conclusion

As noted in the study by Morrell-Bellai et al. (2000), the one thing that each one participant in the study had in common was economic condition. Changing into or remaining homeless wasn't a selection but the result of a mixture of individual and community factors. At the community level they besieged problems related to an absence of cheap housing, superannuated welfare rates, and low wage (Laird, 2007). Clearly, interventions got to be targeted both at meeting the requirements of individual who are homeless at the service delivery level but, at a similar time, toward system-wide modification at the community, organizational, and policy levels.

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