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The Role of Caregivers in Shelters for Women Experiencing Homelessness: A Victimological Approach

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The Role of Caregivers in Shelters for Women

Experiencing Homelessness: A Victimological Approach

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A mis padres, a quienes les debo todos los sacrificios hechos para brindarme una mejor vida, y quienes han sido un apoyo incondicional y emocional especialmente en los últimos cuatro años. Gracias.

To the women and caregivers of Ozanam Manor who opened up their hearts to this research. And to every living being that I have encountered throughout my life and that has, knowingly or unknowingly, become my mentor.

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Abstract

Research shows that those who experience homelessness have both past traumatic events *and* experience trauma during their time on the streets. (Aguilar Delgado & Nunes, 2022). For these reasons, their recovery journey while they are temporarily housed in a homeless shelter is dependent on their own traumatic experiences and on the experiences of those who also reside in the shelter; this perpetuates their vulnerable condition and makes them almost entirely dependent on the caregivers in charge of that facility, even though the role of social service providers at organizations for combating homelessness is unclear. The purpose of this chapter is to discover the importance of the role of caregivers in the healing journey of their clients. This study consists of a qualitative analysis of interviews conducted at three social service providers at St. Vincent de Paul's Ozanam Manor, a shelter for people experiencing homelessness in Phoenix, Arizona. The findings reveal that the role of caregivers was of high importance; moreover, there were three main aspects that contributed to their role: the meaning of Trauma-Informed Care for social service providers, building rapport with the clients, and the caregivers' self-awareness. The expectation of this study is to initiate this pivotal conversation and potentially improve the quality of care provided to people experiencing homelessness.

Keywords: Trauma-Informed Care, homelessness, caregivers, victims, trauma, role, shelter, women.

Overview

In any given set of circumstances, we can think of the process of healing as an endeavor that victims go through in order to recover from a traumatic event, regardless of whether that event is a physical trauma (e.g., surgical procedure) or also involves emotional and psychological trauma (e.g., sexual assault). Oftentimes, victims find themselves alone and isolated trying to recover from the impact of trauma in their lives, as is the case of those victims of traumatic events who are, by consequence, experiencing homelessness. Ideally, *healing* should be a pathway guided by a caregiver who supports the victim and provides resources. This chapter examines background research on these issues; attempts to understand the implications of experiencing homelessness from the point of view of the caregivers (with an emphasis on the experiences of female trauma victims experiencing homelessness); and initiates the discussion of policies and processes within a facility for people experiencing homelessness.

Background and Introduction

Homelessness is an ongoing problem in the United States and the rest of the world. Unfortunately, homelessness is difficult –nearly impossible– to quantify in an accurate manner: not only this topic is often unaddressed by the government, but the difficulty of measurement is produced by the constant mobility of those who experience homelessness. In accordance with Point in Time (PIT) count, a widely used measure of homelessness by the U.S. Department of Housing and Urban Development, there were 580,466 people experiencing homelessness on a single night during the year of 2020, which entails a 2.2% increase from the PIT count of two years earlier (Diamond et.al., 2022, page 565). Nonetheless, this count is not precisely accurate: in order to be able to obtain a more precise headcount of the people experiencing homelessness, we need to establish the definitions that will help us determine what homelessness is.

The importance of defining homelessness, author Alison Smith says, not only relies on the academic need to define a term, but most importantly, to understand the "governance and power dynamics in the production of social protection" (Smith, 2022). Even though there is a wide range of categorizations for what homelessness is, we can easily take one for purposes of analysis: the European Federation of National Organizations Working with the Homeless (FEANTSA) defines homelessness within three categories: a physical domain, a social domain, and a legal domain (FEANTSA, 2011 as cited in Smith, 2022). In the absence of one of these domains, according to FEANTSA, one person could be defined as *experiencing homelessness*.

However, the U.S. Department of Housing and Urban Development (HUD) has adopted a different set of criteria to determine whether a person is experiencing homelessness: all individuals and families lacking a regular, stable, and adequate nighttime residence (this definition of "adequacy" excludes places not meant for human habitation, as well as shelters, homeless camps, and others institutions); individuals who lose their residence and lack the resources to establish themselves in another secure place of residence, among other categories (Homeless Emergency Assistance and Rapid Transition to Housing: Defining ''Homeless'', 2011). By contrasting these two definitions, with all their subcategories, it is evident that the definition of homelessness is wavering and highly dependent on the context and the societal and cultural complexion of a specific country, state, or town. This, in consequence, makes it difficult to keep track of every person experiencing homelessness in the country, and does not account for those individuals who are not residing in a shelter, but living directly on the streets.

The work presented in this chapter is based on interviews conducted with caregivers at the Society of Saint Vincent de Paul's Ozanam Manor, a mixed-gender transitional shelter in the city of Phoenix, Arizona. The program's mission aligns to that of its parent institution, The

Society of Saint Vincent de Paul, an international Catholic organization committed to provide services to those in most urgent needs (*SVDP USA – Providing Assistance to Those in Need for Over 175 Years,* n.d.). Ozanam Manor is a transitional housing shelter, which means that their goal is to provide temporary housing while assisting to seek permanent residence; primarily, Ozanam Manor serves people of ages 50 or older who are experiencing homelessness (mostly veterans), although it also serves people of 18 years or older who experience a mental and/or physical disability (The Society of St. Vincent de Paul as found in Aguilar Delgado & Nunes, 2021, p. 13).

Caregivers at Ozanam Manor have a background in social work and focus on case management, a health care process where professionals guide their clients in developing a plan that aligns to the client's needs and goals (Giardino, 2022). At the time this study was conducted, Ozanam Manor was composed of primarily a male senior population, although the shelter reported plans of expansion; as well as offering case management services, the shelter relies on volunteers who offer help in the provision of resources such as a place to sleep, meals, free laundry, as well as physical, mental, and spiritual needs (Aguilar Delgado & Nunes, 2021, p. 14).

Why experiencing homelessness is a traumatic event

In this chapter, it is important to be familiar with three main concepts: *homelessness as a traumatic experience*; *trauma-informed care*; and *gender-specific care*. Similarly, it is important to comprehend that the main reason why the role of caregivers at a shelter is so crucial to a person's healing process is due to the vulnerability of the subjects in question. The claim that homelessness is a traumatic experience is, of course, intimately connected to the concept of trauma, which is a mental or emotional response to an event that is found to be disturbing: a traumatic experience is thus defined as an experience that causes or triggers feelings of fear,

anxiety, horror, and is oftentimes unbearable (Aguilar Delgado & Nunes, 2022). From a psychoanalytical perspective, traumatic events are overwhelming to the extent where an individual cannot take care of her own wellbeing, therefore resulting in extraordinary functioning and extreme disarray (Garland, 2018). Not surprisingly, the effects of undergoing continuous traumatic experiences are deeply detrimental to human beings and can damage or interfere with their general sense or perception of safety, sense of self, control, and even interpersonal relationships (Hopper et al., 2010 as found in Aguilar Delgado & Nunes, 2022). Furthermore, not only it is that traumatic events could lead to homelessness, but homelessness encompasses trauma because people experiencing homelessness are constantly in survival mode and constant mobility (Aguilar Delgado & Nunes, 2022); which in many cases prevents them from properly taking care of their own wellbeing and could result in chaos, confusion, and issues with normal and healthy functioning. Taking the concepts of trauma and traumatic events into consideration, homelessness can be conceived as a traumatic experience.

Rooted in the idea of homelessness as a traumatic experience, Trauma-Informed Care (TIC) was a term introduced in recent years to describe practices that are specifically evaluated and restructured to ensure a basic understanding of trauma and the way it impacts people; Trauma-Informed Care is, at its essence, any practice that fully understands and acknowledges the nature of traumatic experiences and their impact on a person, as well as any practice that prioritizes an individual's healing process and prevents re-traumatization (Speedling, 2019, as found in Aguilar Delgado & Nunes, 2021). Trauma-Informed Care services can be (and should be) implemented in educational, medical, correctional, and psychological settings given that some practices can be particularly triggering to people (Raja et.al., 2015, p. 216-217). Furthermore, it is not only important to recognize that people experiencing homelessness require

services that acknowledge their traumatic experiences, but it is also crucial to understand that the experiences of all people are different according to their circumstances; research shows that women who are experiencing homelessness are one of the most vulnerable groups among those experiencing homelessness given that violence could precipitate homelessness: experiencing intimate-partner violence, gender inequality, exploitation, marginalization, and even poverty are factors that contribute to young women running away from home, and that also prevent them from recovering from that situation (Milaney et al., 2020, p. 1).

Previous research shows that, by taking all these factors into account, care services for people experiencing homelessness should be rooted in trauma-informed care; and additionally, should also consider other ways of treatment given the nature of the circumstances these clients have experienced.

Purpose

Prior investigation (Aguilar Delgado & Nunes, 2022) points out that experiencing homelessness entails a special set of circumstances that inevitably change the dynamics by which people perceive themselves and others. Therefore, homelessness also changes the dynamics of their recovery: what healing really is and how it ought to be, for the sake of those who have experienced it. In 2021, a research team conducted a qualitative study with female clients of a mixed-gender shelter in Phoenix, Arizona; Aguilar Delgado and Nunes interviewed 7 women experiencing homelessness with the purpose of analyzing the provision of services at Ozanam Manor, from both a gendered and trauma-informed perspective (Aguilar Delgado & Nunes, 2022). As an additional piece of that study, the research team conducted interviews with several caregivers to discover a different point of view of the same issue, and therefore, raise deeper conclusions that would better serve the purpose of the study. This chapter consists of the analysis

and qualitative interpretation of those interviews and thus is a continuation of "Examining Gender-Specific and Trauma-Informed Care for Traumatized Homeless Women" by Aguilar Delgado and Nunes; the prior interviews conducted with female clients of Ozanam Manor were influential on the interviews conducted with Ozanam Manor's caregivers, as the information obtained from the shelter's female residents helped to shape the discussions with the caregivers. Although the initial focus of both studies was on the experiences of women in the mixed gender transitional shelter, it is important to point out that the results from this study revealed a greater focus on trauma-informed care with stories and examples of both male and female clients, therefore resulting in themes and subthemes mostly around the delivery of Trauma-Informed Care. The ultimate goal of this study is to be able to find out the interactions inside a homeless shelter, determine the most important aspects of a caregivers' role, as well as to provide insight and information to the social service providers from their clients' experiences. In addition, this chapter seeks to complement the insights drawn from the clients' reports by providing a new perspective from the social service providers in order to accurately communicate both sides of the occurrences that happen inside a shelter for people experiencing homelessness.

Methodology and Research Design

The study in which this chapter is based is of a qualitative nature and consists of the analysis and interpretation of three qualitative interviews with social service providers at Ozanam Manor, a shelter located in Phoenix, Arizona. The interviews were conducted remotely via Zoom, and consent from the participants was obtained. The design of these interviews, as well the recruitment of participants, was approved in 2021 by the Institutional Review Board at Bridgewater State University, in Bridgewater, Massachusetts.

Participants and Recruitment

A letter of recruitment was issued on behalf of the research team inviting all interested social service providers to participate in the study. The sampling was convenient due to the shelter's willingness to participate in the study, and the only requirements were that the participants were older than 18 years of age, able to speak and read English, and worked at Ozanam Manor as caregivers providing services for women experiencing homelessness.

The interviews lasted for approximately one hour each, and the sample consisted of three people: two case managers and the director of Ozanam Manor. Although the sample size was smaller than first expected, there is diversity in the participants' racial and gender identity; (the sample consisted of two White women and one Black man)as well as in their job positions in the shelter. Given the qualitative nature of the study, the relevancy lies on the information provided during the interviews rather than the number of participants, which was sufficient to perform an analysis of their experiences.

Qualitative Instruments

Interview questions

1. *How do you define trauma?*

2. *What does a trauma-informed primary-care shelter look like to you?*

3. *Describe the steps you would take to create a safe environment of trust and respect.*

4. *Tell us about a "success story" -- a client you had a significant role in making a difference for. What were the issues/problems, what were their strengths, and what did you do to make a positive impact?*

5. *Tell us about a "not such success story" -- a client with whom you were not able to be successful.*

6. *What techniques have you found to be effective in developing trusting relationships and rapport with clients?*

7. *Give us some examples of how you engaged with a distrustful or distant client in the past.*

8. *Tell us about a time when your active listening skills supported a client's feelings or needs. Collaborative work-relationships often ease tension and facilitate productive relationships. Can you give me a recent example where you intentionally enhance a relationship to achieve a goal? Give an example of a time when you were part of a great team. What did you do? How did it impact your relationship with the team?*

9. *What have you done to display healthy self-care skills during the past year? What have you done to maintain a healthy work-life balance?*

10. *What do you need from the shelter to help you make sure you are successful?*

Procedure and Analysis

The participants were required to sign a consent form and to provide verbal consent at the time of the interview. An explanation of the project, as well as the research purpose was disclosed at the beginning of the interview process; the participants were offered monetary compensation for their participation in the study. A total of ten open-ended questions were asked, with follow-up questions at the discretion of the researchers; nonetheless, each interviewee guided the conversation and had the freedom to focus on specific topics.

The method of analysis consisted of an interpretation of the interviews (both through transcribed and audio-recorded versions), by which the most common topics were collected and compared against the other participants' reports. The following sections will cover the *themes* and an analysis of these in order to comprehend their meaning.

Results

To keep the confidentiality of the social service providers at Ozanam Manor who participated in this study, we will be using the names Andrew, Bianca, and Cristina. Their testimonies will be used to exemplify and reference the themes and subthemes included in this section.

What TIC means for Social Service Providers

For the purpose of this analysis, the definition of caregiver/social service provider is interchangeable; the Urban Institute defines Social Service Provider as "any governmental or nongovernmental public service program that offers benefits and services around a host of basic human needs" (Adams & Kuhns, 2020). In this chapter, the organization Ozanam Manor acts as a Social Service Provider, as well as all the individuals that work in the shelter, whose official job title is "case manager/worker". As part of their job, case managers work closely with their clients to understand their past experiences, as well as supporting them in finding permanent housing.

Trauma and TIC

In the exploration of the role of caregivers (and in this case, case managers) in a trauma-informed care (TIC) facility, the question of what trauma is and what TIC entails naturally arose. Hence, it is crucial to make sure that all caregivers at a homeless facility know what trauma and TIC are, and that there is a consensus around these definitions. All three participants asserted that trauma could have physical and psychological factors, and generally described it as an experience that prevents individuals from coping from said situation. Nonetheless, TIC was a term that appeared to be somewhat more difficult to define: on one hand, Andrew defined a trauma-informed care shelter as one that "serves an array of individuals with a multitude of

disabilities. And I am sure I could say with confidence… I am sure [...] there's a percentage… some have been traumatized in their lifetime". On the other hand, Bianca not only clarified that TIC facilities serve individuals who have experienced trauma, but she asserted that social service providers at a TIC shelter "have an understanding about how their [the clients'] past influences their present and their future, and we want to consider that in our communication and in our planning for the future". Cristina assured that in a TIC facility, "you would treat everyone with the kindness that you would if you knew they were experiencing trauma […] it is treating everybody with this level of compassion and respect, because you don't necessarily know what they've gone through". There are several things that are crucial to point out from these three definitions: according to the definition of Trauma-Informed Care, there must be an acknowledgement of what trauma is, how it operates, and how to prevent it from re-occurring. Following this line of thought, therefore, Andrew (who understands the nature of trauma) appears to be unsure about the prevalence of traumatic events among the population he serves; nonetheless, and as TIC practices suggest, there must be an acceptance of these traumatic experiences not only to include them in the healing process, but to prevent practices that may inadvertently re-traumatize. In other words, there should not be a doubt of whether a client has or not experienced trauma, or how legitimate their claims are, but there should be instead an acknowledgement of their experiences with the purpose of preventing any re-traumatizing event from happening.

    As Cristina and Bianca mention, TIC requires caregivers to be aware of their clients' experiences in the sense of knowing the nature of these events and their influence on a person, as well as any other circumstance that might be triggering. Even though in many cases there might be an impediment to knowing exactly what a client experienced (e.g., a client might be reluctant

to share their story), an initial basic awareness of the possible events is required in Trauma-Informed Care practices. Social providers must be well-informed about what traumatic experiences are and how they affect someone because the lack of knowledge or training on this matter may prevent them from performing good work or, in some cases, be unaware of circumstances that might be re-traumatizing to their clients.

Delivering TIC

There are several important aspects to consider in the delivery of TIC. First of all, given that homelessness is in itself a traumatic experience, **safety** is reasonably a very important topic in a homeless shelter: all interviewees mentioned the importance of making their clients feel safe from psychological, emotional, and physical perspectives. Secondly, the delivery of TIC is of a complex nature due to the needs of **individualized care** (unique to every individual) and **structured care** (covering the needs of all individuals at a facility). Cristina asserts this by saying that part of a TIC means "finding a balance between that individualized care and still providing a level of structure that helps the majority of people feel safe".

Similarly, and following the lines of both the safety and proper care of people experiencing homelessness, both **accessibility** and **accommodations** should be prioritized in a TIC facility. Andrew stated that when a facility is not accessible, it poses additional challenges to individuals: "In my years being at Oz, we've had people who have been deaf, and they have to ride out. Because we don't have those types of accommodations, that can be very challenging to an individual". The importance of recognizing the particular challenges that arise from lack of accessibility and accommodations is crucial to address these issues and deliver a more equitable care for everyone at the facility.

Additionally, one of the themes that appeared crucial for both caregivers and clients was that of **rules and regulations**, as it was also expressed by residents of Ozanam Manor in Aguilar Delgado & Nunes, 2022. Andrew expresses the importance of ensuring rules and regulations by asserting that the role of caregivers is in ensuring that residents follow the rules: "It's always prompting [them], it's always reminding them, in a very civil and caring manner. So that's a daily task; to encourage, to ensure that the rules and regulations are followed. That's a big challenge." Cristina also expresses the value that rules hold in a TIC facility: "With trauma-informed care, you have to hit that sweet spot. You have to have enough rules so that people feel safe and have structure, but not so many rules that they're anxious. It gives people some anxiety because everybody's going to break some rules. Right? Maybe you perceive that everybody else is breaking the rules". The establishment of rules and regulations will not only be beneficial for individuals, but also for the community inside the shelter by creating an environment of respect and harmony.

Building rapport

A good relationship

In order to guarantee that the residents of the shelter are feeling safe and that they are following the rules enforced in the facility, there needs to be a good rapport, particularly between caregivers and residents. A Trauma-Informed Care facility **must** be one in which there is a good relationship, cooperation and communication between all individuals involved. Bianca disclosed that she builds rapport with the residents by getting her clients to **trust** her: "One thing that I do to portray respect and try to build trust is to let them know that I'm not in a position to judge them"; and "we're letting them direct the conversation, even though we're prompting them. It gives them some dignity. We're listening". In this case, it might be particularly difficult for

clients to trust someone, given their past experiences; however, it is the job of the social service provider to build this trust and cultivate a good relationship with their clients.

Similarly, a TIC facility should adopt a **person-centered approach**, given that the specific circumstances that each person experiences will need a specific type of care. Cristina asserts: "[a part of trauma-informed care] is about getting to know one person and maybe the way that we respond to them, because we know the particular challenges and strengths is going to be different than the way that we respond to someone else". Andrew agreed by mentioning that the person-centered approach is his favorite technique to build trust with his clients: "I just try to listen, and I try to sympathize, empathize and be patient. What can I do to help? What is it that you need? Can I help you?". As with the issues around building trust addressed previously, it is fundamental to make clients feel that their personal story matters just as much as the other residents to promote equity in an environment where they all feel disadvantaged.

Relatability & Limits

A critical part of having a good relationship with the clients (and therefore successfully building rapport) is based on how much they can relate with their case managers, given that the clients have been through traumatic experiences and are frequently at their most vulnerable period of their lives. Not only is it necessary to have **diversity** within social service providers (diversity in ethnic, racial, gender and sexual identities), but it is pivotal to have caregivers that can comprehend their clients' experiences and how their behavior is affected by these. Andrew acknowledges that his ability to relate to others (and make himself relatable) is a tool that is useful for him as a case manager at Ozanam Manor: "I grew up in the housing projects in Denver, Colorado. So, I know what that's like. Most of these women are single mothers. I know what that's like, my mother was a single mother. So that's the kind of thing I can relate to [...]

The common denominator is that we all come from all walks of life, and we all have been broken. And so, when you begin to disclose some of those experiences, they get it". The caregivers should be mindful of how important it is to make themselves relatable to the residents: being able to sympathize with them is an indispensable tool for building rapport.

To be able to let the clients know that you, as a caregiver, understand what they have been through is important. However, just as therapists must be careful not to cross the boundaries of what should be a professional relationship, social service providers at a shelter for people experiencing homelessness also need to learn to establish and maintain limits. Bianca comprehends and prioritizes this duality: "I'm very careful with my wording, so say I have a client who is expressing to me that they have a history of substance abuse, and we're asking questions about that, or we're going over their history, and I know that's not always easy to share. Instead, I will say, 'Just so you know, I am no stranger to recovery and addiction, so I'll watch my wording, but I try not to focus it on myself". This is, undoubtedly, one of the hardest things to accomplish: the line between being relatable towards the residents and saying professional is extremely thin and, given that the clients need someone to trust and rely on, they will oftentimes cross that line: for instance, Cristina mentions that the one example of this is when clients try to give their caregivers gifts, and although it may not seem dangerous, it sets a precedent for a certain type of behaviors that are not entirely professional. It is crucial that caregivers actively work to make themselves reliable while establishing and maintaining limits.

Another thing to keep in mind regarding building rapport *and* establishing limits, is that due to the nature of the circumstances (where vulnerability and trauma are flourishing among the residents), it might be tempting to offer comfort to clients like a caring mother or father would. It is difficult to establish limits, but it is also necessary to do so for the benefit of the clients at both

an individual and collective level: "I'm coming to you authentically as a social worker. I'm not coming to you authentically as your sister or your mother or your daughter. So, this is who I am and how I'm here to help you. We've kind of outlined those roles, and just because we're coming at it from a level playing field doesn't mean we don't help people to correct behaviors when they cross lines of what's appropriate or not appropriate", Cristina assured. In most cases, it may seem impossible not to be empathetic with the clients, but it is important to keep boundaries in order to prevent interference with their healing process.

Self-awareness

On the delivery of care and service to women experiencing homelessness, there are three things that matter the most: (1) *the client,* (2) *the caregiver*, (3) *the relationship between the two.* In this chapter, there is a focus on exploring the role of caregivers and how it affects their clients; nonetheless, it is important to recognize that the role of a caregiver is intimately connected to the actual person acting as a caregiver. This section explores a few things that are crucial for caregivers.

Teamwork

One of the main factors that contribute to a good and safe environment for caregivers in the provision of services is good teamwork. This attribute is not only essential in any type of job, but it is crucial to have good communication and cooperation between coworkers in a homeless shelter especially in order to prioritize the wellbeing of their clients; having a good support system of caregivers in a shelter for people who have experienced trauma can change the healing journey for many of the residents. Cristina mentions that one of the important aspects is having good communication and support with the team, as well as someone who can hold you accountable "I have coworkers right now who will hold me accountable, which is crazy rare

'Hey, that's not like you'. That's ideal to be in a place where you can trust each other enough to say, 'You reacted that way. That's not really how you normally react', and just help each other stay on the right path or call each other out for doing good things, too. Like 'That was really hard. I could see you struggling with that. You did a good job'". This job becomes particularly difficult, if not impossible, when social service providers are not cooperating with each other and fail to show support amongst them.

Abilities

The wellbeing of trauma victims depends on the training and abilities of the caregivers in charge of the shelter; not only it is important to know how to approach them, but it is pivotal to know what to do especially in a difficult situation where the residents are in particularly triggering circumstances (whether that is promoted by physical, emotional, or psychological factors). In the provision of services, there are certain abilities that are beyond valuable for caregivers to possess; Andrew emphasizes on importance to think outside the box, "And I'm always trying to critically come up with something, what can I do to improve their transition while they're here, until they can get their own place?". Bianca mentions the ability to control one's own emotions and reactions: "It's just really connecting with them in a way that, watching my body language, watching how I respond to certain things that they say. If somebody tells me they've been through something pretty traumatic, I try not to react in a way that is unprofessional, no gasping for air, or saying 'Oh, my God. I can't believe you've done that'". As with psychotherapists, caregivers who provide services for people who have experienced trauma must master these abilities in order to be successful.

Prioritizing oneself

As stated above, the purpose of shelters for people experiencing homelessness should be that of delivering proper, equitable, inclusive, and trauma-informed care services. In order to do this, it is essential that caregivers not only are aware of themselves (their own selves as in their emotions, strengths, weaknesses, experiences, and abilities), but more importantly, prioritize their needs. The nature of this work is in and of itself a challenge both for clients and caregivers: it is pivotal that caregivers, being aware of the importance of this in the delivery of TIC, take care of themselves before, during, and after their shifts. Andrew, Bianca, and Cristina all emphasize the importance of self-care in their roles as caregivers at Ozanam Manor. When talking about her self-care journey, Bianca revealed that she still struggles to implement this in her work-life balance: "There are some days where you're like 'what's going on? Why am I thinking about this so much? I'm home now. It's the weekend.' It's not perfect, but it's progress. And just trying to always be mindful. Being mindful is huge" Similarly, Cristina assured that she has slowly learned to keep limits for her own safety: "For me, I know the things that are particularly triggering for me [...] And I don't know, I mean, time heals too, so I try to give myself some… I 'baby' myself and I'm really gentle with myself when it gets really bad". With the purpose of prioritizing their clients' and their own safety, caregivers must have strong self-awareness abilities and actively address their needs.

Conclusion

The role of social service providers is multidimensional: all dimensions are part of a system and are intertwined, forcing all of them to work individually in order to work as a whole in reaching a goal: that of delivering care that is trauma-informed, and that offers people who have experienced homelessness the opportunity to successfully recover from their traumatic

experiences and reintegrate them into society. Similarly, in the role of first responders, those in charge of the provision of services in homeless shelters often represent the first interaction the clients have after having been victims of the streets and of what took them there: the social service providers admit them into the shelter, they are in charge of individual cases, and the shelter's safety and security is their first priority. Not only that, but the caregivers' place of work is the place where the clients live; the possible connection between caregivers and clients is of a strong and inevitable nature, for which the role gains even more importance. It is crucial that at least those who are in this position (the caregivers) fully acknowledge the responsibilities and consequences that come with the job.

As often implied in this chapter, there should be a certain level of consistency in homeless shelters in regard to the role the social service providers perform: the caregivers should be more than familiar with Trauma-Informed Care and the delivery of it, as well as purposefully attempting to build rapport with the clients while establishing and maintaining limits to said relationship. Moreover, caregivers must be able to work individually and within a team, as well as acquire abilities that will be utilized day-to-day in their job; all while paying attention to their own needs and prioritizing their own safety from a mental, emotional, and physical perspective. Understandably, the difficulty of this job is on a high level, and those who perform it should respond accordingly.

The results explored in this chapter and in the study by Aguilar Delgado and Nunes in 2022 are obtained from Saint Vincent de Paul's Ozanam Manor, a shelter for people experiencing homelessness located in Phoenix, Arizona. Although most of the material found in both studies could potentially be obtained from other facilities and institutions, it is important to understand that the needs of the population of residents at the shelter will be contingent on that

specific population, and that the individual needs of each member of that population should always be prioritized. One goal of this chapter is to shed light on the role of caregivers of this type of facility and to emphasize the basic requirements that come with the job. The ultimate objective of this chapter has been to more fully understand the role of caregivers in this type of facility, how they understand their role, and how their role impacts the lives of the people they serve.

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