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# A program evaluation of a structured homeless shelter

Joellen Marie Atkinson

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A PROGRAM EVALUATION OF A STRUCTURED HOMELESS

SHELTER

_____

A Project

Presented to the

Faculty of

California State University,

San Bernardino

_____

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

_____

by

Joellen Marie Atkinson

Yolanda Riech

June 1996

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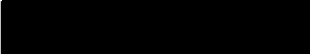
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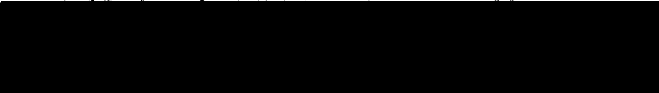
June 1996

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## ABSTRACT

This research project examined if a structured homeless shelter using educational interventions such as money management, parenting skills, and stress and anxiety management groups would increase the homeless individual's level of social functioning. Two Inland Empire homeless shelters were included in the study. The first shelter was a structured shelter that included mandatory educational participation in the therapy groups in the areas mentioned above for its clients. The second shelter offered no education groups or therapy groups. Both groups completed a pre-test and post-test to measure social competency. The results indicated that the participants living in the structural homeless shelter did show some improvements in their social functioning. The most significant improvement was in the area of money management. The results suggest that the services offered at this agency are beneficial and that the interventions were useful.

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## Problem Statement

Every day in all parts of the country, more single adults, families, and youths join the ranks of the homeless. There is no complete census on the number of homeless persons in America because only the homeless persons who use emergency shelters are counted. A significant group of homeless persons do not use emergency shelters and go un- counted. A significant group of homeless persons do not use the emergency shelter system (e.g., the mentally ill population). No study can truly describe homeless persons conditions; and their needs can only be speculated (Perales, 1985).

Efforts to address the problems of homelessness with emergency responses during the 1980's have failed to stop the growth of this social condition. Although homelessness is not new to the United States (Hoch, 1987), the number of people without a home has risen dramatically during the 1980's (Burt, 1992). Stereotypical portraits of homeless people as skid-row alcoholics and happy wanderers have been replaced by more accurate portrayals that show people who are homeless because of economic and social factors beyond their control (Hopper & Hamberg, 1984).

An understanding of the relationship between homelessnesss, poverty, unemployment, and depressed rural economies is missing in the current view of homelessness and must be addressed more actively by social workers (First,

Rife, Toomey, 1994). Except for persons who are victims of war or natural disasters, no single, simple reason exists for an individual becoming homeless. The general causes include the following: the death of low-cost housing, the impact of long-term changes in national policy regarding the mentally ill, and the deliberate attempt by the federal government to decrease the number of people receiving Social Security Disability Insurance (Bassusk, 1990).

The particular impact that homelessness has upon individual functioning is related to the length and frequency of homelessness. Three distinct homeless groups emerge: the chronically homeless, who have been homeless for a year or longer; the marginally or episodically homeless, who alternate life in shelters or on the street living with friends and family and with occasional short-term interludes in independent housing; and the situational homeless, who are homeless for the first time (Acre, 1990).

First time homeless (situationally homeless) individuals are likely to be receiving help from and maintaining close relationships with family members in the community. Loss of job, loss of welfare benefits or interpersonal conflict (including battering) are events which typically lead to loss of residence. Situational homelessness was addressed in this research project. The situational homeless are evaluated in this study. The mission of the structured shelter in this study is to give

homeless residents at the facility enough education and resources so they can leave their destitute situation and become independent again.

The ultimate goal of this study was to establish if comprehensive shelter care for the homeless is beneficial in reducing or ameliorating the problem deemed homelessness. The researchers' intentions were to evaluate interventions such as: parenting classes, money management, stress management, and anger management classes to see if they are effective in providing the residents with social coping tools. Often other research done in this area only addresses emergency assistance without including long-term care and interventions to educate and enhance this populations' social and economic well being (Perales, 1985).

The long-term structured shelter facility for this study addresses the individual's hierarchy of needs as explained by Maslow(1982). The structured shelter allows the family to stay in a comfortable apartment allowing the client/family to fulfill their physical needs and safety needs. Later, through classes and counseling social needs and esteem needs are addressed to reach the person's fullest potential of self-actualization. The agency uses many interventions to help this population, first in supplying food and shelter for their physiological needs. Later, the social and safety needs are addressed through educational and therapeutic intervention; this will hopefully lead to a

well-balanced head of household(s) ready to face the world
with new achieved skills and a foundation to maintain
independence.

## Problem Focus

The specific research orientation of this study
followed a positivist research paradigm. Our objective as
scientific researchers was to evaluate the efficiency of a
long-term homeless shelter (Rubbin, Babbie, 1993). Using
a positivist paradigm it was our intention to obtain
quantitative data to assess whether the educational and
therapeutic interventions do in fact promote a positive
difference in the clients' level of social and economic
functioning. The primary social work role addressed in
this study was administration and planning evaluation for
future policy implementation. The interpretations as
presented by the social work practice role asked if this
particular comprehensive program is working?

Also, the social work direct practice role is being
addressed since the research question is examining the
levels of social functioning of participants in a structured
or non-structured shelter, with and without receiving
educational interventions. Suggestions are made by the
researchers to implement changes or even new interventions
so the practitioner would modify their practice orientation
to methods of delivery, which is direct social work

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practice.

This research project will be useful to the agency since it addressed the question of whether the: programs work, is the program helping those it set out to help, and are the goals being attained according to the mission statement?  Ultimately, if some or all of the interventions used by this agency do produce a positive effect on the family served, then goal attainment has been reached.  Also dually noted is that if some interventions are proven ineffective then perhaps some new areas can be addressed and new interventions incorporated. This study will not only benefit the agency,  this will also benefit new and emerging programs for assisting this growing population of individuals deemed homeless.

## Literature Review

There is a large amount of literature on homelessness which addresses  what some believe causes homelessness. Currently, there is limited literature on the effectiveness of programs which address long-term shelter care agencies for the homeless.  This literature review addresses some of the issues and concerns that affect this growing population by searching for the answer to the research question: Does a long-term comprehensive program designed to rehabilitate the destitute population deemed homeless really fulfill its goal to help these clients become independent families or

individuals?

Dornbushs' (1994) study of the factors creating
homelessness among families included poverty, lack of
affordable housing, and lower levels of social supports
compared to poor families that never became homeless. The
difference was more quality than quantity (i.e., homeless
families had almost as many relatives in San Francisco Bay
Area as did poor, at risk families that never became
homeless). The at-risk group could count on staying about
three times longer with their relatives than could homeless
families and formerly homeless families. This pattern of
differences in available social supports was found among all
three ethnic groups in the study: Mexican-American, African-
American and non-Hispanic Whites. Because kin and
friendship networks are the primary defense against
homelessness, low levels of social support combined with low
incomes and high costs of housing is a volatile combination.

In Michael Appel's article "From Emergency Shelter to
Permanent Housing," it is noted that a growing number of
homeless families are single female headed households. He
suggested that the often untrained and unemployed female is
faced with more problems than perhaps a single male (1990).
Often employers will not even hire a female with children
out of a fear that child care will interfere with her work
responsibilities. Women face not only poor work
opportunities, but also the burden of raising children alone

on a low income.  A woman must be taught to handle a very
low income and be skilled in child rearing.  If she ends up
in an emergency shelter, her needs are short term which only
includes a few days in the shelter and some warm meals.  She
is often referred to more structured shelters, but these are
usually full and her name will be put on a waiting list.
Others, like Martha Burt (1992) suggests that most long term
shelters have a criteria that must be met before a new
resident is allowed to enter the program.  For some shelters
the person must be homeless before entering the shelter.
Some shelters only allow women to become residents, often
their husband will be sent to the Salvation Army.  Some
shelters will not allow someone into the program if they own
a car even if it's the car the family has been living in for
months.  Often the restrictions and requirements for
admittance to the program are so overwhelming that the
family will choose to remain homeless just to keep their
independence and dignity in tact.

Until recently, social welfare agencies did not give
financial assistance to homeless persons because they lacked
an address.  Policy has changed somewhat to address the
growing number of people becoming homeless.  In an article
by Wright (1989) entitled "Address Unknown: The Homeless in
American, he concludes that our "government is not only
allowing homelessness to escalate, the government encourages
it."

There are programs such as HUD (Section 8) reduced housing costs programs in place, but often the waiting list is so long that people cannot wait for affordable housing. There are incentives for land owners to rent to Section 8 recipients, but often the information is not given to land owners. There is government subsidized apartments units available to person that have low incomes, but if you ask where these apartments are, unfortunately not many know of them. Wright (1989) further suggests that there are more resources available than most are aware, and that we need a more centralized system so that more people can find and utilize these resources. It would seem that almost a conspiracy exists to keep people poor. In addition he relates that perhaps more government intervention should be utilized. His argument is that most long term structured homeless shelters are community based. These are usually organized and ran by non profit organizations whereas more government funding should be utilized. He suggests further that prevention strategies should be utilized. The largest homeless population includes children, not the stereotypical "skid row resident." Our goal should be to assist families in trouble, not wait until they are forced to live in cars or alleys. There should be programs available to all families in crisis. Wright (1989) ends with a question that really invokes a lot of thought: (If our children are our future, then what is our future going to look like with

hunger, deprivation, and homelessness). It causes one to

think about what is being done to address the growing number

of homeless families.

In 1990, a research project conducted in New York

examined alternative models for sheltering homeless

families. The authors suggest that although increasing

numbers of homeless people throughout the country suffer

> atrocious conditions in which they are quartered
> and demand attention to the quality of temporary
> shelters. The purpose of the study was to examine
> the relative merits of different models for
> sheltering the homeless families in route to
> permanent housing (Shinn,Knickman, Ward, Petrovic,
> and Muth, pg. 231).

The models examined included long term and short term

homeless shelters. The long term shelters were structured

and had several programs to assist the family in preserving

independence and dignity. Whereas the short term shelters

were only used as a temporary housing facility without any

efforts to assist the family in regaining independence. The

long term shelters were larger and they did cost more

because of the services given to the tenants. Results from

their research include that there is no way to measure

effectiveness by quantitative method; but more qualitative

substantiated by the fact that 60 percent of the residents

of the homeless persons in long term shelters were able to

leave the shelter and find an outside residence; of the 60

percent that found their own dwelling, only about five

percent had become employed. Although this does not seem

significant it really is. The goal of most homeless shelters to enable the person to manage their own money and make responsible choices even if on a low income. Often the case being on public assistance. By educating the homeless and counseling them within a structured environment without jeopardizing their dignity, it is possible to assist them to regain their independence.

The current literature and research convey many dimensions on how and why this phenomenon occurs, but how do these families view their situation and what problems are associated with their situation will only be addressed. One study of homeless families found that mothers living in shelters lost much of their parenting role and many of their responsibilities because so many of their traditional jobs, such as establishing a set bedtime, supervising meals, disciplining youngsters, were assumed by the shelter and its staff. This disruption of family dynamics can persist even after the family finds a home (Edelmen, 1989).

Families are also conscious of the problems that the conflicting roles of family member and shelter resident can entail, especially in their relationships with one another. As Boxill and Beaty (1990) have noted, life for a family staying at a shelter is 'out of order'. Often, parental responsibilities are replaced by shelter providers who take over most decision making regarding the care of their children"(pg.62). Rather than a parent being able to

determine what and when his or her children should eat, what shows they should watch on TV, and what time they should go to bed, all such decisions are made by strangers shelter employees. Children may witness the adults in their family (their parents) treated like children as they are forced to conform to often arbitrary shelter rules. Parent's once perceived as powerful by their children, often find that they begin to lose control. Soon their children are paying attention to the advice and reprimands of service providers while ignoring the counsel of their parents. This may lead families to abandon shelters, preferring to camp outside with their children in old cars, tents, even boxes, wherever they believe the family can stay together and maintain some form of "normal" parent-child relationship.

Some homeless families are prone to eruptions in family violence because of their chaotic circumstances. Shelter providers in about one-third of the cities surveyed by the United States Conference of Mayors observed that the pressures related to homelessness, disruptive routines, unemployment, parental depression and close living quarters were largely responsible for incidents of both spouse and child abuse (Edelman, 1989).

A growing subgroup of the total population is single-parent, female-headed families. Approximately 50 percent of women heading homeless families are between the ages of 17 and 25 with all ethnic groups equally represented. The vast

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majority of homeless mothers have had at least some high school education. Twenty percent of this group report having some college-level education attainment. Employment histories tend to be sporadic, but almost 75 percent report having been employed at some point in their life in a regular job for a sustained period of time (Encyclopedia of Social Work, 1990).

Studies that address the experiences of homeless families assess the effects of homelessness to the children of these families. These studies indicated that children frequently see life as temporary, always ready to pack and move again. Moving strains children's concept of self and world, leaving them with no sense of space or possessions (Bassuk and Rubin, 1987). Specht and Craig (1982) talk about Abraham Maslow's theory of self in that every individual has an innate need to achieve self-actualization. Maslow stresses that the highest level can only be acquired if the "lower needs" of food, shelter, love, a sense of belonging, self esteem, and positive regard received from others have been met. It is the fulfillment that all these needs contribute to a basic sense of well-being that enables individuals to reach toward their full potential.

Children comprise a significantly larger percentage of the homeless family population than mothers. Parents have always been poor or the "Descent into poverty begins with single parenthood, becoming single or becoming a parent

whichever comes first(pg.32)." When the family breakdown is coupled with the low-income housing crisis and the inadequacy of welfare benefits many families who were precariously housed became homeless (Bassuk and Rubin, 1987).

Homeless children received less medical care than did poor, housed children. Among homeless children, eight percent had untreated medical problems, compared with six percent for formerly homeless children and four percent for children in at-risk families. Homeless children were also more likely not be receiving regular health care; 31 percent compared with 14 percent for at-risk children and seven percent for formerly homeless children. Among homeless children under six years of age, 18 percent had not received all of their immunizations, compared with only three percent of children under age six in the United States (Dornbusch, 1994).

The fact that the parents report a high number of behavioral problems in their children suggests that they are indeed aware of their children's distress but have no way of dealing with it. When one is preoccupied with concerns about survival, there is little energy for attention to anything else. Overwhelmed themselves, parents cannot act as successful advocates for their children. As health professionals, we know about the advantages of early intervention and can help these families by advocation on

their behalf.

The data suggests that homelessness is becoming intergenerational. As each year goes by without stable housing and appropriate services for these families, the fate of the children, especially the preschoolers, becomes increasingly uncertain. One can only imagine what the legacy and experience of homelessness will mean for these children as adults (Bassuk and Rubin, 1987).

The agency included in this research project accepts women, their partners and children, and single women with or without children into the shelter. The agency's emphasis is selecting interventions that pertain to each member in crisis as a whole. Not only are the parent/parents introduced to the interventions, but the children's potential needs are also addressed, such as counseling and children's groups.

If shelters are to do more than "help the homeless endure life on the streets rather than escape it" (Snow & Anderson, 1993, pg. 46) conflicting principles and organizational structures must be examined and reconstituted. Without significant change, shelters will continue to impede rather than facilitate, extrication from homelessness.

Dornbusch (1994) questions, what helps some families get off homelessness while others do not? The responses of formerly homeless families was that they were helped most by

an increase in income, support from family and friends, and access to affordable housing. These factors that led to homelessness play a crucial role in emerging from homelessness.

Service providers agreed that those factors were important, but the service providers, unlike the homeless themselves, included knowing how to use the social service system as a critical factor. Most dramatic was the importance of fluency in English. Among Mexican-Americans, 76 percent of the homeless families have problems speaking English, whereas only 18 percent of the formerly homeless families were not fluent in English. Further analyses showed that fluency in English was more important in getting government aid than was the length of time spent in the United States. Homeless parents, especially mothers, bemoan the lack of opportunities to learn English.

The service providers believed that internal strengths and motivation were a major factor in getting out of homelessness. But it was found that within this service oriented group of formerly homeless families, personal characteristics were not crucial in getting out of homelessness. The levels of substance abuse and mental illness were almost identical to those found among homeless families. More important, the families who got out of homelessness, compared with homeless families, demonstrate no greater level of energy, organization, or personal

motive. Finding affordable housing through assistance from social agencies seems an arbitrary process. The larger the resources, the higher the proportion of homeless families who will be thrown a lifeline.

The argument then is not how or why homelessness occurs, it is how do we stop or prevent it from happening. The structured homeless shelter does come into play after the fact, but it is not too late to save the futures of the many children now faced with homelessness. By educating and training the parent(s) of homeless children, we offer them hope for the future. Short term non-structured shelters only offers a bed and some meals whereas most structured homeless shelters, particularly the one used in this project offers individual apartment units. The family is permitted to prepare their own meals, and raise their own children. The parent(s) are given guidance and education in many areas that will improve personal awareness. By giving a person freedom to make choices and an environment conducive to growing, the shelter not only offers an opportunity for safety and comfort but it also offers hope to some that have ultimately given up.

## Research Design and Method

### Purpose of Study

This study compared two homeless shelters, one was a structured homeless shelter and the other a non-structured

homeless shelter, evaluating the residents' level of social
functioning and level of self-sufficiency at both shelters.
A structured shelter may offer counseling, parenting
classes, money management, nutrition classes, a 12-step
program and support groups, and after school and summer
programs for youths. Whereas a non-structured shelter is
one that only offers a place to sleep and some food.

## Research Question and/or Hypothesis

This study measured participants level of social
functioning and self-sufficiency before the intervention was
made and evaluated any change after the intervention was
administered. The intervention included all the services
offered at the structured shelter. The study addressed what
level of social functioning and self-sufficiency these
homeless individuals had before entering the structured
shelter and the non-structured shelter. Also, what level
of functioning changed after a five week period after these
individuals were exposed to all the classes at the
structured shelter, or those who experienced no
intervention? A statistical comparison was made checking
for a significant change in the level of social functioning
and self-sufficiency of both groups, then the groups were
compared to evaluate the positive or negative value of the
intervention.

## Design

The specific research orientation of this study was a positivist design. Our objective as scientific researchers was to evaluate the efficiency of a structured homeless shelter. In using a positivist design it was our intention to gain quantitative data to assess whether the intervention promoted a difference in the individual's level of social functioning and self-sufficiency. Quantitative methods are more concerned with maximizing the measurement of what we think we are observing, whereas qualitative methods are more concerned with subjectivity tapping the deeper meanings of human experience.

## Sampling

The study was conducted at two homeless shelters, one in Riverside County and one in San Bernardino County. Both shelters house single women with children and couples with children. The population sampled were parent(s) from each of these shelters upon admission. The sample was one of convenience and only included those volunteering to participate in the study. The sample size was 16, eight participants from each shelter. The study was conducted over a period of 12 weeks.

## Data Collection and Instruments

The data was collected by way of a questionnaire. The

questionnaire (or test) was devised specifically for this study. It consists of two parts; the first part requests demographic information. Part two asks specific questions which were used to measure the levels of social competency of the participants. The responses in the second section were on a 5-point Likert-type scale, with choices ranging from "I don't know" to "I strongly agree." Responses were measured by giving the answered question a numerical value, and then rating the responses according to whether respondents rated a lower or higher level of social functioning. In creating the instrument the researchers interviewed the group facilitators at the shelter. It was the researchers intent to include the main objectives taught in each class as measures of success for the questionnaire. The instrument included questions addressing those issues only and was presented in the form of multiple choice questions. Questions included: parenting techniques regarding discipline; how the parent sets priorities in budgeting; and how the parent deals with stress and anxiety. After the instrument was completed, it was pilot tested by the group facilitators in an effort to address objectives ultimately taught in each class.

Researchers were present to answer any questions. This was a nonprobability sample. A random sample was not possible because we only included the population at the homeless shelters. This study should benefit any agency

using a structured approach when dealing with the homeless population. It illustrates which interventions are useful and which are not.

## Procedure

The collection of data included a two-group pre-test and post-test design. The research data (pre-test) was gathered whenever a new family entered the shelter and the post-test was administered after a five-week stay at the shelter. The control group (those in a non-structured shelter) was located in a different county. This shelter only offered shelter/housing assistance and no intervention were provided. It took three months to collect samples from 16 participants, eight persons from each shelter. Only the researchers collected the data.

## Protection of Human Subjects

The protection of each participant was insured in a number of ways. Each participant signed an informed consent. It was made clear to each participant that participation in the study was totally voluntary. Each person received a brief explanation of the purpose and goal of the study. Each participant was informed that all data collected would be held in the strictest of confidence. The instrument was coded by apartment number rather than by participant's name. Each participant was advised that

participation in this study would not jeopardize their stay at the shelter. The results of the study will be presented to the agency in terms of aggregate data so no individuals may be identified. Therefore the study is able to evaluate the agency's level of effectiveness.

## Data Analysis

It is hypothesized that a homeless person's functioning level would significantly increase when an educational intervention from a structured homeless shelter is received. Additionally, the level of social functioning should be significantly higher in persons living in a structured shelter compared to those persons living in a non-structured shelter.

In testing the above hypothesis, descriptive statistics were used. Only the characteristics and relationships among variables in this particular study are of concern. In testing the null hypothesis statistics are used for bivariate analysis. In testing that the intervention does not increase the level of the participants social functioning and testing that there is no difference in the level of social functioning between the participants living in a structured or non structured homeless shelter several statistical tests are used.

The t-test and chi-square were used because the independent and dependent variables are of ordinal levels of

measurement. A confidence level of <.05 is set for level of significance. The experimental group was also tested for the difference in responses on the pre and post-test after (five weeks of educational classes) the intervention. The control group received a pre and post-test without any intervention.

## Results

The sample included 8 respondents from the Riverside shelter and 8 from the Rialto shelter, N=16. Fourteen respondents were female, and 2 were male. The racial composition included 50 percent African American, 44 percent Caucasian, and 6 percent Asian. All respondents were residents from the structured or non-structured shelters.

Pre-test and post-test scores from both groups were compared on questions 2 through 15 of the questionnaire. A two-tailed t-test measured the differences between the four tests scores. Table 1 indicates that there was no significant difference in the pre-test and post-test scores of the Riverside participants (See Table 1).

Table 2 shows that there was a slight difference in pre and post-test scores in the Rialto group. Their responses were almost identical in tests (See Table 2).

Table 3 illustrates the difference between pre-test and post-test mean scores between the Riverside and Rialto groups. Again there is only a slight significant difference

in responses. However, results indicate that there is a significant (P<.04) difference in question number 2 which reads, "When I buy food I buy name-brand, well-known food items." In the Riverside group, the mean score was 2.875 which is closest to the "Strongly Disagree" response. In the Rialto group, the mean score was 3.8750 which is closest to the "Disagree" response (See Table 3).

Table 4 shows the difference in mean scores of the post-test of the Rialto and Riverside groups. Here there are three areas of significance noted. The first is the difference in question two again. This time the significant (P<.03) difference was greater, with the Riverside group's mean score of 2.875 and the Rialto group's mean of 3.875. This indicated that the Riverside mean score remained unchanged from the pre-test to the post-test, where as the Rialto group mean score increased slightly toward the "Disagree" response (See Table 4).

The next significant (P<.01) difference is shown on question number 5 which reads,"When my children are really bad and need to be disciplined I think it is okay to spank them." The Riverside group's mean score is 3.250 which is closer to the "Strongly Disagree" response. The Rialto group's mean score is 2.125 which is closer to the "Agree" response. Response number 9 is the last response with a significant (P<.05) difference noted. This question read, "I spend a lot of time helping my children with school

activities and projects." The Riverside group's mean score is 1.500 which is between the "Strongly Agree" and the "Agree" responses. Riatlo's mean score is 2.500 which falls between the, "Agree" and the "Strongly Disagree" responses.

Using the Chi-Square to analyze the means between the two samples to ascertain if the hypothesis can be rejected or accepted, this statistic overwhelmingly suggests that the null hypothesis can be rejected [(P<.05), (D.F., P> +1)]. Thus for the sample population, the interventions provided at the Riverside shelter did in fact increase the respondents level of social functioning in certain areas.

## Discussion

For the Riverside group (experimental group) the area of money management showed the greatest increase in social functioning in that most of the post-test responses increased significantly. Specifically in using food coupons, banking, and purchasing generic foods, it was illustrated that attitudes toward spending or budgeting changed from the pre-test to the post-test. The literature on homelessness suggested that poor money management skills of individuals with low incomes can result in homelessness (Appel, 1990). For the group studied it has been shown that they benefited from the interventions offered from the Riverside structured shelter.

There were some unexpectedly low scores in the area of

parenting skills noted in the structured shelter. But, these low scores are supported from the literature on homelessness in that often parents in a structured shelter loose their authority in parenting their own children because the shelter provides all the rules and boundaries for parenting (Edelmen, 1989). Limitations included apprehension on the part of the participant's feelings, that answering these questions honestly would bring about negative consequences. Because of the transitional nature of this population, other limitations were noted. The parent(s) often left the shelter before the program was completed. When this occurred they were excluded from the sample, because they could not be included in the post-test. Another limitation was time constraints in that the researchers had a 12 weeks to sample the population. Since the sample was small, the results therefore may only be generalized to the actual homeless shelter sampled. There is a need for further research with the homeless population. Possibly this same group or other groups should be studied. A longitudinal study would seem to be more appropriate.

What this study has shown is that a structured environment offers beneficial educational growth and development to residents compared to a non structured environment. This study indicates that a more structured plan of treatment be implemented in structured shelters

because of the continued deficits shown in non-structured shelters. More research in this area would be beneficial not only for the shelter studied but also beneficial for many homeless shelters across the country. Such a study opens the door for more research in this area to determine better ways of structuring and educating the homeless individuals. The study ties into direct social work practice and indicates a need for more individual and group work with the homeless population. Some indirect social work may include community and government funding, as well as advocacy for preventing homelessness in the future.

## Table 1

### Riverside
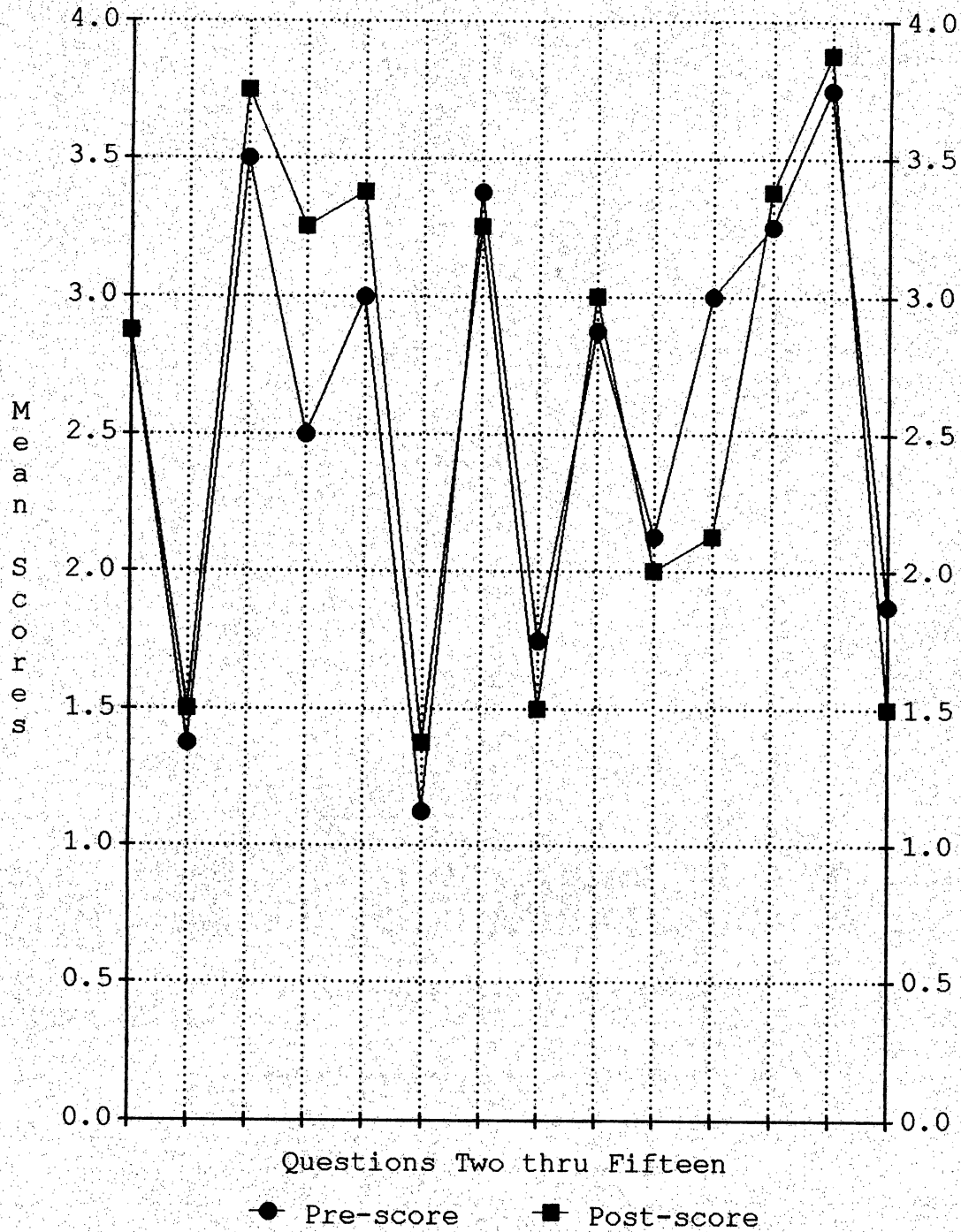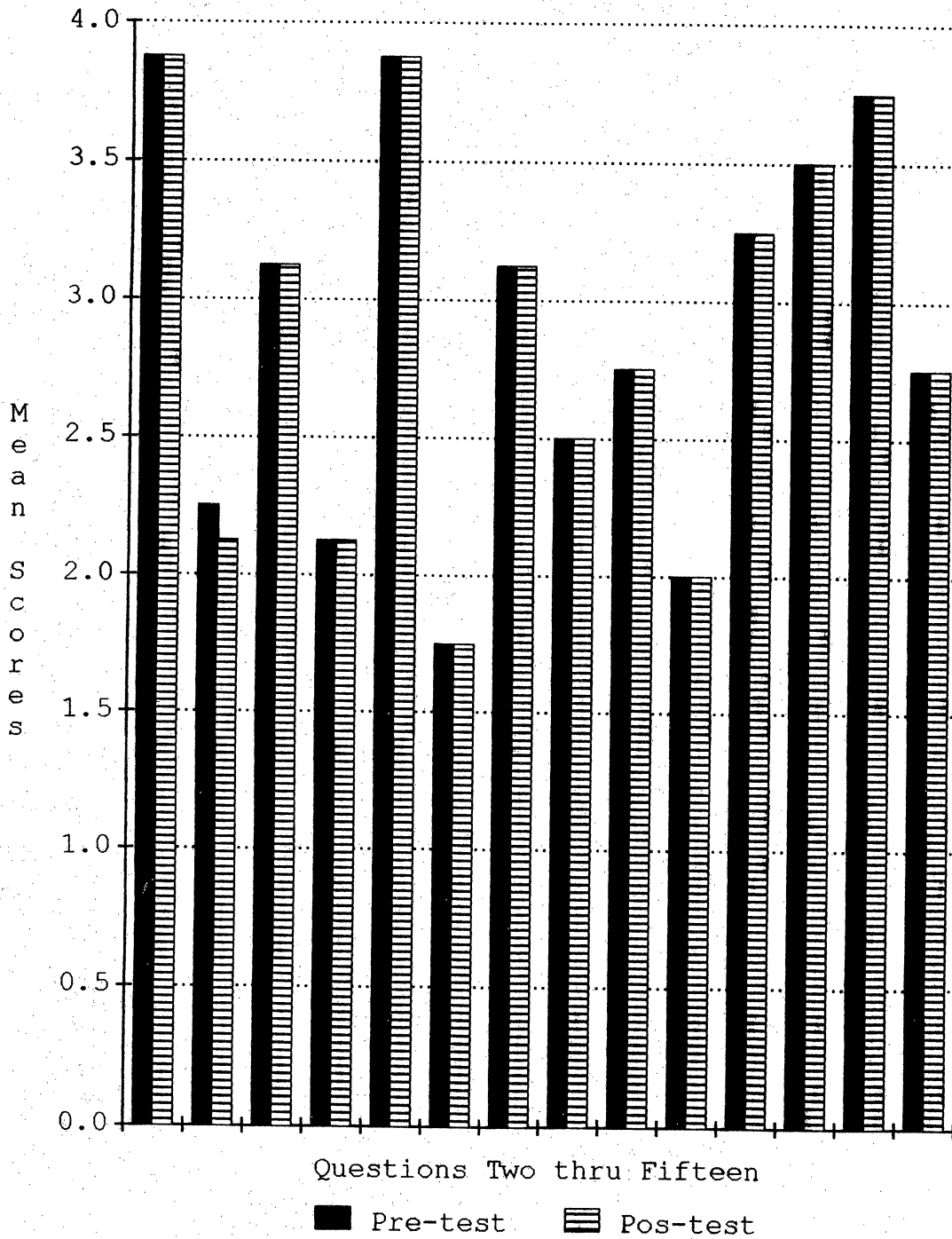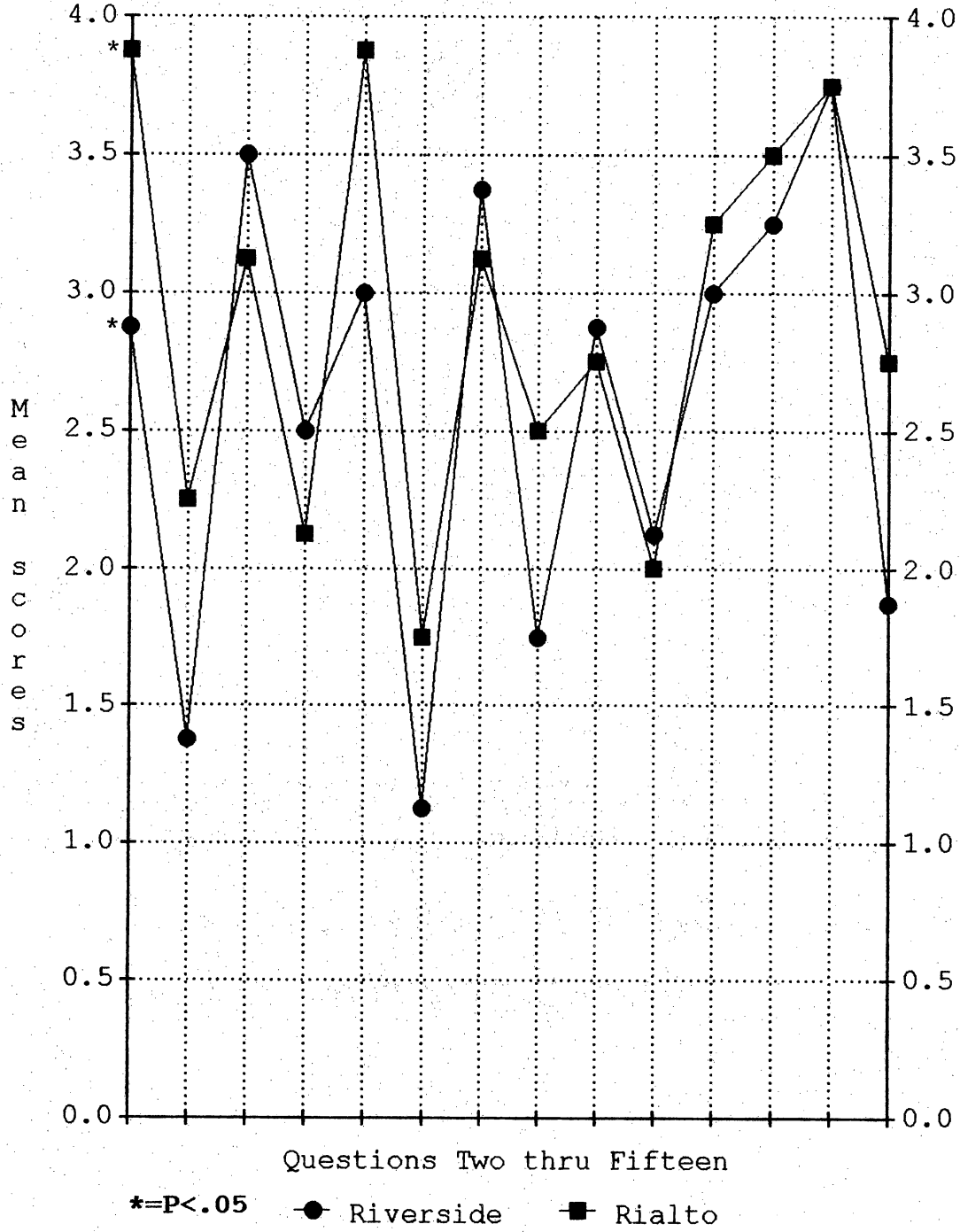Pre-test and Post-test Mean Scores



Questions Two thru Fifteen

● Pre-score    ■ Post-score
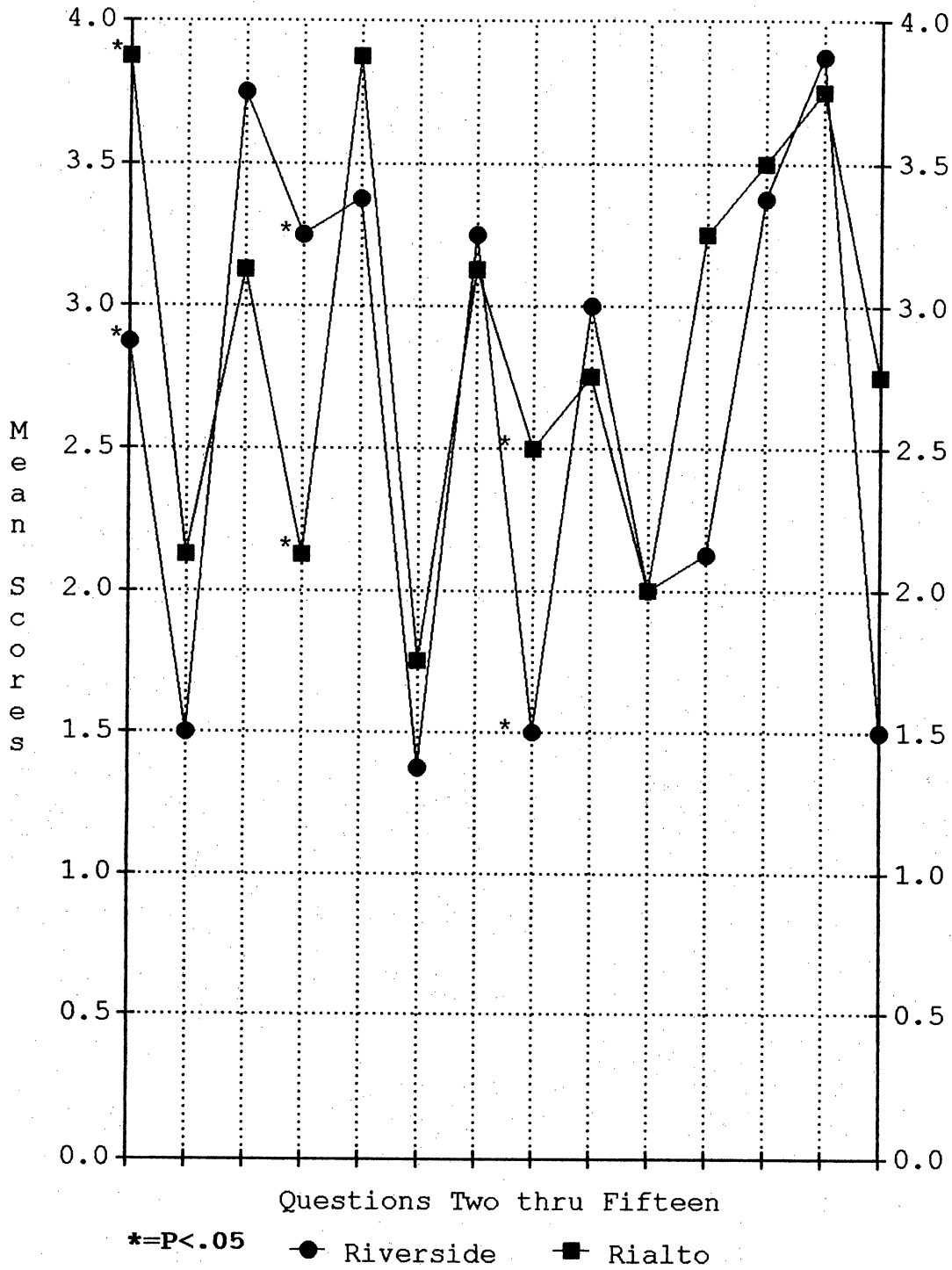
# Table 2

## Rialto
### Pre-test and Post-test Mean Scores



Questions Two thru Fifteen

■ Pre-test   ▤ Pos-test

# Table 3

## Riverside/Rialto
### Pre-test Mean Scores



Questions Two thru Fifteen

*=P<.05   ● Riverside   ■ Rialto

# Table 4

## Riverside/Rialto
### Post-test Mean Scores



Questions Two thru Fifteen

*=P<.05   ●– Riverside   ■– Rialto

**Appendix A**

## Questionnaire

1)   Circle the letter that best describes your race or the race you most identify with.

A.   Latino          B.   African American          C. Caucasian

D.   Asian           E.   Pacific Islander           F. Native American Indian          G. Other_____

2)   When I buy food I buy name-brand, well known food items.

_____ Strongly agree

_____ Agree

_____ Strongly disagree

_____ Disagree

_____ Don't know

3)   I think I am able to take care of my family.

_____ Strongly agree

_____ Agree

_____ Strongly disagree

_____ Disagree

_____ Don't know

4)    I think it is OK to push, shove or hit when arguing with my partner or children as long as no one gets hurt bad.

_____ Strongly agree

_____ Agree

_____ Strongly disagree

_____ Disagree

_____ Don't know


5)    When my children are really bad and need to be disciplined I think it is okay to spank them.

_____ Strongly agree

_____ Agree

_____ Strongly disagree

_____ Disagree

_____ Don't know


6)    Sometimes when my children are not behaving I send them to their room without giving them their dinner.

_____ Strongly agree

_____ Agree

_____ Strongly disagree

_____ Disagree

_____ Don't know

7) When I get my check or money for the month the first thing I spend my money on is shelter needs like rent, food, and utilities.

_____ Strongly agree

_____ Agree

_____ Strongly disagree

_____ Disagree

_____ Don't know


8) I think it is OK when I am really angry to go to a bar or liquor store and have a few drinks to calm down.

_____ Strongly agree

_____ Agree

_____ Strongly disagree

_____ Disagree

_____ Don't know


9) I spend a lot of time helping my children with school activities and projects.

_____ Strongly agree

_____ Agree

_____ Strongly disagree

_____ Disagree

_____ Don't know

10) I would rather be on AFDC than to have a job.

_____ Strongly agree

_____ Agree

_____ Strongly disagree

_____ Disagree

_____ Don't know

11) If I have extra money left over I put it in the bank.

_____ Strongly agree

_____ Agree

_____ Strongly disagree

_____ Disagree

_____ Don't know

12) I sometimes feel so overwhelmed with all my problems I wish I could just disappear.

_____ Strongly agree

_____ Agree

_____ Strongly disagree

_____ Disagree

_____ Don't know

13) My children often fight until someone gets hurt.

_____ Strongly agree

_____ Agree

_____ Strongly disagree

_____ Disagree

_____ Don't know

14) I take my family out for fast food often.

_____ Strongly agree

_____ Agree

_____ Strongly disagree

_____ Disagree

_____ Don't know


15) I use coupons when shopping whenever I possibly can.

_____ Strongly agree

_____ Agree

_____ Strongly disagree

_____ Disagree

_____ Don't know

**Appendix B**

## INFORMED CONSENT

The purpose of this study is to examine your knowledge in child rearing, money management and relationships.

This study is being conducted at the Geneses shelter in Riverside and in Fontana by Joellen Atkinson and Yolanda Riech, who are graduate students in Social Work at California State University, San Bernardino. The study will be supervised by Dr. Neighbors, Professor of Social Work, and if you should have any questions you may contact them at (909) 880-5501.

Please answer the questions to the best of your ability. Please do not seek answers from others to the questions being asked. There are no right or wrong answers. This survey will be used also to test for knowledge and attitude after an educational intervention has been employed, and then another survey will be taken at a later time and the results of both survey answers compared. You may stop the survey at any time, participation is voluntary. Your time and honest answers are greatly appreciated however, so please try to complete the entire survey.

Minimal or no psychological danger to participants is expected. Please try to respond to the survey as completely and honestly as possible; however, you may feel uncomfortable answering some of the questions in the survey.

In the event that you experience any discomfort you may skip the questions or withdraw your participation and / or data from the study at any time without penalty.

Please sign the informed consent form, enter the date, and the city of the shelter, this is for the tester information only. Your name will be protected with the strictest of confidentiality measures, by keeping the consent forms in a sealed container, controlled only by the tester. In order to maintain the confidentiality of your responses do not write your name on the survey (questionaire), this page will be detached before the data is examined.

I acknowledge that I have been informed of and understand the nature and purpose of this study, and I freely consent to participate.

_____

Participant's signature

Date_____

_____

City of Shelter

**Appendix C**

## Debriefing Statement

The study you participated in was to test your

attitudes and knowledge regarding child rearing, money

management and relationships. A two group design, and pre-

test and post-test were used to measure the impact of an

educational intervention.

The study was developed as a research project of

Joellen Atkinson and Yolanda Riech who are MSW students at

California State University, San Bernardino. If there are

any questions regarding your participation in this study

please feel free to contact Ms. Atkinson or Ms. Riech

through the Social Work Department of San Bernardino

Uninversity by calling (909) 880-5501. You may also contact

our faculty advisor, Dr. Neighbors at San Bernardino

University by calling (909) 880-5501. Also, now after

taking the survey you might realize that you may need

further assistance in certain areas in child rearing, money

management and relationships you may call the Volunteer

Center/Help Line at (909) 686-4402 where they can guide you

to free counseling and additional help groups.

You should have a better understanding of your

abilities in child rearing, money management and

relationships through the groups and classes you have

attended and that through the intervention of these classes

it has enriched your social functioning.  We hope that you continue to attend even more classes.

If you are interested in obtaining the general results of this study they will be made available by the first week of June, 1996, at the Genesis office.  Thank you for your participation, it was greatly appreciated.  Good luck in your future.

Joellen M. Atkinson
Yolanda Riech

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