

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Final Report

December 23, 2013

Sapphire Jule King, M.A.Ed.
Founding CEO & President / Research Director
Email: sjking@strongfamiliesnow.org

International Freedom Coalition
Houston, Texas 77002
Phone: 401-324-9467

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

CONTENTS

SUMMARY	4
INTRODUCTION	5
LITERATURE REVIEW	6
POWER AND INFLUENCE IN STAFF-CLIENT RELATIONSHIPS	6
SELF-ADVOCACY AS A BEHAVIORAL RESPONSE	7
PURPOSE	8
PROBLEM STATEMENT	8
RESEARCH QUESTIONS	8
DEFINITIONS	9
METHODOLOGY AND PROCEDURES	10
RESULTS	11
<i>Research Question 1 (RQ1): Typical length of shelter stay</i>	12
<i>Research Question 2 (RQ2): Individual factors influencing length of stay</i>	12
<i>Research Question 3 (RQ3): Environmental factors influencing length of stay</i>	15
<i>Research Question 4 (RQ4): Organizational factors influencing length of stay</i>	16
<i>Research Question 4 (RQ4): Organizational factors influencing length of stay</i>	20
<i>Research Question 5 (RQ5): Policy-level factors influencing length of stay</i>	21
RECOMMENDATIONS	22
LIMITATIONS	22
CONCLUSIONS	22
REFERENCES	23
APPENDIX A: INCIDENT LIST	27
APPENDIX B: OPERATION FIRST STEP PROGRAM GUIDELINES	42
APPENDIX C: OPERATIONAL/COMPLIANCE AUDIT OF PROVIDER A’S OPERATION FIRST STEP PROGRAM	52
APPENDIX D: BILL OF RIGHTS FOR THE HOMELESS	61
APPENDIX E: FIRST PROPOSAL OF BILL OF RIGHTS FOR THE HOMELESS	65
APPENDIX F: THANK YOU LETTER TO HPRP CASE MANAGER	68
APPENDIX G: DISCRIMINATION COMPLAINT TO COMMISSION FOR HUMAN RIGHTS	71
APPENDIX H: LETTER TO NAACP-PROVIDENCE BRANCH PRESIDENT & RESPONSE	72
APPENDIX I: HPRP DENIAL LETTER	75
APPENDIX J: HPRP COMPLAINT LETTER	76
APPENDIX K: HPRP COMPLAINT RESPONSE	88
APPENDIX L: RESPONSE FROM RI COMMISSION FOR HUMAN RIGHTS	91
APPENDIX M: INVITE TO SEN. TASSONI FOR HUMAN RIGHTS COMMISSION MEETING	92

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

APPENDIX N: RSVP FOR CIVIL RIGHTS ROUNDTABLE WITH MAYOR TAVERAS.....	94
APPENDIX O: CIVIL RIGHTS ROUNDTABLE MAYOR MEETING FOLLOW-UP	95
APPENDIX P: ONLINE PETITION SOCIAL MEDIA CAMPAIGN	97
APPENDIX Q: BILL PRESENTATION AND FORMAL INTRODUCTION IN SENATE.....	98
APPENDIX R: FORMAL SUPPORT REQUEST TO RI CIVIL RIGHTS ROUNDTABLE	99
APPENDIX S: FORMAL SUPPORT LETTER FROM RI CIVIL RIGHTS ROUNDTABLE.....	102

TABLES

TABLE 1: CLIENT CHARACTERISTICS IN PROVIDER A'S 30-DAY OPERATION FIRST STEP PROGRAM	10
TABLE 2: CLIENT LENGTH OF STAY AND DISPOSITION	11
TABLE 3: AUDIT SCORESHEET FOR PROVIDER A'S OPERATION FIRST STEP PROGRAM	17

FIGURES

FIGURE 1. FREQUENCY DISTRIBUTION OF LENGTH OF STAY.	12
FIGURE 2. BOX PLOT OF LENGTH OF STAY.	12
FIGURE 3. AGE AND MEAN LENGTH OF STAY BY AGE GROUP.	12
FIGURE 4. SCATTER PLOT OF AGE AND MEAN LENGTH OF STAY.....	12
FIGURE 5. OBSERVED AND EXPECTED MEAN LENGTH OF STAY BY RACIAL GROUP.	13
FIGURE 6. OBSERVED AND EXPECTED MEAN LENGTH OF STAY BY MARITAL STATUS.	13
FIGURE 7. OBSERVED MEAN LENGTH OF STAY BY PARENTAL STATUS.	14
FIGURE 8. MEAN LENGTH OF STAY BY EDUCATIONAL LEVEL.....	14
FIGURE 9. SCATTER PLOT OF EDUCATION AND LENGTH OF STAY.	14
FIGURE 10. OBSERVED LENGTH OF STAY BY SELF-ADVOCACY.	15
FIGURE 11. SCATTER PLOT OF EMPLOYED CLIENTS' TOTAL STAY.	16
FIGURE 12. LENGTH OF STAY BY EMPLOYMENT STATUS.	16
FIGURE 13. CLIENT P7 WAITS 120 DAYS FOR A FORM.....	18
FIGURE 14. CLIENT WAITS 146 DAYS FOR STAFF TO COMPLY.....	19
FIGURE 15. CLIENT IN SHELTER 197 DAYS WITHOUT ACTION.....	20
FIGURE 16. POWER BASES USED IN CRITICAL STAFF-CLIENT INTERACTIONS.....	20

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

SUMMARY

Purpose. The purpose of this critical, ethnographic study was to (i) explore, describe, and interpret the lived experiences of nine women experiencing first-time homelessness via covert participant observation and (ii) promote positive change in the policies and practices that uphold the discovered problems. Length of shelter stay is a key performance indicator set by the HEARTH Act. The provider expected the women to exit the shelter program within 30 days. This study examines the individual, environmental, organizational, and policy-level factors that influence length of stay.

Background. Only a few studies on the shelter staff-client relationship could be found in the literature and none regarding the power dynamics. Thus, this study expands the scholarship on the nuances of the staff-client interaction in homeless shelters.

Key Issues. The prevailing problems discovered by a critical incident analysis and an operational/compliance audit were that, as a course of conduct, homeless service provider staff and security personnel (i) subjected clients to abuse, harassment, and intimidation as defined in the state's legal statutes (ii) and administratively neglected their clients by failing to comply with organizational and federal policies. Additionally, external rental and employment agencies were found to discriminate against shelter clients. No public advocacy or legislative efforts to prevent such abuses in shelters were found, such as those in place for other vulnerable populations in the state (e.g. nursing home patients).

Results. Clients stayed significantly longer than the expected 30 days ($M=175$, $Mdn=179$, $SD=97$, $p = 0.001$). Length of stay was statistically independent of the clients' age, race, marital status, and parental status. Unemployed clients in the program had significantly longer shelter stays. The longer-than-expected stays of those employed were marginally significant, although the nearly 60-day difference may be of practical importance. Moreover, administrative neglect and staff's misuse of power directly increased clients' length of stay. Finally, women who displayed more self-advocating behaviors had significantly shorter stays, as did those with more education even when controlling for self-advocacy.

Implications for Practice/Research. Increased shelter stays—particularly due to preventable administrative neglect and staff abuses of power—naturally reduces operational efficiency and increases program operating costs. Thus, a Bill of Rights for the Homeless is needed to create stringent legal protections against the maltreatment and discrimination and would, in effect, neutralize the misuse of power. Since the same bases of power that underlie the abusive and discriminatory behavior may also lie at the root of the administrative neglect, this power shift may lead to fewer operations violations by shelter staff. Reduced violations and administrative neglect would decrease clients' length of shelter stay and consequently reduce shelter operating costs.

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

INTRODUCTION

Homelessness is a social issue of immediate concern during the down economy. In 2009, roughly 1.56 million Americans throughout the country spent at least one night in an emergency shelter or transitional housing program (U.S. Department of Housing and Urban Development [HUD], 2010b). More than 6 million citizens were doubled-up with family and friends in the aftermath of 2.8 million foreclosures and a 60% increase in the unemployment of 14.3 million professionals and blue-collar workers (Sermons & Witte, 2011). Forty-seven (47) million citizens received supplementary food benefits. As a result, families were the fastest-growing sub-population in the homeless community. Alarming, 44% of people experiencing homelessness were gainfully employed. Contrary to popular belief, the majority of individuals experiencing homelessness were mentally stable, able-bodied men and women who simply could not afford to maintain housing on their own (HUD, 2010b).

The selected community was located in a New England state ranked as one of the five hardest hit in the nation by the recent economic downturn (Rhode Island Housing, 2010). The state had the third highest unemployment rate at 12.7% (Reed, 2010) with a 10% drop in poor workers' income compared to the 2% national average. (Sermons & Witte, 2011). Moreover, the state had the highest rate of seriously delinquent mortgages in New England (Reed, 2010) and saw a 90% surge in its doubled-up population compared to an average 12% increase across the nation (Sermons & Witte, 2011). Given that doubled-up individuals—those living with family and friends for economic reasons—face the highest risk of becoming homeless, the state endured the third largest increase in its homeless population in the U.S. According to HUD (2009), from 2008 to 2009 its homeless population totaled 4,510 individuals in emergency shelters and transitional housing, including 905 single women and 1,706 adults and children in families.

The history of homelessness, its causes, and the emerging shelter movement are well documented (Closson, 1894; Dees, 1948; Hopper, 1990; Culhane, 1992; De Venanzi, 2008; DeWard & Moe, 2010). Nonetheless, little research examines the factors that influence length of stay in homeless shelters (Shinn, Knickman,

About the Author

Ms. King is an entrepreneur in the personal and professional development and training industry, which includes the provision of personnel quality of service evaluations and operational/compliance audits for businesses. She is a former R&D Engineer with a B.S. in Electrical Engineering. Ms. King also holds an M.A.Ed. in Adult Education and Training with a focus on designing, implementing, and evaluating programs for adult learners.

In 2009, Ms. King founded International Freedom Coalition, a nonprofit dedicated to eradicating child maltreatment worldwide by strengthening and stabilizing the family unit. In pursuit of its mission, the Coalition's focus areas include assisting women in transition and conducting collaborative action research for efficient social service programs.

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

Ward, Petrovic & Muth, 1990; Hartnett & Postmus, 2010; Weinreb, Rog, & Henderson, 2010). The literature on the power dynamics present in the staff-client interaction is even scarcer (Dees, 1948; Smith, 1977; Hopper, 1990; Walsh, et al., 2010; DeWard & Moe, 2010; Novotny, 2000) and only hints at their effects on length of stay. As such, this study examines the individual, environmental, organizational, and policy-level factors that influence shelter length of stay. Moreover, the analysis presents valuable insights into the power dynamics present in the homeless shelter staff-client interaction given the paucity of research in the literature on this subject.

LITERATURE REVIEW

DeWard and Moe (2010) elucidate how shelters tend to operate as total institutions whereby administrators and caseworkers assume sole rule-making, decision-making, and administrative power. Shelter planners traditionally view clients “more as problems than as capable of providing potential solutions” (Novotny, 2000, p.382) or as troubled individuals who are unable to function independently (DeWard & Moe, 2010; Hopper, 1990). In order to receive shelter, residents must wholly submit to the set rules, practices, and decision-making of the staff, which systematically erodes their sense of autonomy, dignity, and pride. Challenging the institution only leads to punishment. The rules and the arbitrary enforcement of the rules essentially “exert control over residents and reinforce hierarchy (DeWard & Moe, 2010, p.119).”

DeWard and Moe (2010) conclude that residents find it impossible to simultaneously be a compliant dependent and achieve the self-sufficiency necessary to return to independent living. Yet, the researchers do not examine the underlying power bases and their impending effect on clients’ length of stay. Likewise, Hopper (1990) only skims the surface with the assertion that shelter policies inhibit shelter consumers’ “capacity and willingness... to return to work (p. 27)” but stops short of expounding on the power factors fueling the staff’s actions in carrying out those policies.

Power and Influence in Staff-Client Relationships

Social power is defined in terms of the bases of power that shelter staff use to influence change in the client who is in a dependent position (Raven 2008; Gupta & Sharma, 2008; Pierro, Cicero, & Raven, 2008; Mossholder, Kemery, Bennett, & Wesolowski, 1998). Rather than directly controlling the outcomes in the client’s life, use of these power bases alters the client’s mental, emotional, and perhaps spiritual state by controlling his or her level of engagement through the provision or withholding of resources and the administration of punishments (Brauer & Bourhis, 2006; Davenport & Early, 2010). The client’s altered state then affects their decision-making and action-taking behaviors which result in

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

certain outcomes. The six bases of power include informational, expert, referent, reward, coercive, and legitimate.

Shelter staff with informational power possess the information that clients do not have access to or which is unknown to them but is needed to produce a positive outcome for clients (Baldwin, Kiviniemi, & Snyder, 2009). Power lies in the staff's ability to control if, when, how much, and how accurately the information will be shared with the client (Miller, Salsberry, & Devin, 2009). As a result of gaining the new knowledge, the client internalizes the new perspective or change in behavior and independently applies that change in future decision-making without continued guidance from the staff (Pierro, Cicero & Raven, 2008; Raven 2008; Baldwin, Kiviniemi, & Snyder, 2009).

Expert power parallels informational power. However, clients behave according to the information received out of a belief that the staff knows best (Gabel, 2011) but not because they understand or internalize a change in attitude (Raven, 2008). Staff with referent power possess the ability to inspire clients such that clients view them as a model to follow (Gabel, 2011; Raven, 2008).

Shelter staff who invoke reward power provide positive reinforcement, incentives, promises, concrete rewards, benefits, personal approval, respect, or autonomy when clients display a desired behavior. This type of power also entails the staff's ability to remove anything that is undesirable to the resident (Raven, 2008; Gabel, 2011; Mossholder, Kemery, Bennett, & Wesolowski, 1998). Conversely, coercive power employs threats (Rhode Island General Assembly, n.d.a, n.d.b, n.d.d), punishment, negative consequences, undesirable conditions, or even personal disapproval to force residents to conform to an influence attempt. However, with both reward and coercive power, the change in a client's behavior remains dependent upon receiving the continued stimulus from the staff. The client does not internalize any new perspective or attitude that will prompt the behavior independently.

Legitimate power includes legitimate position power and legitimate power of responsibility or dependence (Raven, 2008; Pierro, Cicero & Raven, 2008). Legitimate position power encompasses a social norm or accepted hierarchical right for staff to require clients to accept or obey their demands and the clients' obligation to comply simply because the staff is in a superior position over the client (Gabel, 2011). On the other hand, legitimate power of responsibility or dependence – the power of the powerless (Raven, 2008) – necessitates that staff have the social responsibility to help clients who depend upon them for help because they are unable to help themselves.

Self-Advocacy as a Behavioral Response

This study attempts to evaluate clients' action-taking and decision-making responses to the homeless shelter staff in terms of self-advocacy. Self-advocacy comprises (i) knowledge of one's strengths, disabilities, rights, and responsibilities (Mishna, Muskat, Farnia, & Wiener, 2011; Kleinert,

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

Harrison, Fisher, & Kleinert, 2010), (ii) the ability to make decisions and evaluate one’s own behavior, and (iii) “the ability to effectively and appropriately communicate, convey, negotiate, or assert information” about one’s strengths, choices, needs, required accommodations, rights, and responsibilities “to those with the ability to change the circumstances that contribute to the problem or inequity” (Clemens, Shipp, & Kimbel, 2011, p. 34).

Studies show that patients in a health and rehabilitation setting have greater success managing their illnesses when they advocate for themselves (Jonikas, et al., 2011). Conversely, patients who perceive an imbalance of power between themselves and their provider or who feel afraid to challenge their provider fail to advocate for themselves. Nonetheless, the literature is void of self-advocacy studies amongst people experiencing homelessness or residing in homeless shelters.

PURPOSE

Initially, the general purpose was to discover the unmet needs of families from vulnerable populations to inform program planning for the author’s nonprofit organization. However, surprising incidents occurred between staff and clients in a homeless shelter during the first week of data collection. Thus, the purpose became two-fold: (i) to explore, describe, and critically interpret the lived experiences of individuals and families experiencing homelessness and (ii) to promote positive change in the policies and practices that uphold the discovered problems.

Problem Statement

The problem statement emerged throughout data collection. The problem was that, as a course of conduct, homeless service provider staff and security personnel (i) harassed, intimidated, and mentally and verbally abused their homeless clients—as defined in the state’s legal statutes—and (ii) administratively neglected their clients by failing to comply with organizational and federal policies.

Research Questions

The Homeless Emergency Assistance and Rapid Transition to Housing Act, or HEARTH, specifies “length of time homeless” (HUD, 2010a, p. 7) as one of the key performance indicators for Continuums of Care (CoC’s) and related programs. High performing CoC’s and programs have a mean length of homeless episodes that is less than 20 days (HUD, 2010a, p. 9). This study focused on:

- RQ1. Is the typical length of stay for women in a homeless shelter program 30 days or less?
- RQ2. What individual factors influence length of stay?
- RQ3. What environmental factors influence length of stay?
- RQ4. What organizational factors influence length of stay?
- RQ5. What policy-level factors influence length of stay?

Definitions

For the purposes of this study, the following definitions were used:

1. "Homeless" means an individual or family who is (i) undomiciled, has no fixed address, or lacks a fixed regular nighttime residence, or who (ii) resides in a place not designed for regular sleeping accommodation for human beings including living on the streets, resides in a shelter, resides in a residential program for victims of domestic violence, or resides in a hotel/motel on a temporary basis. (New York Senate, 2011)
2. "Abuse" means (i) any conduct which harms or is likely to physically harm the client or resident except where the conduct is a part of the care and treatment, and in furtherance of the health and safety of the patient or resident; or (ii) intentionally engaging in a pattern of harassing conduct which causes or is likely to cause emotional or psychological harm to a client or resident, including but not limited to, ridiculing or demeaning a client or resident, making derogatory or abrasive remarks to a client or resident, cursing directed towards a client or resident, or threatening to inflict physical or emotional harm on a client or resident (Rhode Island General Assembly, n.d.d).
3. "Harassing" or "Harassment, intimidation or bullying" means following a knowing and willful course of conduct directed at a specific client or resident with the intent to seriously alarm, annoy, or bother the client or resident, and which serves no legitimate purpose. The course of conduct must be such as would cause (i) a reasonable person to suffer substantial emotional distress, be in reasonable fear of harm to his or her person, or be in reasonable fear of damage to his or her property (Rhode Island General Assembly, n.d.a); or (ii) is sufficiently severe, persistent, or pervasive that it creates an intimidating, threatening, or abusive environment for a client or resident (Rhode Island General Assembly, n.d.b).
4. "Course of conduct" means a pattern of conduct composed of a series of acts over a period of time, evidencing a continuity of purpose (Rhode Island General Assembly, n.d.a).

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

METHODOLOGY and PROCEDURES

The problem was investigated over a 29-week period from October 2010 to May 2011 using a critical, ethnographic research design. The author as principal investigator (PI) spent the first 40 nights in an emergency shelter operated by the largest provider of homeless services in the state (Provider A). She spent the remainder of the study in a Single Room Occupancy (SRO) transitional housing facility in a neighboring city operated by a different provider (Provider B). The PI achieved total situational immersion by interacting with providers and accessing services as would a person experiencing homelessness. The author received no research funding or private living stipend during the study.

Table 1: Client Characteristics in Provider A's 30-Day Operation First Step Program

Client Code	Age	Race/Ethnicity	Marital Status	Children	Highest Ed	Employed
P1	23	Black, non-Hispanic	single	0	GED/HS	no
P2	34	Black, Hispanic	married	0	Vocational	no
P3	41	Hispanic	married	3	Vocational	during
P4	42	Native American	single	2	BA	no
P5	38	White	single	0	GED/HS	no
P6*	36	Black, non-Hispanic	single	0	MA	no
P7	54	White	divorced	3	Vocational	no
P8	29	African	married	0	BA	yes
P9	22	White	single	1	GED/HS	no

Note. *Client P6 is the PI.

Participants were selected using comprehensive sampling in Provider A's 30-Day Operation First Step program for women experiencing first-time homelessness. They ranged in age from 22 to 54 ($n=9$, $M=35$, $Mdn=36$, $SD=10$) as shown in Table 1. The majority were single (56%), unemployed (78%), Black or of African descent (44%), with no children (56%). One woman became employed during the study. The racial makeup included Whites (33%), Hispanics (22%), and Native Americans (11%), with Client P2 being included in both the "Black" and "Hispanic" categories. Most had a GED or High school diploma (33%) or vocational certificate (33%). Two had bachelor's degrees and the PI (Client P6) held a master's degree.

Data were collected in two phases through covert participant observation, casual interviews, documents, and policy reviews. Phase I, the problem discovery phase, extended from October 2010 through February 2011. Phase II, the intervention phase (RQ5), began nine days after study start and ran concurrently until study end. For this phase, the author researched, drafted, and advocated for a comprehensive *Bill of Rights for the Homeless* as a policy-level intervention to free clients from what appeared to be systemic injustices in the homeless provider system. The study ended on May 14, 2011

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

after data collection for both phases reached saturation and the investigator returned to her home state in the South. However, advocacy efforts for a Homeless Bill of Rights continued post-study.

The PI examines RQ1, RQ2, RQ3, and RQ4 via descriptive and inferential statistics. An operational/ compliance audit (Institute of Internal Auditors, 2012) using HUD's 60% pass/fail threshold (GAO, 2009) provides further quantitative analysis of RQ4. The Critical Incident Analysis (CIA) frameworks of Radford (2006), Lister and Crisp (2007) and Halquist and Musanti (2010) address the challenge of examining and interpreting the unstructured qualitative data collected for RQ4 that is inherent in participant observation (Lambert, Glacken, & McCarron, 2011). However, only one of Halquist's four probing questions is considered: What power relationships between the staff and clients are being expressed?

RESULTS

As indicated in Table 2, 44% of the clients were still in Provider A's Operation First Step program at the end of the study. Twenty-two percent (22%) were placed in a residential treatment home and 22% exited to apartments. One client found transitional housing in Provider B's SRO unit on her own.

Table 2: Client Length of Stay and Disposition

Client Code	Age	Entry Date	Exit Date	Total Days	Disposition at End of Study
P1	23	4/16/10	12/10/10	235	Residential Treatment Home
P2	34	6/16/10	11/12/10	147	Permanent Housing (HUD-VASH voucher)
P3	41	7/1/10	Unknown	314	Still in shelter
P4	42	8/1/10	1/5/11	155	Disciplinary dismissal to Residential Treatment Home
P5	38	8/1/10	unknown	284	Still in shelter
P6*	36	10/29/10	12/8/10	40	Provider B's SRO unit (found by client)
P7	54	11/1/10	unknown	194	Still in shelter
P8	29	11/11/10	12/9/2010	29	HPRP Apartment placement
P9	22	11/16/10	unknown	179	Still in shelter

Note. Study period was October 29, 2010 to May 14, 2011. Client P6 is the PI.

The mean length of stay was 175 days (n=9, Mdn=179, SD=97) as illustrated in Figures 1 and 2. Three extreme values of 29, 40, and 314 days did not pass the outlier test ($z = -1.50, -1.39, \text{ and } 1.43$, respectively) but served as critical cases for inferential and qualitative analysis. The mean length of stay rose to 214 days (n=7, Mdn=194, SD=64) with the two extremely low values removed and settled at 198 days (n=6, Mdn=186, SD=52) when all three extreme values were omitted—a marked 39 and 23 days longer than the overall mean.

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

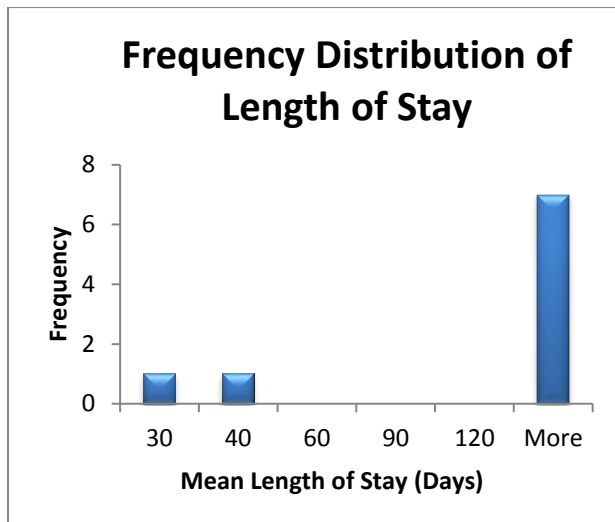


Figure 1. Frequency distribution of length of stay.

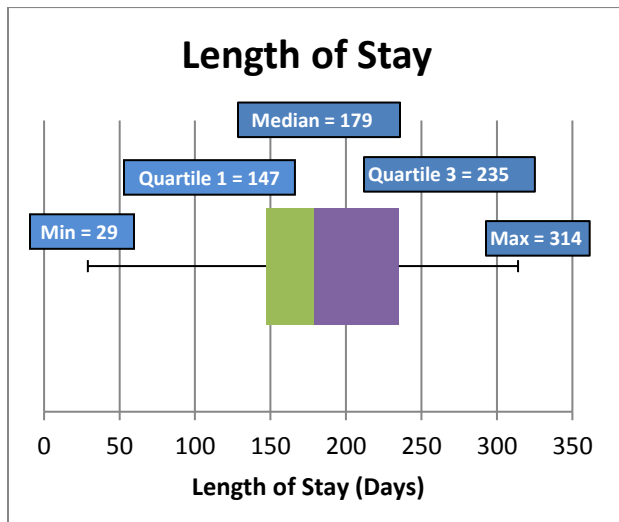


Figure 2. Box plot of length of stay.

Research Question 1 (RQ1): Typical length of shelter stay

A single sample t-test determined that the women's observed mean stay of 175 days was significantly longer than the expected 30-day limit ($\mu_1 > \mu_0$, $t = 4.47$, $p = 0.001$).

Research Question 2 (RQ2): Individual factors influencing length of stay

Figures 3 and 4 highlight a tendency for clients' shelter stay to increase with age. However, two zero-order correlations—the first with all clients included ($r = 0.18$, $r^2 = 0.03$, $p = 0.33$) while the second removed the three extreme data points of 29, 40, and 314 days ($r = -0.09$, $r^2 = 0.007$, $p = 0.44$)—showed no direct relationship between age and length of stay. Age accounted for only 3% and less than 1% of the variation in length of stay, respectively, and was not statistically significant.

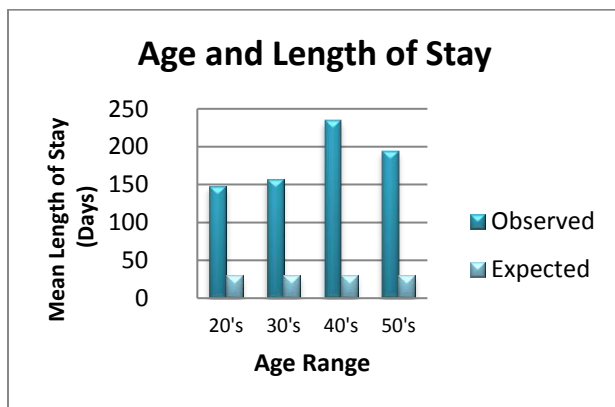


Figure 3. Age and mean length of stay by age group.

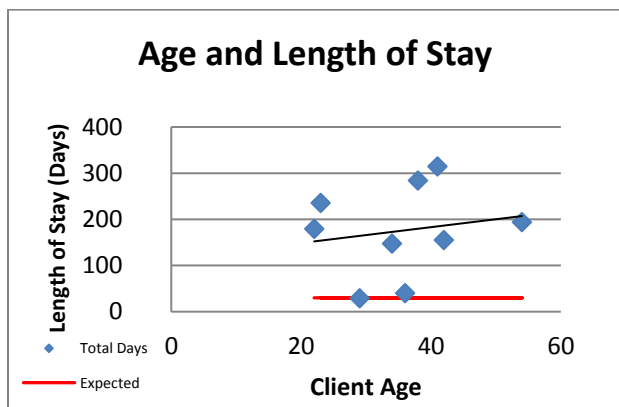


Figure 4. Scatter plot of age and mean length of stay.

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

Given that clients belonging to a minority group in Figure 5 outnumber Whites two-to-one, their length of stay was suspected to be longer. Yet, no significant difference was found between minority clients (e.g. Hispanic, Black/African, and Native American combined) and White clients by a two sample t-test ($t = -0.95$, $p = 0.19$). Race accounted for a modest 12% of the variation in length of stay as shown by a point biserial correlation ($r_{pb} = -0.34$, $r^2 = 0.12$, $p = 0.19$).

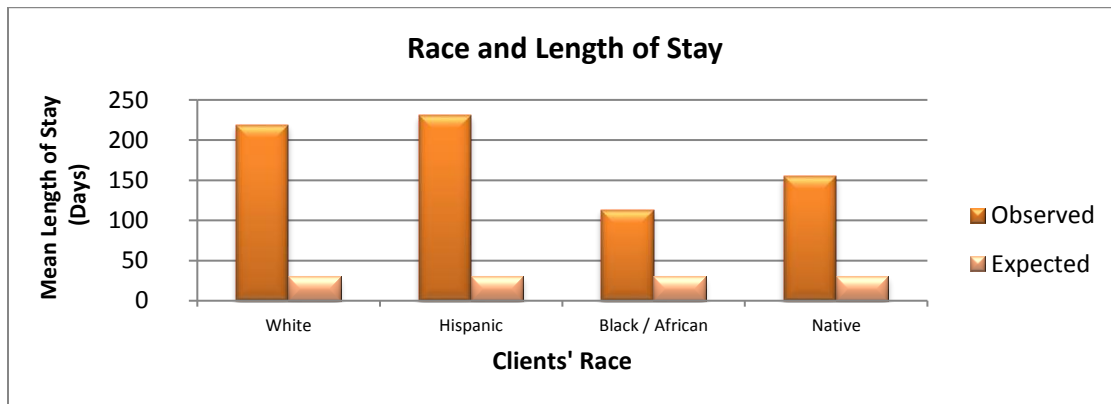


Figure 5. Observed and expected mean length of stay by racial group.

Likewise, a one-way ANOVA [$F(2,6)=0.03$, $p=0.05$] and three point biserial correlations found no significant difference by marital status, although divorced clients appear to edge out those who were married and single in Figure 6.

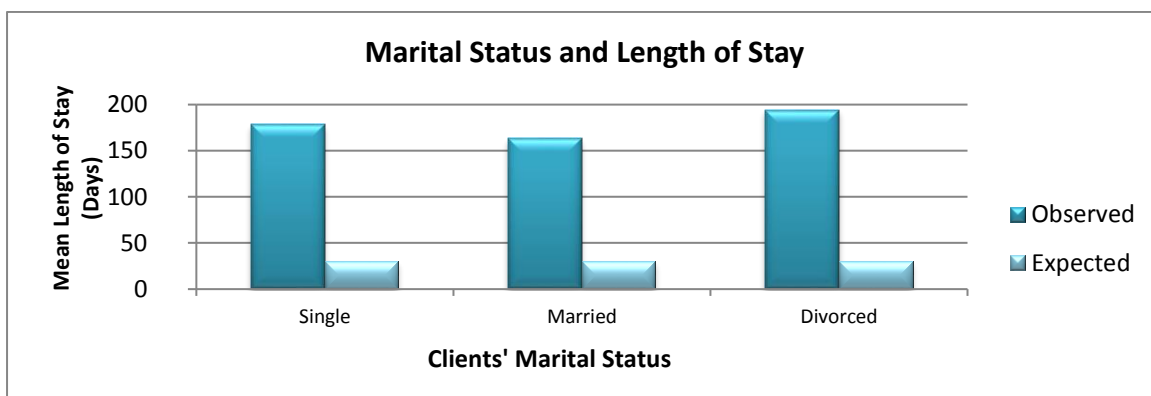


Figure 6. Observed and expected mean length of stay by marital status.

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

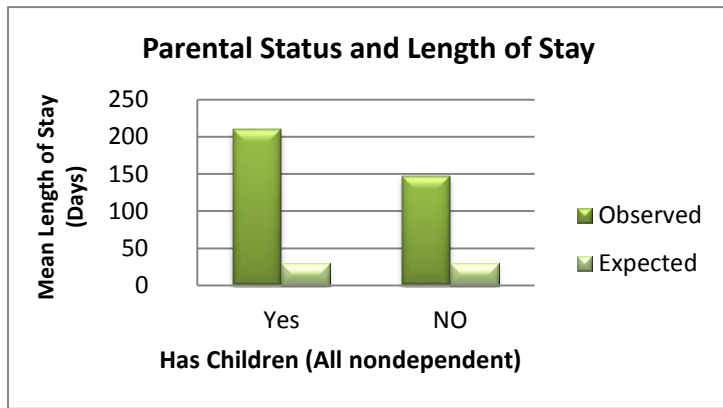


Figure 7. Observed mean length of stay by parental status.

Parental status presented another possible influential factor on clients' length of stay. As illustrated in Figure 7, the 44% of clients who reported having at least one child also had a mean length of stay of 211 days—64 days longer than clients without children. All children were adults at the time of the study and did not live in the shelter. Although a point

biserial correlation determined a weak and insignificant correlation between the mothers and length of stay ($r_{pb} = 0.34$, $r^2 = 0.12$, $p = 0.18$), which accounted for 12% of the variation, the 64-day difference may be of practical importance.

Conversely, education was assumed to have an impact on clients' shelter stay after reviewing Figures 8 and 9. A zero-order correlation showed a very strong, significant, inverse relationship between length of stay and education ($r = -0.98$, $r^2 = 0.97$, $p = 0.008$), where education level explained nearly 97% of the variation.

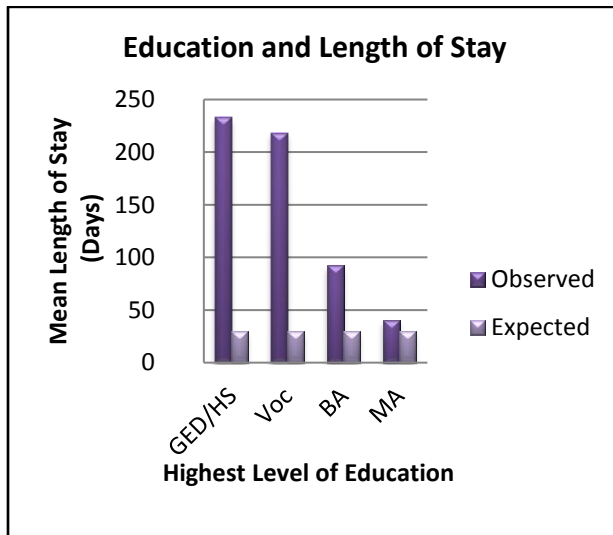


Figure 8. Mean length of stay by educational level.

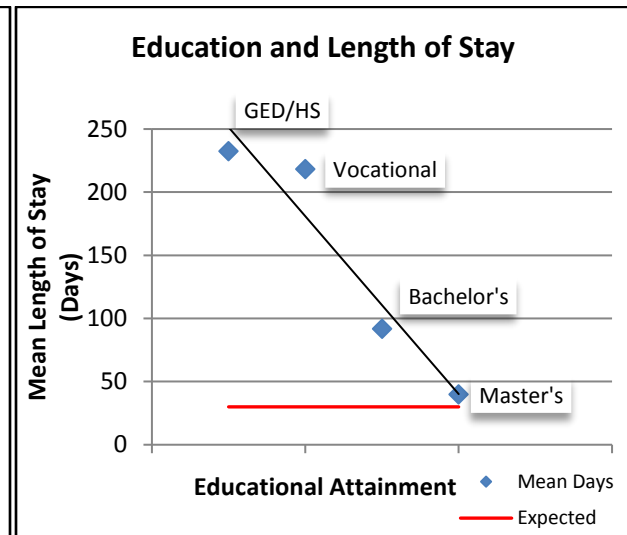


Figure 9. Scatter plot of education and length of stay.

Further, a point biserial correlation confirmed a very strong, significant, inverse relationship between length of stay and self-advocacy ($r_{pb} = -0.82$, $r^2 = 0.67$, $p = 0.003$) shown in Figure 10 and emphasized by Clients P6 and P8. In fact, self-advocacy accounted for 67% of the variation in length of stay.

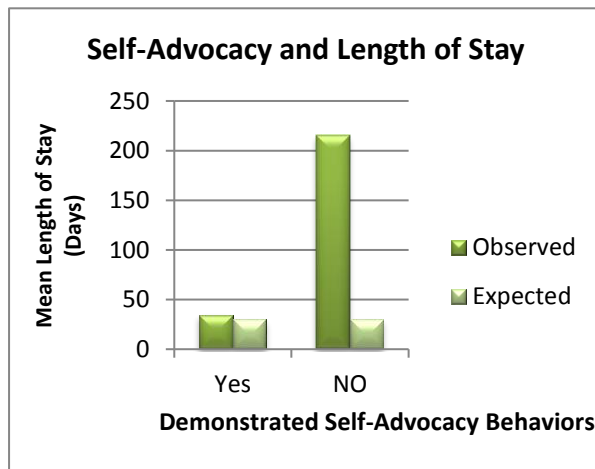


Figure 10. Observed length of stay by self-advocacy.

Education and Self-Advocacy

A point biserial correlation determined that women with more education tended to advocate for themselves significantly more than women with less education ($r_{pb} = -0.77$, $r^2 = 0.59$, $p = 0.007$). However, first order partial correlations revealed that self-advocacy (k) had no effect on the relationship between education (i) and length of stay (j), $r_{ij.k} = -0.97$, $r^2 = 0.93$, $t = -9.08$, $p = 0.0001$ (two-tailed). Even when controlling for the effect of self-

advocacy, education explains 93% of the variation in length of stay. Further, first order partial correlations showed that education (i) had an insignificant, antecedent control effect on the direct path from self-advocacy (k) to length of stay or shelter exit (j), $r_{kj.i} = -0.55$, $r^2 = 0.30$, $t = -1.61$, $p = 0.16$ (two-tailed). Although statistically insignificant, this finding may be of practical importance. Thus, when controlling for the effect of education, self-advocating behaviors alone may explain only 30% of the variation in length of stay compared to 67% with education included.

Research Question 3 (RQ3): Environmental factors influencing length of stay

Hypothesis Thirteen

H_0 : Unemployed clients stay 30 days or less as expected by the shelter provider.

H_{13} : Clients who are unemployed have longer shelter stays.

A single sample t-test for all unemployed clients only revealed that the observed sample mean of 175 days was significantly greater than the expected 30 days ($\mu_{13} > \mu_0$, $t = 5.78$, $p = 0.0003$). The null hypothesis must be rejected. The unemployed women in the program had significantly longer shelter stays than the expected 30 days.

Hypothesis Fourteen

H_0 : Employed clients stay 30 days or less as expected by the shelter provider.

H_{14} : Clients who are gainfully employed have shorter shelter stays.

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

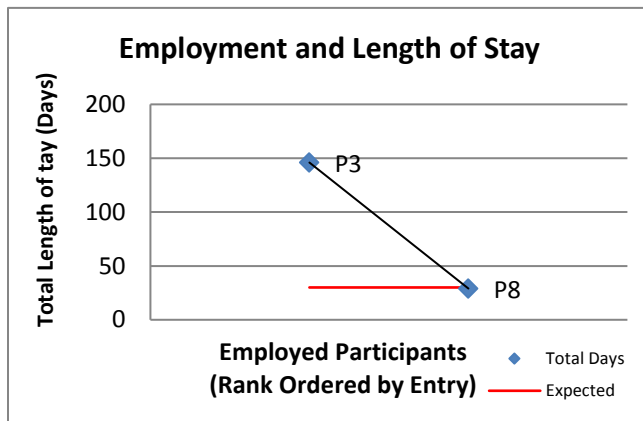


Figure 11. Scatter plot of employed clients' total stay.

A single sample t-test for the two employed women depicted in Figure 11 yielded a different result. Client P8 was employed throughout her 29-day stay, while client P3 stayed in the shelter for 146 days after obtaining employment. Yet, the t-test determined that there was no statistically significant difference between the women's

mean 87.5-day stay and the expected 30 days

($\mu_{14} > \mu_0$, $t = 0.983$, $p = 0.25$). The null hypothesis can neither be accepted nor rejected since the employed women's stay is factually longer than expected. Although not statistically significant, the nearly 60-day difference is of practical importance given the nature of homelessness.

Hypothesis Fifteen

H_0 : Length of stay is independent of employment status.

H_{15} : Employment reduces length of stay.

A two sample t-test between both sub-groups uncovered a marginally significant difference between the observed mean of 175 days and the 87.5 days ($t = -1.53$, $p = 0.08$) for unemployed and employed women, respectively, as depicted in Figure 12. Moreover, a point biserial correlation uncovered a weak inverse relationship of marginal significance ($r_{pb} = -0.48$, $r^2 = 0.23$, $p =$



Figure 12. Length of stay by employment status.

0.08) between employment status and length of stay, where 23% of the variation in length of stay was accounted for by employment. Thus, the null hypothesis must be rejected. Clients' length of stay in the shelter was marginally dependent upon employment status.

Research Question 4 (RQ4): Organizational factors influencing length of stay

Hypothesis Sixteen

H_0 : Shelter staff adhere to documented operational procedures at least 60% of the time.

H_{16} : Shelter staff adhere to documented operational procedures less than 60% of the time.

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

Table 3: Audit Scoresheet for Provider A's Operation First Step Guidelines Compliance (Appendix B)

STANDARDS SUBSECTION	POSSIBLE POINTS	LESS N/A	ADJUSTED POSSIBLE	EARNED	SCORE	PASS / FAIL
I. Provider A's Tenancy Limit	1		1	0	50%	FAIL
II. Admission Procedures	3		3	2	67%	PASS
III. At Will Checks	1	1	0	0	--	INCONCLUSIVE
IV. House/Shelter Exit Procedures	2		2	0	0%	FAIL
V. Confidentiality	3	2	1	0	0%	FAIL
VI. Drugs and Alcohol Guidelines	3	2	1	0	0%	FAIL
VII. Medications	2	1	1	0	0%	FAIL
VIII. Safety and Security	7	1	6	3	50%	FAIL
IX. Smoking Guidelines	2		2	1	50%	FAIL
X. Housekeeping and Chores	5		5	2	40%	FAIL
XI. Dress Code	3		3	2	67%	PASS
XII. Personal Hygiene	2		2	2	100%	PASS
XIII. Curfew and Visitors	3		3	2	67%	PASS
XIV. Late Nights and Overnights	2		2	1	50%	FAIL
XV. Visitors and Visiting	2	1	1	1	100%	PASS
XVI. Bedrooms	4		4	3	75%	PASS
XVII. Budgeting	3		3	1	33%	FAIL
XVIII. Community Service	1		1	1	100%	PASS
XIX. Case Plan Development	3		3	1	33%	FAIL
XX. House Meetings	2		2	0	0%	FAIL
XXI. Medical Emergencies	1		1	1	100%	PASS
XXII. Miscellaneous	3		3	3	100%	PASS
XXIII. Noncompliance and Discipline	1		1	0	0%	FAIL
XXIV. Steps to Dismissal	2		2	0	0%	FAIL
XXV. Warnings	2		2	0	0%	FAIL
XXVI. Immediate Dismissal	7		7	4	57%	FAIL
XXVII. Grievance Procedure	17	7	10	3	30%	FAIL
PERFORMANCE/COMPLIANCE	TOTAL	N/A	ADJUSTED	EARNED	SCORE	OUTCOME
TOTAL STANDARDS/POSSIBLE POINTS	87					
	Less N/A Points	15				
	ADJUSTED TOTALS		72	33	46%	SUBSTANDARD
	PASSING SCORE		72	43	60%*	PASS

*Note: Audit uses HUD's Pass/Fail Threshold of 60% and its "Pass" and "Substandard" rating systems (GAO, 2009).

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

The goal of the Operation First Step Program was “to provide persons leaving the [Provider A’s name] Rhode Island Assessment Shelter the chance to live in safe and decent temporary housing while receiving skilled counsel and care” (Emergency Housing Guest Guidelines, 2007, p.2). The operational and compliance audit included in Appendix D assessed the staff’s performance on, adherence to, and enforcement of the 87 non-negotiable standards established in the guidelines to meet this goal.

Table 3 shows that Provider A received an overall “Substandard” performance rating for being only 46% compliant with the documented standards. Following HUD’s performance guidelines (GAO, 2009), a minimum score of 60% was needed to pass. Looking one level deeper, staff followed established procedures in only 9 of the 27 areas evaluated—a mere 33% success by subsection. They performed strongest in enforcing policies regarding personal hygiene, visitors, community service, and medical emergencies. Areas in which substandard performance existed included tenancy limit, confidentiality, drugs and alcohol guidelines, safety and security, late nights and overnights policy, case plan development, and grievance and disciplinary procedures. The null hypothesis must be rejected. Shelter staff did not adhere to documented operational procedures at least 60% of the time.

Hypothesis Seventeen

H_0 : Administrative neglect has no effect on length of stay.

H_{17} : Administrative neglect increases length of stay.

Violations of case plan development, late nights and overnights, budgeting, and disciplinary procedures had a quantifiable impact on length of stay. Critical Incidents CI23 and CI35 in Appendix A underscore the dilemma of clients failing to complete all the activities in their case plan as a direct result of case advocates not completing the prerequisite actions needed but that only they could take.

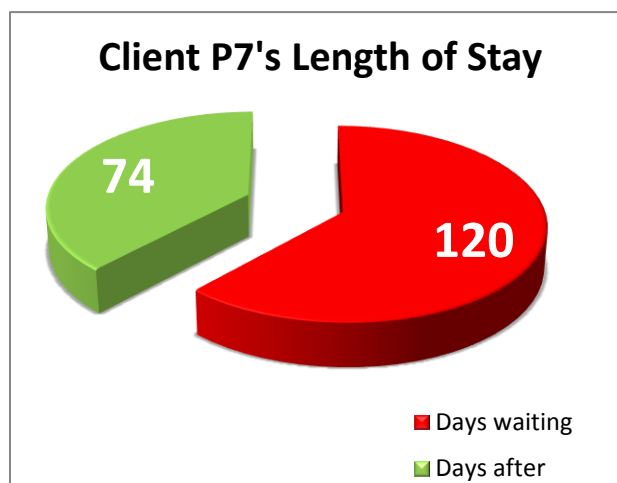


Figure 13. Client P7 waits 120 days for a form.

For example, Client P7 spent 120 days of her 194-day shelter stay waiting for her case advocate to print out a form as illustrated in Figure 13. She entered the shelter upon release from a correctional institution. In Critical Incident CI23, she reported needing a specific authorization form that could only be obtained from her case advocate given her legal history, in order to get a government-issued identification (I.D.) card. With

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

the I.D. card, Client P7 would have been able to apply for Supplementary Security Income (SSI) and/or Social Security Disability Insurance (SSDI) since she had a well-documented history of a qualifying medical condition. Upon receiving approval for the benefits, Client P7 would have had the proof of income needed to request a parole transfer to her home state where she could live with relatives or to exit the shelter via other social service programs.

However, when Client P7 was scheduled to meet with her case advocate to obtain the form or make phone calls to related agencies in an effort to obtain the needed documentation, the case advocate did not show for the appointments. In fact, the case advocate did not give Client P7 the necessary forms until approximately 120 days after shelter entry—a full four months later. Client P7 then started the process of applying for the I.D. card and benefits needed to exit the shelter. The client lamented, “She just went into the computer and printed it out. Just like that. I don’t understand why she wouldn’t do that in the first place.”

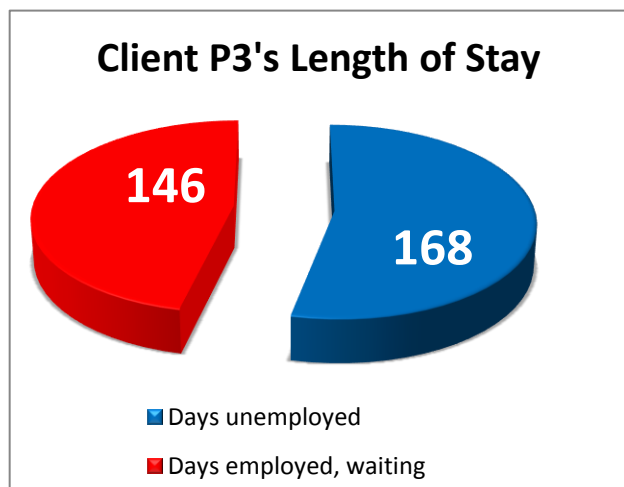


Figure 14. Client waits 146 days for staff to comply.

choosing so long as it meets rent reasonableness tests and passes a mandatory inspection.

However, Provider A’s HPRP Housing Locator frequently missed appointments with the client and a potential landlord—particularly when the client self-selected the apartment. For Critical Incident CI35, Client P3 reported that the Housing Locator simply “won’t respond to me when I find an apartment” that was in a neighborhood “better than the ones she wants to put me in.” The client also stated that she reported her concerns to the HPRP Case Manager. However, no action was taken. She remained in the shelter by the end of the study, some 146 days later.

Moreover, Client P3’s 10-month shelter stay, shown in Figure 14, could have been reduced by up to 146 days or almost five months. This client began part-time employment 168 days after shelter entry, which qualified her to exit the shelter via HUD’s (n.d.) Homelessness Prevention and Rapid Re-Housing Program or HPRP.

According to the program’s guidelines stated in Appendix K, HPRP participants may choose any type of housing in any community of their

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

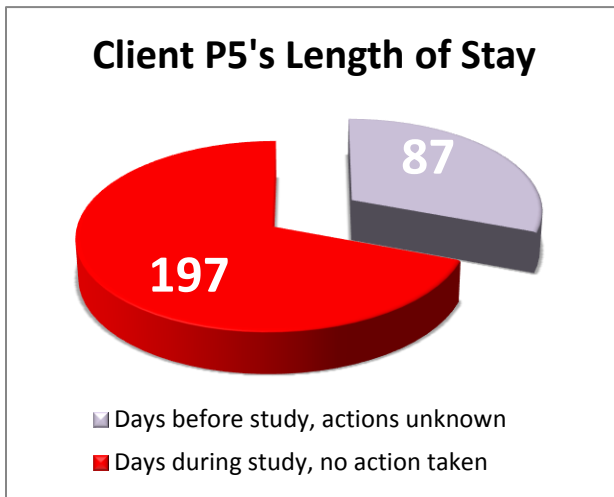


Figure 15. Client in shelter 197 days without action.

Finally, Critical Incident CI23 affirms that 197 days of Client P5’s nine-month shelter stay could be attributed to the above-mentioned standards violations. Client P5 reported her case worker as being “absent for meetings 90% of time” and being unaware that she did not use her bed in the Operation First Step Program. The PI directly observed the client’s extended overnight absences from the dorm five to seven days per week. From the PI’s entry into the field until study end 197 days later, Client P5 reported making no plans with her case advocate or attempts to move.

Research Question 4 (RQ4): Organizational factors influencing length of stay

The CIA analysis classified 34 staff-client interactions documented in the PI’s online reflex journal (International Freedom Coalition, 2010b) and the operational audit as critical incidents. Eight (8) were themed as self-advocacy and removed from the CIA analysis. Of the remaining 26 incidents, 31% resulted in an immediate positive outcome for the homeless clients while 69% led to negative outcomes.

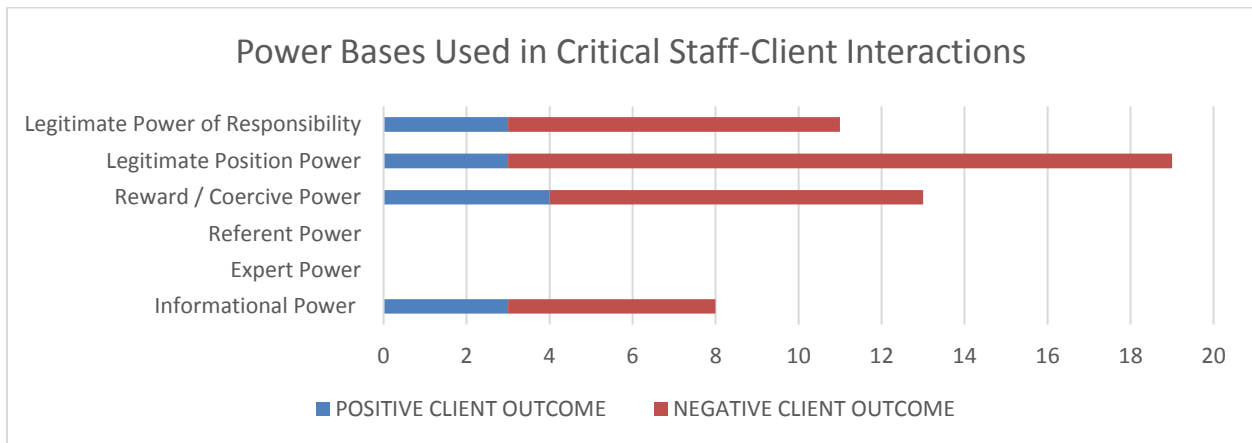


Figure 166. Power Bases Used in Critical Staff-Client Interactions

Figure 16 illustrates the staff’s use of power. Staff employed 51 instances of the power bases during the 26 critical incidents, where multiple bases of power may have been used in any one incident. Of the 51 instances, 25% led to immediate positive client outcomes while 75% led to negative outcomes.

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

In the critical interactions resulting in a positive outcome, staff employed reward power (8%), informational power (6%), legitimate position power (6%), and legitimate power of responsibility (6%). Examples include: admitting the PI into the shelter (legitimate power of responsibility) and promising to recommend the PI as an HPRP candidate (legitimate position power, reward power).

The negative interactions exposed the staff's use of legitimate position power (31%), coercive power (18%), legitimate power of responsibility–neglect (16%), and informational power–withholding (10%). For instance, eight critical incidents (16%) involved client abuse, harassment, and intimidation (coercive power) by shelter staff and security personnel that meets the state's legal definition (Rhode Island General Assembly, n.d.a, n.d.b, n.d.d). The substandard management and administrative neglect of Clients P7, P3, and P5's cases as highlighted by the audit and the refusal to grant the PI access to vocational and HPRP resources illustrates the negative use of legitimate position power, informational power, and legitimate power of responsibility.

Research Question 5 (RQ5): Policy-level factors influencing length of stay

The PI discovered no public advocacy or legislative efforts to prevent abuses and discrimination in shelters, while other vulnerable populations enjoy such protections as the Rights of Nursing Home Patients (Rhode Island General Assembly, n.d.d). She conducted most of her legislative research at the Rhode Island State House in the Public Records room. Critical Incident CI9 in Appendix A details how the PI began drafting the *Bill of Rights for the Homeless* (International Freedom Coalition, 2010c) on Day 9 of the study (Appendix D). The bill stood as a policy-level intervention to address the organizational-level policy violations and external discrimination, which could possibly have a positive impact on reducing length of stay in the shelter.

The PI presented the proposed legislation to: leaders (Appendices E and P) and concerned citizens at a community forum (Appendix A); the Rhode Island Commission for Human Rights (Appendix L); the NAACP-Providence Branch (Appendix H); the mayor and members of the Civil Rights Roundtable (Appendices N, O, R & S); and other lawmakers (Appendix M).

The study results were cited in a letter of support for the proposed bill issued by the Civil Rights Roundtable (Appendix S). Later, the Chair of the Senate Committee on Housing and Municipal Government formally introduced an adaptation of the Homeless Bill of Rights (Appendix Q).

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

RECOMMENDATIONS

Further study is needed to empirically measure the power used in staff-client interactions; the resulting change in homeless clients' attitude, action-taking, and self-advocacy behaviors; and the impact on length of stay and operating costs. Answering all of Halquist's probing questions may inform shelter policy to improve staff-client interactions, produce more positive outcomes, and reduce operating costs.

This study's findings also support the implementation of an industry-wide, customer-oriented, non-negotiable operational and quality of care standards to protect shelter residents from abuse, discrimination, and waste via:

- a. Bill of Rights for the Homeless as the model.
- b. Shelter certification similar to that implemented by Calgary Homeless Foundation.
- c. Shelter licensing process and quality assurance program similar to that mandated for Long Term Care Facilities.

LIMITATIONS

The general population data used in the calculations are from the period October 1, 2008 to September 30, 2009. Complete data from the study period (October 1, 2010 – September 30, 2011) had not been released by HUD at the time of the study. Additionally, some of the women in the sample did not report exact shelter entry dates. Instead, shelter entry was often recorded as the beginning, middle, or end of the month. Therefore, the margin of error for the clients' length stay could be as high as ± 14 days.

CONCLUSIONS

Education, self-advocacy, administrative neglect, power, and to a lesser extent employment, rise as the most important factors leading to shelter exit. By definition, self-advocacy hinges upon knowledge. Knowledge and education as informational power lead to independence. However, shelter staff consistently withheld informational power from clients, which directly increased length of stay. Instead, staff primarily employed coercive power which requires client dependence and hinders self-sufficiency (DeWard and Moe, 2010) or legitimate position power which possibly created a perceived imbalance of power, reduced or eliminated client engagement, and possibly led to a failure for clients to advocate for themselves (Jonikas, et al., 2011). The lack of self-advocacy increases shelter length of stay.

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

REFERENCES

- Baldwin, A. S., Kiviniemi, M. T., & Snyder, M. (2009). A subtle source of power: The effect of having an expectation on anticipated interpersonal power. *Journal of Social Psychology, 149*(1), 82-104.
- Brauer, M., & Bourhis, R. Y. (2006, July). Social power. *European Journal of Social Psychology, 36*(4), 601-616. doi:10.1002/ejsp.355
- Clemens, E., Shipp, A., & Kimbrel, T. (2011). Investigating the psychometric properties of school counselor self-advocacy questionnaire. *Professional School Counseling, 15*(1), 34-44. Retrieved March 26, 2012, from EBSCOhost.
- Closson Jr., C.C. (1894). The unemployed in American cities. *Quarterly Journal of Economics, 8*(2), 168-217.
- Culhane, D. P. (1992). The quandaries of shelter reform: An appraisal of efforts to "manage" homelessness. *The Social Service Review, 66*(3), 428-440.
- Davenport, J., & Early, J. (2010). The power-influence dynamics in a consultant/client relationship. *Journal of Financial Service Professionals, 64*(1), 72-75.
- Dees, J.W. (1948). *Flophouse: An authentic undercover study of flophouses, cage hotels, including missions, shelters and institutions serving unattached (homeless) men*. Frankestown, NH: M. Jones Co.
- De Venanzi, A. (2008). The institutional dynamics of homelessness. *The International Journal of Sociology and Social Policy, 28*(3), 129-145. doi:http://dx.doi.org/10.1108/01443330810862197
- DeWard, S. L., & Moe, A. M. (2010). "Like a prison!": Homeless women's narratives of surviving shelter. *Journal of Sociology & Social Welfare, 37*(1), 115-135. Retrieved September 7, 2011 from EBSCOhost.
- Emergency housing guest guidelines: The operation first step program*. (2007, August). Providence, RI: Crossroads Rhode Island.
- Gabel, S. (2011). Power in the role of the medical director: what it is and how to get more. *Administration and Policy In Mental Health, 38*(3), 211-214.
- Gupta, B., & Sharma, N. K. (2008). Compliance with bases of power and subordinates' perception of superiors: Moderating effect of quality of interaction. *Singapore Management Review, 30*(1), 1-24. Retrieved October 9, 2011, from EBSCOhost.

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

- Halquist, D., & Musanti, S. I. (2010, Jul/Aug). Critical incidents and reflection: Turning points that challenge the researcher and create opportunities for knowing. *International Journal of Qualitative Studies in Education (QSE)*, 23(4), 449-461. doi:10.1080/09518398.2010.492811
- Hartnett, H. P., & Postmus, J. L. (2010). The function of shelters for women: Assistance or social Control?. *Journal of Human Behavior In The Social Environment*, 20(2), 289-302. doi:10.1080/10911350903269948
- Hopper, K. (1990). Public shelter as 'a hybrid institution': Homeless men in historical perspective. *Journal of Social Issues*, 46(4), 13-29.
- Institute of Internal Auditors. (2012). Standards and guidance – International Professional Practices Framework (IPPF). Accessed April 30, 2012, from <https://na.theiia.org/standards-guidance/pages/standards-and-guidance-ippf.aspx>
- International Freedom Coalition. (2010a, November 26). Bill of rights for the homeless. Accessed October 13, 2011, from <http://strongfamiliesnow.org/blog/bill-of-rights-for-the-homeless/>
- International Freedom Coalition. (2010b). Walk a week in your shoes: Sights 'n sounds. Accessed October 13, 2011, from <http://strongfamiliesnow.org/blog/>
- International Freedom Coalition. (2010c, November 6). Vision of universal respect. Accessed October 13, 2011, from <http://strongfamiliesnow.org/blog/2010/11/06/vision-of-universal-respect/>
- Jonikas, J. A., Grey, D. D., Copeland, M. E., Razzano, L. A., Hamilton, M. M., Floyd, C. B., ... & Cook, J. A. (2013, June). Improving propensity for patient self-advocacy through wellness recovery action planning: Results of a randomized controlled trial. *Community Mental Health Journal*, 49(3), 260-269.
- Kleinert, J., Harrison, E. M., Fisher, T. L., & Kleinert, H. L. (2010). "I Can" and "I Did"—Self-advocacy for young students with developmental disabilities. *TEACHING Exceptional Children*, 43(2), 16-26. Retrieved March 26, 2012, from ERIC.
- Lambert, V., Glacken, M., & McCarron, M. (2011). Employing an ethnographic approach: key characteristics. *Nurse Researcher*, 19(1), 17-24.
- Green Lister, P., & Crisp, B. R. (2007). Critical incident analyses: A practice learning tool for students and practitioners. *Practice*, 19(1), 47-60. doi:10.1080/09503150701220507
- Miller, T., Salsberry, T. A., & Devin, M. A. (2009). Power and the role of the superintendent. *Educational Considerations*, 36(2), 26-34.

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

- Mishna, F., Muskat, B., Farnia, F., & Wiener, J. (2011). The effects of a school-based program on the reported self-advocacy knowledge of students with learning disabilities. *Alberta Journal Of Educational Research, 57*(2), 185-203. Retrieved March 26, 2012, from ERIC.
- Mossholder, K. W., Kemery, E. R., Bennett, N., & Wesolowski, M. A. (1998). Relationships between bases of power and work reactions: The mediational role of procedural justice. *Journal of Management, 24*(4), 533-552
- New York Senate. (2011). S918-2011: Establishes the homeless protection act which designates certain offenses against homeless persons as hate crimes. Retrieved August 20, 2011, from <http://m.nysenate.gov/legislation/bill/S918-2011>
- Novotny, K. M. (2000). Experts in their own lives: Emphasizing client-centeredness in a homeless program. *Policy Studies Journal, 28*(2), 382-401.
- Pierro, A., Cicero, L., & Raven, B. H. (2008, July). Motivated compliance with bases of social power. *Journal of Applied Social Psychology, 38*(7), 1921-1944. doi:10.1111/j.1559-1816.2008.00374.x
- Radford, M. L. (2006, Summer). The critical incident technique and the qualitative evaluation of the Connecting Libraries and Schools Project. *Library Trends, 55*(1), 46-64. Retrieved October 13, 2011, from EBSCOhost.
- Raven, B. H. (2008, December). The bases of power and the Power/Interaction Model of Interpersonal Influence. *Analyses of Social Issues & Public Policy, 8*(1), 1-22. doi:10.1111/j.1530-2415.2008.00159.x
- Reed, J. (2010, March 29). RI to receive \$43 Million in federal aid for "Hardest Hit" Housing Fund. Retrieved August 21, 2011, from <http://reed.senate.gov/press/release/ri-to-receive-43-million-in-federal-aid-for-hardest-hit-housing-fund>
- Rhode Island General Assembly. (n.d.a). Section 15-15-1: Domestic abuse prevention. *State of Rhode Island General Laws*. Retrieved November 15, 2010, from <http://www.rilin.state.ri.us/Statutes/TITLE15/15-15/15-15-1.HTM>
- Rhode Island General Assembly. (n.d.b). Section 16-21-26: Health and safety of pupils. *State of Rhode Island General Laws*. Retrieved November 15, 2010, from <http://www.rilin.state.ri.us/statutes/title16/16-21/16-21-26.HTM>
- Rhode Island General Assembly. (n.d.c). Section 23-17.5: Rights of nursing home patients. *State of Rhode Island General Laws*. Retrieved November 15, 2010, from <http://www.rilin.state.ri.us/Statutes/TITLE23/23-17.5/INDEX.HTM>

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

- Rhode Island General Assembly. (n.d.d). Section 23-17.8-1: Abuse in health care facilities. *State of Rhode Island General Laws*. Retrieved November 15, 2010, from <http://www.rilin.state.ri.us/Statutes/TITLE23/23-17.8/23-17.8-1.HTM>
- Rhode Island Housing. (2010, August 4). U.S. Treasury approves plan for distribution of Hardest-Hit Funding for Rhode Islanders. Retrieved March 21, 2011, from <http://rhodeislandhousing.org>
- Sermons, M.W. and Witte, P. (2011, January). *State of homelessness in America: A research report on homelessness*. Retrieved January 23, 2011, from <http://www.endhomelessness.org/content/article/detail/3668>
- Shinn, M., Knickman, J. R., Ward, D., Petrovic, N., & Muth, B. J. (1990). Alternative models for sheltering homeless families. *Journal of Social Issues*, 46(4), 175-190.
- Smith, M. (1977). Homeless People. *Social Alternatives*, 1(1), 15-22.
- U.S. Department of Housing and Urban Development. (2009). Sheltered homeless persons in Rhode Island: 10/1/2008 - 9/30/2009. *Homeless Data Exchange*. Retrieved January 22, 2011, from <http://hudhdx.info/publicReports.aspx>
- U.S. Department of Housing and Urban Development . (2010a, October). Performance measurement of homeless systems. Retrieved January 22, 2011, from http://www.hudhre.info/documents/PerfMeasurementHomelessSystems_Presentation.pdf
- U.S. Department of Housing and Urban Development . (2010b, June). *The 2009 Annual homeless assessment report to congress*. Retrieved January 22, 2011, from <http://www.hudhre.info/documents/5thHomelessAssessmentReport.pdf>
- U.S. Department of Housing and Urban Development . (n.d.). Homelessness prevention and rapid re-housing program. Retrieved May 6, 2012, from <http://www.hudhre.info/hprp/index.com>
- U.S. Government Accountability Office. (2009, June). Public housing: HUD's oversight of housing agencies should focus more on inappropriate use of program funds. Retrieved May 6, 2012, from <http://www.gao.gov/assets/300/290741.pdf>
- Walsh, C. A., Beamer, K., Alexander, C., Shier, M. L., Loates, M., & Graham, J. R. (2010). Listening to the silenced: Informing homeless shelter design for women through investigation of site, situation, and service. *Social Development Issues*, 32(3), 35-49. Retrieved September 7, 2011, from EBSCOhost.
- Weinreb, L., Rog, D. J., & Henderson, K. A. (2010). Exiting shelter: An epidemiological analysis of barriers and facilitators for families. *Social Service Review*, 84(4), 597-614.

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

Appendix E: First Proposal of Bill of Rights for the Homeless



Sapphire King <safiraking@gmail.com>

Proposed Bill of Rights for the Homeless

Sapphire Jule King <sjking@strongfamiliesnow.org>

Fri, Nov 19, 2010 at 4:14 PM

To: jclémentcicilline@

Cc: James Vincent <jvincent@ >, j.winter9287

Bcc: drgreggj@, mcoleman@strongfamiliesnow.org, mcoleman@

Good Afternoon Mr. Cicilline,

Please find attached the Bill of Rights for the Homeless proposed by my organization the International Freedom Coalition.

I would like to schedule a meeting with you at your earliest convenience to discuss the next steps for introducing the proposal to perhaps the Rhode Island Commission on Prejudice and Bias, Rhode Island Commission for Human Rights, the ACLU, and other legislators.

I look forward to speaking with you soon.

Best regards,

Sapphire Jule King, MAEd

Child & Family Advocate

Call: [401.808.3075](tel:401.808.3075)

Click:



Homeless-Bill-of-Rights.pdf

165K

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

Proposed Bill of Rights for the Homeless

Bud Cicilline <jclementcicilline@[REDACTED]>
To: Sapphire Jule King <sjking@strongfamiliesnow.org>
Cc: James Vincent <jvincent@[REDACTED]>, j.winter9287@[REDACTED]

Tue, Nov 23, 2010 at 11:15 AM

Sapphire,

It was nice to meet you at the meeting at Channing Church on the 11th and thank you for sending me a copy of the Bill of Rights for Homeless People. I am very supportive of basic protections for all people, but especially those who are faced with some form of challenge in their lives. I applaud your initiative in this regard.

I would be glad to meet with you to strategize how we might advance such a proposal. Indeed, I would be glad to host a meeting for such a purpose. Perhaps, we could have a preliminary meeting with Jim Vincent, Jimmy Winters, Bob Sabel (RI Legal Services – Newport), Steve Ostiguy and/or Deb Johnston of Fifty Washington Square (operators of the McKinney Shelter in Newport) to plan on a larger meeting with representatives from the General Assembly and ACLU. Locally, I know that Sen. M. Teresa Paiva Weed and Rep. Peter F. Martin are strong supporters of homeless issues.

I am looking at my schedule and find that I have some time slots open on Dec 6, 7, & 8. Please let me know if your calendar is open on any of those dates and, if so, what times are good for you. Also, let me know if it is convenient for you to meet at my office which is at 127 Johnny Cake Hill Road in Middletown.

Thanks so much.

I hope that you will have a warm and happy Thanksgiving.

All good wishes,

Bud

Proposed Bill of Rights for the Homeless

Bud Cicilline <jclementcicilline@[REDACTED]>
To: Sapphire King <safraking@gmail.com>

Tue, Nov 23, 2010 at 4:37 PM

Dear Ms..King,

Thanks.

I will relocate the meeting.....perhaps at 50 Washington Square. Give me a little time.

I did share the Bill of Rights with Sen. Teresa Paiva Weed. I'll let you know what I hear from her.

All good wishes,

Bud Cicilline

Power in Homeless Shelter Staff-Client Interactions: Influence on Length of Stay

Sapphire Jule King, M.A.Ed.

RHODE ISLAND CIVIL RIGHTS ROUNDTABLE REQUEST FOR SUPPORT ON LEGISLATION

Organization (if applicable): International Freedom Coalition

Contact Person: Sapphire Jule King 401-419-1267
Name Telephone No.

sjking@strongfamiliesnow.org
Email Address

Bill Number(s): H-7173 / S-2052 **Primary Sponsor:** Rep. Blazejewski / Sen. Tassoni

Committee: House Judiciary / Sen. Housing & Mun. Gov't **Hearing Date (if known):** _____

Summary of Bill:

Homeless Bill of Rights - This bill is in two parts. Part I would codify that homeless individuals have the right, among others, to vote, to be free from discrimination in employment, to use public spaces, to equal treatment by law enforcement, to quality healthcare. This part contains no enforcement mechanism. Part 2 would amend the RI Fair Housing Practices Act to prohibit discrimination in the basis of housing status.

Organizational/Individual Recommendation ("Support" or "Oppose"): Support

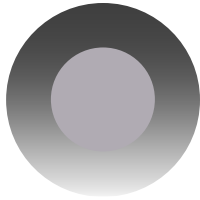
Civil Rights Implications of Bill:

A recent ethnographic study in a Providence homeless shelter revealed that service provider staff and security personnel subjected clients to abuse, harassment, and intimidation—as defined in the state's legal statutes—as a course of conduct. Sixty-seven percent (67%) of the women followed for the study were minorities. Moreover, both the shelter's housing coordinator and a private rental agency denied HPRP participants the opportunity to live in apartments of their choosing, which otherwise met the criteria set by HPRP policies. Instead, homeless clients were shepherded toward less desirable neighborhoods and apartments that were markedly subpar when compared to others in the same price range. This bill would ensure that people experiencing homelessness receive the same protections against abuse and discrimination as enjoyed by the general population in other contexts.

Date Form Completed: Friday February 24, 2012

Please submit the completed form along with a copy of the bill to:

Michael Evora, RI Commission for Human Rights, 180 Westminster St., Providence, RI 02903; fax: 401.222.2616; email: mevora@richr.ri.gov



RI Civil Rights Roundtable

*c/o RI for Community & Justice
80 Washington Street, Room 436
Providence RI 02903-1803
(401) 467-1717 x 102*

May 24, 2012

The Rhode Island Civil Rights Roundtable, founded in 1998, is a consortium of over 40 community organizations and advocates committed to advancing the civil rights of all Rhode Islanders through community dialogue, legislative advocacy, educational forums and the like. The Roundtable presents this letter in support of 2012 H-7173 and S-2052 A. These bills would specifically prohibit law enforcement, health care workers, potential landlords and employers from treating homeless people unfairly because of their housing status.

While state law already prohibits discrimination based on characteristics such as a person's religion, gender, race or disability, there is no formal, specific protection for the homeless. With the passage of this bill, Rhode Island would be the first state to pass legislation to protect the homeless in such a comprehensive manner.

A recent ethnographic study in a Providence homeless shelter revealed that service provider staff and security personnel subjected clients to abuse, harassment and intimidation as a course of conduct. Sixty-seven percent of the women followed for the studies were minorities. Moreover, both the shelter's housing coordinator and a private rental agency denied HPRP participants the opportunity to live in apartments of their choosing, which otherwise met the criteria set by HPRP policies. Instead, homeless clients were shepherded toward less desirable neighborhoods and apartments that were markedly sub par when compared to others in the same price range.

This bill is in two parts. Part I would codify that homeless individuals have the right, among others, to vote, to be free from discrimination in employment, to use public spaces in the same manner as others, to equal treatment by law enforcement, and to emergency medical care. The Sub A passed by the Senate Housing and Municipal Government Committee on April 26 allows for a civil action in court to enforce the rights enumerated in the chapter and expressly provides that a court "may award appropriate injunctive and declaratory relief, actual damages, and reasonable attorneys' fees and costs to a prevailing plaintiff". Part II would amend the RI Fair Housing Practices Act to prohibit discrimination on the basis of housing status.

In light of the high unemployment rate of 11% in Rhode Island, the number of homeless Rhode Island residents has skyrocketed. No individual consciously decides to become homeless, and it is unjust for law enforcement, employers, healthcare workers, and landlords to deny the homeless opportunities that are afforded to those who are not homeless. The homeless should be able to enjoy the same rights as others, and those who deprive the homeless of these rights should be held accountable for their actions.

For these reasons, the Roundtable urges passage of these important bills.

Contact: Michael D. Evora, Esq., Legislative Committee Chairperson, 222-7561

**The RI Civil Rights Roundtable is a non-partisan network of civil rights organizations committed to supporting each other in developing a consensus agenda of public policy issues to work on together. All members do not necessarily agree with every position taken through consensus of the Roundtable.*

LETTER SUBMITTED TO PRESIDENT OBAMA VIA WHITEHOUSE.GOV

Dear Mr. President,

On behalf of the International Freedom Coalition, I applaud all of your hard work over the past four years to address the needs of citizens across all socioeconomic classes. We look forward to the solutions you will bring over the next four years and will continue to support your efforts through research.

I am writing to inform you of the abuse, discrimination, administrative neglect, and noncompliance with HPRP policies found in my organization's recent critical, ethnographic study of the homeless provider system in Rhode Island. Each issue was proven to increase shelter length of stay, except for the abuse, which naturally increases costs and decreases operational efficiency. We are in the final stages of our analysis to determine if the abuse demotivated homeless clients and thus increased length of stay.

For full details, you may review our nearly complete working paper (PDF File size: 9.5MB) at <http://strongfamiliesnow.org/documents/Homeless-Study-Working-Paper.pdf>

Local advocates adapted and adopted our proposed Homeless Bill of Rights that we drafted as a result of our findings. The anti-discrimination elements of the bill were enacted into law on June 21, 2012.

Although the Rhode Island Homeless Bill of Rights is the nation's first ever anti-discrimination law to protect people experiencing homelessness, we are still very concerned about the unaddressed abuse, administrative waste, and noncompliance. For instance, the operational/compliance audit completed as part of the study found the shelter to be "Substandard" according to HUD's pass/fail threshold reported by the GAO. Moreover, the shelter's HPRP administrators denied participants the opportunity to live in apartments of their choosing, which otherwise met the criteria set by HPRP policies. Instead, homeless clients were shepherded toward less desirable neighborhoods and apartments that were markedly subpar when compared to others in the same price range. Not only are homeless citizens in Rhode Island still exposed to the negative effects of these issues, but we also fear that the 7.5 million Americans currently or at-risk of experiencing homelessness are in danger as well.

As such, we humbly request that you review our study results and institute operational and customer-oriented, quality of service standards to protect against abuse, discrimination, and waste in homeless shelters and social service agencies.

Yours faithfully,
Sapphire Jule King



Sapphire King <safraking@gmail.com>

Response to Your Message

The White House <no-reply@correspondence.whitehouse.gov>
To: sjking@strongfamiliesnow.org

Fri, Aug 24, 2012 at 1:46 PM



THE WHITE HOUSE WASHINGTON

August 24, 2012

Dear Friend:

Thank you for writing. America's working families have borne the brunt of this recession, and while they have worked harder and harder, they have fallen further behind. This recession comes on top of a lost decade for America's working families—a decade where they saw their incomes fall and their costs rise. As a result, too many men and women live without hope for a better future or the belief they can find a good job with good wages and benefits that can actually support a family.

This is unacceptable to me. That is why my Administration is committed to accelerating our Nation's economic recovery and strengthening America's middle class, and that is why we are working to provide access to affordable housing and health care, high-quality education, and the job training needed to succeed in today's workforce. I am committed to creating more of these opportunities for hard-working Americans to enter the middle class.

While we have more work to do, my Administration has made great strides in restoring our Nation's promise to all Americans. We have passed tax cuts for working families that lift two million families out of poverty. We have also committed funding to expand early childhood education, fight hunger, improve access to unemployment insurance for low-wage workers, and keep families in their homes. Additionally, because of my Administration's efforts, millions of jobs have been saved, and America's workers have greater opportunities to get the training they need to work in the high-growth industries of tomorrow.

In 2010, I signed the Affordable Care Act into law to put families back in control of their own health care, to reduce disparities in access to health care, and to help Americans avoid having to choose between buying their medication and feeding their families or heating their homes. Americans can now feel more secure knowing neither illness nor accident should endanger their pursuit of the American dream. Looking forward, my Administration will continue working to support low-income families and expand opportunities for children in struggling neighborhoods. And, to stem the tide of rising homelessness and to help those most in need, my Administration has put forth our country's first comprehensive strategic plan to prevent and end all types of homelessness—including homelessness among veterans, the chronic homeless, and families.

More information on assistance with basic needs such as food, housing, heat, and health care can be found by visiting go.usa.gov/aoZ, go.usa.gov/aoW, and www.HealthCare.gov, or by calling 1-800-FED-INFO. For assistance using internet resources, I encourage you to visit your local library or community center.

Thank you, again, for writing.

Sincerely,

Barack Obama

WWW.WHITEHOUSE.GOV