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CHRONICALLY HOMELESS: SERVICE NEEDS

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Sharon Ella Hodges
Patricia Carole Beamer
June 2014

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Approved by:

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ABSTRACT

The purpose of this study was to determine the service needs being met and the needs not being met as perceived by the chronically homeless who call the park their home. The authors thought this an important study to examine to better understand the service needs of the homeless. The study used a qualitative design for collecting data which involved face-to-face interviews with ten of the homeless people at the park. Four primary themes, three of which had two subthemes each, were identified through a thematic analysis. The primary theme of mistrust of services had subthemes of safety and restrictions and ineffective services. The primary theme of services needed was subdivided into problem identified and potential solutions. The families theme contained subthemes fractured families and park community as family. The theme of hopelessness did not have any subthemes. It was concluded that research should continue in this field and funding should be used to focus on providing services as specified through these themes.

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I would like to thank God, my family, and my friends for their love, support and understanding during my educational journey. Special thanks to Dr. Patricia Little and Dawn Howie for their encouragement. A special thank you to my friend Patti for enduring this journey with me.

Sharon Hodges

DEDICATION

We would like to thank our families for their patience and understanding during this most tedious time of our lives. Thank you Kenny for opening up your home and giving up your privacy to Sharon and myself throughout this very tedious process. We would especially send our love to Michelle who through her pain has been so patient and a source of inspiration to us both. We love you.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS	iv
LIST OF TABLES	vii
LIST OF FIGURES	viii
CHAPTER ONE: INTRODUCTION	
Problem Statement	1
Purpose of the Study	4
Significance of the Project for Social Work	4
CHAPTER TWO: LITERATURE REVIEW	
Introduction	7
Scope of the Problem	7
General Services Provided	9
Health Issues and Services	13
Societal Issues	16
Theories Guiding Conceptualization	19
Summary	20
CHAPTER THREE: METHODS	
Introduction	21
Study Design	21
Sampling	22
Data Collection and Instruments	23
Procedures	24
Protection of Human Subjects	25

Data Analysis.....	26
Summary	26
CHAPTER FOUR: RESULTS	
Introduction.....	28
Presentation of the Findings	28
Demographic Characteristics of Chronically Homeless Sample.....	28
Thematic Analysis Results.....	33
Summary	36
CHAPTER FIVE: DISCUSSION	
Introduction.....	39
Discussion	39
Limitations	42
Recommendations for Social Work Practice, Policy and Research	44
Conclusions	45
APPENDIX A: QUESTIONNAIRE	47
APPENDIX B: INFORMED CONSENT	50
APPENDIX C: DEBRIEFING STATEMENT	53
REFERENCES.....	55
ASSIGNED RESPONSIBILITIES PAGE	59

LIST OF TABLES

Table 1. Demographic Characteristics of Participants.....	29
Table 2. Demographic Characteristics Related to Homelessness.....	30
Table 3. Demographic Characteristics Related to Health.....	31
Table 4. Participant Responses Related to Services.....	32

LIST OF FIGURES

Figure 1. Thematic map of themes and subthemes from analysis	38
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CHAPTER ONE

INTRODUCTION

The purpose of this study was to determine the service needs of homeless individuals who live within a park setting, and whether these needs are being met. Additionally, this study was aimed at gathering information on the park homeless society in general, as well as issues brought up by the participants during semi-structured interviews. Presented in this chapter is a brief overview of the problem, the purpose of the study, and the anticipated significance of the study within the field of social work.

Problem Statement

The problem of homelessness continues to be a persistent social problem in the United States (Leginski, 2007). According to the National Alliance to End Homelessness (2014), the Department of Housing and Urban Development defines a homeless individual as one who has been: “experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years and has a disability” (para. 1). California specifically has a large population of homeless individuals. The population of homeless in California accounts for approximately 20.7% of the homeless population in the United States (U.S. Department of Housing and Urban Development [U.S. HUD], 2012).

According to the County of San Bernardino Homeless Partnership (2013), there are 2,321 adults and homeless children in San Bernardino County on any given night. Of these 2,321 persons, 1,247 (1,182 adults and 65 children) are unsheltered, while 1,074 (640 adults and 434 children) were sheltered. Of those that were sheltered, 518 persons (357 adults and 161 children) were living in shelters or used motel vouchers, while 556 persons (283 adults and 273 children) were living in transitional housing.

It is estimated that 7.4% of the U.S. population will be homeless at some time in their lives (Tompsett, Toro, Guzicki, Manrique, & Zatakia, 2006). Approximately 3.5 million people are homeless in the United States at any given time, although this number may be an underestimation due to the transient nature of homelessness, making counting and tracking difficult (Baggerly & Zalaquett, 2006; McBride, 2012).

The definition and meaning of homelessness has changed over the years. Homelessness in the early sixties meant that one was living outside of the family unit; this definition changed through the 1970s and 1980s to mean that one is literally without shelter, living in a temporary shelter or other short term housing (Rossi, 1990). Across the United States, from the Bowery in New York, to Skid Row in Los Angeles, homelessness is a growing concern for us all. The shantytowns of the Great Depression have been replaced with tent cities all across America (Rossi, 1990). These are literally communities of

individuals living in tents, without access to running water or sanitary services (Loftus-Farren, 2011).

Many of the homeless in the late 20th century consisted of moms and dads with their children living in tent cities, transitional housing, or shelters (Rossi, 1990). Rossi also stated that “homelessness today is a more severe condition of housing deprivation than in decades past” because the homeless individuals at that time were clearly worse off than those previous (1990, p. 957). Authors Seltser and Miller (1993) stated, “a new group of homeless became more visible, one made up of children and their parents” (p. 7). They continued on to state that “the ‘New Homeless,’ as they have been called, differ in important ways from traditional images of the homeless as tramps or vagrants” (p. 7). They added that approximately one-third of homeless families include both biological parents.

According to Murphy, Bassuk, Coupe, and Beach (2013), “the number of children and families experiencing homelessness in the United States has increased dramatically since the problem first emerged in the 1980s” (p. 73). Additionally, there has been an increase in the geographic dispersion of homeless and highly mobile (HHM) families and homeless students (Miller & Bourgeois, 2013). During the 1980s children and families “comprised approximately 1% of the overall homeless population (Bassuk, 2010), but their numbers have steadily climbed in the last 3 decades to 37% in 2011” (Murphy et al., 2013, p. 73). This highlights the fact that homelessness remains an

issue during present day, and is affecting more families and children than ever before. Because the demographical characteristics of who the homeless are have shifted, it is important to continue studying what services are needed in order to assist those in need.

Purpose of the Study

The purpose of this study was to assess the living situation and needs of chronically homeless people currently living in a park setting in order to determine specifically what services they are utilizing and what services they are not getting that they do need.

The choice was made to conduct individual interviews with homeless persons in order to give the population under study a direct voice. Rather than including those who work with the homeless as participants, the decision was made to interview homeless individuals directly as they are the first-hand experts of homelessness and are best equipped to describe how existing services may not meet their needs.

Significance of the Project for Social Work

The significance of this research project for social work is to understand the service needs of the chronically homeless who call the park their home. This is critical for providing necessary services that will be utilized by homeless people to meet their personal needs and help them to return to a normal

lifestyle within permanent shelter in an attempt to reduce the present homeless rate. This would have a local impact within the Inland Empire, not only for those who are homeless, but also for the local families who avoid using public parks in order to avoid contact with the homeless and resulting park degradation due to homeless individuals living there.

According to Kryda and Compton (2009), homeless people do not feel that proper services are being offered and that outreach is not effective. As such, it is vital that those working in the field of social work get the direct input of homeless people in order to ensure that the services are chosen and designed with the exact needs of homeless people in mind.

Osborne (2002) stated that those who identified most with being homeless were much less likely to ask for services or to accept them. In addition, those who used fewer services were more self-sufficient and less likely to transition off of the streets. This highlights the fact that if services are not well-tailored to suit those in need of help, they will not use them and will remain in their present circumstances. The results and outcomes of this study could lead to changes in policy and practice regarding providing needed services to the homeless. This could also lead to changes in the distribution of federal government funds in order to better meet homeless individuals' service needs.

The present state of homelessness has evolved, so current research is necessary to ensure services are relevant to today's homeless population.

Additionally, the results of this study will contribute to the existing literature surrounding the homelessness issue by narrowing in on a specific population, those who live in the park, as well as keeping it current. Themes may arise from the present study that spark future, more focused research into specific needs of the homeless.

The present study will primarily inform the evaluation phase of the generalist intervention process, as well as planning and implementing phases. The primary objective of the present study is to evaluate the state of services from the perspective of homeless persons, which in turn may lead to future planning and implementation of revamped or new services. The research questions that are guiding this study are:

1. Are we, as a society, providing services most needed for the chronically homeless who call the park home?
2. What other services do these chronically homeless individuals desire?
3. How do the homeless view themselves in society and how can social work services help them to achieve their personal goals?

It is hypothesized that the homeless participants will reveal deficiencies in present services offered and identify services that are desired, but not available.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will review literature concerning the chronically homeless people and their needs. Topics covered within this chapter include the scope of the homelessness problem, a review of services presently provided, health related issues and services, societal attitudes toward homelessness, and theories guiding conceptualization. The purpose of this chapter is to provide a background of the existing problem and context for the work conducted and outcomes of this study.

Scope of the Problem

Beginning in the 1950s, social scientists became very interested in the homeless living in homeless communities, particularly in New York's Bowery (Bahr & Caplow, 1974), Philadelphia (Blumberg, Shipley, & Shandler, 1973), and Chicago (Bogue, 1963). Bahr and Caplow (1974) estimated that there were approximately 8,000 men living in the Bowery in New York in 1964, while Blumberg et al. (1973) estimated that Philadelphia's homeless area consisted of 2,000 men in 1960. Bogue (1963) estimated that Chicago's homeless area consisted of 12,000 men, 90% of whom were white, with a median age of 50 years (Rossi, 1990). These studies concluded that the skid row populations

were made up of older alcoholic men (Bahr & Caplow, 1974). However, evidence also showed that: 1) most men worked part or full time and were able to afford rented cubicles or lived in the mission dorms (very few actually slept on the street); 2) predominately they stayed in the east part of town; and 3) they were predominately unmarried and had limited ties, if any, to family members (Rossi, 1990).

By the late 1970s to the early 1980s, the face of the homeless populations began to change to what was referred to as 'the new homeless'. The new homeless moved into urban areas, making them more visible (Rossi, 1990). This time period saw the appearance of homeless women with children or whole families, as well as an overabundance of minorities, contrasting with the mainly Caucasian populations of the past. Homeless individuals were often found sleeping in abandoned cars, in make-shift cardboard box rooms, in bus stops, and in doorways when the shelters were full (Rossi, 1990).

Rossi (1990) noted that the definition of homeless has changed from that of the old homeless, living outside family units, to the new homeless' absolute lack of literal housing. Rossi pointed out that, at least at the time of publication in 1990, the last great surge of homelessness was during the Great Depression and much like today, the numbers vary. At the start of World War II, most homeless men joined the armed forces, rapidly decreasing the homeless population; this led researchers and social scientists to think it would disappear altogether (Rossi, 1990).

However, this proved not to be the case, as highlighted by the Annual Point in Time Count of 2012 of the Annual Homeless Assessment Report to Congress (U.S. HUD, 2012). The report revealed that on any given night in January, 2012, 633,782 persons are homeless. Almost 400,000 of this count were individuals, 239,403 persons used emergency shelters or transitional housing, and 99,894 were identified as chronically homeless (National Alliance to End Homelessness, 2014).

According to the United States Interagency Council on Homelessness (2010), in 2009 President Obama took action regarding the homeless population. At that time, \$1.5 billion from the American Recovery and Reinvestment Act Intergovernmental Collaboration was invested in The New Homeless and Prevention and Rapid Re-Housing Program in an effort to help the homeless gain shelter and security. In 2010, the United States Interagency Council on Homelessness came up with a strategic plan to prevent and end homelessness called Opening Doors. This same Council called for joint action from the state and local governments, and persons in the private sector to collaborate. These newer initiatives have yet to be evaluated to determine their effectiveness in actually helping the homeless population.

General Services Provided

Shelters are one of the primary services provided to homeless individuals. Chronically homeless individuals often transition through shelters

and treatment systems due to drugs and psychiatric symptoms, as well as disappointment with the services available (Hopper et al., 1997; Padgett, 2007). According to Jost, Levitt, and Porcu (2011), there seems to be a lack of knowledge among the chronically homeless about where to go for help, and when they do know where to go, previous experiences of denial of service, encounters with impolite staff, excessive waiting, as well as confusion and aggravation associated with applying for services lead them to avoid services. These all serve as barriers to getting help. Services are also limited, forcing homeless adults to face bureaucratic requirements and rationing of limited resources (Lipsky, 1980). Outreach efforts have extended beyond basic services, such as food and clothing, and extend further to concerns such as physical health issues, substance abuse, and mental illness are now also being considered (Jost et al., 2011). However, it is rare for outreach efforts to actually place homeless people directly into housing (Jost et al., 2011).

Due to the requirements in place and limited resources available, often programs require homeless individuals to follow a treatment plan designed to move clients toward a state of housing readiness prior to placement into permanent homes (Tsemberis, 1999). These treatments often require that the homeless abide by mental health and substance abuse treatments and demonstrate sobriety and psychiatric stability. This process, which begins with referrals to drop-in centers and shelters, followed by transitional housing, and finally moves toward permanent housing, has been the principal program

model and is generally used by the U.S. Department of Housing and Urban Development's Continuum of Care (Padgett, 2007).

While ultimately helpful for some, this procedure is tedious for many homeless people. These individuals may have transportation issues, or may not have access to a telephone to call back and forth for necessary processes. These programs tend to be strict, particularly in respect to time, and the abstinence policies in place are often too demanding for the homeless (Jost et al., 2011).

'Housing first' programs are being created in hopes of diminishing the barriers to permanent housing (Jost et al., 2011). With housing first programs, the preconditions of abstinence or treatment compliance are often replaced with offerings of a range of services and treatment options. Housing first programs are based on the belief that housing is a fundamental right, and the focus is placed on hastening placement into housing (Jost et al., 2011). The first U.S. program of this kind was Pathways to Housing, Inc., which places focus on homeless adults who have severe psychiatric disabilities. The Pathways program offers clients direct access to permanent housing in independent apartments (Tsemberis, 1999).

The Street to Home (S2H) program is a street outreach program in New York City that is also based on the principles of housing first (Jost et al., 2011). The S2H program was initiated in 2003 by Common Ground, a non-profit organization that provides services for homeless and formerly homeless

individuals and families. S2H seeks out those who are considered the most vulnerable unsheltered homeless, such as those who have been homeless for a long time and those that may have physical disabilities, substance abuse problems, and mental illness.

In order to assess the effectiveness of housing first programs, Jost et al. (2011) recently conducted interviews with 20 long-term unsheltered homeless adults who had been placed into housing by S2H. They identified several major themes regarding the homeless adults' perceptions of shelter housing, including negative perceptions of homeless services and service resistance, readiness to leave the street, adapting to new surroundings and discovering benefits, and the importance of knowing supports are in place. They concluded that following through on promises and providing an ongoing sense of support are key elements for enabling a program to engage and maintain clients.

While housing first programs are newer in nature, improving services available for the homeless is not a new trend; improving services has long been an objective of policymakers and human services providers (Greenberg & Rosenheck, 2010). As far back as the 1960s, procedures for enhancing system additions have been considered useful for meeting the needs of individuals with various problems and increasing accessibility and coordination of care. More recently, however, it has been suggested that integrated

systems may allow for speedier dissemination of evidence-based practices (Greenberg & Rosenheck, 2010).

One such integrated system is the Collaborative Initiative to Help End Chronic Homelessness (CICH), which is a \$55 million federal effort funded by several federal agencies (Greenberg & Rosenheck, 2010). These agencies include the U.S. Department of Health and Human Services (HHS), Housing and Urban Development (HUD), Veterans Affairs (VA), and the U.S. Interagency Council on Homeless (ICH). Monetary awards from the CICH were made to 11 grantees who applied and competed for funding for the purpose of providing comprehensive assistance to the chronically homeless, as well as to help them move into permanent housing rather than living on the streets or in emergency shelters (Greenberg & Rosenheck, 2010). The CICH was focused on improving outcomes for chronically homeless people by providing funding for five core services: “(1) permanent supportive housing, (2) mental health treatment, (3) substance abuse treatment, (4) primary health care, and (5) veterans health services” (Greenberg & Rosenheck, 2010, p. 186).

Health Issues and Services

Rickards et al. (2010) emphasized the numerous health-related problems experienced by the homeless population. According to Rickards et al., “individuals living in homelessness experience an array of mental, physical,

economic and social conditions, including extreme poverty, exposure to the elements, mental and substance use disorders, malnutrition, victimization, bias and stigma” (p. 150). Rickards et al. stated that these conditions have a direct bearing on homeless service programs, as well as housing designed to effectively address homelessness.

Citing research conducted by Drake, Osger, and Wallach (2005) and Folsom, Hawthorne, and Lindamer (1991), Rickards et al. (2010) stated that “between one fourth and one third of persons experiencing homelessness have current severe psychiatric conditions” (p. 151), such as major depression, schizophrenia, and bi-polar disorder. Additionally, approximately 50% of these individuals have a comorbid substance abuse disorder. These claims are supported by The National Survey of Homeless Assistance Providers and Clients (NSHAPC), who “reported that 39% of clients had lifetime indicators of mental health problems, 38% of alcohol problems, 26% of drug problems; 30% indicated problems in all three areas; and 34% reported no mental health, alcohol, or drug problems” (Rickards et al., 2010, p. 151). These data clearly highlight the high incidence of mental and substance abuse problems among the homeless population, in that only approximately one-third reported experiencing no mental, drug, or alcohol issues.

Due to the high prevalence of these problems among the homeless population, services specific to these needs are of great importance. One of the primary purposes of the Collaborative Initiative to Help End Chronic

Homelessness (CICH) is to combat the health problems plagued by the chronically homeless, including serious psychiatric concerns, substance abuse issues, and/or related disabilities, as well as for finding housing and appropriate supportive services for the homeless. This collaborative initiative now has the ability for program monitoring, coordinated cross-department funding, and technical assistance (Rickards et al., 2010).

Reed (2014) has posed an important question, which has sparked a new model regarding helping the chronically homeless: if homeless people are not sober, that is, they are actively engaging in substance abuse, should they still be housed? Most shelters and many programs maintain a sobriety first rule before housing; however, there has been a shift in thinking and a new model has emerged called “harm reduction” model. Harm reduction emphasizes serving the client while reducing the negative consequences of substance abuse. This theoretical model posits that if a person is housed first, then they can better deal with their substance abuse issues and better respond to drug treatment program while working to become clean and sober. This program is an individualized plan tailored to the person’s specific stage of recovery.

However, this model has not been widely accepted, as there is still much debate regarding the effectiveness of the model. For example, the International Task Force on Strategic Drug Policy (n.d.), states that “We oppose so-called ‘harm reduction’ strategies...strategies in which the primary

goal is to enable drug users to maintain addictive, destructive, and compulsive behavior” (para. 5). As such, the debate remains as to the best methods for assisting the homeless while also providing treatment for health issues, including drug and alcohol abuse.

Societal Issues

According to Williams and Stickley (2011), further research that allowed the voices of homeless people to be heard should be used to challenge the negative stigmatization commonly held by the public, which may help to change the feelings and attitudes held by society regarding this population. Treating homeless people with respect, dignity, and allowing them to feel valued, may help them retain their social identities. Changing the way they are viewed by the public may help homeless individuals to feel they belong and are accepted in society.

Williams and Stickley (2011) stated that, according to Bahr’s (1973) theory of Social Disaffiliation, “social bonds - family, school, work, religion, politics and recreation - are absent among the homeless population” (p. 438). They asserted that “a person’s membership in a group is the most important source of power in modern societies, contending that the homeless person without a stable social network is powerless and socially disaffiliated” (p. 438). The policy construct of ‘social exclusion’ (Social Exclusion Unit, 2004) is strengthened by this theory (Williams & Stickley, 2011). However, it has been

argued that there are bonds between individuals within homeless communities, both regarding social capital (Putnam, 2000) and social identity (Tajfel, 1982). Cronley (2010) further argued that often the belief that homelessness is a result of personal faults, such as substance abuse, was incorrectly reinforced by the widely held Social Disaffiliation theory. According to Cronley, the Social Disaffiliation theory neglects to place due consideration for homelessness on systemic factors, such as lack of affordable housing or employment opportunities.

In order to assess how homeless people describe their own experiences, Williams and Stickley (2011) interviewed eight homeless individuals using a narrative research method and conducted a thematic analysis on the participants' responses. One key conclusion from Williams and Stickley's (2011) study was regarding giving homeless people the opportunity to have a voice. This not only pleased the participants, evidenced by one of their participants commenting that he was happy to have been interviewed as it gave him a voice to someone who did not know him, but is also vital in understanding their needs as described by them. Williams and Stickley highlighted the importance of choosing a narrative research method as it facilitates the voices of marginalized groups so they may be heard. This in itself is empowering to this population of people, although this form of research tends to be less structured than some other approaches. The

“premise of narrative inquiry is the belief that individuals make sense of their world most effectively by telling stories” (Williams & Stickley, 2011, p. 434).

Further, a person’s experiences affect their identity and mental health. The telling of life’s personal stories is cathartic and is important for the social construction of one’s self. Miller (1994) asserted that one’s identity is shaped and revised in response to events and situations. Williams and Stickley (2011) reported that participants in this study desired for their stories be told. They wanted their voices to be heard by society. According to Williams and Stickley, they elicited responses from their participants by asking them to ‘tell me your story of homelessness’. This allowed for rich data to be collected, as aided by the researchers’ interpersonal skills and encouragement for participants to continue until they had finished.

One of the primary themes that emerged from their study was of rejection and stigma; participants reported experiencing harassment from members of the public (Williams & Stickley, 2011). The description provided by Williams and Stickley of the general public and its treatment toward the homeless was quite dismal. Participants reported, for instance, being urinated on, attacked, labelled, and feeling they were stereotyped, as well as verbally attacked and abused.

Crisis (2013) supported this finding: “Homeless people are 13 times more likely to be a victim of violence – much of it perpetrated by the general public” (p. 4). Because of the physical and verbal harassment they

experience, the homeless tend to shy away and avoid the public and community, leaving the street people to develop being their own community, which is the only one they can trust (Stickley, Hitchcock, & Bertram, 2005; as cited in Williams & Stickley, 2011). However, the bonds that form among individuals within the homeless community prove better than no social belonging at all (Tajfel, 1982; as cited in Williams & Stickley, 2011). Despite the bonds developed among them, the verbal and physical discrimination from the public causes a decrease in homeless individuals' self-esteem and negatively affects their mental well-being, leaving them feel rejected, powerless, oppressed, and alienated (Williams & Stickley, 2011).

Williams and Stickley (2011) also reported that their homeless participants viewed their futures as dismal and experienced hopelessness about the future as a result of feelings of rejection from the general public. Anger was a common feeling among the participants, particularly due to a perceived lack of support and help. Often homeless people feel caught in the cycle of homelessness with little to no chance of breaking the cycle.

Theories Guiding Conceptualization

The theory that served to guide the conceptualization of this project was the Empowerment Theory. According to Soloman (1976), empowerment deals with a particular kind of block to problem solving that is imposed by the external society by virtue of a stigmatized collective identity. Narayan (2002)

stated that the empowerment process resides in the person, not the helper. The empowerment approach allows a multilevel examination of the person. Homeless persons need to be empowered to change their life's situation. Staples (1984) viewed empowerment as the process of gaining power, developing power, taking and seizing power, or facilitating or enabling power. Individuals are more willing to participate in services if they have some sort of sense of power (Speer, 2000).

Summary

The purpose of this chapter was to provide some background and context for the study currently being undertaken. In order to provide some insight into the issue of homelessness, the scope of the problem was discussed. Additionally discussed were some of the services currently available for the homeless within areas of the United States, as well as services and models geared specifically toward health issues experienced by this population, particularly mental health and substance abuse problems. Descriptions of societal attitudes regarding the homeless, especially as perceived by the homeless themselves, were discussed, as were the theories that led to the conceptualization of this project.

CHAPTER THREE

METHODS

Introduction

The purpose of this study was to examine utilization of services and service needs of the chronically homeless population who call a park their home. Presented in this chapter are the methods used for achieving this purpose. The study used a qualitative design, and one-on-one interviews consisting of semi-structured, open-ended questions were used to obtain the data from a sample of homeless individuals living in a park setting. A thematic analysis was conducted to analyze the data to extract themes relevant to answering the research question. Specifically detailed within this chapter are the study design, sampling methods, data collection and instrumentation, procedures, protection of human subjects, and qualitative data analysis.

Study Design

This study employed a qualitative methodology that consisted of face-to-face interviews with open-ended questions aimed at identifying the service needs among the chronically homeless. A qualitative design was utilized for this study due to the nature of the topic under investigation and the type of data desired and necessary for answering the research questions:

1. Are we, as a society, providing services most needed for the chronically homeless who call the park home?
2. What other services do these chronically homeless individuals desire?
3. How do the homeless view themselves in society and how can social work services help them to achieve their personal goals?

It was hypothesized that participants need services such as housing, clothing, food, mental health care, and medical and dental care, yet that many of these services are not accessible or effective. It was also hypothesized that homeless people feel that they will never be a part of a productive society or feel that they will never be able to fit into society again.

Sampling

A mix of convenience and snowball sampling techniques were used to obtain a sample of 11 participants recruited from Ayala Park in Bloomington California. This park was chosen due to the fact that the park has a large homeless population. The use of a snowball sampling technique helped to ensure the desired number of participants, as once trust was established with one or two homeless participants, they were able to refer the researchers to other potentially willing participants. Participants were included in the sample if they met the definition of homelessness as outlined by the Housing of Urban Development (National Alliance to End Homelessness, 2014); that is, they had

been homeless for at least 1 year, had had at least four episodes of homelessness in the last three years, and have a disability.

Data Collection and Instruments

The eleven participants were interviewed at the Ayala Park in Bloomington, California, using face-to-face interviews; participants were recorded using a voice recorder during their interviews. The researchers brought food to the park for the participants. As food was made available, people started gathering around. A quick rapport was developed with potential participants. In an effort to pre-screen participants, researchers began to ask the question of “how long have you been homeless?” Those participants who were identified as being chronically homeless were asked if they would consider being part of the research study.

Interviews were conducted using an interview guide, which was teamed with a paper questionnaire to obtain demographic and additional information from the participants (Appendix A). The questionnaire comprised of a total of 20 questions and was developed by the principal investigators of this study. The questions covered a range of topics, starting with demographic characteristics. Questions 1-6 were used to gather information regarding participant demographics, including age, gender, marital status, highest level of education, veteran status, and employment status.

Additional questions were used to inquire as to how long participants have been homeless and how many times they have moved in the last year. Questions regarding services received asked about how often they stay in shelters, where they seek medical treatment, occurrences of medical treatment and hospitalization, and whether they have medical insurance. Participants were asked what services provided to them are useful, which are not useful, what services they need that are not offered, and how they feel the community can help them with their needs.

Additionally, participants were given the opportunity to express any other thoughts or concerns that were not asked about or that they felt like sharing. The open ended questions allowed the participants an opportunity to express their personal opinions, thoughts, and concerns. The data collected via tape recorder and handwritten notes will be analyzed to determine the service needs of the chronically homeless people who call the park their home.

Procedures

Interviews were conducted with the chronically homeless individuals who call the Ayala Park located in Bloomington, California their home. The researchers went to the park during the day on a weekend and asked for volunteers who were willing to participate in an interview for the study. A form of snow-ball sampling was anticipated and used.

Individuals asked to participate were given an informed consent form (Appendix B) on which to place an X indicating their consent to participate as well as to being audiotaped. A face-to-face, semi-structured, audiotaped interview was conducted with each participant within the park setting. The primary researchers served as the interviewers and data collectors. Each interview took approximately 30 minutes to complete. Upon completion of the questionnaires, participants were given \$5.00 as compensation for their time, along with a debriefing statement explaining the purpose of the study.

Protection of Human Subjects

The researchers took appropriate measures to ensure the participants' protection, privacy, and confidentiality were upheld in this study. All participants were informed about the study being conducted, who was supervising the study, the IRB approval, and what they would receive for their voluntary participation.

All participants were given an informed consent form (Appendix B) which was also verbally explained by the researchers to all participants. Each participant was allocated a number for their questionnaire and audio taping (e.g., P 1, P 2, P 3...) to further protect their confidentiality. Participants were informed that participating was voluntary and that they could stop at any time that they begin to feel uncomfortable with the questions and that there would be no penalties. All participants were debriefed verbally and given a copy of a

debriefing form (Appendix C). If participants had any questions or concerns they were directed to contact the research advisor overseeing this study.

Data Analysis

This study utilized qualitative data analysis techniques. More specifically, a thematic analysis was conducted in order to extract themes that are relevant to the research questions posed (Braun & Clarke, 2006). All data collected from the interviews was transcribed, coded, and labeled by hand for the purpose of organizing the data. The process of coding was iterative; that is, transcripts were read and reread, with statements relevant to the research questions coded and recurring themes noted. The codes and labels represented ideas and expressions that were recurrent or common among the research participants. When codes were found to overlap, they were collapsed into themes or categories. This process continued until no new themes were identified. The themes and subthemes that emerged from the thematic analysis were presented in Chapter 4, along with exemplary quotes to highlight participants' meaning of themes.

Summary

Reviewed in this chapter was the methodology that was used for this study. The study is qualitative in nature and a thematic analysis was conducted with data collected in order to formulate themes that provide insight

into the research questions. Face-to-face interviews were conducted using questionnaires, and participant responses were recorded using an audio recorder and hand written notes. Also presented was the procedures that were used in conducting the analysis, along with the appropriate measures the researchers undertook to protect the participants interviewed.

CHAPTER FOUR

RESULTS

Introduction

The purpose of this thesis was to determine the service needs of the chronically homeless individuals who call the park their home. Within this chapter is detailed the analysis of qualitative data collected during face-to-face interviews with eleven chronically homeless persons who call park their home. Research questions being answered were focused on services utilized by individuals in this population. Also discussed within the chapter are the demographic characteristics of the participants, as well as the common themes that emerged from the qualitative analysis.

Presentation of the Findings

Demographic Characteristics of Chronically Homeless Sample

The participants chosen consisted of 7 males and 4 females who reside in the park. Participants ranged in age from 38 years to 58 years of age. Additional frequency counts and percentages of demographic characteristics are presented in Table 1.

Table 1

Demographic Characteristics of Participants

Variable	Level	Frequency <i>n</i>	Percentage %
Gender	Female	4	36.4
	Male	7	63.6
Marital Status	Never	1	9.1
	Married	1	9.1
	Single	5	45.5
	Divorced	2	18.2
	Separated	2	18.2
Education Level	High School	5	45.5
	GED	2	18.2
	Other	4	36.4
Veteran?	Yes	1	9.1
	No	10	90.9
Employment Status	Employed	1	9.1
	Disabled	4	36.4
	Unemployed	6	54.5

Information regarding participants' homelessness, such as length of time, how many times they had moved, and whether they had stayed in a shelter, was also obtained. Details regarding responses to these questions are presented in Table 2.

Table 2

Demographic Characteristics Related to Homelessness

Variable	Level	Frequency <i>n</i>	Percentage %
Length of Homelessness	1 year	2	18.2
	2 years	1	9.1
	5 years	3	27.3
	7 years	1	9.1
	10 years	3	27.3
	14 years	1	9.1
Number of Times Moved	0 times	5	45.5
	1 time	3	27.3
	2 times	1	9.1
	3 times	2	18.2
Number of Stays in Shelter	0	6	54.5
	1	3	27.3
	2	1	9.1
	28 days	1	9.1

Participants were asked several questions regarding their health, details of which are presented in Table 3.

Table 3

Demographic Characteristics Related to Health

Variable	Level	Frequency <i>n</i>	Percentage %
Quality of Health	Poor	4	36.4
	Fair	3	27.3
	Good	4	36.4
Where Medical Treatment Sought	None	2	18.2
	Doctor's Office	7	63.6
	County Hospital	2	18.2
Number of Treatments	0	4	36.4
	2	1	9.1
	3	2	18.2
	4	1	9.1
	5	1	9.1
	6	1	9.1
	10	1	9.1
Number of Hospitalizations	0	7	63.6
	2	1	9.1
	3	1	9.1
	6	1	9.1
	7	1	9.1
Medical Insurance	Yes – Medi-Cal	7	63.6
	None	4	36.4

The participants were asked about what services they find useful, what services are not needed, and services that are needed but are not offered. Additionally they were asked how the community can help with their needs. Responses to these questions are presented in Table 4.

Table 4

Participant Responses Related to Services

Variable	Level	Frequency <i>n</i>	Percentage %
Useful Services	None	2	18.2
	Insurance	1	9.1
	Law Enforcement	1	9.1
	Food Pantry	1	9.1
	Food Stamps	4	36.4
	Multiple	2	18.2
Services Not Needed	None	2	18.2
	Church	1	9.1
	Shelters	1	9.1
	Canned Goods	1	9.1
	Food Stamps	1	9.1
	No Answer	5	45.5
Services Needed but Not Offered	None	1	9.1
	Medical	1	9.1
	Mental Health Treatment	1	9.1
	Someplace Safe	1	9.1
	Clothing	2	18.2
	Multiple	1	9.1
	Job	1	9.1
	Shelter	1	9.1
	Section 8	1	9.1
	No Answer	1	9.1
Community Help	Legal Services	1	9.1
	Food	1	9.1
	Already Provided	1	9.1
	Shower/Laundry	1	9.1
	No Answer	7	63.6

Thematic Analysis Results

Mistrust of Services. The primary theme that was expressed was a mistrust of the services currently being offered to the chronically homeless. The first subtheme that emerged under this theme was safety and restrictions. Many participants indicated they have never stayed in a shelter and expressed their reasons for not doing so. The most common reasons cited by participants for not staying in a shelter were the restrictions in place regarding drugs and alcohol, as well as the rigid requirements, such as having a valid ID. Participants stated that they simply did not feel safe there, which was one reason for this mistrust. While discussing his brief time in a shelter, one participant stated he had his “stuff stolen while [he] slept and just feel safer out in the open” (Participant 9, personal communication, April 2014). Another participant stated, “I don’t mind being homeless” (Participant 3, personal communication, April 2014), while another participant stated, “Here we watch out for one another” (Participant 6, personal communication, April 2014).

The second subtheme that emerged regarding mistrust of services was a concern about ineffective services offered by “helping agencies.” One participant stated, “They give you canned food but it’s already expired, so what good is that” (Participant 1, personal communication, April 2014). Another participant stated, “How do they expect you to carry all that they do give you? I can only carry so much in my back pack and another problem is how are we gonna cook it out here?” (Participant 3, personal communication, April 2014).

Another participant stated that a group of nuns took him in but he had chores to do from “sun up to sun down” but the nuns did not do what they said they were going to do, such as “helping me get a job or helping me get on my feet” (Participant 10, personal communication, April 2014). He went on to say that “after three months they kicked me out only to have another homeless guy in there” (Participant 10, personal communication, April 2014). Another participant echoed this statement by saying, “Christian homes are for self-benefit, they need your help but do not help with your needs” (Participant 10, personal communication, April 2014).

Services Needed. The secondary theme that was identified through the qualitative analysis was regarding the services that are needed. They discussed these both in terms of what their concern or the problem was, as well as suggestions and examples of how to address these problems. One of the primary problems mentioned was that the majority of the homeless that were interviewed had no form of transportation (car, bike, skateboard, etc.), no money for bus fare, and had no cell phones. They indicated that this makes it extremely difficult, if not impossible, to obtain the simplest services, such as medical or dental appointments. For example, one participant voiced his concerns about having to walk everywhere, pointing out that the hospital was far away and it took a long time to get there. In order to address this problem, one participant suggested having a mobile bus that travels from park to park on certain days to offer medical, dental, and vision to the homeless. For those

participants who did have transportation, there were other problems faced. For example, two participants had cars, but had to move them in the evening after the park closes and park in the post office until morning, when they moved their cars back into the park.

A second need that was brought up was involving cleanliness and hygiene. Another participant voiced his concern about just needing his clothing washed, and to be able to take a shower and be clean. That same participant stated, "They have portable showers for the fire crews, why couldn't they bring those same showers here for us to use?" (Participant 11, personal communication, April 2014).

The service that was reported as most was regarding shelter. The participants reported that they either sleep in the fields, on nearby roof tops, or behind buildings. One participant stated, "You can rent a storage space from across the street for \$40.00 a month and sleep in there, but once you are in for the night you can't leave because if they find out that you are sleeping in there they will kick you out" (Participant 11, personal communication, April 2014).

Related to the aforementioned problems is one of the primary consequences of those problems, namely not being able to obtain employment. Several participants stated that they wanted jobs; however without the basic necessities, such as access to showers and clean clothes, it is nearly an impossible task. Lack of transportation also affected their abilities to find work: one participant stated, "Where you go to get your food stamps

there is a small office where you can apply for jobs but I can't always get there" (Participant 8, personal communication, April 2014).

Families. Another theme that arose was regarding the fractured families having been separated as a result of becoming homeless. One participant revealed that his family was divided after he lost his job and his home. His wife and children went to live with her mother while he had to go out and live in the streets. He now resides in the park and described that his oldest son just visited him there. Also related to the family theme is that they describe the park community as a new family who look out for one another.

Hopelessness/Resignation. The final theme was one of hopelessness or resignation. Some of the homeless individuals interviewed indicated that they just want to remain homeless. One such participant had given up on everything. This participant is an admitted alcoholic and reported no desire to change his way of life at this time; however, through tears, he indicated he desired change, and then suddenly he grabbed his beer as he left the table

The themes and accompanying subthemes, if any, identified are presented in a thematic map in Figure 1.

Summary

Eleven chronically homeless individuals living in a park in San Bernardino County were interviewed regarding their experiences with available services and services they needed or desired. The majority of participants

were male, all were between 38 years and 58 years of age, and they ranged in length of homelessness from 1 year to 14 years. A thematic analysis of face-to-face interviews revealed three primary themes: mistrust of services and providers, services needed and suggested solutions for problems they face, family, and resignation to their situation.

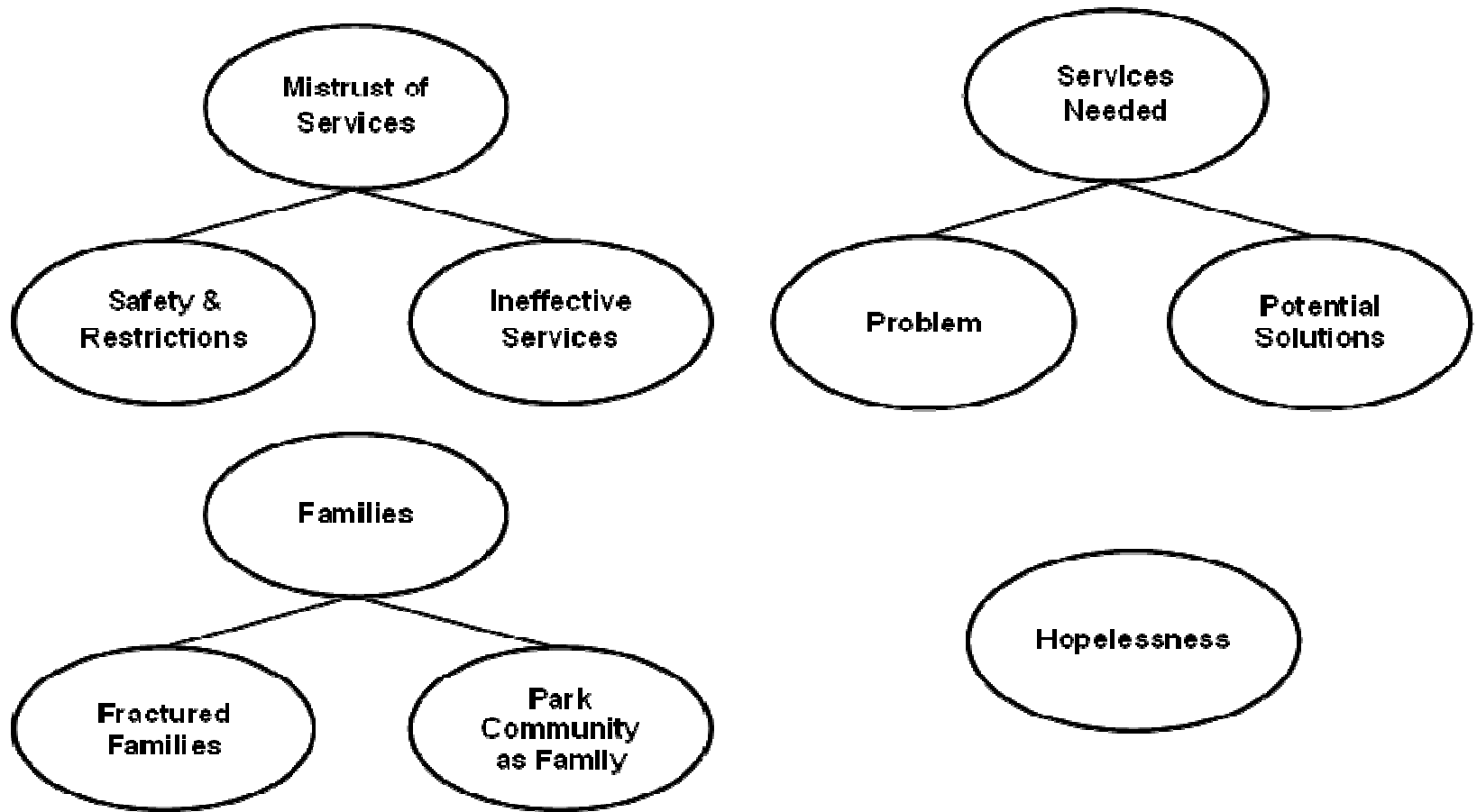


Figure 1. Thematic map of themes and subthemes from analysis

CHAPTER FIVE

DISCUSSION

Introduction

Within this chapter is a discussion of the results of the findings presented in Chapter Four. Also discussed in this chapter are the limitations of the study and recommendations for social work practice, policy, and research. Additionally, this chapter concludes with the summary of the findings of this qualitative study and some of the inherent limitations that are faced by the homeless who call the park home.

Discussion

The participants in this study expressed some of their most significant needs as having access to showers and clean clothes, transportation to enable them to get a job, and a safe place to sleep. Yet, through the combined use of a paper questionnaire and face-to-face interviews, this study found that many participants had never used or were mistrustful of services available, such as shelter services. One of the reasons for this was that when reaching out for services the homeless feel as though they are treated as numbers. In their own words, they want to preserve a sense of control and autonomy when utilizing services. They expressed they are being treated less

as adults and more like children. The only services that they really utilized and felt were effective were their food cards (EBT) so that they could eat, making use of the park's barbeque grills. They highlighted that services they did need and would use include a place to take showers and to do their laundry. This need is a large reason why these individuals are choosing to live in the park - to use park bathrooms privately to wash up and to do laundry by hand in the sink.

Similar to the present finding that participants experience a lack of trust of anyone, including each other, but in particular the agencies who ask questions about their situations, past studies have also highlighted mistrust as a theme among the homeless. According to Kryda and Compton, (2008), who also found mistrust to be a central theme in their study, outreach workers experience this mistrust when approaching the homeless, which led to a denial of services among the participants. Findings of their study revealed a need for empathetic outreach workers and or church volunteers, because people who are homeless were often left with negative impressions of service workers.

In addition to revealing themes of mistrust and services needed, the interactions with the homeless people who participated in this study provided information regarding the their self-determination, sense of community within the park's homeless people, and the fact that many wanted to get a job and go back to providing for themselves and their families. Many families had to split apart when they became homeless, usually leaving the parents, or one parent,

out on the streets. Some extended family members have taken the children into their homes to care for, but not mom or dad. These people want jobs so that they can reunite with their families and children and have a home so they can get back on their feet. The homeless who live in the park are a family among themselves; they fight and argue and then they get over it and help each other again.

This being said, several contradictions arose during this study. For example, while the participants viewed themselves as a family, an observation was made during data collection that many participants were drinking and partaking in verbal and physical altercations amongst themselves. Also in contradiction to their previous statements regarding wanting shelter, there were comments made that they liked the freedom of being outside and having no physical walls. They indicated that they wanted to be left alone, yet they desire a safe place to sleep and some services to be delivered to the park.

Downturned economic conditions are one of the factors contributing to this particular homeless population living in the park. According to U.S. Department of Housing and Urban Development (HUD; 2014) information, public housing was established in 1937 for eligible low income families and persons with disabilities. However, there is still a lack of housing for the low and no income families. The homeless individuals who were interviewed expressed their lack of information regarding how to go about obtaining access to the limited low-income housing, such as obtaining tax returns in order to get

on a HUD list of names. Additionally, they have become embittered by all of the hoops they must jump through to get on a list for housing.

As researchers, an attempt was made to call the HUD offices in San Bernardino County, as well as calling Sacramento for general information. Approximately one hour was spent on the phone with recorded messages without obtaining any useful information. This indicated to the researchers that as a homeless person it would take at least a phone with a call back number, an internet connection for the numbers, and ability to stay on the phone for a lengthy amount of time with these resources, all of which they are lacking.

Limitations

This study was limited by the small sample size of 11 chronically homeless participants within one park in Bloomington, California. This data collected is not necessarily representative of all chronically homeless people who call the park their home, or of homeless individuals living in other geographical locations. For example, each county is different when it comes to HUD housing and Section 8 policies; some counties are still accepting applications for HUD Housing and Section 8 lists, and some are not (Housing Authority of San Bernardino, personal communication, April 2, 2014). Therefore in order to address this limitation, additional research should be conducted with homeless individuals in wider geographic regions.

Another limiting factor was in regards to the demographic makeup of the participants in this study. This was not an ethnically diverse population, as the group consisted of mostly Caucasian men. In order to improve the generalizability and reliability of this study, further research should be conducted with more diverse groups of homeless individuals, specifically targeting demographic characteristics representative of the homeless community in the region under study.

One of the criteria of our study was that the participants were chronically homeless according to HUD definition. However, despite the researchers' attempt to obtain facts from our local HUD office in San Bernardino, no specific information from the local office was able to be obtained. While this highlights the struggle of the homeless people who were interviewed, it was difficult to get direct, current information regarding the homeless population in this particular region to ensure proper representation.

Another limitation is directly related to one of the findings of this study: mistrust. Given that the homeless community is mistrustful of those outside the community, this may have influenced or limited the information obtained by the researchers. For example, many participants chose not to answer certain questions. Additionally, some persons interviewed did not have much to add to open ended questions, limiting the amount of information obtained from the whole group.

Possibly the largest limitation to the study is the existence of individual differences and the scope of the problem. Though some themes emerged, there are many issues faced by the chronically homeless, not all of which could be covered within this short study. It seems this is a chronic cycle in our society which needs a complete wrap around services where their individual needs are addressed. Everyone is an individual with individual problems and needs, making it difficult to generalize information beyond those within this specific study.

Recommendations for Social Work Practice, Policy and Research

The purpose of this study was primarily to identify the services being used and the services that are needed for the chronically homeless living in the park. The inclusion of these research findings into practice and policy will only be possible if those groups who currently offer services to the homeless take into account what the homeless have to say about their situation.

In addition to using the results of the present study to guide their services, it would be of benefit to have social workers do further research regarding homeless populations and their delivery of service needs, not only for those within the park, but also in other places in which they congregate. In order to accomplish this, a grant may be needed for funding within this county. While there is a lack of funding to provide many of the service needs of the

homeless in the Inland Empire, the value obtained from helping the homeless individuals rejoin the workforce and giving them the opportunity to contribute to society and economics may help to offset the cost of the efforts. Many of the participants expressed the desire to rejoin the workforce; rather than providing services that only assist them in maintaining their current situation, it would be beneficial in assisting them in finding legitimate work.

Finally, as the scope of this study was limited, further research is needed. Additional studies conducted would be beneficial for more accurate information in regards to helping the chronically homeless who call the park home.

Conclusions

This study identified the service needs and the services used by the chronically homeless individuals who call the park home in Bloomington, California. The majority of participants were not engaged in any on-site services; however most received EBT and utilized their medical insurance for their health needs.

According to the results of this qualitative study, participants have unique and individual service needs; however, several common themes arose from the eleven interviews that took place. These common themes included a mistrust of services and service providers, problems regarding shelters, hygiene, and transportation, as well as services that could address these

problems, family, and a resignation to their situation among some participants. In order to combat this societal issue, the present researchers suggest that the local homeless shelters could collaborate and coordinate the planning of outreach services with the homeless themselves. By taking on board what the homeless have to say and recommend, they may be able to better provide for the diverse needs of the chronically homeless who call the park their home.

APPENDIX A
QUESTIONNAIRE

CHRONICALLY HOMELESS: SERVICE NEEDS

Please answer these questions to the best of your knowledge. There are no right or wrong answers. Your answers cannot be traced back to you. Once you have finished, please put the survey materials into the envelope and return it to the researchers. Thank you.

WHAT IS YOUR GENDER..... MALE___FEMALE___

WHAT IS YOUR AGE? _____

MARITAL STATUS..... SINGLE__SEPARATED_

MARRIED__NEVER__

DIVORCED__WIDOWED__

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION.....

NONE__GED__ASSOCIATE__ HIGH SCHOOL DIPLOMA_____

DOCTORATE__OTHER_____

ARE YOU A VETERAN YES_____NO_____

WHAT IS YOUR EMPLOYMENT STATUS? EMPLOYED__

DISABLED_____ UNEMPLOYED_____ RETIRED _____

LOOKING FOR WORK_____ OTHER_

HOW LONG HAVE YOU BEEN HOMELESS..... DAYS___ WEEKS _____

MONTHS___ YEARS_____

HOW MANY TIMES HAVE YOU MOVED IN LAST YEAR?_____

HOW OFTEN DO YOU STAY IN SHELTER?_____

HOW IS YOUR HEALTH?_____

POOR___ FAIR_____ GOOD___EXCELLENT___

WHERE DO YOU SEEK MEDICAL TREATMENT?

HOW MANY TIMES HAVE YOU HAD TO GET TREATMENT THIS YEAR? _____ WHERE? _____

HOW MANY TIMES HAVE YOU BEEN HOSPITALIZED THIS YEAR? _____ WHERE? _____

DO YOU HAVE MEDICAL INSURANCE, IF SO WHICH?

WHAT SERVICES PROVIDED TO YOU NOW ARE USEFUL?

WHICH SERVICES PROVIDED ARE YOU NOT IN NEED OF?

WHAT SERVICES DO YOU NEED WHICH ARE NOT OFFERED? _____

HOW COULD THE COMMUNITY HELP WITH YOUR NEEDS?

Feel free to use this space to write any other thoughts or concerns we may not have asked and you would like to tell us about.

Thank you again for taking the time to fill out this survey. We understand that your time is valuable and we appreciate you taking the time to complete this survey. Thank You!

Recommended Citation:

Hodges, S. E., & Beamer, P. C. (2014). *Chronically homeless: Service needs* [Survey].

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you have been asked to participate is designed to investigate the perceptions of chronically homeless individuals regarding current services offered and used, as well as services needed but not provided. This study is being conducted by Patricia Beamer and Sharon Hodges under the supervision of Dr. Cory Dennis, Assistant Professor of Social Work, California State University, San Bernardino, California. This study has been approved by the School of Social Work Subcommittee of the California State University, San Bernardino Institutional Review Board.

PURPOSE: The aim of the study is to seek out which services are more valuable and provide the most help for the chronically homeless individuals.

DESCRIPTION AND DURATION: Participants will be asked to answer our survey questions and participate in the open ended questions while being recorded. The surveys should take between 15-20 minutes. Participants will be compensated at \$5.00 for the survey completion.

PARTICIPATION: Participation is voluntary. You may withdraw at any time for any reason.

CONFIDENTIALITY: Your information will not be shared with anyone. All responses will be kept completely confidential. The surveys will be kept either with the researcher, or under lock and key. Unique numbers will be assigned to each survey to further protect your identity. Upon completion interviews with your information will be destroyed.

RISKS: The survey poses no major risks, though participants may feel discomfort with some of the questions asked in the survey. If for any reason during the survey you feel discomfort and want to stop the survey, please, feel free to do so at any time.

BENEFITS: The benefits of this study include, but not limited to, monetary compensation for participating in the project, and the knowledge that you have been of help. We are working to improve the conditions of the homeless by gaining insight into their needs. Our findings will be used for further study in order to promote change and influence government policies.

CONTACT: If you have any questions or if you experience any injury as a result of this study you may contact our supervisor, Professor Cory Dennis, at (909) 537-3501, cdennis@csusb.edu.

RESULTS: The results of this study will be available November 2014 in the Pfau Library, at California State University, San Bernardino, 5500 University Parkway, San Bernardino, California, 92404.

I have read the above information and agree to be a participant in your study.

Signature: (Mark "X" here) _____ Date: _____

I agree to be audiotaped. _____ Yes _____ No

APPENDIX C
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

CHRONICALLY HOMELESS: SERVICES PROVIDED AND SERVICES DESIRED AS PERCEIVED BY THE HOMELESS WHO CALL THE PARK HOME

The study you have completed was designed to explore the perceptions of chronically homeless individuals regarding the services which are offered, those offered that they do not utilize, and especially services which are needed but are not offered. This study is being conducted by Patricia Beamer and Sharon Hodges under the supervision of Dr. Cory Dennis, Assistant Professor of Social Work, California State University, San Bernardino. This study has been approved by the School of Social Work Subcommittee of the California State University, San Bernardino Institutional Review Board.

The two main topics under investigation were 1) homeless individuals' thoughts of the services offered to them and 2) the services offered but not utilized and 3) their perceptions of the services they need but are not offered.

Your insight into the many unaddressed needs of the chronically homeless population, your opinion on how these needs can be better met, and your participation in the effort will be used in future research studies and possible policy changes. Your participation is greatly appreciated.

If you would like a copy of this study, one will be available November 2014 in the Pfau Library, at California State University, San Bernardino, 5500 University Parkway, San Bernardino, California, 92404.

If you have any questions about this study you may contact our supervisor, Assistant Professor Cory Dennis, at (909) 537-3501, cdennis@csusb.edu.

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Assigned Leader:

Assisted By:

2. Data Entry and Analysis:

Team Effort:

3. Writing Report and Presentation of Findings:

- a. Introduction and Literature

Team Effort:

- b. Methods

Team Effort:

- c. Results

Team Effort:

- d. Discussion

Team Effort:

