

2021

## Investigating the Needs of Homeless Individuals Living in Transitional Housing

Tonya Hambrick-McClain  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

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Tonya Hambrick-McClain

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Walden University  
2021



Abstract

Investigating the Needs of Homeless Individuals Living in Transitional Housing

by

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MSW, Governor State University, 2006

BS, Chicago State University, 2001

Dissertation Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Philosophy in Social Work

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## Abstract

Homeless individuals are a disadvantaged and vulnerable population. Some of the issues contributing to homelessness are mental illness, medical problems, substance abuse, domestic violence, and lack of education and affordable housing. Homelessness continues to be a major social issue in the United States, and it profoundly affects individuals ages 25–35 years old. There is limited research identifying the needs of homeless individuals between the ages of 25 and 35 who live in transitional housing in the Chicago area. The purpose of this generic qualitative research study was to explore how homeless individuals ages 25-35 years old describe their lived experiences in transitional housing and explore the support services they need. Another purpose of this generic qualitative study was to allow participants to share their stories. The experiences of six homeless individuals were captured during semistructured, and audio recorded interviews. Data were collected until data saturation was attained. The finding from this study, more funding and support services are needed to help the homeless population. The ecological theory is the conceptual framework that guided the study. The study's results may assist stakeholders (i.e., city management or leaders) in addressing the problem of homelessness. The findings from this study may assist future policymakers with developing support services for homeless individuals. Furthermore, this study may contribute to positive social change by increasing the likelihood of the development of a program to ensure stable housing and supportive services for homeless individuals aged 25-35 years old.

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## Dedication

I dedicate this dissertation to my wonderful grandchildren, Lakyla, Ryan, Ayonna, Jonoa, Gabrielle, and Gregory. My grands provided me with endless love, hugs, kisses, and smiles throughout my doctoral degree journey. I pray that my achievement will also inspire them to pursue all their goals and dreams. Reach for the stars and aim for the best: GiGi loves you.

I would also like to thank my amazing family members who stood by me the entire time. A big thank -you goes out to my loving and wonderful husband Michael who supported me financially and emotionally. To my daughter Lavaysha and son Jerome, I want to thank you for allowing me to juggle motherhood and school it was not an easy task but God gave me strength. To my mother Sandra, you prayed for me and I know prayer works, thank you and I love you. To my step-father in heaven Willie better known as Papa and to my aunt Helen better known as aknee, you two were my biggest cheerleaders. I miss you and love you.

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## Chapter 1: Introduction to the Study

### **Introduction**

Homelessness is a complex and multifaceted experience many individuals face. In 2017, on any given night in Illinois, an estimated 51,361 individuals were homeless (National Alliance to End Homelessness, 2018). According to the National Alliance report, of the total homeless population in Illinois, 1,475 individuals experienced chronic homelessness; 730 reported individuals of the homeless population were youth ages 18-24 (Interagency Council on Homelessness, 2017). Despite many efforts made to improve living conditions to reduce homelessness, the number of homeless individuals in the state of Illinois continues to increase due to a lack of governmental financial support and affordable housing (Illinois Department of Human Services, 2016).

Change to assist the homeless is needed, and a change in social support services in offering affordable housing is where the transformation should begin. The Illinois Department of Human Services (DHS; 2016) defined homelessness as a lack of having stable and consistent housing. In 2016, the Illinois DHS services reported that 38,036 residents lived in state-funded shelters. In 2018, the Chicago Department of Family and Support Services (CDFSS) reported from a point-in-time homeless count that homelessness in Chicago decreased within the homeless shelters yet increasing outside of shelters.

In 2017, CDFSS stated the Chicago homeless total had reached a 10-year low trend; this continued with a 4% decrease in 2018. The most significant decline within

homeless shelters was 39.7% of homeless individuals, who stated they intended to sleep outside. This number has more than doubled compared to the 15.3% of respondents answered in the 2016 survey. The Chicago Coalition for the Homeless (2019) reported the Illinois Emergency and Transitional Housing Program turned away people who sought shelter assistance because the shelter had run out of beds. Of the homeless individuals surveyed, 18.8% stated they intended to spend the night on public transportation in the Chicago area (train or bus), and 10.9% indicated they were temporarily staying with friends and family (City of Chicago, 2018). Nearly 10% of homeless respondents revealed they would spend the night in an emergency room or police station for shelter (City of Chicago, 2018).

Many factors contribute to the cause of homelessness. Commonly reported factors contributing to individuals becoming homeless included a poor economy and evictions. However, other underlying factors can contribute to homelessness: these include mental illness, medical issues, substance abuse, domestic violence, as well as lack of education, income, and affordable housing (DHS, 2016). To better understand how to assist with preventing further homelessness, this study investigated the needs of homeless individuals ages 25 to 35 years old who are living in transitional housing.

### **Background of the Problem**

There are several risk factors influencing homelessness. Risk factors contributing to homelessness vary but may include mental illness, medical issues, substance abuse, or domestic violence. Other risk factors for homelessness may also include a lack of education, income, and affordable housing. In 2017, data from the African American

Communities Survey reported 86,324 served individuals within Chicago shelters (Chicago Coalition for the Homeless, 2019).

The National Coalition for the homeless reported in 2014, 13% of the homeless population was between the age of 18-24 years old (National Coalition for the Homeless, 2104). Minimal research on youth perspectives and homelessness experiences with transitional housing exists in this population. Ages 18-24 years are a critical target age group for transitional housing because they are at the development stage, going into young adulthood (Holt Schneider, 2016). However, homeless young adults, slightly older, aged 25-35 have had more experience with housing and are the primary focus population for this study. Researchers have shown that young adults ages 25-35 years old are more likely to live in dangerous situations and face high levels of anxiety, stress, and depression (Thompson et al., 2015). Homeless individuals need many resources and support services to navigate daily activities and obtain stable housing.

Past studies have noted that the age for onset of mental illness is between 25 and 35 (Illinois Department of Human Services, 2016). Garg and Moss (2017) reported that mental illness was a contributing factor to homelessness. For example, according to the U. S. National Library of Medicine (2019), the age range of onset for bipolar affective disorder and schizophrenia was 15-19 years old. The Chicago Coalition for the Homeless reported homeless youth in 2018, 17.6% suffered from an impaired mental health condition. Among homeless individuals receiving mental health services, only 18% were residents of a Chicago shelter, compared to 39% of unsheltered homeless individuals receiving mental health services (Chicago Coalition for the Homeless, 2019).

Individuals experiencing homelessness may experience high-stress levels due to depression, anxiety, and post-traumatic stress disorder. Post-traumatic stress disorder is an ongoing illness caused by extreme trauma and can be an identified onset for homelessness (Zerger, 2014). Homelessness and mental health are sensitive issues; some individuals feel embarrassed to seek medical help because of past negative experiences, such as judgments or stereotypes. Another barrier reported was that homeless individuals could not access services and pick up their medication due to lack of transportation (Illinois Department of Human Services, 2016).

The rise in health care cost is also a contributing factor to homelessness (Chicago Coalition for the Homeless, 2019). The Affordable Care Act (ACA) helps address uninsured individuals' health care needs; however, there is still a need to increase the effectiveness of resources programs for homeless individuals. It provides cost-effective access to health care to help improve the quality of medical benefits for everyone: ACA insurance ensures medical and behavioral health care coverage for existing, as well as pre-existing, medical diagnoses.

In 2016, people of Chicago with untreated mental illness made up one-third of the homeless population compared to only one-fifth of the national homeless population (Chicago Coalition for the Homeless, 2019). However, as mentioned before, transportation is another barrier to accessing medical and support services. Individuals without access to transportation face difficulties in going to appointments, accessing services, and picking up medications. In the event of an agency crisis (i.e., at one time, several Chicago neighborhood mental health agencies were closed because of a budget



crisis in Illinois), many individuals would find themselves unable to access medical services and medication from mental health clinics (Chicago Coalition for the Homeless, 2019).

Domestic violence is another homeless risk factor for many single women who have separated from an abusive partner or family relationship (Riley et al., 2014). Domestic violence is physical and emotional abuse of an intimate partner or family member (National Coalition for the Homeless, 2019). Women leaving an abusive relationship often have nowhere to go and few resources, which leads to financial insecurities and homelessness. The lack of affordable housing forces many women to choose to stay in an abusive relationship at home. Battered women make up approximately one-third of the recorded homeless population. Senator Joe Biden in 2005 urged the legislature to renew and signed into law the Violence Against Women Act to help protect the identities of battered and abused women. The National Homeless Organization also mandated a ruling that any shelters receiving funds from the McKinney Vento Homelessness Assistance Act cannot share any identifying information about a victim (Riley & Cohen, 2014).

Homelessness and poverty are interrelated (Chicago Coalition for the Homeless, 2019). A lack of education and training makes it difficult for individuals to become self-sufficient. Income is minimal for individuals lacking education or a skilled trade. Unskilled individuals unable to afford their mortgages or rent face an increased risk of becoming homeless. Individuals having difficulties meeting their rental and housing obligations often face eviction. Government assistance has helped many individuals

facing a housing crisis (Riley & Cohen, 2014). However, recent cutbacks of governmental social welfare benefits are a major contributing factor to homelessness (Timmer, Eitzen, Talley, & Eitzen, 2019). Homelessness problems have become worse because many individuals were already living below the poverty line (Housing Urban Development [HUD], 2015). In Chicago, 31.6% of households renting were categorized as meager income, earning less than \$20,000 per year (HUD, 2015). Due to the hardship of maintaining affordable and stable housing, individuals are often forced to double up in the homes of others.

Homelessness disrupts every aspect of an individual's life. Homelessness damages the physical and emotional health of all family members affected (Timmer et al., 2019). Homelessness is a major concern from a social viewpoint, as all citizens' basic needs should be met and addressed (Biscotto et al., 2016). However, in some communities, homeless individuals are viewed as an eyesore because they do not actively work or contribute to the community.

The reduction of government assistance programs and low income makes it difficult to survive and secure affordable housing. Housing only addresses a structural need and does not completely alleviate the stress and circumstances associated with being homeless (Biscotto et al., 2016). The research available on homelessness lacks detailed information on the homeless youth experiences and the support services they need. There is a need to understand the effectiveness of existing social support resource programs to better assist young homeless individuals.

## Statement of the Problem

Homelessness is an ongoing problem in Illinois. In 2017, an estimated number of 10,798 individuals in Illinois experienced an episode of homelessness (National Alliance to End Homelessness, 2018). The literature on homelessness presented significant reasons for the underutilization of services; there is a discrepancy between the kinds of services communities provide and services homeless individuals need to obtain stable housing. Society has historically struggled with formulating successful programs to meet the challenges and difficulties dealing with homelessness due to economic decline and diminishing social support (Williams & Merten, 2015). Homeless individuals comprise a population that consists of diverse family structures, sexual orientation, race, and ages.

The gap I identified in past literature is a lack of articles that addressed resources needed for homeless individuals age 25-35 years old. Many past research studies focused on how to eliminate homelessness (Henwood et al., 2015; Nelson, 2017). This lack of representation presented a gap in the literature I intended to address in my study. The problem is that past research gave little attention to unaddressed social issues, for example, mental illness, medical issues, substance abuse, domestic violence, lack of education, income, and affordable housing.

Transitional housing provides shelter to homeless individuals moving from homelessness to permanent housing: transitional housing is only a temporary housing solution for individuals before they move into permanent housing (Holtschneider, 2016). Although there is previous research concerning homeless individuals currently housed in

transitional shelters, I examined young homeless individuals' experiences, specifically those aged 25-35 years old.

### **Nature of the Study**

I conducted a qualitative study, using a generic qualitative approach. I used a generic qualitative study to conduct my interviews with homeless individuals aged 25 to 35, living in transitional housing. Using six individuals, I collected data until data saturation occurred. The homogeneous nature of the population constitutes the age of the population (aged 25-35), the living situation (transitional housing), and their socioeconomic level (poverty). Participants explained and described in their own words their past and present experiences while living in transitional housing. Interviews captured the homeless participants' perceptions and experiences. Limitations to using interviews may include information gathered that could potentially be filtered based on what participants feel the researcher wants to hear, or participants may not be equally articulate (Creswell & Poth, 2016). I accounted for these potential limitations when conducting interviews. Despite these potential limitations, a qualitative study was appropriate for this research study as interviews provide detailed information and historical information about the participants' knowledge.

### **Research Questions**

The research questions for this study were:

Research Question 1 (RQ1): How do homeless individuals age 25-35 years old describe their experiences while living in transitional housing in the Chicago area?

Research Question 2 (RQ2): How do homeless individuals age 25-35 years old describe the resources they need while living in transitional housing in the Chicago area?

### **Purpose of the Study**

The purpose of this study was to investigate how homeless individuals, ages 25-35 years old, describe their experiences of homelessness and how they describe the resources needed concerning living in transitional housing. During the study, I gave the participants the opportunity to share their perspectives about homelessness and I addressed a gap in the literature concerning understanding the homeless youth's perspectives. I conducted a qualitative study using interviews to understand how individuals aged 25-35, perceive their homelessness experiences.

### **Conceptual Framework**

To better understand the risk homeless individuals face while living in transitional housing, I used Bronfenbrenner's (1989) ecological theory to structure my study. The ecological theory views an individual within their environment and explores an individual's growth in the microsystem, mesosystem, ecosystem, macro-system, and chronosystem (Lau & Ng, 2014). In this study used this theory to understand the different factors youth are experiencing while being homeless (Barrett, 2019).

Researchers using the ecological theory focus on economic issues and social policy associated with homelessness; however, many health and social care professionals working with homeless individuals report that homeless individuals often struggle because of many adverse risk factors, such as abuse, poverty, and mental or medical illness (Ferguson & Evans, 2019). Individuals often experience homelessness recidivism,

meaning that individuals have more than one homelessness episode (Sandy, 2014). Because I used a basic qualitative approach using a broad conceptual framework, the ecological theory focused on and helped with my researcher to envision an individual's psychosocial state and other systems such as families, communities, and the workplace (Ferguson & Evans, 2019). Using this framework, a research can understand an individual's challenges, stressors, and supports.

A constructivist approach means inquiring into and interpreting participants' perceptions and experiences concerning barriers preventing participants from obtaining stable housing and becoming self-sufficient (Curry & Petering, 2017). The focus of constructivism is on major assumptions about the construction of social life and communication between individuals. Chompalov and Popov (2014) described constructivism as a theoretical umbrella, meaning several psychological approaches concerning how individuals make life decisions fall under the theory of constructivism.

Curry and Petering's (2017) qualitative study on homelessness influenced my framework. In their study, Curry and Petering reported questions pertaining to a transitional living program (TLP) and residents' expectations of themselves and others in the program. In their study, the researchers also explored how residents perceived the rules of the TLP. In this study I aimed to assess the experiences of individuals currently living in a TLP, and the study indicates that behavior is affected and shaped by a resident's social environment. Residents emphasized the value of hard work and having a good attitude (Curry & Petering, 2017).

I used ecological theory to understand and describe homeless individuals and the stress they experienced. Bronfenbrenner's (1989) work concentrated on how different systems interact with individuals and how each system plays a role in homeless individuals' lives (Farineau, 2016). The theory I used explained the interactions between economic, personal, political, and social settings. The approach I used emphasized the context in which homeless individuals live and how complex interactions affect their well-being. The approach also identified targets for change at multiple levels of social analysis, ranging from individual to large-scale social policies (Bronfenbrenner, 1989).

The ecological theory examines the lives of humans, family, work, how these components intersect to have both negative and positive outcomes (Jenkins & Wadsworth, 2017). An individual's environment influences various levels; the environment can contribute to the interactions taking place in their lives (Bronfenbrenner, 1989). The ecological theory focuses and examines stressors; these are important to identify when individuals experience homelessness because of encountering stress from interactions with their environment, their family, and their community.

The levels examined in the ecological theory are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Lau & Ng, 2014). A microsystem refers to an individual's interaction within their immediate environment: face-to-face interaction between the individual, a service provider, and the family. For example, interaction in this study may be between a TLP resident and a transitional housing staff person. Mesosystem is the linkage between different microsystems: the interrelationship with two or more settings in which the developing individual becomes an active participant. For example,

structure and following a program's rules may be an issue with homeless individuals in transitional housing.

The exosystem is the system in which individuals do not actively participate, but the system may indirectly influence their lives. For example, someone running or managing the program outside of the organization, which limits funding, indirectly affects individuals living in transitional housing. Macrosystem reflects society's cultural values, norms, and laws (Bronfenbrenner, 1989). Chronosystem refers to events at different points of time in an individual's life. All the ecological theory levels affect an individual's environment and contribute to the interactions taking place in their daily lives.

The ecological framework, also known as the development contextual approach, is an individual's developmental status, motivation, beliefs, and values, but in a larger context of environments that directly or indirectly influence an individual's behavior (Lau & Ng, 2014). Using the ecological framework, the focus should be on identifying the cause of homelessness rather than on the reason why an individual failed. Every system influences every aspect of an individual. In this study, I focus on the ecological theory to understand and analyze the data collected from homeless youth living in transitional housing. I identified whatever specific support the participants reported they needed while living in transitional housing. A successful program for homeless individuals may restructure. In the study I suggest the ecological-developmental framework to help present the findings to policymakers to increase their understanding of how to create successful transitional housing (Bronfenbrenner, 1989).



## Operational Definitions

These definitions explain the key terms used in the study.

*Affordable housing:* Affordable housing refers to housing that requires individuals to pay no more than 30% of their income for housing (HUD, 2016).

*Chronic homelessness:* Chronic homelessness refers to a homeless individual who has been continuously homeless for a year or had at least four episodes of homelessness in the past three years (HUD, 2016).

*Ecological theory:* Ecological theory refers to an individuals' development and how their development affects them personally and the world around them (Bronfenbrenner, 1989).

*Homeless individuals:* Homeless individual refers to an individual who lacks a fixed, regular nighttime residence (HUD, 2016).

*Resilience:* Resilience is the ability to overcome and be successful regardless of high risk; it is the ability to sustain oneself under stress and to recover from trauma (Knight, 2017).

*Self-sufficient:* Self-sufficient refers to an individual's ability to supply their basic needs (Knight, 2017).

*Shelter:* A shelter is a place providing temporary protection from bad weather or danger (HUD, 2016).

*Social support system:* Social support system is a system that works to improve the well-being of an individual (HUD, 2016).

*Transitional housing:* Transitional housing is temporary housing for an individual before moving into permanent housing (Holtschneider, 2016).

*Unsheltered:* *Unsheltered* refers to an individual sleeping outdoors at a park or on a bus or train (HUD, 2016).

### **Assumptions**

In this study, my goal was to focus on the needs of homeless individuals ranging in ages from 25-35 years old who are living in transitional housing. A semistructured interview was the most efficient and effective data collection method to address the research questions.

In this study, I included three assumptions. I assumed participants would respond to the questions honestly and correctly while sharing their experiences. I also assumed participants would self-report their correct age and experience the same or similar phenomena with homelessness and transitional housing. Finally, I assumed that I could avoid bias in the data analysis if I took accurate notes and remained aware of my role as the researcher.

### **Limitations**

The following were the limitations of this study. Shame is often associated with poverty and homelessness; therefore, some participants could be reluctant to share information that makes them appear as failures. They could have difficulties articulating and sharing information. Furthermore, some participants could understate or minimize the challenges they have experienced. As with many qualitative studies, the sample was small, and the findings are not generalizable. The results do not represent the full popula-

tion. However, they will contribute to the literature on homeless youth ranging in ages from 25 to 35 who live in Chicago-based transitional housing who have been motivated to tell their story. As the primary instrument in this research, I remained aware of biases when collecting the data. Therefore, I used data collection techniques such as an interview guide to help with awareness of my role as the researcher. Furthermore, I reduced the chance of bias from the study by refraining from judgment or expression of opinion, setting any assumptions, and used bracketing to present the participants' exact words, experiences, and perceptions when they share their stories. During the interviews, I recorded the participants' emotions and my presumptions and personal bias I set aside.

### **Significance of the Study**

Schumer (2015) suggested that self-sufficiency is an individual getting back on their feet and having their basic needs met (Schumer, 2015). The findings from this research may help individuals learn how to obtain stable housing and access the resources needed to get back on their feet.

The purpose of this study was to investigate how homeless individuals ages 25-35 years old describe their experiences of homelessness and how they describe the resources needed concerning living in transitional housing. This research study may contribute to housing program leaders' perception and knowledge among homeless youth ranging in ages 25-35 years old in the Chicago area.

Homeless individuals may come from impoverished circumstances. When an unexpected situation occurs for individuals with little or no resources to fall back on, homeless episodes are more likely to recur (Knight, 2017). In situations of homelessness,

some see resilience as the ability to overcome issues and be successful regardless of high risk; resilience is the ability to sustain oneself under stress and recover from trauma (Knight, 2017). Promoting strength and resilience in homeless individuals has an advantage. This study's findings support the development of programs promoting stability for homeless youth ranging in ages 25 to 35 who live in transitional housing, specifically in the Chicago area. This qualitative study could help inform policymakers as they create or update policies assisting homeless individuals in acquiring and maintaining affordable housing. The professionals likely to read my study are community stakeholders who encounter and work with the homeless population (e.g., housing program managers, housing counselors, housing development researchers). Stakeholders can evaluate and share helpful ideas that support and improve opportunities leading to safe, affordable, and permanent housing for homeless individuals 25-35 years old (Margolis & Chellman, 2013). Stakeholders collaborating with policymakers could help identify and encourage needed changes to local and state policies related to homelessness.

### **Summary**

The combination of mental illness, medical issues, substance abuse, domestic violence, and lack of education, income, and affordable housing are major factors contributing to homelessness (Biscotti et al., 2016). Addressing these problems has been a major concern. The purpose of this qualitative study was to investigate how homeless individuals ages 25-35 years old describe their experiences of homelessness and how they describe the resources needed concerning living in transitional housing.

Using a qualitative research design, the study allowed participants to share their experiences in their own words. The problem of homelessness is complicated and complex. The findings from this study could lead to positive social change by improving existing programs and services for homeless individuals and making them more effective. Furthermore, the study could contribute to change by informing transitional housing staff on working with homeless individuals to identify barriers to obtaining permanent housing. An anticipated outcome for this study would be an effective intervention program providing resources (housing) and support services information to assist homeless individuals ages 25-35 years old as they navigate daily activities and obtain stable housing.

In Chapter 1, introductory information included the background of the problem, the purpose of the study, the nature of the study, the research questions, conceptual framework, definitions, limitations, and the significance of the study. Chapter 2 presents a literature review with information on identified and factors contributing to homelessness. A review of the literature explored how mental illness, medical issues, substance abuse, domestic violence, education, income, and affordable housing contribute to homelessness in individuals ranging from ages 25-35 years old. Chapter 3 offers the methodology for the study and the research design, including information on the instrumentation, sample population, data collection, and data analysis. Chapter 4 includes the findings from the data analysis, and Chapter 5 presents the results, recommendations, and a conclusion.

## Chapter 2: Literature Review

### Introduction

In Chapter 2, I have discuss the previous and current literature , specifically focusing on affordable housing, domestic violence, income, lack of education, mental illness, medical issues, and substance abuse. For this study, I conducted a literature review to examine past and current literature on homelessness in the Chicago area. I also explored nonprofit and governmental statistical data regarding homelessness in Chicago. I used three search engines to gather information, including EbscoHost, PubMed, and ProQuest. The keywords in this study, I searched included: *affordable housing, domestic violence, education, homelessness, income, mental illness, medical issues, and substance abuse*. The statistical data were derived from the Illinois Department of Human Services (DHS) and the Chicago Coalition for the Homeless. I sorted scholarly articles into seven categories that influence homeless individuals: affordable housing, domestic violence, education, income, medical issues, mental illness, and substance abuse.

Homelessness can be traumatic and have long-term consequences if not appropriately addressed. The Stewart McKinney Act of 1987 defined homelessness as individuals who lacked permanent nighttime residence (National Alliance to End Homelessness, 2014). Personal issues and societal problems can cause homelessness. Homeless individuals typically experience a period of homelessness following an unforeseen catastrophic event, such as a job loss (Sandy, 2014). The chronically homeless depend on shelters for both short- and long-term housing. Some challenges are harder to

overcome than others, but the greatest challenges of overcoming homelessness are mental illness, substance abuse, lack of education, and income (Hsieh, 2017).

### **Mental Illness**

Individuals with an untreated mental illness account for one-third of the homeless population (Chicago Coalition for the Homeless [CCH], 2019). Mental illness, especially depression and anxiety, is associated with homelessness; it is difficult and challenging for individuals living with mental illness to maintain stable employment (Substance Abuse Mental Health Services Administration, 2015). Homeless individuals ages 25-35 years old with a mental illness face specific barriers, such as having issues with side-effects from their medication. These issues may be a barrier to maintaining employment (Poremski, Whitley, & Latimer, 2014).

In the United States, approximately 20% of the sheltered homeless population lives with a serious mental illness (CCH, 2019). Some of the more serious mental illnesses that affect 25-35-year-old could include bipolar disorders and schizophrenia (U. S. National Library of Medicine, 2019). Unfortunately, access to medication is difficult for some, which has increased the number of homeless individuals experiencing mental health issues. According to a study conducted by Poremski et al. (2014), obtaining adequate psychiatric care has also been an issue for the homeless population. Substance misuse and related struggles make it difficult to manage health care in the community (Abbott, Magin, Davison, & Hu, 2017). In Poremski et al.'s (2014) study, individuals reported that it was difficult to maintain a medication regimen. They faced challenges

ensuring continuity of care while living on the street because their prescribed medications were lost or stolen.

Unstable housing presents several problems that include neglect and difficulty accessing services. Because of this, homeless individuals are at increased risk for poor behavioral health outcomes (Poremski et al., 2014). In Chicago, only 18% of all sheltered persons received mental health services; however, for unsheltered persons with mental illness, 39% received mental health services (CCH, 2019). Mental health services for sheltered individuals have reached the lowest percentage since 2011; alternatively, mental health services for unsheltered persons reached their highest rate since 2013 (CCH, 2019). Also, psychiatric hospitalizations of homeless people tend to be longer and more expensive than for the general population, and homeless admissions reflect more severe and complex psychiatric illnesses (Sylvestre et al., 2018).

Research conducted on homeless individuals ages 25-35 years old with mental illness indicated that finding stable housing is a major challenge. Research also suggests that mental illness linked with homelessness makes it difficult and challenging for individuals to find employment because they lack basic problem-solving strategies (Sylvestre et al., 2018). Homelessness is associated with other vulnerabilities, including medical issues and the costs associated with health care (Weisz & Quinn, 2018).

### **Medical issues**

The rising cost of health care is another factor contributing to homelessness. Younger homeless individuals ages 25-35 years old are twice as likely to have a disability compared to the general population. Medical conditions such as diabetes, HIV, and heart



disease are the most common medical issues among homeless individuals (National Alliance to End Homelessness, 2014). However, limited access due to poverty, inadequate health care, and lack of resources contribute to furthering health problems among the homeless population (Weisz & Quinn, 2018).

Homeless individuals with a terminal illness, poor mobility, and increased isolation have difficulty accessing health care, especially specialist care services (Hudson, Flemming, Shulman, & Candy, 2016). The lack of consistent health care services increases the risk of developing more severe medical conditions and needing frequent hospital visits. More hospital visits tend to be more expensive (Sylvestre et al., 2018). According to a 2017 report by the American Hospital Association, homeless individuals are five times more likely than non-homeless to be admitted as an in-patient in hospitals and stay longer on average than non-homeless individuals.

Because of poverty, homeless individuals can barely access nutritious and balanced meals. As such, poor nutrition can also play a role in affecting the quality of the well-being of individuals. A healthy balanced meal is required to maintain a healthy lifestyle. People with poor diets are more prone to negative health outcomes (Lim, Gao, Singh, & Seligson, 2016). Poor health is common among homeless individuals.

Meeting individuals where they are is a central theme that describes the services needed to improve a homeless person's health. A care plan is an excellent tool to guide individuals to where they should go next. Maslow's hierarchy of needs, a 5-tier model of human needs, explains that an individual's basic needs must be satisfied first (Sarango et al., 2018). The basic needs are food, water, and shelter (Sarango et al., 2018). An

individual can move up the hierarchy, but, unfortunately, in the case of the homeless person, progress is disrupted by failure to meet one of the basic needs, housing.

Poor health may affect an individual and their family, negatively influencing them all and creating challenges that prolong homelessness and contribute to health disparities (Lim et al., 2016). Early medical attention can help the homeless population avoid unnecessary complications and costly medical care. It is important to determine how to assist homeless individuals with healthcare services because this marginalized population sometimes feels stigmatized and discriminated against-negative attitudes that contribute to homeless individuals underutilizing medical services (Lim et al., 2016).

### **Substance Abuse**

Illicit drug and alcohol use are commonly associated with homelessness: substance and alcohol abuse ranked high among the many factors associated with homelessness. Prescription drug misuse is the second most common form of substance abuse. Individuals who are substance abusers are more likely to have concurrent mental health disorders. Homeless individuals ages 25-35 years old who have a mental illness and substance abuse addiction are more likely to engage in dangerous situations, such as unprotected sex and physical or emotional abuse (McQuiston et al., 2014). Released drug offenders also pose a concern: Rodriguez and Brown (2016) explained that many prisoners are released from prison with no home to go to. Hence, these individuals often return to impoverished communities.

Homeless individuals ages 25-35years old of any skin color have a higher need for assistance than other age groups; however, they face more difficulty in the brown and

Black communities accessing the clinical resources they need (Ferguson et al., 2014). Medication can be hard to access because of the lack of health benefits: many neighborhood mental health clinics were closed due to budget cuts and shut down facilities (Lim et al., 2016). A cost-effective solution and supportive service programs for homeless individuals will assist with substance abuse, mental illness, and health challenges. Mental illness has become a large contributor to homelessness, with individuals with untreated mental illness accounting for one-third of the homeless population nationwide (CDFSS, 2018). Alcohol use and substance abuse are associated with recurrent homelessness episodes (McQuiston et al., 2014). Substance abuse affects an individual physically and cognitively, causing an inability to perform job functions effectively (Ferguson et al., 2014).

### **Domestic Violence**

Domestic violence is one factor identified as a cause of homelessness. Physical, sexual, and mental abuse may be common characteristics of domestic violence, and homeless individuals face these various forms of violence in their everyday life (Hsieh, 2017). Once an individual becomes homeless, other existing problems become more difficult to handle. Insecurities of homeless life can lead to stress, low self-esteem, and a feeling of powerlessness (Cameron, Abrahams, Morgan, Williamson, & Henry, 2016). Stress puts a strain on an individual's mental and physical health, which in turn may lead to alcohol or drug abuse and the use of these substances as a coping mechanism. Having complex health needs and social care issues, paired with a violent environment, make

homeless individuals ages 25-35 years old vulnerable to living an abusive lifestyle (Cameron et al., 2016).

Individuals can become traumatized either by being witnesses or victims of violence such as physical, verbal, or mental abuse (Hsieh, 2017). Childhood trauma, in one way or another, can contribute to homelessness. The trauma that individuals encounter creates isolation, which leads to homelessness. Many individuals rely on temporary shelter when they flee from an abusive relationship. Many victims are socially isolated because abusers want to control their environment (Riley & Cohen, 2014). Availability of data is limited to domestic violence because victims of abuse fear to report their abuse. However, in 2017, 16% of the overall homeless population of 87,329 reported having experienced a domestic violence episode (National Alliance to End Homelessness, 2018). The findings occur mainly within socioeconomically impoverished populations, where many individuals are highly susceptible to becoming homeless.

According to Stafford and Wood (2017), women and children experience more episodes of homelessness than any other vulnerable group. Most of these women depended on their partners for economic support (Stafford & Wood, 2017). In previous years, those running domestic violence shelters questioned only current situations that may have led individuals to become homeless because they felt they must flee a violent environment. However, in 2018, the Housing Urban Development (HUD) changed its domestic violence reporting criteria. The change assists with sensitive information relating to how victims report their abuse (CDFSS, 2018).

An estimated 64% of domestic violence abusers act on impulse; they report that they are out of control when they abuse a spouse or family member (Baggett, 2015). Domestic violence, witnessed or experienced by children, can shape an individual's self-concept. If the abuse is sexual, it increases the chances of an individual running away from the abusive situation and can lead to homelessness. Survivors need more resources to help obtain safe and affordable housing and support to help heal trauma caused by abuse. The key to tackling homelessness among individuals in a domestic violence situation is a housing policy that provides support for victims of abuse (Hsieh, 2017). The potential outcome of the information collected in this study is to encourage the addition of more funding to support affordable housing, healthcare services, education, and training programs.

### **Education**

The lack of education and job training makes it difficult for many individuals to be self-sufficient. The Illinois Education Coalition identifies every dollar the state of Illinois pays on a student in medium and high-income area schools. It spends only \$.81 on a student in low-income area schools (Chicago Coalition for the Homeless, 2019). Researchers have identified race and class as issues surrounding homelessness that have become problematic (Chang et al., 2015). Racism and classism regarding the homeless in the United States perpetuate oppression and disenfranchisement from the system and service providers who could help (Jacobs, 2017).

Lack of higher education and technology makes it difficult for individuals to become self-sufficient and secure housing. Technology replaced unskilled labor and

rewarded workers with technological skills. The median wage for employees with a bachelor's degree is higher than a high school level worker (CCH, 2019). Even with job opportunities and wage improvement for degree holders, job security and wages have not improved since 2008 (Bivens & Mishel, 2013). Overall, the United States manufacturing industry has declined in job opportunities, leaving many people unemployed and unable to pay for expensive housing.

Although many schools and communities are taking action to help with homelessness (i.e., Pathways to Housing and Assertive Community Treatment; Fowler, Hovmand, Marcal, & Das, 2019), the common precursor for homeless people is frequent shifts in housing. Frequent moves, and changing schools, especially within an academic school year, have a negative effect and disrupt the educational achievement of a child (Dupree, Archambault, Leventhal, Dion, & Anderson, 2015). According to the U. S. Department of Education, the National Center for Education Statistics in a 2018 data collection showed that children who frequently change schools undergo problems, such as having difficulty bonding with teachers and classmates, adjusting to the new schools, and catching up with the school curriculum. Homeless participants in a study by Mabhala, Yohannes, and Griffith (2017), reported their social conditions contributed to poor educational attainment, insecure employment, and other limited opportunities. Researchers consistently indicated an association between homelessness, poverty, unemployment, and limited resources. The lack of job training and education makes it difficult for individuals to be self-sufficient. Nevertheless, education is an effective tool

in fighting homelessness. Education can also help alleviate the transmission of poverty (Rahman, Turner, & Eldebour, 2015).

### **Income**

Low wages and unemployment also contribute to homelessness. Two key factors in the 1970s, de-industrialization and globalization, were the leading causes of increased homelessness (Groton et al., 2017). Due to a suffering economy, de-industrialization and globalization led to a decline in decent-paying manufacturing jobs and an increase in low-paying service jobs. Individuals left their good-paying steel mill jobs and had to settle for lower-paying service jobs (Groton et al., 2017).

Layoffs and cutbacks began when the improvement of technology took place (West, 2015). Technology contributed to the decline of income for the middle class because computers replaced many jobs that were previously hands-on. Unemployment rates among the homeless are approximately 80-90% (Poremski et al., 2014). A high unemployment rate among the homeless who have mental illness could contribute to the relationship between unemployment, housing, and mental illness (Poremski et al., 2014). Underemployment and unemployment are due to several factors: limited education, criminal history, and a challenging job market (National Alliance to End Homelessness, 2014).

An income deficit is the highest risk factor associated with homelessness because people from deprived backgrounds disproportionately represent the homeless population (Poremski et al., 2014). Women experiencing homelessness are more likely to encounter barriers to employment than men. Women are disadvantaged when securing income and

earning fair wages. Poverty and homelessness are strongly associated with the break-up of families (Swick & Williams, 2006).

The difficulty of trying to find and maintain a job when an individual has a criminal record is another barrier to face. Criminal acts, such as stealing items to have something to eat, are linked to survival behavior. Other common offenses, such as public intoxication and domestic violence, are all linked to difficulties for homeless people. A criminal record limits the opportunity to work; offenders are at a disadvantage in the search for employment. Access to work and savings (money) offers many individuals a sense of security, yet, for those individuals who lack financial resources, access to everyday essentials (food, shelter, and medicine) becomes a struggle (Rabiah-Mohammed, Oudshoorn, & Forchuk, 2019). Tsai, Lee, Shen, Southwick, and Pietrzak (2019) reported many U. S. citizens approved more government spending to support affordable housing, free treatment for substance abuse, and higher minimum wage to help reduce homelessness.

Income has the potential to improve the quality of life and help reduce the risk of homelessness. However, housing costs and inadequate income are major contributors to homelessness in the United States; these two factors have created a perfect storm for those at risk of homelessness (CCH, 2018). Many individuals at risk of becoming homeless do not make enough money to maintain stable housing due to low income or no income. Also, disparities between low income and high housing costs in urban areas are widespread. Financial support and resources can help individuals maintain affordable long-term housing (Margolis & Chellman, 2013).



## **Affordable Housing**

Limited affordable housing and the change with socioeconomic demographics is a contributing factor causing homelessness. A failing economy has caused many families to move out of their homes. As the gap between low wages and the rising housing cost widens, more individuals have become homeless. An estimated 11 million individuals earning extremely low wages use at least half of their income toward housing, which puts them at risk of homelessness and housing instability (National Alliance to End Homelessness, 2014). In 2018, fair market rent for a two-bedroom unit in the city of Chicago was \$1,180. To afford this rent without paying more than 30% of income on housing, a household must earn \$3,933 monthly, or \$47,200 a year (Chicago Coalition for the Homeless, 2019). The HUD public housing (Section 8) program provides safe, affordable housing for low-income wage earners; individuals pay 30% of their income towards their rent. According to the Bureau of Labor Statistics, 19% of U. S. children have at least one parent working for less than \$15 per hour. In comparison, the child poverty rate in Illinois includes 30.3% of the state population or 3.8 million Illinois residents. A person working 40 hours per week at minimum wage cannot afford a two-bedroom unit at fair market rent (Chicago Coalition for the Homeless, 2019).

Housing policies such as protective zoning laws and rent control can sometimes lead to a distorted housing market; subsequently, a \$500 apartment can now stand beside a \$3,000 apartment (HUD, 2017). For example, the housing choice voucher, otherwise referred to as Section 8 vouchers, provides millions of low-income individuals access to affordable housing anywhere in the city. This voucher has contributed to the increased

concentration of people in the marginalized neighborhoods, leading to socioeconomic disparities among the residents (Ortman, Cabaniss, Sturn, & Bettencourt, 2014).

Meanwhile, affordable housing mandates demand that developers set aside some percentage of new units for affordable housing. Developers bypass these rulings and restrictions and increase rent costs, which further contributes to high eviction rates for poor individuals and families who cannot cover the high rent cost. In areas with dysfunctional systems, such as in Washington, there are no records for units subject to rent control (Ortman et al., 2014).

The economic recession in 2008 introduced tighter measures from mortgage lenders, and these new standards made it difficult for middle-income families to purchase homes (Kottke et al., 2017). The new rules have made it harder for the Federal Housing Administration to provide government-backed loans for individuals with low credit scores to acquire mortgages. Only individuals with higher credit scores could access the FHA insured mortgage loan with at least a 3.5% down payment (HUD, 2017). This rule has made buying a house more affordable than renting. In Chicago during 2015, 252,392 people lived in extreme poverty, and 556,134 people lived in poverty, representing 9.5% and 20.9% of the city's population, respectively (CCH, 2018). This demographic affected the affordability crisis, which in turn also influenced homelessness.

In Chicago the household the families that rent, 31.6% make less than \$20,000 per year, qualifying those households for extremely low-income status (CCH, 2018). As recently as 2015, 640,700 Chicago households paying rent were cost-burdened by paying more than 30% of their income for housing income. The affordability gap in Cook

County, combined with the disparity between the supply and demand for affordable housing, reached 63% in 2015, leaving 188,000 families losing their homes (CCH, 2015). In Illinois, the affordability gap is highest in areas with higher concentrations of low-income households; those include Hyde Park, Woodlawn, South and North Lawndale, East and West Garfield Park, Humboldt Park, Uptown, and Rogers Park.

In the U.S. the population of renters consists of 73.3% are White, followed by 12.6% Black or African American (U.S. Census Bureau, 2017). Chicago homeowners, 49.5% are White, 30.5% are Black, and 29% Hispanic or Latino (CDFSS, 2017). The disparity between the value of homes in low-income areas and higher-income areas has placed a disproportionate property tax burden on the poor, whose homes are comparatively overvalued (CDFSS, 2017). This trend continues to increase income inequality in Illinois, currently at its highest point in nearly 50 years. This trend has increased from 2014 to 2018 to the point where the top one percent earn at least 14.3 times more than the rest, compared to 1960, where the top one percent took home only 3.4 times more than what median worker earned (CDFSS, 2017).

Recent data compiled by the Chicago Coalition for the Homeless (2019) in 2018 indicated racial identification has a potentially broad influence, with 40.6% being Black, 47.1% White, and 3% Native American. According to the Chicago Coalition for the Homeless (2019) report, in 2018, a predominance of people of color within the population of homeless students was identified by Chicago Public Schools (CPS). There were 98.2% homeless students identified by CPS as children of color, with 81.2% Black,

15.6% Latino, 0.7% multiracial, 0.5% Asian, 0.1% Native American, and 1.7% White (Chicago Coalition for the Homeless, 2019).

Changing socioeconomic demographics contributed to families and others being able to obtain affordable housing. Recently, crime rates have decreased, making more people willing to live in the city. A cultural shift moving from the suburbs to the city has made the cities highly populated (Vega & Wallace, 2016). Gentrification has led families to move into low-cost communities. Overall, U. S. citizens move to areas with better infrastructure, healthcare services, transportation, school funding, and retail options. These options have created the notion of good neighborhoods, leading to unequal distribution of services in poor communities. This situation could arguably be economic segregation; income controls the area.

More solutions are needed to help with the challenges identified by homeless individuals ages 25-35 years old. The findings from this study could lead to positive social change by providing a better understanding of homelessness. The study may also lead to more effective programs and help reduce long-term homelessness. Policymakers can work more closely with service providers to help identify resources homeless individuals need as they move from homelessness to transitional housing and finally to permanent housing. Also, more funding is required to help develop housing programs; housing programs should seek more funding for special housing projects. The United States Interagency Council on Housing (USICH) has called for a housing-first approach, urging federal agencies such as the HUD to consider prioritizing housing interventions to address homelessness. Also, the necessary resources and support services the homeless

need should be provided (Culhane & Kane, 2013). Housing first is an assistance program for the homeless and provides a platform to pursue personal goals and improve their quality of life. The program follows the belief that a person's basic needs (food and housing) should be met first (National Alliance to End Homelessness, 2016).

### **Social Support**

Case managers are gatekeepers to social support programs and services because of the support and resources they offer homeless individuals in transitional housing. Benston (2015) reported that the support system provides opportunities for homeless individuals to expand their networks. However, sometimes there may be challenges. Mixed findings exist concerning literature on homelessness and social support. Brofenbrenner (1979) reported that various settings have different activities and roles for individuals in those locations. Ecological theory pays attention to an individual's development.

Curry and Pettering's (2017) qualitative study on homelessness influenced my framework. In their study, it aimed to assess the experiences of individuals currently living in a transitional living program, questions pertained to a transitional living program (TLP), and residents' expectations of themselves and others in the program, particularly how residents perceived the rules of the TLP. The study aimed to assess the experiences of individuals currently living in a TLP. The study indicated that behavior is affected and shaped by a resident's social environment (Curry & Petering, 2017).

Transitional housing programs vary, and it is not a long-term solution for permanent housing. This type of accommodation typically allows one to remain in place

for up to 24 months. However, most individuals have shorter stays (HUD, 2016). The purpose of transitional housing is to bridge the gap between homelessness and a permanent housing solution. Transitional housing can assist individuals in addressing the causes of homelessness. Still, according to HUD, transitional housing should provide resources and referrals in the community to help develop the skills they need to obtain permanent housing. Highly structured programs offering education, life skills, and training are required to help individuals succeed in a program; the structure is the key to success in a homeless transitional program (Curry & Petering, 2017).

### **Summary**

In Chapter 2, literature was reviewed that described the factors influencing the challenges that could lead to homelessness. The literature presented shows that understanding barriers and their causes could help stakeholders develop strategies to curb homelessness because it continues to be a major social issue. The Illinois Department of Human Services program staff works with shelters conducting a comprehensive count of all homeless persons in Chicago's emergency shelters and transitional housing. In 2014, the homeless count in Chicago reported 6,294 individuals living on the street and in shelters (Illinois Department of Human Services, 2016). The problem of homelessness continues, and increased community resources and human services are needed to serve the homeless population.

Research studies consistently indicate an association between the risk of homelessness and the lack of resources. Multiple factors, including mental illness, medical issues, substance abuse, domestic violence, lack of education, income, and

affordable housing, all contribute to homelessness (Sandy, 2014). Chapter 3 presented the details regarding the research design method, the role of the researcher, procedure for recruitment, data collection, data analysis, protection of participants, and a summary.

## Chapter 3: Research Method

### **Purpose of the Study**

Chapter 3 includes the research design, methodology, and approach to the study. I included information on the researcher's role, participant recruitment, and ethical protections of the participants. The purpose of this study was to investigate how homeless individuals ages 25-35 years old describe their experiences of homelessness and how they describe the resources needed concerning living in transitional housing in the Chicago area.

In this qualitative study, I identified the needs of the homeless population as perceived by young homeless individuals themselves. The participants ranged in age from 25-35 years old and have been living in transitional housing for at least six months. The following questions guided this research: How do homeless individuals age 25-35 years old describe their experiences while living in transitional housing in the Chicago area, and how do homeless individuals ages 25-35 years old describe the resources they need while living in transitional housing in the Chicago area? In this study I investigated the needs of young individuals ages 25-35 who have slept at a homeless shelter within the past year and currently live in a transitional housing program. The study allowed participants to share their experiences and stories. The findings from this study I addressed a gap in the literature concerning the younger adult homeless population's perspectives.



Basic qualitative research seeks to understand and discuss the participants' process and views (Merriam & Tisdell, 2015). A qualitative research approach allows the participants to answer open-ended questions and elaborate on their personal feelings and experiences to build a picture. I used a qualitative research method for this study to understand the participants' experiences. The information gathered from each participant was, in their words, a story told by the individual. I categorized recurring patterns or themes that emerged from this research for analysis. As the aim of this study was to understand the perspectives of the younger homeless adult population; hence, a qualitative approach was appropriate.

### **Research Design and Rationale**

I used a generic qualitative approach for this study to explore the experiences of a social and human problem (Creswell & Poth, 2016). A qualitative study differs from a quantitative study in the way information is collected. In the qualitative studies I conducted, the interviews helped to gather detailed information and data to help the researcher understand the studied phenomenon (Creswell & Poth, 2016).

Phenomenological approaches when conducting a study explores the lived experiences of homeless individuals living in transitional housing. For this study, I explored to understand the experiences of the participants. The five traditional qualitative research approaches are narrative, grounded theory, case study, ethnography, and phenomenology (Merriam, 2015).

The narrative approach uses stories told by an individual; narrative research is an autobiography (Creswell, 2016). Grounded theory is the result of a study and explains a

process of action; this approach uses multiple stages of collecting data and comparing the different data collected. When conducting a case study it helps the researcher to gain a deeper understanding of a problem (Creswell, 2016). Ethnography examines the pattern of a group sharing the same culture. In this study, I used a generic qualitative approach, to achieved a better understanding of the experiences of homeless individuals living in transitional housing.

The interviews I conducted involved asking emerging questions, following IRB procedures, and the data collection was collected in a setting that the participants' felt comfortable enough to share their story. The research questions I used allowed me to gather and document the experiences of young individuals ages 25-35 years old who have slept at a homeless shelter within the past years and currently live in a transitional housing program. My goal for the research was to rely on the participants' views and experiences to create understanding.

### **Role of the Researcher**

As a student researcher, I examined personal experiences concerning any personal prejudices. Through a bracketing approach, I set aside biases when reading and analyzing the interviews. I accomplished this by utilizing memos to track and identify my emotions and presumptions. Bracketing helped separate presumptions and ideas from the actual data collected. Working with the homeless population in the past and understanding that this population is vulnerable, it was important to be aware of any biases because it could have affected taking observation notes, conducting the interviews, and evaluating the findings. I conducted this study in an ethical manner, following the rules and regulations

of Walden University and the Institutional Research Board (IRB). The web-based training Protecting Human Research I took online was a requirement of Walden University to collect data from human participants. My chairperson reviewed my Institutional Research Board application suggested the needed corrections before I submitted to the Institutional Research Board (IRB).

The role of the researcher in qualitative research differs from quantitative research. In qualitative studies, the researcher acts as a human instrument as the researcher conducts the data collection and analysis (Maxwell, 2013). All information in a qualitative study flows through the researcher. For this study, I kept a journal; this was important because a researcher must be involved with every step of the research process. Annink (2017) stressed that a researcher is responsible for maintaining rigor and collecting credible and valid data. The interview process also allows the researcher to get to know the participants and gain knowledge.

I served as the primary data collector and touched every aspect of the study. While I conducted the interviews, I asked probing questions (see Appendix B). I listened carefully and asked more questions to build a picture. I was aware of the sensitive nature of the participants' living conditions, the researcher must be understanding of the participants while they interview. I conducted individual in-depth interviews, took field notes, and interpreted responses to gain a clear understanding while the participant shared their experience.

### **My Personal Identity**

I am a Christian African American woman who grew up in a middle-class south suburban neighborhood 15 miles from Chicago and worked with several faith-based ministries. My passion for humanitarian issues increased while conducting this study. Listening skills and an open understanding of individuals facing a dramatic situation were enhanced. Working with a vulnerable population, an individual must have an open mind, meet the participants where they are, and be nonjudgmental.

### **My Academic and Educational Background**

I have a master's degree from Governor State University. The researcher took several research method courses as required by the Walden University PhD program. The classes took were quantitative and qualitative reasoning, which required a core course pertaining to the study. Skills and knowledge were gained from the study about the homeless population and provided the researcher with the experience needed to complete the study ethically. One strategy used to limit bias while conducting the study was to increase personal awareness and sensitivity toward the homeless population. I wrote in a journal to help with documenting any prejudice as a reminder to remove all preconceived ideas about homeless individuals before reviewing notes collected and audiotapes.

### **Methodology**

To participate in this general qualitative study, the participants were homeless individuals aged 25–35-years-old, currently living in a transitional housing program in the Chicago area for at least 6 months. As required, the participants spoke English and were willing to participate in the study. Participants in the age range between 25-35 years

old were most likely to use transitional housing to begin the development of full adulthood (Ferguson, Bender,& Thompson, 2014).

In a qualitative research study, purposeful sampling is appropriate and a smaller sample size is often used.(Yin, 2013) Therefore, for my study, I recruited six participants living in transitional housing: this number was suitable to ensure a sample size and saturation. Saturation determines the quality of the research, sample size, and the nature of the study(Yin, 2013). Data saturation occurred when no new information, data, codes, or themes occurred from the interviews. Failure to reach data saturation affects the quality and validity of the research (Sharir, 2017). As a specific population was the focus of the study, purposeful sampling was appropriate to recruit and secure participants. Qualitative studies typically have a small sample size between six and 10 participants (Yin, 2013). Therefore, six participants were sufficient to ensure an effective sample size for this study. Snowball sampling help to recruit and secure more participants to volunteer for the study. Snowball sampling involves requesting participants to recruit other individuals to participate in the study. My contact information to call or email me directly was shared. The advantage of working with a small sample, I collected data in a in-depth and detailed interview from the participants.

After the IRB approval, I recruited homeless individuals ages 25-35 years old living in transitional housing from several Chicago homeless shelters. Recruitment began with the placement of flyers in areas where the selected population would see them (i.e., food pantries, soup kitchens, or homeless shelters). Participants receiving the flyer interested in sharing their story used the contact information and obtained an interview

appointment by email or telephone. I did not reach my sample size of six; therefore, I redistributed flyers to recruit participants meeting the requirements to participate in the study. The search extended to additional shelters and resource centers to obtain my sample size. I handed out flyers in locations where housing services are provided, for example, at the Section 8 office and the Chicago Housing Authority. Potential participants received a flyer without speaking to anyone and could call the researcher directly if interested in sharing their story.

I acquired permission to pass out flyers at the homeless shelters currently assisting potential participants in their transitional housing program in the Chicago area. I contacted the director of the programs to ask permission before passing out the information. The flyer had the information about the study and my contact information: an email address and a telephone number to contact me directly (see Appendix A). The Safe-Link free federal benefits program allows individuals to obtain a free cell phone. The lifeline program, better known as the Obama phone, is free for those who qualify, and the program provides a cell phone with Internet access capabilities (Safe Link, 2019). The telephone program helps low-income families access communication in emergency situations (Safe Link, 2019). To qualify for the free telephone, an individual must receive government assistance or live in a federal housing program (FHP). Interested participants without telephone access could contact me through email.

The recruitment flyer included details of the study and offered information on the purpose of the study. A description of the study included a statement assuring potential participants that all information would remain confidential. Participants contacted me

directly and scheduled an appointment for the interview. All interviews took place over the telephone.

### **Data Collection**

In this generic qualitative study, I used open-ended interviews with homeless individuals ages 25-35 years old living in transitional housing. To participate in this generic qualitative study, the participants were homeless individuals, ages 25-35 years old, that were willing to participate in this study, currently living in a transitional housing program and has been living there for at least 6 months. This data collection method allowed participants to share their experiences and allows participants the flexibility of elaboration or sharing other relevant feedback while gathering information.

I asked open-ended questions helped me gain a broader understanding of the participants' lived experiences. Open-ended questions also help ensure that the information reported captures the lived experiences. Open-ended questions allow the researcher to listen carefully to what the participant is sharing their experiences (Garg & Moss, 2017). The homeless individuals ages 25-35 years old living in transitional housing agreed to participate in the study received an informed consent form to sign before the interview; they received the consent form exchanged via email or U.S. mail. All participants had the option to participate or withdraw from the study if they experienced any discomfort during the interview; they could stop at any time without any questions asked. The interviews I conducted, I encouraged participants to share their transitional housing experiences and describe what support services they need while living in transitional housing.

The participants had the choice of reading the consent form on their own, or the entire study was read aloud to the participant. The participants that had difficulties reading or struggle with reading were allowed to participate in the study. Time was allowed for any questions about the study posed by the participants before conducting the interviews. Semistructured, open-ended questions allow the researcher to guide the interview (Merriam & Tisdell, 2015). I asked the same questions to gather data related to the purpose of the study. Each participant was interviewed once for approximately 45-60 minutes. I obtain consent from the participants, and the interviews were audio-recorded. Observation notes ensured the accuracy of the responses shared during the interview. After the interviews, participants could share any additional information. To show appreciation for their time and contributions, all participants received a \$10 Walmart gift card whether they completed the interview. The information regarding the incentive was included in the consent form and in the recruitment information about the study.

Effective data collection is critical for all research studies. According to Merriam and Tisdell (2015), when a researcher conducts a basic qualitative research study, the study is used to understand and discuss the participants' process and views. A qualitative research approach offers a setting to allow the participants to answer open-ended questions and elaborate on their personal feelings and experiences. Semistructured interviews conducted during research can ensure consistency (Yin, 2014) and help gather the participants' perceptions related to their experiences with homelessness and transitional housing. In a study semistructured interview questions guide the interview;



and allows flexibility in order for the participants to reveal important and relevant information.

In qualitative research, participants express what their perceptions and experiences were while sharing their stories (Yin, 2014). During the interviews, field notes helped remind the researcher of the areas of emphasis. Designing open-ended questions is another strategy to dig deeper to find out more information in detail. To ensure accuracy, I transcribed audio-recorded interviews. The participants' interviews were documented verbatim to text.

### **Data Analysis**

Using the analysis recommendations of research experts (Creswell & Poth, 2016), I used a systematic approach. Before analysis began, I transcribed the interviews, ensuring no identifying information within the tapes, and removed all identifiable information from the written transcription. I used pseudonyms to label the participants, for example, Participant 1, 2, and 3. To maintain confidentiality, I did not include any personal identifiers with the findings.

The first step for data analysis is organization. As the interviews were audio-recorded and transcribed, I listed every expression the participant reported and experienced. The second step was to read through all the data to make sense of what the participant said and eliminated any vague or repetitive experiences. The third step established a list of categories to allow themes to emerge. A detailed description generated coding and sorting. This analysis is useful in narrative research (Creswell &

Poth, 2016). The fifth step addressed how the themes chronologically represented the perceptions of homeless individuals' perceptions regarding transitional housing.

Throughout the interviews, observation and careful listening were important. Exploring the uniqueness of the experience and understanding participants' meaning of what they were saying was essential to this study. The researcher kept focused on understanding the meaning of what the participants know about the problem or issue and not the meaning the researcher brings to the research. The personal challenges and needs of the participants were the focus of discussion during all the interviews. While the researcher listened to the recorded interview, they remained attuned to words that have an emphasis in order to capture the behaviors and use the language of the participants (Terui & Hsieh, 2014).

### **Trustworthiness**

According to Yin (2014), as one is building trustworthiness in a study, three objectives are needed: transparency, consistency, and clarity. Research must be transparent; therefore, I presented consistent questions to all participants, and participants could clarify their comments. Trustworthiness verifies validity and reliability to ensure credibility. To avoid bias, the language of the participants was used (Yin, 2014). Credibility provides evidence indicating that a completed study with consistency, persistent observation, triangulation, and member checking. To maintain credibility, I took field notes about the experiences of the participants and the language they used during the interview. In qualitative research, validity was a strength because it determined if the findings were accurate from the standpoint of the participant (Elo et al., 2014).

Dependability describes the steps taken from the beginning to the end of the research, and notes are kept throughout the research. Transferability makes a connection with the study and the participants' experiences. I took note of the thorough job describing the research context and the assumptions. Reflexivity examines an individual's conceptual lens, assumptions, and values, which affect research decisions and assumptions.

A peer reviewer helped assess the originality, quality, and accuracy of my interpretation of the data. Peer review helps to maintain the integrity of the research. A qualified doctoral student experienced in qualitative research as a peer reviewer. A peer reviewer signed a confidential form. Not all six interviews needed checking, so two interviews were submitted to the reviewer, along with the coding and interpretation (Hope & Munro, 2019). Two samples were sufficient for the reviewer to provide feedback on the accuracy of my data interpretation. Using data triangulation demonstrates credibility. Triangulation involves using more than one data collection tool (e.g., interviews and notes) and comparing the results to ensure common findings. Triangulation offers researchers an organized approach to gathering quality information using multiple sources (Marteis, Martins, & Viljoen, 2017).

Collecting data consistently and ethically was the responsibility of the researcher (Cridland, 2015). The data collected was stored on a secure password-protected computer and flash drive using a unique password to ensure confidentiality. The data was collected on a flash drive and is locked in a file cabinet in my home office. I followed the policies and procedures of the IRB while interviewing participants and gathering data for this

study. All the data remain in a locked file cabinet on a password-protected flash drive and will be shredded and erased after five years (December 2025), with no individual having access to the confidential information.

### **Ethical Protection of Participants**

The ethical protection of participants is important to every study (Arifin, 2018). I completed an application, and this study under the Walden Institutional Review Board (IRB) permissions and the application was approved to begin interviewing and collecting data. Confidentiality is of the utmost importance to protect participants (Creswell & Poth, 2016). To protect the participants, I provided the disclosure about the study, including risks and limits to confidentiality. I explained the study, the amount of time to allow for the study, and the purpose of the study to each participant, including information on benefits and incentives. I provided each participant with an informed consent form to sign, including all the necessary steps to protect the confidentiality and privacy of the participants in this study. The entire study for the participants, if necessary. The interviews in a private location chosen by the participant in an environment where the participant feels comfortable, safe and could speak freely. Each participant received several scheduled times to meet, and they picked a time convenient for them to share their story. The participant received a pseudonym to protect their identity because the homeless population is a vulnerable group. A frequent check-in with the participant throughout the interview took place from time to time to ensure they were comfortable. The participants had the right to discontinue the interview for any reason. A list of

resources for counseling was available in case a participant became distraught while sharing their story.

### **Summary**

In Chapter 3, this chapter presented the research method, the role of the researcher, the recruitment process, data collection, and data analysis, trustworthiness of the study, storage of the data, and protection of participants. The purpose of this study was to investigate how homeless individuals ages 25-35 years old describe their experiences of homelessness and how they describe the resources needed concerning living in transitional housing. I conducted interviews with six homeless individuals living in transitional housing. The researcher lens added a better understanding of the services homeless individuals have identified as necessary in obtaining stable housing.

Chapter 4 includes the results of the study, including the details about the interview setting, data collection, data analysis, and the participants. In Chapter 5, the discussion includes the results, information concerning aspects of social change, and suggestions for future research.

## Chapter 4: Results

### **Introduction**

The purpose of this study was to investigate how homeless individuals, ages 25-35 years old, described their experiences of homelessness and how they portrayed the resources needed living in transitional housing. The study I conducted allowed the participants to share their perspectives about homelessness. During the study I address a gap in the literature concerning the understanding of the perceptions of homeless individuals. I conducted a qualitative study using interviews to understand how individuals aged 25-35 perceived their homeless experiences. The ecological theory presented in this study guided my research and help the development of the following questions asked:

RQ1: How did homeless individuals age 25-35 years old describe their experiences while living in transitional housing in the Chicago area?

RQ2: How did homeless individuals age 25-35 years old describe the resources they needed while living in transitional housing in the Chicago area?

In chapter 4 I included the setting of the interviews, data collection, data analysis, trustworthiness, and the results. The emerging themes from the interviews I conducted reflected the participants' experiences of being homeless and living in transitional housing.

### **Research Setting**

I recruited participants from a local homeless shelter by passing out flyers. I conducted interviews remotely. I used a private location when making calls to participants to

avoid interruptions or violations of confidentiality that could affect the data collected during the interviews. All participants volunteered for the study.

### **Demographics**

I interviewed six homeless individuals with various backgrounds and experiences living in transitional housing for the study, using a generic qualitative approach to explore the experiences of homeless individuals ages 25-35 years old living in transitional housing. All participants met the criteria, including being (a) 25-35 years of age, (b) homeless, and living in transitional housing. Each participant I interviewed received a pseudonym to protect their identity, used throughout Chapters 4 and 5. Table 1 presents the demographics of the participants.

**Table 1***Demographics of Participants*

Participant	Age	Gender	Race	Time in Transitional Housing	Years Homeless
1	35	Male	Black	8 months	2 Years
2	34	Female	Black	1 year	6 Years
3	34	Female	Black	8 Months	4 Years
4	26	Male	Black	6 Months	6 Months
5	35	Female	Black	6 Months	4 Years
6	29	Male	Black	1 Year	3 Years

**Data Collection**

Before I began collecting data, I waited for my approval number from the Walden University IRB (09-30-20-0454651). I then passed out recruitment flyers in front of a homeless shelter (see Appendix A). The flyers provided a brief explanation of the study with my contact information for potential participants who were homeless and living in transitional housing interested in volunteering for the study. The participants interested in volunteering for the study called me Tonya and I provided information about the study's purpose, expectations, benefits, and possible risks. After determining that the potential participant met the criteria. Once affirmed, I scheduled a time and date for interviews



with the participant volunteers meeting the criteria to participate. All six of the recruited participants showed up to their scheduled interview.

I gave the participants all the information and I assured that the interview was confidential. I encourage the participants to ask questions. After confirming the participant's information, they signed both consent forms. Participants retained one copy for their records, and I kept the second copy. Each participant was interviewed once, with the interview lasting roughly 45-60 minutes. All interviews were audio-recorded with the participant's consent.

I took detailed field notes during the interview, allowing me to capture insight and observed body language, facial expressions, and voice pitch. All participants completed the study, no one withdrew, and no unusual circumstances occurred. The same procedure was followed for each interview and I conducted all interviews without interruptions. My journal, the signed consent forms, and recorder were kept in a locked cabinet in my desk at my home.

The semistructured interviews consisted of questions that asked information about the experiences of homeless individuals ages 25-35 years old living in transitional housing (see Appendix B). To make all interviews I conducted were consistency and reliability, all participants were asked the same questions during the interviews. I asked probing questions to obtain clarity, additional information and collect in-depth information.

## Data Analysis

I used a peer reviewer to assess the originality, quality, and accuracy of my interpretation of the data. This individual helped to maintain the integrity of the research. The peer reviewer was a qualified doctoral student experienced in qualitative research they reviewed the data. The peer reviewer signed a confidential form. I submitted only one interview to the reviewer, along with my coding and interpretation. As recommended by Hope and Munro (2019), one sample was sufficient for the reviewer to provide feedback on my data interpretation accuracy. The data were sorted, organized, and coded according to the themes that emerged from the data. I used the following steps:

1. I analyzed the data, listed every expression the participants experienced, and reviewed the data.
2. Each statement was listed to begin narrowing the list of codes. I eliminated statements that were repetitive or did not meet the requirements.
3. Similar statements were combined into small groups to allow themes to emerge.
4. I gathered data from each participant, then combined common themes to determine the experiences of the participants.
5. The data were analyzed, reviewed, and refined. The interviews were also processed and examined to form themes.

Organization for data analysis resulted in grouping and coding the data and identifying four themes.

### **Evidence of Trustworthiness**

#### **Credibility**

To ensure the data were trustworthy, several strategies were applied. I maintained credibility by taking field notes and journaling throughout the interview to produce accurate notes. I set aside all personal feelings, experiences, and biases to not influence the interpretation and findings. According to Palaganas, Sanchez, Molintas, and Coricativo (2017), a researcher remains unbiased during the interviews to avoid being judgmental during the study. I wrote in a journal and took detailed notes to capture my thoughts, bracket personal bias, and set aside personal experiences and feelings to not influence the study's findings.

Waters (2015) described transferability as an in-depth experience portraying a selected group. I addressed transferability by using participants who were homeless for at least six months and living in transitional housing. Dependability indicates that findings do not reflect the researcher's views or biases, but the participants' lived experiences (Polit & Beck, 2016). Considering Polit and Beck's recommendations, I addressed dependability by ensuring an in-depth description of the four themes that emerged from the data. Dependability supported the stability of the study.

#### **Dependability**

Through collecting and analyzing the data, I established dependability through detailed descriptions of the research process. To support the dependability of this study, I

used the following steps:

1. I passed out recruitment flyers at a homeless shelter to introduce the study.
2. Contact information was provided on the flyer to call the researcher directly.
3. I spoke directly with interested participants that called.
4. I completed a demographic questionnaire over the telephone with interested participants.
5. I scheduled an interview time, day, and remote place mutually agreed upon to ensure confidentiality and privacy.
6. I provided the participant with two copies of the informed consent form to sign. I read the consent form aloud to ensure the participant understood the study. The consent forms were signed, I mailed one copy to the participant and kept one copy for my records.
7. In the interviews I conducted, the participants were encouraged to share their experiences.

### **Confirmability**

During each interview I asked each participant the same question in the same order to establish confirmability. However, I asked probing questions to provide a detailed answer. To minimize personal bias and feelings that could have influenced the participants answering the interview questions, I was aware of making any facial expressions.

## **Findings**

I read the interview transcripts several times, and themes began to emerge. I organized the themes that emerged from the research questions.

## **Research Questions**

RQ 1: How do homeless individuals age 25-35 years old describe their experiences while living in transitional housing in the Chicago area?

RQ 2: How do homeless individuals age 25-35 years old describe the resources they need while living in transitional housing in the Chicago area?

I used two research questions to guide this study and 10 interview questions. I asked four interview questions that addressed the first research question in my study : How did homeless individuals ages 25-35 years old describe their experiences while living in transitional housing in the Chicago area? The responses varied with the six participants.

The second research question: How did homeless individuals ages 25-35 years old, describe the resources they needed while living in transitional housing in the Chicago area? I asked two interview questions that addressed the second research question in my study : Describe the support staff that helped you understand transitional housing? What resources were offered to you while living in transitional housing?

## **Results**

Themes emerged based on the research questions and interview questions. The themes were:

1. Lack of support

2. Rules of program

3. Length of stay

4. Resources

***I. Theme 1: Lack of support***

I asked all the participants who volunteered for the study a series of questions to gather demographic and background information. I asked the questions to , describe the support staff that helped you understand the transitional housing program? The participants reported that the staff they encountered were helpful; however, staff reminded the residents daily of the rules of the program, and residents felt threatened, sharing that if they did not follow the rules, they would experience removal from the program.

Some participants reported that they were ashamed of being homeless. Participant 3 reported that support staff offered parenting classes and information on schooling. Participant 1 reported that he was interested in working and going through an employment program, but the staff did not support him when asking questions about employment opportunities. Participant 4 wanted the staff to assist him with training program information to obtain employment; however, it was difficult to obtain the information they sought from staff. They relied on employment and job opportunities from other participants that knew of companies hiring. About half of the participants reported they did not have a problem getting the support they needed from the staff, and the other half reported that they felt the staff did not support them. Participants mentioned support as a need to maintain stable permanent housing. According to Byrne, Fargo, Montgomery, Munley, and Culhane (2014), transitional housing provides stable housing; however, support from staff

was difficult to obtain while living in the transitional housing program. Homeless individuals often experience isolation, and participants reported they often felt alone.

## ***II. Theme 2: Rules of program***

The participants described the difficulties they faced while living in the program. They had to follow the rules, or residents would experience removal from the program. The rules were strict and enforced; violation of the rules resulted in termination from the program. All the participants interviewed reported following the rules. Participant 1 reported staying alone and not mingling with the other residents in the program stating, “I just don’t want no problems and staying away from others; I won’t have any issues.” Participant 2 reported that rules were an issue, sharing, “but I just follow the rules.” Participant 3 shared that staff always reminded residents what they could and could not do, and any violation of the rules was grounds for termination and dismissal from the program. All the participants reported expectations to follow all of the rules of the program. Dismissal from the program was the result of broken rules. For example, a dismissal could occur if participants smoked in the dorm area or bathroom. If participants witnessed someone else smoking and did not report offenders to the staff, participants were afraid they would be dismissed from the program and would be homeless with nowhere to stay, potentially sleeping on the street.

I asked the participants the same questions to gather background information. All the participants presented information on how long they have had been in transitional housing. All participants responded with up to about a year. All the participants reported living in transitional housing was ok. Participant 1 said, “it is better than being

homeless.” Participants 2 and 3 reported their lives as working well living in transitional housing; however, the rules were strict, but Participant 2 reported that they had to follow the rules and make curfew every night because it is not easy to find shelter for more than one person and “I have to worry about my children having a place to lay their heads at night, I have to follow them to have a place to stay.” Participants 1, 2, 3, 4, 5, and 6 reported that being on time for curfew was very important, especially in the wintertime. Participant 1 said, “We lived in Chicago, and in the wintertime, it got cold outside, and you don’t want to be locked out and lose your bed.” Participant 2 shared a similar response and reported, “I have to be on time every night for curfew because it is not easy finding shelter for more than one person; it not just me I have to worry about.”

Participants 1, 2, 3, 4, 5, and 6 reported they did not have any privacy, and they wished the rules were a little more flexible. However, they are looking forward to going through the program successfully. The participants looked forward to being assisted with permanent housing when they finished the program. Participant 3 described it was not easy getting along with the other clients at the transitional housing program, but they had to follow the rules to maintain a place to lay their heads.

Participants reported that safety was an issue living in transmittal housing. Participants reported physical fights, verbal altercations with threatening one another, and stolen property. Individuals would argue in the dorms, have fistfights, and at night, if residents did not secure their items, the items may be gone when residents woke up the next morning. Participant 6 reported, “this is a sure way to be kicked out of the program.”

Bronferbrener (1994) emphasized that individuals encounter stressors and challenges



within their environment. Bronfenbrenner's statement reflects participants' reports that they have to share space and no privacy. Sharing space with another individual can be challenging. Some participants reported they would rather live on the street than utilize transitional housing in the future due to the rules and no privacy.

### ***III. Theme 3: Length of Stay***

The third question was: How long have you been in transitional housing? I asked the question to gather background information on the length of the participants' stay in the program. According to Mackelprang, Qui, and Rivara (2015), the homeless population is difficult to track due to moving around constantly and no stable address. The participants responded stays that it lasted from six months up to one year; however, sometimes the stay is longer if you get kicked out of the program and come back. Participants 1, 2, 4, and 6 reported staying away from the other residents and not socializing because they did not want to deal with the drama or the other residents; they wanted to be left alone. Participant 1 shared, "I don't have any peace in this place, and no privacy, and I am ready to go." Participant 2 explained, "I don't interact with those people; they have too many issues; this is my first time and last time, and I am ready to move into my own apartment." Participant 3 reported, "I can't get along with my roommate; they have a negative attitude; however, I trying to work the program, follow the rules, so I can get my own place as soon and get back on my feet." Participant 3 shared a sense of frustration in the challenges of sharing a space and demonstrated a determination to reach her permanent housing goals.

The length of stay seemed to rush some participants to make a bad decision. Participant 2 reported. "When I said bad decisions, I mean a rush decision you don't have time to think about what you are saying or doing." Participant 2 continued by sharing, "I don't have time to waste because it is not just me, I have to think about, but the rule is six months to one year." Participant 2 also shared, "I am trying to gather all the resources I need to move into permanent housing; however, the staff is supposed to assist with this step, but since the Covid-19 pandemic and we had to stay in place without any movement, it has been difficult to move forward toward permanent housing." Participant 2 noted, "I had a job interview, and that was canceled, and now I have to start the process over again. However, with the virus around, we won't be kicked out of the program because the state if emergency protects us from being kicked out or terminated from the program."

#### ***IV. Theme 4: Resources***

All the participants' responses to the resources they needed were the same. The resources that all residents named that were greatly needed to assist with finding permanent housing was income. Participant 1 reported finding a job and having a stable income was very important because they could pay their portion of their rent, which is 30% of their income, "I just need to find a job, and then I can pay my rent and have stable housing." Participant 2 shared a need for obtaining community action information after obtaining stable housing, stating, "I will need assistance with paying my light bill and gas bill so my utilities will remain on because I had difficulty paying my bills." Participant 3 reported, "I don't have a problem with finding a job, I have an issue with daycare, some-

where I feel safe to leave my children while I work, I need daycare.” Participant 4 shared, I need to enroll in a school to obtain a degree and get a job. The participants had similar needs for resources depending on their issues; however, all participants' main goal was to obtain secure permanent housing.

The resources are the most important part of the program, as stated by Participants 1, 2, 3, 4, 5, and 6. The resources provide participants with information that will assist with obtaining jobs, school information, and SNAP benefits. One participant shared “The staff did assist with obtaining SNAP benefits when I first came to the transitional housing program because you need a physical address for your mail to come.” The program assisted with completing the SNAP application online stated Participants 1, 2, and 6. Also, assistance was provided with completing job applications, reported Participant 1, “I have a difficult time reading some words, and I was assisted with completing the application, a staff member was willing to help me.” Sharing resources was important to participants, who reported that they could obtain what they need if they knew about programs for assistance. Holtschneider (2016) explained that connecting homeless individuals with resources, such as a stable income, could help them obtain stable, affordable permanent housing. Also, connecting individuals to adequate resources may help break barriers and challenges when they obtain assistance.

### **Summary**

In Chapter 4, I provided the information investigating the needs of homeless individuals ages 25-35 living in transitional housing. The six interviews conducted were audio-recorded and confidential. I obtained permission from the participants, signed in-

formed consent forms, and provided a copy to the participants. All participants utilized transitional housing and shared their experiences. The participants interviewed were moving into permanent housing soon. Of the six homeless individuals who participated in the study, four were females, and two were males. One of the participants completed the parenting classes she needed to regain custody of her children. The ages ranged from 26 years old to 35 years old. All six participants were African American. One participant had been homeless for two years, one participant for four years, one for a year and a half, and two participants for six months. The amount of time living at the transitional housing program ranged from 6 to 16 months. While reading and listening to the interviews, themes emerged.

The participants described and shared their experiences living in transitional housing. The participants reported that they looked forward to obtaining permanent housing, and they were hopeful for their future. They recognized the challenges and barriers they faced, but they were still optimistic. Participants discussed the need to obtain employment to have an income and other resources needed to maintain stable, secure, safe housing.

In Chapter 5, information presents a brief overview of the interpretation of the themes and the implications for social change. The chapter provides recommendations for further research investigating the needs of homeless individuals ages 25-35 while living in transitional housing.

## Chapter 5: Discussion, Conclusion, and Recommendations

### **Introduction**

Homelessness is a complex and multifaceted experience many individuals face. In 2017, on any given night in Illinois, an estimated 51,361 individuals were homeless (National Alliance to End Homelessness, 2018). This study may help increase the knowledge of providers, social support, and the intervention services need to assist the homeless population. Six homeless individuals met the criteria to participate in the semistructured interviews for this study. I chose this topic to address the gap in the literature regarding transitional housing. I conducted six semistructured open-ended interviews and collected data from participants; I obtained permission from the participants to audio-record the interview.

I used a peer reviewer to transcribe the resulting data. A peer review helps to maintain the integrity of the research. The interviews were analyzed and transcribed; four themes emerged from the analysis of the participants' responses, including a) lack of support, b) rules of the program, c) length of stay, and d) resources. The four themes that emerged were related to the research questions, which were as follows:

RQ1: How did homeless individuals age 25-35 year old describe their experiences while living in transitional housing in the Chicago area?

RQ2: How did homeless individuals age 25-35 years old describe the resources they needed while living in transitional housing in the Chicago area?

The ecological theory developed by Bronfenbrenner (1989) was used in this study to investigate the needs of homeless individuals aged 25-35 who are living in transitional housing. The ecological theory supports five systems, including micro-, meso-, eco-, macro-, and chromosystems. These systems interconnect with the participants' responses and how they influence an individual's life (Bronfenbrenner, 1989). The framework I used helped me understand the participants' challenges and progress while living in transitional housing and the outcome on the individual's other societal issues.

Participants disclosed avoiding their peers while living in a transitional facility. Participants reported that if the staff liked them, they would get the assistance they needed; however, the staff would not give them the information they needed if an individual was not favored. Participants reported that resources could assist with searching for permanent housing and employment.

The participants also reported that they stayed out of the staff's way. Participants reported that most of the staff were "ok," however, they used the rules to threaten residents with termination from the program. Sensitivity training for the staff would be helpful to address this issue. The staff could learn how to conduct themselves and how to treat participants in a non-threatening manner.

The rules were a challenge because if not followed, the results would be dismissal from the program. Participants reported they felt hopeless and depressed at times. They also complained of privacy issues, such as the women could not have male company visit, and they had to share rooms. The rules were an issue for privacy and having visitors; most participants reported that they wanted to be treated as adults and with

respect from the case managers. Participants reported that having supportive staff that cared about their well-being was important. Participants reported that they only wanted to be provided the resources and information they needed; they just wanted to be treated respectfully. Participants reported that they wanted to be treated like a human and wanted the staff members to realize that they were seeking assistance. Participants reported they were homeless, not criminals, and wanted treatment with dignity and respect.

Participants reported networking with the supportive staff was beneficial because residents believed that they could get the resources they needed and get help. They reported they were looking for a hand up and not a handout, and they believed the support would help empower them to move forward and help work towards resolving issues.

### **Interpretation of the Findings**

Some shelters provide services for specific populations, including the elderly and youth. However, traditional shelters are not specific to gender or age. In this study, the type of transitional housing was not a criterion. I placed recruitment flyers in areas where the selected population would see them (i.e., food pantries, soup kitchens, or homeless shelters). I conducted this study to investigate the needs of homeless individuals aged 25-35 years old living in transitional housing. A total of four themes emerged: a) lack of support, b) rules of the program, c) length of stay, and d) resources.

Two of the themes were associated with the research questions presented in this study, which emerged from semistructured over the telephone interviews: a) lack of support, b) rules of the program, c) length of stay and d) resource study. The themes

emerged from the data I gathered throughout the interviews. Using the transcripts from the interviews, I organized the information and highlighted repetitive and essential words, phrases, and sentences. Essential information was information relevant to answering the research questions. I organized the information from coding and sorting it into themes. The themes discussed relate to the review of literature and conceptual framework. Although some common barriers were associated with each theme, I did not create subthemes as individual participants expressed the noted unique barriers.

### **Findings Related to the Conceptual Framework**

Using the Ecological theory it helped me during my study to investigate the needs of homeless individuals aged 25-35 years old living in transitional housing. The homeless population has several challenges, and the ecological theory presents the various influences from their environment, and influences are often interrelated (Bronfenbrenner, 1989). I used this theory to examine stressors and supports. Participants provided information about their experiences while using transitional housing. During the interviews, participants shared concerns about the length of stay and finding permanent housing after completing the program. The residents needed to find employment to secure income and stable housing. Referrals and resources were needed to help them gain employment; however, participants reported limited referrals. Participants also reported a limited number of beds and the strict enforcement of rules to remain in the housing facilities. More resources and awareness are needed to encourage homeless individuals to utilize the transitional housing program.



## **Comparison of Data to Literature Review**

### **Theme 1: Lack of Support**

The participants reported they were not given the support they needed from the staff. Participants felt they were all put into a category together and stereotyped. Benston (2015) reported support systems provide opportunities for homeless individuals to expand their networks. The participants' feedback was more in line with Bronfenbrenner's (1979) findings, who noted sometimes residents faced challenges when seeking support. On an organizational level, residential leaders may view a lack of support as the absence of policies or governmental funding. A lack of support may result from a facility's resource limitations, affecting the population served at the facilities.

### **Theme 2: Rules of Program**

The biggest complaint was the program rules; Participants 1, 2, 3, 4, 5, and 6 complained about the rules of the program. Safety was the reason reported to participants for issues with having rules; however, Participant 6 reported, "I just mind my business if I see someone not following the rules." Although the transitional housing reflects the rules and guidelines of the National Alliance to End Homelessness (2016) concerning food and housing, participants shared frustrations with the existence of strict housing rules concerning visitors, roommates, and privacy. On an organizational level, rules are necessary to enforce compliance and ensure equal distribution of support. On an individual level, rules may present challenges to privacy and a sense of security.

**Theme 3: Length of Stay**

Participants reported that they wanted to move into permanent housing as soon as possible; they only stayed at the transitional housing program to qualify for housing assistance. On a federal and state level, HUD (2016) reported that transitional housing is not a long-term solution for permanent housing, and stays are usually allowed for up to 24 months. On an individual level, transitional housing was not where participants wanted to be, but they shared that the housing situation was better than homelessness. The feedback on assistance and following the program to transition to more permanent housing options reflected the research of Culhane and Kane (2013). The authors explained necessary resources and support services the homeless need should be provided as a platform to pursue personal goals and improve quality of life.

**Theme 4: Resources**

More resources are needed to assist the homeless population. On an organizational level, scarcity of resources may result from funding limitations from the state and the federal government. Some individuals face program removal if they arrive too late at the facility due to reaching bed limitations; more resources and funding would provide more beds for homeless individuals. On an individual level, bed limitations present stress and a challenge to meet curfew. This limitation reflects the reports of transitional housing by HUD. On a state and federal level, according to HUD (2016), transitional housing should provide resources and referrals in the community to help residents develop the skills needed to obtain permanent housing. On an organizational level, resources are dependent on funding and staffing.

### **Limitations of the Study**

Limitations are common in any type of research study. One limitation of this study was collecting the data from a small sample of participants willing to share their personal stories and experiences utilizing transitional housing. As all participants offered similar feedback, there were no outliers to report. Participants offered consistent information and did not present any contradicting statements. After my interview with the sixth participant, I did not gather any new information; thus, I reached data saturation. Finally, this study cannot be generalized to the entire homeless population. As this study was qualitative and geographically centered in the Chicago area, the information cannot be generalized to a larger population outside of this study's perimeters. According to Moustakas (1994), the researcher needs to be aware of their prejudices and beliefs, and the investigator needs to avoid making judgments. Self-reported data from participants could not be verified. Self-reported information could be inaccurate due to the participant's memory and bias (Yu, 2016). The data obtained were based solely on the interviews, and I interview the participants only once, leaving the data to be less saturated. I used a journal and bracketing to help alleviate the potential for bias and personal judgment.

### **Recommendations**

More research is needed to investigate the needs of homeless individuals who utilize transitional housing. Future research needs to explore the resources required upon entering the transitional program and the support needed when leaving the program. Homelessness should be defined as a societal problem and not an individual problem.

Programs should address environmental stressors with all individuals, as all individuals deserve and should have affordable and safe housing. This suggestion reflects the information shared by the participants of this study. Participants stressed they were homeless, not criminals, and deserved dignity and respect.

### **Implications for Positive Change**

The implication for social change is that this study provides a clearer understanding of homelessness in Chicago. The ultimate goal is to reduce long-term homelessness. This study contributes to positive social change. Information from the findings offers residential leaders and program stakeholders feedback that can enhance current programming and assist with recognizing areas that need improvements. Using the participants' feedback, readers can understand residents' experiences in transitional housing and use this information to inform key stakeholders in the housing sector.

Individuals who support homeless programming could advocate by developing a support and networking system. Meeting residents' needs in transitional housing with respect and professionalism could effectively support the successful completion and help residents meet their long-term goals. Transitional housing provides a holistic approach, meeting the individual's needs; however, education and training programs could help with long term stability, contributing to positive social change. The provision of resources such as education and training provides residents with the skill set needed to succeed in finding secure employment and housing.

## Conclusion

The number of homeless individuals in Illinois continues to increase due to a lack of governmental financial support and sufficient affordable housing (Illinois Department of Human Services, 2016). Homelessness affects all cultures, races, genders, and ages, and it presents a burden to society. Despite policymakers and advocates addressing the growing problem, these stakeholders have given minimal attention to assist homeless individuals ages 25-35 years old.

The purpose of this study was to investigate how homeless individuals, ages 25-35 years old, described their experiences of homelessness and how they described the resources needed concerning living in transitional housing. I collected data from six participants, all African Americans. In this study, I investigated the needs of homeless individuals and their lived experiences while utilizing transitional housing.

The ecological theory and this study demonstrated the importance of addressing homeless individuals' issues. Assisting homeless individuals to overcome social barriers and increase opportunities to become self-sufficient will be effective in creating positive change. Individuals who understand their strengths are empowered and see themselves in a more favorable position. With a counselor's help, individuals who recognize their strengths can develop a plan of action that includes attainable steps to reach employment and permanent housing. With a positive outlook and support systems designed to help individuals succeed, a transitional housing program can enable residents to develop the skills needed to obtain stable affordable housing.

## References

- Abbott, P., Magin, P., Davison, J., & Hu, W. (2017). Medical homelessness and candidacy: Women transiting between prisons and community health care. *International Journal for Equality in Health*, 16(130), 1–10. doi:10.1186/s12939-017-0627-6
- American Hospital Association. (2017). *Housing and the role of hospitals: Report*. <http://www.hpoe.org/Reports-HPOE/2017/housing-role-of-hospitals.pdf>
- Annink, A. (2017). Using the research journal during qualitative data collection in a cross-cultural context. *Entrepreneurship Research Journal*, 7(1), 1–17. doi:10.1515/erj-2015-0063
- Arifin, S. R. M. (2018). Ethical considerations in qualitative study. *International Journal of Care Scholars*, 1(2), 30–33. <https://journals.iium.edu.my/ijcs/index.php/ijcs/article/view/82>
- Baggett, T. (2015). Tobacco-, alcohol-, and drug-attributable deaths and their contribution to mortality disparities in a cohort of homeless adults in Boston. *American Journal Public Health*, 105(6), 189–97. doi:10.2105/AJPH.2014.302248
- Barrett, J. (2019). *Youth who are homeless: A closer look*. Petersheim Academic Exposition. <https://scholarship.shu.edu/cgi/viewcontent.cgi?article=1080&context=petersheim-exposition>

- Benston, E. A. (2015). Housing programs for homeless individuals with mental illness: Effects on housing and mental health outcomes. *Psychiatric Services, 66*(8), 806–16. doi:10.1176/appi.ps.201400294
- Biscotto, P., Ribeiro, J., Pinto, M., Silva, M., Oliveira, D. E. M., & Barbos, M. (2016). Understanding of the life experience of homeless women. *Revista da Escola de Enfermagem da USP, 50*(5), 749–755. doi:10.1590/s0080-623420160000600006
- Bivens, J., & Mishel, L. (2013). The pay of corporate executives and financial professionals as evidence of rents in top 1 percent incomes. *Journal of Economic Perspectives, 27*(3), 57–78. doi:10.1257/jep.27.3.57
- Bronfenbrenner, U. (1989). *Ecology of human development*. Harvard Press.
- Byrne, T., Fargo, J.D., Montgomery, A.E., Munley, E., & Culhnae, D. P. (2014). The relationship between community investment in permanent supportive housing and chronic homelessness. *Social Service Review, 88*, 234-263. doi:10.1086/676142
- Cameron, A., Abrahams, H., Morgan, K., Williamson, E., & Henry, L. (2016). From pillar to post: Homeless women's experiences of social care. *Health and Social Care in the Community, 24*(3), 345–352. doi:10.1111/hsc.12211
- Chang, F., Helfrich, C., Coster, W., & Roger, S. (2015). Factors associated with community participation among individuals who have experienced homelessness. *International Journal of Environmental Research and Public Health, 12*(9), 11364. doi:10.3390/ijerph120911364

- Chicago Coalition for the Homeless (2019). *2015 Homeless report*. <https://chicagohomeless.org>.
- Chicago Department of Family and Support Services (2018). *Chicago department of family and support services*. <http://www.CDFSS.org/>
- Chompalov, I. M., & Popov, L. S. (2014). Sociology of science and the true to social constructivism. *Social Sciences*, 3(2), 59-66. doi: 10.11648/j.ss.20140302.14
- City of Chicago. (2018). *2018 Homeless point-in-time count and survey report*. [https://www.chicago.gov/content/dam/city/depts/fss/supp\\_info/Homeless/2018PITSummaryReportFinal100418.pdf](https://www.chicago.gov/content/dam/city/depts/fss/supp_info/Homeless/2018PITSummaryReportFinal100418.pdf)
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage Publications.
- Cridland E. K., Jones, S. C., Caputi, P. & Magee C. A. (2015). Qualitative research with families living with autism spectrum disorder: Recommendations for conducting semi-structured interviews. *Journal of Intellectual & Development Disability*, 40(1), 79–91. doi: 10.3109/13668250/2014.964191
- Culhane, D., & Kane, V. (2013). Homelessness research: Shaping policy and practice, now into the future. *American Journal of Public Health*, 103(2), 181–183. doi: 10.2105/AJPH.2013.301728
- Curry, S., & Petering, R. (2017). Resident perspectives on life in a transitional living program for homeless young adults. *Child Adolescence Social Work Journal*, (34), 507-515. doi:10.1007/s10560-017-0488-2



- Dupere, V., Archambault, I., Leventhal, T., Dion, E., & Anderson, S. (2015). School mobility and school-age children's social adjustment. *Developmental Psychology, 51*(2), 197. doi:10.1037/a0038480
- Elo, S., Kaariainen, M., Kanste, O., Polkki, T., Utiainen, K., & Kyngas, H. (2014). Qualitative content analysis: A focus on trustworthiness. *Sage Open, 4*(1). doi: 10.1177/215844014522633
- Farineau, H. (2016). An ecological approach to understand delinquency of youths in foster care. *Deviant Behavior, 37*(2), 139–150. doi: 10.1080/01639625.2014.1004025
- Ferguson, K. M., Bender, K., & Thompson, S. J. (2014). Predictors of transience among homeless emerging adults. *Journal of Adolescent Research, 29*(2), 213–240. doi: 10.1177/0743558413487770
- Ferguson, K. T., & Evans, G. W. (2019). Social ecological theory: Family systems and family psychology in bioecological and bioecocultural perspective. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, & M. A. Whisman (Eds.), *APA handbooks in psychology®. APA handbook of contemporary family psychology: Foundations, methods, and contemporary issues across the lifespan* (p. 143–161). American Psychological Association. doi:10.1037/0000099-009
- Fowler, P. J., Hovmand, P. S., Marcal, K. E., & Das, S. (2019). Solving homelessness from a complex systems perspective: insights for prevention responses. *Annual Review of Public Health, 40*, 465-486.

- Garg, K., & Moss, S. (2017). How feasible is multiple time point web-based data collection with individuals experiencing street homelessness? *Urban Health* (94), 64–74. doi:10.1007/s11524-016-0109-y
- Groton, D., Gromer, J., Mennicke, A., Gul, Mehnaz, J., Dupree, E., & Munn, J. (2017). Give us a chance: Understanding job seeking among women experiencing homelessness. *Journal of Employment Counseling*, 54, 115–131. doi:10.1002/joec.12060
- Henwood, B., Wenzel, S. L., Mangano, P. F., Hombs, M., Padgett, D. K., Byrne, T., & Uretsky, M. C. (2015). *The grand challenge of ending homelessness*. [http://pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=1136&context=socwork\\_fac](http://pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=1136&context=socwork_fac)
- Holtschneider, C. (2016). From independence to interdependent: Redefining outcomes for transitional living programs for youth experiencing homelessness. Families in society. *The Journal of Contemporary Social Services*, 97(3), 160–170. doi:10.1606/1044-3894.2016.97.26
- Hope, A., & Munro, C. (2019). Criticism and judgment: A critical look at scientific peer review. *American Journal of Critical Care*, 28(4), 242–246. doi:10.4037/ajcc2019152
- Housing Urban Development (2016). Housing Urban Development. <http://www.HUD.org/>

- Hsieh, E. (2017). Surviving violence in everyday life: A communicative approach to homelessness. *Social Work in Public Health, 32*(2), 110–121. doi: 10.1080/19371918.2016.1230081
- Hudson, B., Flemming, K., Shulman, C., & Candy, B. (2016). Challenges to access and provision of palliative care for people who are homeless: A systematic review of qualitative research. *BioMed Central, 15*(96), 1–18. doi:10.1186/s12904-016-0168-6
- Illinois Department of Human Services (2016). <https://dhs.state.il.us>.
- Interagency Council on Homelessness. (2017). <https://ICH>
- Jacobs, M. (2017). Black lives, literacies, and homelessness in smog of whiteness. *Curriculum and Teaching Dialogue, 19*(1), 117-136. In *Curriculum and Teaching Dialogue*. Information Age Publishing.
- Jenkins, M., & Wadsworth, S. (2017). Work and family research and theory: Review and analysis from an ecological perspective. *Journal of Family Theory & Review, 9*, 219–237. doi:10.1111/jftr.12188
- Knight, C. (2017). Group work with homeless mothers: Promoting resilience through mutual aid. *Social Work, 62*(3), 235–242. doi:10.1093/sw/swx022
- Kottle, T., Abariotes, A., & Spoonheim, J.B. (2017). Access to affordable housing promotes health and well-being and reduces hospital visits. *The Permanent Journal, 22*(17), 1-4. doi:10.7812/TPP/17-079

- Lau, J., & Ng, K. M. (2014). Conceptualizing the counseling training environment using Bronfenbrenner's ecological theory. *International Journal for the Advancement of Counselling, 36*(4), 423–439. doi:10.1007/s10447-014-9220-5
- Lim, S., Gao, Q., Singh, T., & Seligson, L. (2016). Impact of a New York supportive housing program on Medicaid expenditure patterns among people with serious mental illness and chronic homelessness. *BMC Health Services Research, 18*(1), 15. doi:10.1186/s12913-017-2816-9
- Mabhala, M., Yohannes, A., & Griffith, M. (2017). Social conditions of becoming homeless: Qualitative analysis of life stories of homeless peoples. *International Journal for Equality in Health, 16*(1), 150. doi:10.1186/s12939-017-0646-3
- Mackelprang, J. L., Qiu, Q., & Rivara, F. P. (2015). Predictors of emergency department visits and inpatient admissions among homeless and unstably housed adolescents and young adults. *Medical Care, 53*(12), 1010–1017.
- Margolis, D., & Chellman, A. (2013). Idealized visions from outside: Homeless perspectives on school change. *International Journal of Educational Reform, 22*(3), 200–220. doi:10.1177/105678791302200301
- Marteis, N., Martins, E. C., & Viljoen, R. (2017). In Nico Martins, Ellen Caroline Martins and Rica Viljoen (Eds.), *Organizational diagnosis: Tools and applications for researchers and practitioners*. KR Publishing.
- Maxwell, J. A. (2013). *Qualitative research design: An interactive approach*. Sage Publications.

- McQuiston, H., Gorroochurn, P., Hsu, E., & Caton, C. (2014). Risk factors associated with recurrent homelessness after a first homeless episode. *Community Mental Health, (4)*, 505–513. doi:10.1007/s10597-013-9608-4
- Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation*. John Wiley & Sons.
- National Alliance to End Homelessness. (2014). *The state of homelessness in America*. Homelessness Research Institute. <http://www.endhomelessness.org/>
- National Alliance to End Homelessness (2018). *National coalition for the homeless*. <http://www.endhomeless.org/>
- National Coalition for the Homeless (2019). *National coalition for the homeless*. <http://www.nationalhomeless.org/>
- Ortman, S. G., Cabaniss, A. H., Sturm, J. O., & Bettencourt, L. M. (2014). The pre-history of urban scaling. *PloS one, 9*(2), e87902. doi:10.1371/.0087902
- Opie, C. (2019). Research procedures. Getting Started in your Educational Research: Design: *Data Production and Analysis*, 159–168.
- Palaganas, E. C., Sanchez, M. C., Molintas, M. P., & Caricativo, R. D. (2017). Reflexivity in Qualitative Research: A Journey of learning. *The Qualitative Report, 22*(2), 426–438. <https://nsuworks.nova.edu/tqr/vol22/iss2/5>
- Polit, D. F., & Beck, C. T. (2016). *Nursing research: Generating and assessing evidence from nursing practice*. (10th ed.). Lippincott Williams & Wilkins.

- Poremski, D., Whitley, R., & Latimer, E. (2014). Barriers to obtaining employment for people with severe mental illness experiencing homelessness. *Journal of Mental Health, 23*(4), 181–185. doi:10.3109/09638237.2014.910640
- Rabiah-Mohammed, F., Oudshoorn, A., & Forchuk, C. (2019). Gender and experiences of family homelessness. *Journal of Social Distress and the Homeless, 1-10*. [https://www.researchgate.net/profile/Abe\\_Oudshoorn/publication/336615005\\_](https://www.researchgate.net/profile/Abe_Oudshoorn/publication/336615005_)
- Rahman, A., Turner, F., & Elbedour, S. (2015). The U.S. homeless student population: homeless youth education, review of research classifications and typologies, and the U.S. federal legislative response. *Child Youth Care Forum 44*, 687-709. doi: 10.1007/s10566-014-9298-2
- Riley, E., & Cohen, J. (2014). Recent violence in a community-based sample of homeless and unstable housed women with high levels of psychiatric comorbidity. *American Journal of Public Health, 104*(9). doi:10.2105/AJPH.2014.301958
- Rodriguez, N., & Brown, B. (2016). Preventing homelessness among people leaving prison. <http://biblioteca.cejamericas.org/bitstream/handle/2015/3104/IIB%2BHomelessness.pdf?sequence=1&isAllowed=y>
- Safe Link. (2019). *Safelink wireless*. <http://www.safelinkwireless.com/free/service>
- Sandy, M. (2014). Pushed by angels and hellbent on getting better: Mothers describe getting to the other side of the family homelessness. *Humanity and Society, 38*(4), 388-413. doi:10.1177/0160597614543741
- Sarango, M., Hohl, C., Gonzalez, N., Palmeros, A., Powell, M., & Hirschi, M. (2018). Strategies to build a patient-centered medical home for multiply diagnosed people

living with HIV who are experiencing homelessness or unstable housing. *Journal of Public Health*, 108(57), 5519-5521. doi:10.2105/AJPH.2018.304675

Schumer, G. (2015, January 28). *States news service*. [http://](http://link.galegroup.com.ezp.waldenulibrary.org/apps/doc/A399197031/EAIM?uminn)

[link.galegroup.com.ezp.waldenulibrary.org/apps/doc/A399197031/EAIM?uminn](http://link.galegroup.com.ezp.waldenulibrary.org/apps/doc/A399197031/EAIM?uminn).

Sharir, D. (2017). The Link Between Therapist' Social Class Attributions and Treating

Clients of Low Socioeconomic S Scholar Works. Retrieved from [http://](http://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=4826&context=dissertations10.1080/14780887.2013.801543)

[scholarworks.waldenu.edu/cgi/viewcontent.cgi?](http://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=4826&context=dissertations10.1080/14780887.2013.801543)

[article=4826&context=dissertations10.1080/14780887.2013.801543](http://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=4826&context=dissertations10.1080/14780887.2013.801543)

Somerville, P. (2013). Understanding homelessness. *Housing Theory and Society*, 30(4),

384–415. doi:10.1080/14036096.2012.756096

Stafford, A., & Wood, L. (2017). Tackling health disparities for people who are

homeless? Start with social determinants. *International Journal of Environmental*

*Research and Public Health*, 14(12), 1535. doi:10.3390/ijerph14121535

Substance Abuse and Mental Health Services Administration. (2014). (SAMSHA)

*Homelessness Resource Center*. [http://homeless.samhsa.gov/Channel/](http://homeless.samhsa.gov/Channel/Trauma-29.aspx)

[Trauma-29.aspx](http://homeless.samhsa.gov/Channel/Trauma-29.aspx)

Swick, K., & Williams, R. (2006). An analysis of Bronfenbrenner's bio ecological

perspective for early childhood educators: Implications for working with families

experiencing stress. *Early Childhood Education Journal*, 33(5), 371-378. doi:

10.1007/s10643-006-0078-y

- Sylvestre, J., Kerman, N., Polollo, A., Lee, C., Aubry, T., & Czechowski, K. (2018). A qualitative study of the pathways into and impacts of family homelessness. *Journal of Family Issues, 38*(8), 2265-2285. doi:10.1177/0192513X17746709
- Terui, S., & Hsieh, E. (2016) Not homeless yet. I'm kind of couch surfing: Finding identities for people at a homeless shelter. *Social Work in Public Health, 31* (7), 688-699. doi:10.1080/19371918.2016.1188739
- Thompson, S. J., Bender, K., Ferguson, K. M., & Kim, Y. (2015). Factors associated with substance use disorders among traumatized homeless youth. *Journal of Social Work Practice in the Addictions, 15*(1), 66–89. doi.10.1080/1533256X.2014.996229
- Timmer, D. A., Eitzen, D. S., Talley, K. D., & Eitzen, D. S. (2019). *Paths to homelessness: Extreme poverty and the urban housing crisis*. Routledge.
- Tsai, J., Lee, C. Y., Shen, J., Southwick, S. M., & Pietrzak, R. H. (2019). Public exposure and attitudes about homelessness. *Journal of Community Psychology, 47*(1), 76–92. doi :10.1002/jcop.22100
- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work, 11* (1), 80-96. doi : 10.1177/1473325010368316.
- United States Census Bureau. (2017). *Population*. <http://www.census.gov/compendia/statab/cats/population/.html>
- United States Department of Education. (2018). *The condition of education, 2018*. <https://nces.ed.gov/pubs2018/2018144.pdf>



- United States Interagency Council on Homelessness. (2017). National alliance to end homelessness. <http://www.endhomelessness.org>
- U.S. National Library of Medicine. (2019). Age of onset in bipolar affective disorder and misdiagnosis as schizophrenia. <https://www.nlm.nih.gov>
- Vega, W. A., & Wallace, S. P. (2016). Affordable housing: A key lever to community health for older Americans. *American Journal of Public Health, 106*(4), 635. doi: 10.2105/AJPH.2015.303034
- Waters, J. (2015). *Phenomenological research guidelines*. <https://www.capilanou.ca/psychology/student-resources/researchguidelines/Phenomenological-Research-Guidelines/>
- Weisz, C., & Quinn, D. (2018). Stigmatized identities, psychological distress, and physical health: Intersections of homelessness and race. *American Psychological Association, 3*(3), 229–240. doi:10.1037/sah0000093
- West, K., Hussain, A. & Burke, C. (2015). Age discrimination and age diversity management within the vulnerable age groups. *Vulnerable Workers in Times of Social Transformations, 61–83*.
- Williams, A., & Merten, M. (2015). Childhood adversity and development of self-among mothers transiting from homelessness to self-sufficiency. *Journal of Social Service Research, 41*, 398–412. doi:10.1080/01488376.2015.1013171
- Yin, R. K. (2014). *Case study research: Design and methods* (5<sup>th</sup> Ed.). Sage Publications.

Yu, C. (2016). Reliability of self-report data. <http://www.creativewisdom.com/teaching/WBI/memory.shtml>

Zerger, S. (2014). The role and meaning of interim housing in housing first programs for people experiencing homelessness and mental illness. *American Journal of Orthopsychiatry*, 84(4),431–437. doi:10.1037/h0099842

## Appendix B

### Flyer

## Participants Needed



A research study to investigate how homeless individuals describe their experiences and the social support they need while living in transitional housing.

**Participants needed who are:**

1. Age 25-35 years old
2. Have slept at a homeless shelter within the past year and currently have been living in transitional housing for at least 6 months and are willing to share your story.

I am a doctoral student at Walden University.

I am conducting in-depth interviews with homeless individuals who currently live in transitional housing. The interview will take about 45-60 minutes.

## **All interviews will remain confidential**

Participants will receive \$10.00 Walmart gift card.

**Appendix C:**  
**Interview Questions**

1. How is transitional housing working for you?
2. How long have you been in transitional housing? How many times have you been in transitional housing?
3. How did you hear about transitional housing?
4. Describe your experience living in transitional housing?
5. Please describe the support staff that helped you understand the transitional housing support program.
6. What resources were offered to you while living in transitional housing?
7. Describe the challenges or problems you have experienced at the transitional housing facility?
8. What are your plans to secure housing?
9. What services or resources do you need to help secure housing?
10. How do you describe a successful transitional housing experience?

Probes:

1. Can you tell me more?
2. How did that turn out for you?
3. What do you mean by that?
4. What are your thoughts about your current situation?
5. What social services would help you improve your current situation?

I am interested in hearing any other experiences you would like me to know.