

2021

## Understanding the Influence of Social Integration on the Formerly Homeless

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# Walden University

College of Social and Behavioral Sciences

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Donna Wickes

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Walden University  
2021

Abstract

Understanding the Influence of Social Integration on the Formerly Homeless

by

Donna Wickes

MBA, Albany State University 2004

BA, University of Rhode Island, 2000

Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Philosophy  
Public Policy and Administration

Walden University

November 2021

## Abstract

As the number of homeless people in the United States continues to grow, it is apparent that the current strategies are not meeting expectations and need to be reevaluated. Studies by industry experts highlighted the need to address the impact of social integration on long-term housing sustainability. The purpose of the qualitative study was to understand from the perspective of housed, formerly, homeless individuals, how socially focused interventions could influence their sense of community and increase their social integration. Durkheim's social theory and McMillan and Chavis' psychological sense of community (PSOC) framework were used to guide the qualitative, phenomenological approach in defining the social need for affiliation. Data was gathered by interviewing 15 formerly homeless participants who had been housed between 24 and 60 months through a Housing First program. The participants were asked a series of question that addressed the primary research question: How does socially focused interventions influence your sense of community and social integration. Creswell's data analysis approach was used to analyze the data and identify trends and emerging themes. The results indicated a low sense of community that correlated to the emerging themes. The themes evolved into the 3 pillars of sustainability to produce a new lens for addressing homelessness. The 3 pillars focused on outcomes related to increasing housing opportunities, self-sufficiency, and engaging communities. The social impact will be far reaching as this new lens will educate the homeless industry service providers on the value of aligning housing with social integration.

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## Dedication

I dedicate this dissertation to the homeless providers throughout Oklahoma, Mississippi and Texas that continue to provide hope to those who are less fortunate. It is their passion that has driven me to study the important topic of homelessness. I thank the hundreds of people I have worked with who have provided insight into how we can better serve this vulnerable population and address some of the hardest issues that the United States faces. From addressing mental health, to addressing the AIDS crisis, to supporting at-risk children, there are countless, dedicated non-profits that silently work behind the scenes to change someone life. Kudos to them for keeping in step with their heart!

I thank Dan Straughan of the Homeless Alliances for engaging the community in increasing their social support of the homeless population. Under Dan's leadership, the Homeless Alliance provided basic services to the homeless coming off the street that allowed them to be prepared for the challenges they would face in independent living and living in a group setting.

I thank Greg Shinn of the Mental Health Association, for addressing the issue of mental illness in the homeless population. Greg's understanding of the interventions these individuals needed resulted in the development of inclusive communities where the elderly, the disabled and mentally ill could live semi-independently within their capacity. He recognized that it was our social responsibility to provide a safe environment that they needed to live a quality life.

I thank Mark Thiele, LaRence Snowden, and Lance Gilliam for their dedication to serve the homeless and thinking outside the box to provide innovative and engaging social environments in which they could flourish once housed.

I thank Matthew Vrugink for his dedication to build high quality affordable housing. His support for low income families remains steadfast even in the eyes of controversy.

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I thank Diane Gilmore of the Downtown Women's Center who understood the need to address substance abuse and mental illness issues. The approach at Downtown Women's Center was to provide a nurturing and structured environment to help young women overcome the barriers to their success and to gain the confidence they needed to move out on their own. The need to get healthy and take accountability, was the foundation for successful programs that changed the lives of thousands of women.

I thank Troy Shalloup, Ralph Galindo, and Louis Chang for ensuring that vulnerable populations live in environmentally safe locations.

In addition, I dedicate this dissertation to my children Alex and Rebecca, who have provided not only inspiration, but supported my life-long dream to obtain my doctoral degree.



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## Chapter 1: Introduction to the Study

### **Introduction**

As number of homeless people in the United States continues to grow, as identified by the Housing and Urban Development (HUD) Community Planning and Development (CPD) Annual Homeless Reports (AHR) to congress (HUDCPD, 2018), (HUDCPD, 2019), (HUDCPD, 2020), it is necessary to reevaluate the industry standard approaches to preventing and addressing homelessness. The Housing First program has been the primary intervention to deal with homelessness in the United States since 1992 when it was recommended in Opening Doors, The Federal Strategic Plan to Prevent and End Homelessness (USICH, 2015). With the growing numbers, it is apparent that the current approach must be reevaluated.

Recently the Federal Government and various industry non-profits, such as the United States Inter Agency Council on Homelessness, USICH, concurred that to address homelessness in the 21<sup>st</sup> century, existing interventions must be evaluated. Interventions must not only provide housing but also need to ensure that those housed remain in housing, and have access to opportunities that increase their self-sufficiency, overall well-being and long-term housing sustainability (USICH, 2020).

The goal of the Opening Doors Plan (USICH, 2015) was to address homelessness and provide guidance on recommended best practices for managing and ending homelessness. The plan is 12 years old and was initiated by then-President Obama in 2009. As the growing numbers of unsheltered people living on the street continues to

grow, it is appropriate to re-evaluate the current approaches to address homelessness. At a meeting of homeless practitioners in 2018, HUD representatives discussed that the homeless practitioner's may want to re-envision their approach and look at the person leaving homelessness from a holistic perspective. HUD representatives discussed that "our efforts cannot end with putting someone under a roof and calling it a day. Ultimately, we need to equip them to be as self-sufficient as possible and address the value of socialization (HUD, 2018, para. 1).

To move the study of homelessness forward, the Council of Economic Advisors (CEA, 2019), and the U.S. Interagency Council on Homelessness (USICH, 2020), recommended that homeless practitioners must collectively work together to provide the formerly homeless with housing that reflects a socially engaging environment. As homeless practitioners begin to refresh the approach to managing homelessness, it is important to re-evaluate the Housing First philosophy and determine what expectations have not been met.

Various studies by industry experts on the Housing First approach have documented that the Housing First program focuses on providing housing but does not place value on interventions that support social integration into the community. The studies by industry experts identified that housing itself is not a predictor of long-term sustainability. In fact, the studies began to identify that the return to homelessness after being housed might be associated with the lack of social integration and the ability to define new social networks. If the future success of managing homelessness will be to

measure long-term sustainability in housing and increases in self-sufficiency, then it is important to address the gap in social psychology literature that highlights the need to better understand how those that are housed want to be socially integrated into the community

The dissertation focused social awareness on the value of integrating quality housing with social integration to support long-term housing retention, self-sufficiency, and increased well-being. This awareness began with the recognition that homelessness represents “the loss of not only housing but also the role of housed citizen as a fully functioning member of society” (Nemiroff, Aubry, & Klodsky, 2011, p. 1003). As the formerly homeless experience socialization within the community, they will develop a sense of community and experience “normative interactions with community members as well as receiving support from social networks” (Nemiroff et al., 2011, p. 1006). The combination of refreshing our homeless interventions to focus on both housing and social integration, may be the approach that will provide a path towards long-term housing sustainability and mitigate the risk of those placed in housing from returning to homelessness.

### **Background**

Since the early 1990s, homelessness has been defined as the lack of permanent housing by the U.S. HUD CPD (HUDCPD, 2017). The primary strategy during the 1990s for addressing homelessness and recommended in the Opening Doors Plan, was the

implementation of the Housing First program. The Housing First program was based on the philosophy that everyone should receive housing without any prerequisites

Prior to 1990, strategies to address homelessness involved placing people in shelters. After being evaluated through a shelter program, they would be moved to either transitional housing or permanent supportive housing. Once they achieved certain outcomes, they would be considered housing ready. When a person was considered housing ready, they would be moved to independent housing or remain in permanent supportive housing. This three-pronged strategy was designed to allow people to address their health issues first, such as substance abuse and mental health issues. When a person became housing ready, they moved to an independent living situation.

Tsemberis (2010) said homelessness was increasing because it was impossible to ensure people were housing-ready when they were living in shelters and long-term group settings. Tsemberis said if people had secure housing, they would be positioned to move forward with activities that improved their overall wellbeing. By placing people in housing immediately, they would be accountable for how they addressed their wellbeing. Tsemberis named this program Housing First and it became the industry-accepted intervention for addressing homelessness, ending the approach of housing-readiness.

The Housing First approach recommends that those at highest risk be prioritized first for acceptance into a Housing First program. To enter the program, homeless people were interviewed regarding their needs and were either placed in available permanent supporting housing or independent housing. Permanent supportive housing provides

some initial services if needed to assist a person in addressing some of their immediate needs such as financial support, subsidized income, and immediate health issues. For those with chronic mental illness, they may require extensive services, and their path to independent living might end with permanent supportive housing. Those who are willing and able to become self-sufficient, are moved to independent living spaces such as an apartment.

To support independent living, public housing agencies across the U.S. allow the homeless to qualify and obtain a section 8 housing choice voucher (HCV). The Section 8 HCV program is funded annually by the federal government to subsidize the rent of low-income individuals and families. By providing the homeless with this economic resource, they can obtain housing and leave their homeless situation.

Housing First programs are implemented differently across the U.S. in respect to type of housing, services needed, and economic resources that can be applied. The traditional Housing First program placed the homeless into permanent supportive housing situations whereby they could, at their discretion, select services to support their immediate and long-term needs. Other Housing First programs qualified people for a Section 8 vouchers and placed them immediately in independent living. Both permanent supportive housing and the Section 8 HCV were provided “with no preconditions, and people did not face requirements as a condition of retaining housing even after they have been stabilized” (CEA, 2019, p. 23). The concept of no prerequisites for housing placed

the responsibility of improving their wellbeing on the shoulders of the newly-housed person.

### **Challenges with Housing First**

Various research projects by industry experts Wong and Soloman (2002), Tsai and Rosenheck (2012), Pleace and Quilgars (2013), Quilgars and Pleace (2016), Eide (2020) and others, observed that the participants of the Housing First program were not meeting the expected results of long-term self-sufficiency, housing retention, social integration, housing sustainability, and did not have a feeling of positive well-being. In fact, studies by Quilgars and Please (2016) concluded that those that had been housed for at least 12 months experienced little social engagement with their neighbors and had feelings of loneliness. Many felt increasingly isolated and overwhelmed by their lifestyle, and many were returning to homelessness. Bassuk, DeCandia, Richard, and Tsertsvadze (2014) concluded that if the “homelessness policy is based only on providing bricks and mortar, then this outcome can be viewed as a pyrrhic victory” (Bassuk et al., 2014, p. 471).

It was concluded from these studies that participants in the Housing First program were not meeting expected results and were in fact experiencing little social integration. (Eide, 2020), (Tsai, 2012), (Wong & Soloman, 2002). Quilgars and Please (2013) stated those who had been housed for at least 12 months experienced little social engagement with their neighbors and had feelings of loneliness. Many of the people they interviewed

felt increasingly isolated and overwhelmed by their new housed lifestyle. As a result, it was common to see the housed returning to homelessness after a few months.

The results of studies by Tsai et al. (2012), Pleace and Quilgars (2013), Bassuk et al., (2014), Quilgars and Pleace (2016), and others, identified a gap in social psychology literature that highlighted the lack of “empirical examination of the social integration of homeless adults after they are housed” (Tsai et al., 2012, p. 427). The gap in social psychology literature highlighted the need to better understand how people want to be socially integrated after they are housed. When a person becomes homeless, they “become socially isolated and alienated and disconnected from the normal relationships ordinary citizens have with their neighbors” (Pleace & Quilgars, 2013, p. 34). When a person is first housed, “the homeless person has limited practical and emotional support available to them. As concluded in several of the studies on Housing First, it was apparent that feelings of social isolation, social discomfort, alienation, and marginality are not uncommon among this population” (Bell & Walsh, 2015, 1977).

It appears that the Housing First program may have fallen short in providing avenues for social interaction. The lack of focus on social integration may be a detriment for the formerly homeless to retain housing and increase their self-sufficiency. The gap in literature highlighted that more information is needed on how those that are housed want to be socially integrated within the community. The results of this dissertation may provide additional information to the homeless industry on interventions that support

social integration and focus the future of addressing homelessness on aligning a person's social and housing needs together.

### **Why is Social Integration Important**

Social integration, as identified by Cruz and Saco, is critical to the overall well-being of individuals. People strive to become accepted and active member of a community to increase their sense of purpose and to take advantage of opportunities that social networks provide. This drive to develop membership with a community “reflects the existence of social cohesion, a strong institutional foundation, and a future of acceptance” (Cruz & Saco, 2008, p.1). If the need for socialization is a major driver that allows people to excel in life, then future studies could provide valuable information on how to increase the social integration of people who are housed.

### **Problem Statement**

The Housing First program was selected as the industry standard in 1992 to manage and eventually end homelessness. Over time, it became apparent that Housing First was not meeting the expectations of long-term housing retention and long-term sustainability. Various studies by industry experts concluded that the formerly homeless housed between 1 and 12 months experienced isolation and exclusion and many were returning to homelessness. Results of a study by Please and Quilgars (2013) began to highlight that the lack of focus on socialization within the Housing First approach, could be the cause for the declining housing retention rate. If the goal of placing the homeless immediately in housing was to mitigate the risk of returning to homelessness, it is



apparent that the current approach to ending and managing homelessness needs to be reevaluated (2013).

The studies of the Housing First program outcomes highlighted the gap in social psychology literature which identified that more information was needed to better understand how the formerly homeless want to be socially integrated after they are housed. The purpose of this dissertation was to address the gap in literature and understand from the perspective of those that had been housed between 24 and 60 months, what socially focused interventions would influence and increase their social integration into the community. The goal of this study is to increase social awareness on the value of both housing and social integration on long-term sustainability and provide guidance to the homeless practitioners on interventions that can improve the outcomes of Housing First.

### **Theoretical Framework**

I employed a qualitative approach for the dissertation study with a phenomenological design using Durkheim's social theory and McMillan and Chavis' psychological sense of community (PSOC) framework. The PSOC framework was used to analyze participants' perceived sense of community and identify what socially-focused interventions could influence their social integration within communities. The PSOC framework was used for this study because it has been validated by the social psychology profession as a predictor of social integration.

Durkheim's social theory was used to understand the influence of social integration on the formerly homeless. Durkheim (2013) said a community is not just streets and houses or people and employers, but rather a group of people who work together to collectively develop the culture that defines how they will operate within a set of values and norms.

The world is made up of many communities that are integrated in terms of membership and goals. Each community has the power to define and enforce rules. These rules set the tone for the culture and environment in which its members operate. Members have the power to enforce these rules and include or exclude members based on their behavior. When conflict arises, members can be disaffiliated from the group and then excluded from benefiting from opportunities that the societal network can provide. For people to remain members, they must choose to conform to the agreed upon rules.

McMillan's and Chavis' PSOC framework was based on Durkheim's social theory and has been validated by the social psychology profession as a predictor of social integration. The validation was performed by various industry experts, who used McMillan and Chavis' quantitative tools to measure the PSOC in their studies. The results of the studies by such experts as Nemiroff et al. (2011), confirmed that the PSOC framework was a valid predictor of behaviors associated with social integration. Nemiroff, et al (2011), concluded that those who felt a sense of community were attached to their community and felt a sense of belonging and membership. Those residents who felt connected to a community had a sense of rootedness and had long-term housing

retention. The study also confirmed the results of McMillan and Chavis that those with minimal sense of community felt no community attachment or sense of membership. These individuals had little interaction with the people in the community and had no desire to provide input on how the community operated.

The PSOC framework was used to design the qualitative instrument for interviewing the participants in the dissertation study. Because the framework is a valid predictor of social integration, the data gathered was used to determine if those housed between 24 and 60 months were experiencing socialization. In addition, the data gathered was used to identify what interventions the formerly homeless identify as needed to support their ongoing ability to socially integrate into the community.

### **Nature of the Study**

A qualitative phenomenological design was selected as the approach for this dissertation. According to Merriam and Sharan (2009), it is appropriate to use a qualitative approach when the nature of the research is to obtain information about a particular topic that reflects the target population's personal insight and experiences.

A qualitative tool was designed with a series of open-ended questions to gather personal insight from the formerly homeless study participants. Using a qualitative tool to incite dialogue about the issue followed Yin's suggestion that to study a current issue, a researcher needed to gather data from those who were experiencing the phenomenon (2009).

## Definitions

*Banishment:* Banishment is a form of urban exclusion enacted in communities that focus on the core principle of deterrence (Herbert & Beckett, 2010).

*Barriers to Housing:* Barriers to housing are adverse factors that keep people out of housing such as criminal record, cost, employment, and lack of formal personal identification (Jones, Shier, & Graham, 2013).

*Case Management:* Case management is the process a case manager uses to assess, arrange, coordinate, and monitor the delivery of individualized services to meet needs of program participants (HUD Exchange, 2012).

*Chronically Homeless:* A chronically homeless individual is a person who is homeless and lives in a place not meant for human habitation, safe haven, or emergency shelter (HUD Exchange, 2019).

*Community:* A community is a group of people who are connected by a common goal. Together, multiple communities make up an overarching society. A society may be made up of many communities and can extend geographically and include multiple cities and states. A community can exist in physical space or be virtual (Zani & Cicognani, 2012).

*Conformity:* When a person yields to group pressure and agrees to the values of the group in fear of being rejected or when a person has no information about values or norms and takes the position of the group so that they can be included (Deutsch & Gerrard, 1955).

*Continuum of Care (CoC) Organization:* CoC organizations are geographically-based groups of homeless practitioners who carry out planning responsibilities to support common goals for supporting the homeless and low-income populations. These organizations provide services to the homeless or represent the interests of the homeless or formerly homeless (HUD Exchange, 2012)

*Continuum of Care (CoC) Programs:* CoC programs are regional programs that are designed by homeless practitioners to promote targeted services to end homelessness and support those on the edge of homelessness. These services include rehousing homeless individuals and families, effective use of mainstream programs, and optimizing self-sufficiency among individuals and families experiencing homelessness (HUD Exchange, 2012).

*Covering:* In stigma management, covering is the process of deflecting attention away by making a physical or social attribute less obvious (Guittar & Rayburn, 2013).

*Domain:* A domain is a shared area of interest (Kaufman, 2009).

*Formerly Homeless:* A person who has experienced homelessness in the recent past but no longer meets the current definition of homeless or chronically homeless as identified according to HUD regulatory requirement 24 CFR Part 578 (HUD Exchange, 2019).

*Homeless:* A person/family who has moved two or more times during the 60 days immediately preceding the application for homeless prevention assistance, be living in the home of another, has been notified in writing that their right to occupy their current

housing or living institution would be terminated within 21 days, or lives in a hotel or motel (HUD Exchange, 2019).

*Housing First Program:* The Housing First program has been nationally recognized since 1992 as the primary intervention to end homelessness. The Housing First program is based on the concept of providing housing before treatments and/or services. The Housing First program has no prerequisites; therefore, everyone is considered ready (Tsemberis, 2010).

*Housing Retention:* Housing retention reflects the amount of time a person has remained consistently in housing. Housing retention is calculated from the date a person first entered housing to the last date they are in housing (HUD Exchange, 2012,).

*Housing Stability:* Housing stability is when a program participant who is homeless moves into housing where their basic needs may be supported for a short duration by a case manager. The duration of this support depends on funding. A person is considered housing stable when they can pay their rent on a timely basis from available economic resources (HUD Exchange, 2012).

*Ontological Security:* Ontological security is the feeling of wellbeing that arises from a sense of constancy in terms of one's social and material environment. This is ensured by having daily routines and privacy. This sense of security provides a platform for identifying development and self-actualization (Padgett, 2007).

*Opening Doors:* Opening Doors is the federal strategic plan to prevent and end homelessness that was designed by several federal agencies including USICH and HUD (USICH, 2015)

*Passing:* In stigma management, passing is the effort of individuals to control the sharing of information about themselves to pass as normal (Guittar & Rayburn, 2013).

*Pathways to Housing:* Pathways to Housing, designed by Tsemberis, was the precursor to the Housing First program. This program was based in the assumption that if people had secure housing, they would be positioned to move forward with activities that improved their overall wellbeing (Tsemberis, 2010).

*Permanent Housing:* Permanent housing is privately owned community-based housing without a designated length of stay. To be a permanent housing resident, the program participant must be the tenant on a lease for a term of at least 1 year, which is renewable under terms that are a minimum of one month long and are terminable only for cause (HUD Exchange, 2012).

*Permanent Supportive Housing (PSH):* Permanent Supportive Housing (PSH) is housing which includes specific supportive services and a case manager. This housing option is provided to assist homeless people and those with disabilities to assist them in transitioning to permanent housing. A person can remain in PSH for a designated timeframe. If a person leaves PSH, they are usually moved into independent living. For many with severe health issues, they may remain in PSH for an extended period of time. (HUD Exchange, 2012).

*Program Participant:* A program participant is an individual, including an unaccompanied youth or family who are being assisted by the CoC or receiving subsidized housing (HUD Exchange, 2012).

*Social Exclusion:* Social exclusion is a multidimensional process involving detaching groups and individuals from social relationships and institutions. Social exclusion prevents people from full participation in prescribed activities in communities in which they live (Singh, Prescod, & Radner, 2009).

*Social Inclusion:* Social inclusion is taking affirmative action to ensure that people do not feel left out of their community and decision-making processes. It involves creating entry points for vulnerable individuals and communities to participate in decision-making processes as equals in the social, economic, political, and cultural life of the community. All members have equal valued status (Singh, Prescod, & Radner, 2009).

*Social Integration:* Social integration involves six possible domains: housing, work social support, community participation, civic activity, and religious faith. When a person is socially integrated, they perceive a sense of membership; they have their personal needs met by their community, emotional connections with their neighbors and friends, and can express their opinions and influence change, in addition to having a sense of rootedness (Tsai et al., 2012).

*Social Norms:* Social norms are behaviors that are considered to be acceptable by a certain group. When people do not adhere to the socially acceptable behaviors, they can be excluded from the group (Herefeld, 2009).



*Stigma:* A stigma is any physical or social attribute that devalues an individual's identity and disqualifies them from full social acceptance (Kaufman, 2004).

*Transient:* A transient is someone untethered to a specific community. A transient usually has no membership ties and moves from place to place (Herbert & Beckett, 2010).

*Veterans Affairs Supporting Housing (VASH):* The VASH program is jointly operated by the Department of Veterans Affairs (DVA) and HUD. It is a program where qualified homeless veterans can receive housing through a Housing Choice Voucher if they agree to accept services including health services from the DVA ((Montgomery, Hill, Kane & Culhane, 2013).

### **Assumptions**

The research process begins with the insight, viewpoints, and experience that the researcher brings to the study (Creswell, 2013). By selecting a qualitative study approach, with a phenomenological approach, I implemented a level of reflexivity by documenting the various beliefs or assumptions of the study based on my knowledge of the subject and reviewed literature. Creswell contends that the assumptions and the underlying theoretical framework of the study assist in the interpretation of the gathered data from the participants perspective (2013). The assumptions for the study identified expected truths about the study topic as garnered from my real-world experience in the homeless arena.

I identified four key assumptions for this study: (a) the participants will provide honest answers to the questions that represent their own personal opinions and experiences, (b) the homeless deal with the loss of housing and from family, friends, and networks, (c) the formerly homeless who have been housed between 24 and 60 months will exhibit increased behaviors associated with social integration, and (d) Housing First has not produced outcomes that support increased social integration

### **Scope**

Studies of Housing First outcomes by various industry experts as Tsai et al. (2012), and Pleace and Quilgars (2013), highlighted the lack of socialization and the trend for some to return to homeless after they had been housed. These studies brought to light a gap in social psychology literature which identified the need to further understand how the formerly homeless want to be socially integrated after they are housed. By leveraging the theories by sociology experts Durkheim and Lewin, it has been accepted in the social psychology industry that people have an inherent need to socialize. Socializing provides a mechanism for feeling a sense of membership and satisfying a desire to be part of the group (Durkheim, 2014). By coupling housing with social integration, a person can develop rootedness in a community and develops a platform for increasing their self-sufficiency and improving their capacity for long-term housing sustainability.

The purpose of this dissertation was to address the gap in literature and understand from the perspective of those that had been housed between 24 and 60 months, what socially focused interventions influenced their sense of community and

what interventions could increase their current level of social integration into the community.

The target population for this study was 15 individuals in Texas who had been housed between 24 and 60 months since 2011 in a Housing First program with a section 8 voucher. The housing rate between 24 and 60 months was selected because of the assumption that they would have experienced higher levels of social integration over those between 3-12 months. Since many formerly homeless began to return to homelessness by 12 months, it was assumed that those who had made it to 24 months must have been experiencing higher levels of socialization. If this assumption were true, these participants could provide insight from their experiences on how socialization supported their integration into the community and what were the outcomes of increased socialization. In addition, they were better positioned to reflect on what additional interventions were needed to move them further towards self-sufficiency and support long-term sustainability.

### **Limitations**

A qualitative approach involves strategies for gathering data from study participants to understand how they think and feel about a topic and related personal experiences (Keegan, 2009). Because the qualitative process is contingent on both experiences of the researcher and data gathered from participants, the study must address potential limitations, in addition to data credibility and trustworthiness. Creswell identified that limitations on trustworthiness and credibility of data usually stem from the

data collection process or study population (2013). To mitigate these risks, the data collections process should include controls to highlight data credibility issues and researcher bias that could impact the trustworthiness of the results.

### **Data Collection Process**

The results of qualitative studies are sometimes questioned because of challenges involved with enforcing rigor during the data collection and analysis processes. To minimize the risk of these potential limitations, I used a consistent questionnaire, held phone interviews to increase data reliability, and managed potential data analysis bias by having casual dialogue with peers regarding emerging themes to address validity of analysis.

### **Limitations of the Study Population**

The target population for this study consisted of 15 formerly homeless individuals who had been housed via a Housing First program. All participants were housed using a Section 8 HCV for a period between 24 and 60 months.

A limitation of the study was that no specific demographic data was used to further qualify participants such as gender and age. I designed the study to be independent of limiting variables to further clarify, regardless of age or gender, if social integration does have a significant impact on the long-term success of those who are housed. It is recommended that future studies should be conducted on more targeted populations to understand if there are unique interventions that could be effective for

certain genders as well as age and family configurations. For example, future studies may specifically compare single women with children to single women without children.

### **Significance of the Study**

The results of the study have the potential to enhance current strategies for managing homelessness and make a significant contribution to the future of how homelessness is addressed. If social integration in concert with housing can improve the long-term housing sustainability of those who are housed, increased socialization may have the potential to reduce the number of people who leave their housing and return to homelessness.

Participants in the study shared that long-term housing retention, self-sufficiency, and housing sustainability and were predicated on various factors and not just the action of obtaining housing. Study participants indicated that developing a sense of community was important for two key reasons. First, a sense of membership provided access to meaningful opportunities within communities and social networks for building long-term relationships. Second, when a person feels engaged in the community, they feel rooted and develop long-term relationships.

A study by Johnstone, Parsell, Jetten, Dingle, & Walter corroborated the need for social interaction in their 2016 study. They concluded that building positive community connections may lead to increases in overall well-being, increases in sense of purpose, and supports the development of long-term relationships (2016).

### **Significance to Social Change**

Promoting social change was a key objective of the study. The study recognized that everyone has the right to access quality housing and the opportunities that result from community affiliation. The goal was to use the results gathered to move the formerly homeless one step closer to long-term housing sustainability and to bring social awareness to the homeless practitioners and federal, state, and local stakeholders on the value of social integration. Part of this awareness was the need to recognize that in addition to obtaining quality housing, the formerly homeless had a personal need to engage in community affiliation. This affiliation was needed to further develop their identity within the community and to develop important social networks.

Studies by Hardin and Willie (2017), and Aubry, Duhoux, Klodawsky, Ecker, & Hay (2016), concluded that social integration plays a pivotal role on the development of a person once they leave homelessness. They identified that there was an ongoing need for those who are housed to develop the social networks needed to obtain community and economic resources and progress forward in their own personal development.

### **Summary and Transition**

When a person becomes homeless, they become disaffiliated and detached from the communities where they used to live, work, and play. While homeless, they no longer operate within the norms and boundaries associated with an organized circle of support. After a homeless person is stigmatized and excluded for an extended period, there is a transition period to move from a life of homelessness to being accepted as a member of a

community. While on the street or in shelters, the homeless have developed relationships and social networks among their homeless peers. When they transition to housing, they are leaving behind those networks of friends and must begin to reestablish a circle of friends.

Homeless practitioners and communities need to recognize that the transition from homelessness to formerly homeless involves an adjustment period. Socialization with other community members along with quality housing can provide meaningful community engagement (Bell and Walsh, 2015). If the concept of quality housing and support for social integration can be addressed in terms of homeless strategies and incorporated into the Housing First program, the homeless practitioners may be able to reduce the number of people returning to homelessness after being housed. In addition, increased socialization should provide a reduction in participant isolation, and increase the person's overall well-being.

## Chapter 2: Literature Review

### **Introduction**

The purpose of this research is to understand from the perceptions of formerly homeless individuals how socially-focused interventions can influence the development of their sense of community and increase their social integration in communities. The feeling of a sense of community is a valid predictor of social integration and can lead to insights regarding social affiliations of those who have been housed.

In 1992, the Housing First approach to managing homelessness was introduced. The goal of the Housing First approach was to place people in housing with no prerequisites. Housing First replaced previous strategies which involved sheltering and transitional/permanent supportive housing for getting people ready for independent living.

Housing First may not have fulfilled expected outcomes that housing would lead to social integration. It appears that with the continued increase in homelessness, lack of social integration after being housed may be a barrier that decreases opportunities for a person to increase self-sufficiency, improve overall wellbeing, and develop personal relationships.

### **Literature Search Strategy**

The goal was to identify literature that would provide information regarding the relationship between social integration and homelessness and further clarify the gap in literature. To address both homelessness and social integration, I addressed historical

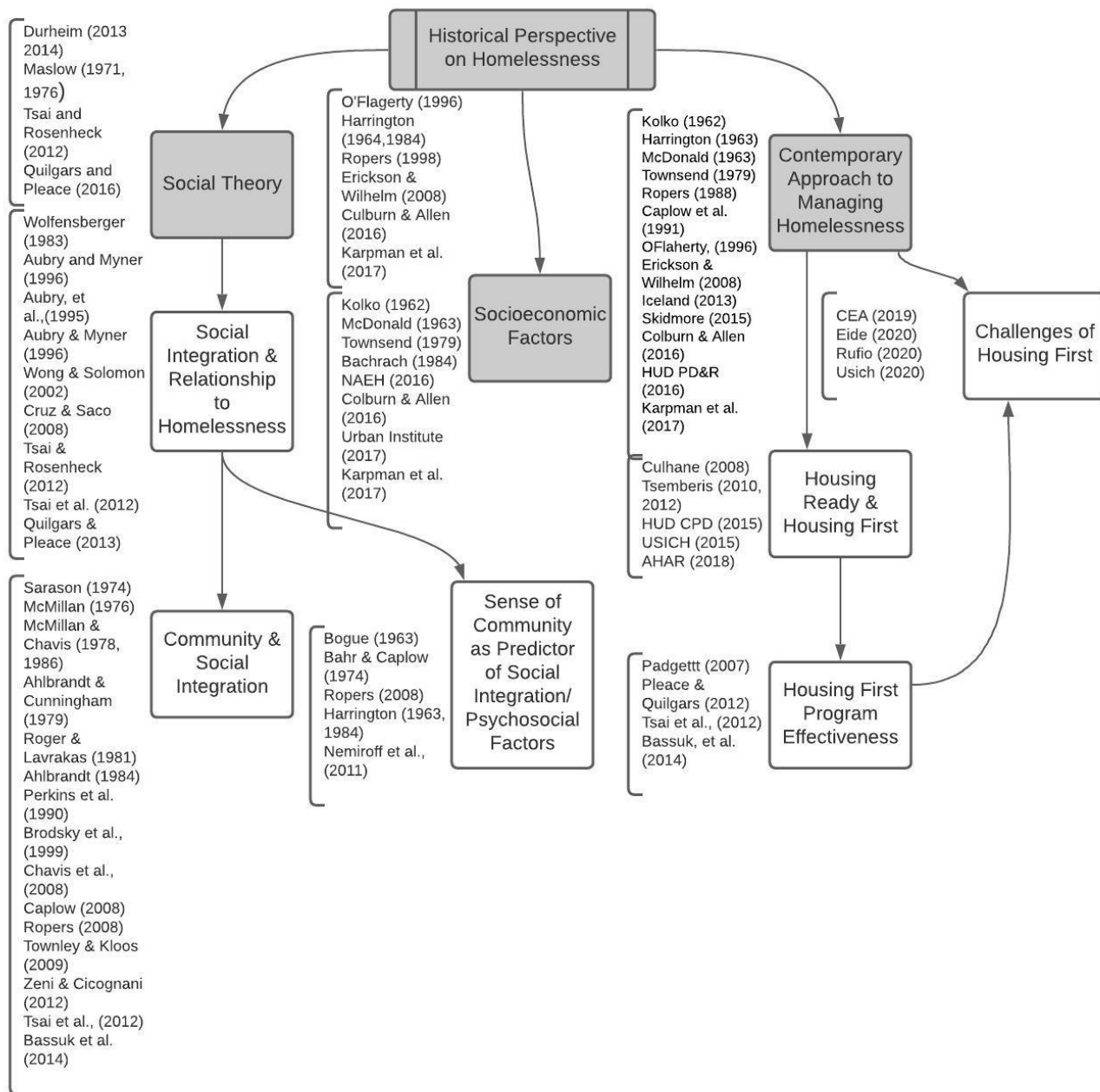


perspective on homelessness, social theory, socioeconomic factors, and contemporary approaches to managing homelessness.

Figure 1, Visual map of key literature categories and major works cited, visually represents how the literature was categorized and the key works that were cited. The historical perspective of homelessness served as the overarching search category. This primary category was broken down into three sub search categories: Social theory, socioeconomic factors, and contemporary approach to managing homelessness. The major works cited were identified under each subcategory. These categories provided a method for organizing the literature review and ensuring that the literature was read to support all facets of the dissertation topic.

**Figure 1**

*Visual Map of Key Research Categories and Major Works Cited*



### Search Engine

Key literature searches were performed through the Walden Library using the EBSCOHost delivery tool. For this dissertation, the following Walden Library databases were searched: ProQuest, Sage Journals, APA Psych Articles, Pub Med, and Soc INDEX. The following key search criteria were used to retrieve literature and books through the Walden Library: *Homelessness, Homeless People, Housing First, Housing First and Social Integration, Housing First and Housing Retention, Homelessness and Poverty, Cost of Homelessness, Social Integration, and Psychological Sense of community*. In addition to these key search terms, several ancillary terms were searched to provide additional background information for the dissertation: *Poverty, Social Exclusion, Social Inclusion, Rational Choice Theory, Rent Burden, and Community*. The results of the literature searches identified 117 articles and 33 books for review.

In addition, bibliographies from books and articles were reviewed for related literature, and Google searches were made to identify potential literature. In addition, searches were made via the internet on homeless non-profit agencies, and federal agencies. For the agency searches, the following primary search criteria was used: *Housing and Urban Development, United States Interagency Council on Homelessness, and National Alliance to End Homelessness*.

## **Literature Review Results**

### **Historical Perspectives of Homelessness**

In the 1970s, with the start of urban renewal in major cities across the United States, a new era of homelessness emerged. According to Erickson and Wilhelm (2008), over 22 million low-rent federally subsidized units disappeared. During the urban renewal cycle, thousands of dilapidated buildings were torn down and replaced with roads and housing for the middle class. In addition, between 1979 and 2013, the number of affordable housing units constructed dropped from 203,113 to 55,120 (Erickson & Wilhelm, 2008).

The construction of new single-family homes on land where low-rent units once stood were directed at the middle class. Without the availability of affordable housing, the low-income population was pushed out of the urban areas of New York City, San Francisco, and Los Angeles and into suburban cities. These suburban areas were located further away from local transportation and the availability of jobs. In New York City between 1970 and 1980, over 87% of the single room occupancy (SRO) units were demolished (Ropers, 1988).

The outcast individuals that did not leave the city, were doubled up with other family members, became homeless, or took up residence in low cost hotels. With the loss of SRO's, the homeless population in New York City between 1980 to 1984 increased from 1,400 to 3,285 (Ropers, 1988).

In place of the SRO's, new apartment complexes were built with increased rents. By 1983, about 22% of the renters were paying over 50% of their income towards rent (Erickson & Wilhelm, 2008). Those that were removed from their SRO's did not have the income to afford or maintain housing at this higher rate.

As rents increased in the 1980's, high rates of unemployment also contributed to the inability of people to afford the new rents. With plant closures in the mid 1980's, an additional 11 million people were left unemployed (Erickson and Wilhelm, 2008).

With the increasing unemployment rate and reduction in affordable housing, many were forced to move to the suburbs where jobs were limiting or inadvertently became homeless (Erickson and Wilhelm, 2008). When the recession hit in 2008, more people became unemployed adding to the growing homeless population. By the end of 2008, the poverty level in the United States was at an all-time high of almost 14% (Erickson and Wilhelm, 2008).

Another contributing factor to homelessness was the release of 433,722 mental patients from mental institutions between 1955 and 1982 (Ropers, 1988). The goal was to place the patients in mainstream housing so they could be integrated back into the community. While some integrated back into the community, many became homeless and wandered the streets. The homeless population with severed mental illness continues to increase. In 2020, it was estimated that about 39% of the current homeless population experience severe mental health problems (CEA, 2020).

In 2009, then President Obama asked the United States Interagency Council on Homelessness (USICH) to partner with several federal agencies, including Housing and Urban Development (HUD), to create a strategy for ending homelessness. The national plan, *Opening Doors* USICH (2015), perpetuated the concept of homelessness as the lack of housing, but further clarified the definition of homeless (HUDCPD, 2016,) and set timeframes for absence of housing to qualify when a person could be considered homeless. The plan was updated in 2015 to extend the timeframe till 2020 for managing and ending homeless for Veteran's and families with children (USICH, 2015)

Since the implementation of *Opening Doors*, USICH (2015), there was an overall decline in certain categories of homelessness. As an example, the number of people living on the streets and in unsheltered situations, began to grow in 2017 (HUDCPD, 2017).

In 2016, a major study was conducted by Housing and Urban Development (HUD), Office of Policy, Development and Research (PD&R) to examine the status of formerly homeless housed families and individuals. This study, titled the *Family Options Study*, (Gubits, Shinn & Wood, 2016), tracked 2,200 families and individuals for a period of 3 years. The purpose was to determine the effectiveness of housing as the primary homeless intervention by evaluating increases in income and overall well-being. The families were selected from 12 communities across the United States: Alameda, CA., Atlanta, GA., Baltimore, MA., Boston, MA., Denver, CO., Honolulu, HI., Kansas City, MO., Louisville, KY., Minneapolis, MN., New Haven, CT., Phoenix, AZ., and Salt Lake

City, UT. The data collected over a three-year period, illustrated that, even though the average retention rate was about 83%, 577 of those housed were still experiencing episodes of homelessness and economic hardships and had no substantial increases in income.

Gubits et al. (2016) said that those housed were experiencing housing stability, but they were not in a sustainable situation. Many of the participants were still experiencing homeless episodes and their income had not significantly changed over a three-year period. Based on the presence of both homeless episodes and lack of escalating income to keep up with financial needs, it was concluded that the overall well-being of those housed for three years had not improved nor had they increased their long-term housing sustainability.

### **Socioeconomic Factors**

Today, 48 million people live in poverty in the United States and over “6.6 million people experience a rent burden of over 50%” (NAEH, 2016, p.3). When a person pays over 30% of their income on rent, the money available for other necessities such as food, clothing and transportation is limited. This situation causes undue stress, and it is hard for families to manage on a daily and weekly basis. To make ends meet each month, a person must prioritize what to pay which may result in less money for food, clothing, and shelter.

Karpman et al. (2017) interviewed 7,588 low-income individuals in the U.S. to determine how many material hardships they experienced in a 12-month period that

impacted their ability to fulfil their basic needs. A material hardship equates to an instance where a person cannot afford to pay a bill or afford a necessity such as food. The study data concluded that in a 12-month period about 35% percent of the individuals in the study experienced a single hardship such as not being able to pay rent and about 24% experienced multiple hardships in a 12 month period such as not begin able to pay rent and a car payment (Karpman et al., 2017). One of the negative consequences of poverty is not being able to have the funds available to afford the basic necessities such as food, clothing, and shelter.

The U.S. Department of Health and Human Services calculates the poverty guidelines that determines eligibility for programs, such as food stamps and subsidized housing. The thresholds for poverty are calculated annually by the Census Bureau to determine how many people are in poverty and to track the trend over time. For those that live below the U.S. Census Bureau's threshold for poverty, it is assumed that they do not have the money to support their basic needs of food, shelter, and clothing (Coburn & Allen, 2016).

The long-term impact of poverty on Americans, was first magnified as a national problem in literature in the early 1960s by political activist Michael Harrington. From 1962 until his death in 1989, Michael Harrington wrote about the history of poverty and future implications of homelessness. He said that those in poverty, especially the homeless, were the "invisible population" (Harrington, 1963, p. 2). He described this group of people as invisible because they were living in a culture that was separate from



the higher affluent classes of society and no one noticed that they were suffering in their societal class. Harrington's opinion was that the homeless were without the benefits of their previous social networks and were at a disadvantage to reclaim their previous lifestyle. The longer they remained homeless, the harder it was to escape this lifestyle and start over again.

Harrington's book called *The Other America, Poverty in the United States*, was first published in 1963 and was followed by his second book *The New American Poverty* in 1984; both were touted as classic works on poverty. Decades later, Harrington's viewpoint was still a "significant influence over the direction of social welfare" (Harrington, 1963, p. ix). As part of his study, Harrington interviewed those at the lowest levels of poverty, the homeless in New York City, and observed that they were not just without a home or a job, but they were also disaffiliated and isolated from society.

Harrington witnessed that the homeless were at a disadvantage, and without a home, they had no connection to the community (Harrington, 1984). Without a home, the opportunities that came with engaging with peers through social networks were removed. As he watched people he knew die, he realized that even those who had found a room to rent died alone and in isolation, far removed from mainstream life that was just steps away. Many of the homeless were indeed living in a world that did not intersect with the rest of society nor the communities in which they interacted daily.

Harrington (1963, 1984), Kolko (1962), Macdonald (1963), and Townsend (1979) each identified how loss of income and family impacted continued membership within a

community. When a person's income falls below a socially accepted level, they can become excluded from the membership and social networks. Those whose income did not meet socially accepted levels suffered "a loss of the sense of right, of self-respect and the honor which arises out of one's own activity and work" (Harrington, 1984, p. 76). Harrington (1963, 1984), Macdonald (1963), and Townsend (1979) all identified a relationship between declining income and social exclusion. Harrington (1963, 1984), Bachrach (1984), Macdonald (1963) and Townsend (1979) concluded that homelessness was not the loss of housing and income, but included the disaffiliation from friends, family, and social networks.

Bachrach's (1984) research corroborated Harrington's (1963,1984) observation that homelessness is multidimensional and includes disaffiliation and social isolation in addition to lack of housing. Bachrach's (1984) and Harrington's (1963,1984) observations moved the concept of homelessness forward by recognizing the need for building social relationships once they are housed.

In a study by Bell and Walsh in 2015, they interviewed homeless men in shelters and identified the process they engaged in when they left for independent living. The majority of men felt isolated and lonely once they were housed and would return to the shelter frequently to associate with their homeless friends. It was difficult for them to build the new social networks they needed to obtain the financial resources to pay rent, pay bills and buy food. Bell and Walsh (2015) concluded that the transition to housing was challenging for the formerly homeless. They lacked the social networks that can

assist in the ability to integrate into the community. With the stigma of homelessness weighing over them, they felt isolated and excluded from mainstream society.

The homeless develop networks while they are in shelter and on the streets. These networks assist them on such activities as where to get meals and where to sleep for the night. As observed by Aubry et al (2016), as the homeless person transitions to independent living, their needs change dramatically and now they need community support to obtain economic resources for housing, food, and clothing.

### **Understanding Social Theory**

The concept of social theory and social integration are attributed to Durkheim and was documented in two major literary works: *The Division of Labor in Society*, first published in 1893 (Durkheim, 2014) and *The Rules of Sociological Method*, first published in 1895 (Durkheim, 2013). Durkheim's social theory was used as a theoretical foundation to explore the relationship of social integration to long-term self-sufficiency, rootedness, and housing sustainability.

Durkheim was considered a functional sociologist whose theory of socialization was based on harmony and cohesion. Those that followed the rules of the group were considered members, and subsequently worked hard to retain this status.

Social integration can be defined as "social interactions by community members who take on social roles and develop social networks" (Tsai & Rosenheck, 2012, p. 457). Social integration was initially conceptualized through the theory of social class by Durkheim in 1893 (Durkheim, 2013, 2014). Durkheim identified social integration as the

connection between individuals and social institutions and believed that society exerted a powerful force on individuals through social norms, beliefs, and values.

Continuing in the Durkheim perspective, a community is represented by a collection of social norms, beliefs and values and is shared among an identifiable group of people. This shared community platform is accepted by the collective group and allows the group to work together for the common goal, or as Durkheim says, in harmony. It also allows communities to work with other communities to work towards an even higher goal. Durkheim refers to this concept as the collective consciousness that binds individuals together and creates affiliation, inclusion, and exclusion. The theory of sociology therefore defines the behavioral need to belong and be accepted as a member of a community to achieve/fulfill their goals.

Social theorists such as Durkheim (2013, 2014), concluded that social integration is critical to the human spirit and to the development of functional members of a community. Durkheim, who is considered the father of social theory, correlated the achievement of self-actualization to social integration in two revolutionary documents: *The Division of Labor*, and *The Rules of Sociological Method*. Durkheim (2013, 2014) described social integration as the action that provides the opportunities which allows a person to achieve their goals. Social integration allows a formerly homeless person engage with people in the community and become a member where they can work and play and contribute to their community (Quilgars & Pleace, 2016).

Durkheim (2013, 2014) believed that self-actualization was achieved when a person satisfied their needs by being part of a group. Durkheim (2013, 2014) asserted that society exerts a powerful force that drives a person's desire to become a member of a group and receive the same opportunities as other members. This desire to be a part of the group, encourages a person to conform to the rules that are defined by the group. It is this need to belong and be accepted as a member that keeps a person striving for acceptance by the group. With acceptance, a person achieves a sense of rootedness, a sense of belonging, and an increase in self-worth.

The psychological need for developing a sense of belonging, is also reflected in Maslow's (1971, 1976) hierarchy of needs. In Maslow's (1971) *Theory of Motivation*, Maslow, a psychologist, identified the four levels of needs that must be achieved before a person can achieve their full potential. These needs begin with the basic need for food, water, shelter, and safety and extends to our highest need, which is to find a sense of belonging and meaning. As people fulfill these levels of needs, a person comes to a place where they are, as Maslow refers to it, self-actualized. Self-actualization occurs when a person has achieved their defined goals.

Maslow's psychological theory broke new ground in 1943 and laid the foundation for other theories on socialization. One of Maslow's assumptions was that people needed human interaction to survive. It was the socialization with people that provided the drive to grow and achieve one's goals. But this growth could not occur until a person felt secure in their basic needs, such as having food, clothes, and shelter. Without having

achieved these basic needs, a person's self-esteem and self-worth are not developed enough to be able to engage in the social interaction, such as employment and community activities, which are necessary to move towards goal achievement.

Maslow (1971, 1976) also discussed the importance of community in developing a person's feeling of belongingness and rootedness. He concluded that people who are moving towards a level of self-worth and self-respect are secure in their actions and have fewer feelings of isolation, insecurity, unworthiness, and inferiority. Maslow's theory had at its core, the assumption that humans have an inner drive to be successful but could only be successful once they were confident that their lowest level needs were achieved.

**Social Integration.** The definition of social integration from a sociological, or interactional perspective, was further developed by Wolfensberger and Thomas (1983) and Aubry and Myner (1996). Aubry and Myner (1996) concluded that the concept of social integration had three dimensions: Psychological, physical, and social. The first perception represented how humans perceive their physical self within our community. A person answers a personal question on how they fit into the neighborhood: are they included or excluded? The second perception was the physical dimension of living within a community, i.e., having a house, talking with neighbors, walking to the grocery store, children at the bus stop, paying bills, and sitting outside on the front porch. The third, that Aubry and Myner (1996) felt was the most important, was the social dimension.

Aubry and Myner (1996) defined the social dimension as the interaction within the community where social networks and relationships were built. This interaction built

the long-term relationships that engaged people within a community and made them feel rooted. Aubry and Myner (1996) concluded that the socialization piece increased not only a person's well-being, but also provided cohesion and harmony.

Aubry and Myner's (1996) research of homeless people with severe mental illness who were living in communities with non-marginalized residents, utilized an expanded version of the social integration scale by Glynn (1981). The study measured social interaction by documenting social activities with neighbors, such as going to social outings, receiving a ride, or taking care of a neighbor's house. The study confirmed that even though the marginalized residents were physically present in the community, they had no contact with other people in the community. They remained isolated and were excluded from social networks.

Aubry and Myner (1996) identified from their study that social interaction was critical for fulfilling a person's need to communicate with people and become a member of a group. Their research recognized the gap in the social psychology literature that highlighted the need to further understand how the homeless who are housed want to be socially integrated and what support they need to develop new social networks.

The results of the study by Aubry and Myner (1996), were corroborated in studies by Wong and Solomon (2002), Tsai and Rosenheck (2012), Tsai et al. (2012), and Pleace and Quilgars (2013). These additional studies evaluated the well-being of the formerly homeless who were housed and concluded that housing alone was not enough to develop self-sufficiency, social integration or improve the participant's overall well-being.

A study by Cruz and Saco (2008) provided insight into the value of social integration. Social integration, as identified by Cruz and Saco, “reflects the existence of social cohesion, a strong institutional foundation and a future of acceptance” (Cruz & Saco, 2008, p. 1). If social cohesion was an environmental factor that promoted community inclusion, then providing people housing in communities where they were excluded and isolated is equivalent to being marooned on an island in the middle of a community.

Cruz and Saco (2008) questioned the value of providing housing without consideration for social integration. Their study recommended that those housed needed to develop social networks in order to access services and support from the community.

**Social Integration and Relationship to Homelessness.** Bahr and Caplow (1974) implied that a critical relationship existed between social integration and homelessness. Bahr and Caplow (1974) wrote that once a person can no longer adhere to the norms of the community, they become excluded and experience disaffiliation from family and friends. Once people were cut off from the community, they potentially experienced short-term or long-term episodes of homelessness.

Burgess and Bogue (1964) and Bahr and Caplow (1974) also wrote about the consequences of social exclusion and community alienation from the community. Because of “economic and social trends that force a person into a state of homelessness, the person experiences a level of disaffiliation” (Caplow, 2008, p.55). When disaffiliated,



a person becomes “detached from mainstream social roles, institutions, and structure” (Caplow, 2008, p. 55).

Bahr and Caplow (1974) concluded that disaffiliation occurs when a person loses their job, their housing, and contact with their family and friends. Without being tethered to a community, a person felt alienated and remained isolated and unable to coexist within society. These findings supported the ongoing argument that housing alone, without a focus on reaffiliation, increased the risk of a person returning to homelessness.

According to Ropers (2008), this social disaffiliation can be associated with any of three different paths. The first path is associated with external changes, such as an economic recession and political trends that reduce jobs and social programs. The second path is associated with disaffiliation from membership. When membership is revoked because of loss of non-adherence to identified norms, their role in society changes (Ropers, 2008). When the homeless, as an example, engage in such activities as panhandling, criminal activity, and abuse of drugs/alcohol, they are deviating from accepted social norms and carry the stigma of homelessness. The third path is associated with homeless transients who do not belong anywhere (Bahr & Caplow, 1974). Those who suffer from severe mental illness are unable to operate even in the homeless culture and frequently wander from city to city. This group is considered the most vulnerable because they may not have the capacity to help themselves and need community interventions to support them for the long-term.

According to Ropers (2008), as a person becomes socially disaffiliated and displaced over time, they become, what Ropers called, the invisible homeless and, what Harrington (1963, 1984) called, the Other America. Ropers felt that as homeless people sit on the sidelines, they become observers and lose hope, and are not prepared for how to become socially integrated into the community.

The relationship of social integration and the culture of homelessness was also studied by Nemiroff et al. (2011). Nemiroff et al. (2011) identified that the homeless developed a comfort with street life that increased as the time spent in homelessness increased. Nemiroff et al. stated that one of the reasons it is hard for the homeless to integrate back into society is their comfort and acceptance of the homeless culture. While homeless, people identify with the behaviors that are considered the norms, such as panhandling, living in camps, and accepting substance abuse issues. Nemiroff, et al. concluded that after a person has been associated with negative behaviors, a person has to make a rational choice to change their behaviors to those that conform with the community where they are going live. As people move into housing, homeless providers must be aware of the adjustment period needed to socially integrate into the community, develop new social networks, and adhere to accepted social norms.

The study by Nemiroff et al. (2011), stated that “as an individual becomes further entrenched in homelessness, they might experience increased difficulty in achieving a sense of belonging or in socially integrating into a new community” (Nemiroff et al., 2011, p. 1006). Aubry and Myner concurred that while a person is trying to figure out

how to be accepted within the community, they feel lonely and isolated from where they live, and retreat from “interactions with community members and for receiving support from social networks” (Aubry & Myner, 1996, p. 22).

Research on the relationship of social integration to homelessness by Tsai et al., (2012), Pleace and Quilgars (2013), Aubry and Myner (1996), and Wong and Soloman (2002), recognized that additional research needed to occur to better understand how the formerly homeless wanted to be socially integrated into the community. As concluded by Pleace and Quilgars (2013), it cannot be implied that housing alone will promote social integration for those who have “become socially isolated and alienated and disconnected from the normal relationships ordinary citizens have with their neighbors, the wider community” (Pleace & Quilgars, 2013, p. 34).

Pleace and Quilgars (2013) concluded that without experiencing common day to day activities such as working, taking the children to school, and going to the gym, the homeless are removed from these critical socialization experiences that reduce loneliness, exclusion, and depression. Most studies, including those by Pleace and Quilgars (2013), Tsai et al. (2012), and Myers and Aubrey (1996), documented that those that were housed even at 12 months, felt lonely and isolated and had little social interaction with non-homeless people. The analysis by Pleace and Quilgars (2013) also implied the importance of all community interaction, including employment, to increase long-term sustainability of the formerly homeless. These conclusions support the gap in literature that more information is needed on the social needs of the formerly homeless.

Community and Social Integration. In 1986, McMillan (1976) and McMillan and Chavis (1986) developed a framework for understanding social integration based on one's perception of their sense of community. The framework analyzed a person's integration within a community by understanding a person's sense of membership, needs fulfillment, emotional connection, and influence.

McMillan and Chavis (1986) concluded that people who had a strong sense of community manifested certain characteristics of social integration. Some of these characteristics were a sense of rootedness to their community, they had a sense of caring about their neighbors and the community and exhibited fewer episodes of feeling isolated and excluded. In addition, people who had a connection with their community felt a sense of belonging, felt that people listened to them, and felt that the community supported their needs.

In contrast, people who interacted with non-inclusionary communities did not feel a sense of community. These people had little social interaction with others, felt isolated and disaffiliated from other community members, and had lower housing retention rates.

Research by Ahlbrandt and Cunningham (1979) and Ahlbrandt (1984) confirmed the importance of the community in the lives of its residents. They studied the community of Philadelphia and the neighborhoods within its boundaries. This effort spanned a 10-year period in which they interviewed over 5,000 residents to determine various aspects of social integration. Their project identified community as a body of

individuals who were brought together with common interests. This community encompassed many smaller communities, identified as neighborhoods.

The strong sense of community manifested itself in the long-term housing retention rates of its members. Most of the members felt a commitment to the neighborhood where they lived and had lived there for many years. They had developed a strong sense of belonging and were not interested in leaving. People who are rooted where they live or rooted in their job, show a feeling of membership, feel settled, and feel a sense of ownership.

Studies by Chavis and McMillin (1986), Chavis, Lee, and Acosta (2008), and others, have validated that a person's strong sense of community (PSOC) is a valid predictor of positive behaviors associated with social integration. The PSOC framework has been recognized by the clinical psychology profession as a valid method for predicting such behaviors as increased long-term housing retention, increased community participation, increased self-sufficiency, and increased sense of belonging.

**PSOC Dimension 1: Membership.** When a person feels that they are a member of a group, they feel a sense of belonging and tend to have greater participation in group activities. They usually feel less isolated because they are developing a circle of friends and achieving common goals. This sense of belonging develops a rootedness in the environment, leading to increased residency and increased length of employment. When people feel rooted, they feel they belong and have an increase in their self-esteem and value.

PSOC Dimension 2: Emotional Connection. Emotional connection is defined as a bond based on shared circumstances. For instance, veterans may have an emotional connection with other veterans as they share common military experience that builds a sense of comradery. Long-term friendships are associated with personal networks that a person uses to assist in solving personal issues.

PSOC Dimension 3: Personal Needs Fulfilment. Social integration provides the opportunities for individuals to achieve personal needs through community inclusion and social connections. Research results by Ahlbrandt (1984) and Ahlbrandt and Cunningham (1979) documented that community support was “important to a person’s social and psychological well-being” (Ahlbrandt, 1984, p. 16). Ahlbrandt concluded that community membership provides access to services and networks that are needed by its members (Ahlbrandt, 1984).

Opportunities obtained by social engagement may be employment, a training program, and/or legal support to expunge a record. An apartment community, for example, can provide free internet access that allows a person to search for jobs, keep current on news, and pay bills online. An employer, on the other hand, can support self-sufficiency through on-the-job training, apprenticeships, internships, and full-time positions that increase income and self-sufficiency. The aging population who lives in an elderly/disabled community may find that living with people their own age provides a network of people who can not only relate to their age-appropriate issues but can provide guidance from their own experience.

PSOC Dimension 4: Community Influence. Community influence represents a person's desire to participate in community issues such as defining and implementing the rules and norms that must be followed by the members. The desire to influence is a socially binding concept that indicates a drive to contribute to the community. As an example, a person can influence an apartment complex by attending resident meetings to provide feedback on unit maintenance and safety issues. At work, a person can provide recommendations on improving the work environment, such as addressing safety concerns. Influencing one's environment allows a person to become vested and rooted in their community. When a person feels that their opinion counts, they feel a part of the community.

#### Sense of Community as Predictor of Social Integration/Psychosocial Factors.

Glynn in 1981 continued to study the emotional aspect of social integration that was identified by Riger and Lavrakas (1981). Glynn (1981) enhanced the PSCO scale designed by McMillan and Chavis (1986) to study if those with high residency rates had a high sense of community. Glynn's (1981) study validated McMillan and Chavis' PSOC framework and concurred that a high sense of community correlated to a person who was attached to the community where they lived, felt rooted, and had developed relationships with the other members.

In 1986, McMillan and Chavis presented a conceptualization of social integration through a community framework that analyzed a person's perceived psychological sense of community (PSOC). The framework was based on Durkheim's social constructs that

people have an inner drive to become part of the community. McMillan and Chavis (1986) identified that people are part of many communities. These communities are any grouping of people such as a neighborhood, a school, the workplace, and an apartment complex.

The Psychological Sense of Community (PSOC) has been validated by various industry experts, such as Glynn (1981), as a valid predictor of social integration. By understanding one's perceived PSOC, it can be determined how well they have been reaffiliated with a community and if they are experiencing social integration.

Sarason (1974) and Townley and Kloos (2009) both conducted studies on the importance of community. The results of these studies documented that people who do not have a sense of community lack social networks, friends, and have lower housing retention rates in a single location.

Ahlbrandt and Cunningham (1979) brought forward another predictor of a strong sense of community. The residents who were found to be more committed to the neighborhood participated in community activities. Ahlbrandt and Cunningham (1979) described this phenomenon as the social fabric of the community. Communities contained many groups of people which built the social fabric, or culture of the community. People with strong social interactions with their neighbors not only had a strong sense of membership but felt included and cared for by the other members.

Riger and Lavrakas (1981), found similar results while analyzing the sense of community among members. They stated that those respondents who were more



emotionally integrated into the community where they lived, had high housing retention, and enjoyed where they lived.

Studies by Perkins, Florin, Richard, Wandersman, & Chavis, (1990) and Townley and Kloos (2009), and Nemiroff et al. (2011) concluded that a stronger sense of community can be a predictor of higher housing retention rates and social integration. They concluded that higher retention rates were associated with frequent interactions with their neighbors and had higher levels of community involvement (Nemiroff et al., 2011).

Further research by Brodsky, O'Campo and Aronson, (1999) documented the negative impact of a low psychological sense of community (PSOC). In Brodsky's et al. study, families in low-income neighborhoods were interviewed to determine if the negative consequences of low-income neighborhoods had a negative effect on their sense of community (1999). It was assumed that poor communities would not have the ability to provide adequate services to its members, and that the community itself would have a low PSOC. For the members of the low-income community, it was assumed that community characteristics, such as crime and weak community system, would cause members to withdraw from the community and have a low sense of community.

The research by Brodsky, et al., (1999) validated the assumption that low-income communities had a low PSOC which was attributed to their unhealthy stigma, inadequate housing, and lack of community services. The study results identified an interesting contrast found between those members with a strong PSOC and those with a low PSOC

(Brodsky et al., 1999). Those residents with a low PSOC had little interest in engaging with their neighbors and stayed isolated in their apartments. They did not interact with other tenants and did not feel that they had a high quality of life (Brodsky et al., 1999).

On the other hand, residents with a high PSOC were committed to the community and felt a strong commitment to make the neighborhood safe for their children and head a higher sense of overall well-being. These residents were dedicated to improving the neighborhood and changing the membership to reflect people who were interested in making the community a better place to live.

In addition, the results by Brodsky et al. (1999) illustrated the value of social integration and membership and the inherent capacity of people to come together when they had shared goals and values. Brodsky et al. (1999) also concluded that those with a low sense of community, did not feel part of the community, disliked where they lived and had a low quality of life.

The level of cohesion that a person feels with the community is what Durkheim felt was the key to building inclusionary communities. The need for social inclusion supported Durkheim's (2013) theory that being a part of a community increased a person's sense of belonging and was critical in developing self-esteem, a sense of purpose, and improving their overall well-being. By developing social networks, people improved their sense of community, engaged in opportunities that were provided and increased their level of self-sufficiency.

Zani and Cicognani (2012) in their research, utilized the PSOC to measure the perceived sense of community in the workplace. They defined a “workplace community as a geographic locality and is a formal and informal network of individuals who share a common association” (Zani and Cicognani, 2012, p. 1). Their study concluded that the workplace community has a major impact on the well-being of a person and carries into their overall perception of quality of life. The workplace provided an environment for developing social networks, building self-esteem, and increasing a person’s economic resources.

The workplace study by Zeni and Cicognani in 2012 illustrated the impact that the work environment has on a person’s quality of life and their sense of community. Zeni and Cicognani felt that working provided a need social environment for people that increased self-esteem, gave people a sense of worth and purpose and exposed them to a variety of networks which is associated with making friends and developing long-term relationships. The study concluded that “workers with a high sense of community felt that their needs were met, and they experienced a high quality of life” (Zeni & Cicognani, 2012, p. 1). When a person feels participatory, they take ownership and work harder to achieve a sense of accomplishment and enjoy where they work.

### **Contemporary Approaches to Managing Homelessness**

Housing Ready to Housing First. The homeless strategy prior to 1992, was to get the participants housing ready. The first phase was to move people from uninhabitable living situations to shelters. Shelters became the first entry point for the homeless where

their immediate needs were evaluated. They would use the shelter for sleeping at night and during the day could work with case workers to address immediate personal needs. The shelter acted as a resources center where people could obtain assistance in obtaining their birth certificate and register for subsidized income. In addition, many of the shelters provided certain healthcare options such as dental care and mental illness support. The shelter was a way to get initial services to those who were living on the street and begin to prepare them for housing.

After being in a shelter, participants would move into either transitional housing or permanent supportive housing. Transitional housing programs “provide people experiencing homelessness with a place to stay combined with supportive services for up to 24 months” (HUDCPD, 2018, p. 2). This experience provided an imbedded social network for those who were experiencing common issues such as substance abuse and lack of income. The length of stay for transitional housing lasted at least 24 months or until the participants became stable.

Transitional housing provided a structured community with a set of rules that each member had to commit to follow. Transitional housing provided an inclusive community option for those that were transitioning from the streets to housing. As part of conforming to the rules, each member would be expected to increase their income, participate in substance abuse programs if necessary, and take an active role in running the house. As an example, each member would cook, clean, and be accountable for the overall running of each house. Members in transitional housing developed a high sense of community

and resolved many of their personal problems in this structured environment. The quality of life and overall well-being was improved in transitional housing. One of the issues with transitional housing was in identifying a point of departure to independent living. Many in transitional housing did not want to move to an apartment and enjoyed the group home environment.

The third approach was to place people permanently into permanent supportive housing (PSH) or short-term as a precursor to independent living. With this approach, a case manager and voluntary services were associated with the person and the housing unit. These services were not mandatory but available to address some of the longer-term issues. For those with short term needs, the process allowed a person to begin living on their own and to work with a case manager before they moved into independent housing (HUDCPD, 2019).

Whether long-term or short-term, PSH provided an interim path for people to get their life in order before they moved to independent living. For some people though, PSH may be their ideal living solution. For the homeless population with severe mental illness, PSH was a viable option until they could manage in independent living.

The approach of housing readiness was considered by Tsemberis (2012) as outdated, limiting, and expensive. Tsemberis (2010) documented that it was hard to determine when a person who was moving in and out of shelters or transitional house was housing ready. Those in transitional housing enjoyed the supportive group housing environment and some improved their employment, health and over all well-being.

Many did not see the benefit of moving to independent living.

As the cost to keep the homeless in shelters and transitional housing continued to increase, Tsemberis (2010) engaged in various studies to determine if it was more cost effective to move the homeless immediately into independent housing and permanent supportive housing rather than keeping them in shelters and transitional housing. A study in Philadelphia by Tsemberis (2010) of homeless men in New York City, showed that two-thirds of the people who remained in shelters of transitional housing between two to three years, eventually returned to homelessness rather than move on to independent living. Tsemberis (2010) concluded that housing readiness was not realistic and that if the homeless was given the opportunity to make a choice, they would choose to stay in an environment that was managed for them vs. independent living. For this reason, Tsemberis felt that a person should be put immediately into independent living so that they were be forced to take control of their life and make their own decisions. This radical move would allow them to address their barriers over time, and at their own discretion.

A study by Culhane in 2008, evaluated the cost of homelessness by estimating the cost of services that a homeless person might use during the year. Culhane concluded that “calculating or imputing the costs of these various service utilization patterns can educate the public regarding the economic impact of homelessness on society and can inform policymakers about the potential comparative efficiency of alternative approaches to the problem” (Culhane, 2008, p. 1).

Culhane (2008) utilized long-term data that was available in New York City and Philadelphia to come up with a model for identifying service use patterns by calculating the annual costs for housing and services. His goal was to highlight the estimated annual cost for a homeless person on the street and in shelters, and the annual cost for a person who has obtained independent housing. With this cost extrapolation, he projected the extra burden that homelessness puts on the services in a community such as the police, hospitals, fire, and shelters.

Culhane's study estimated that a "housed person's annual cost was between \$6,000 and \$8,000 per year, while a sheltered person's cost per year averaged about \$13,000" (Culhane, 2008, p. 101). These estimates did not include additional services such as medical treatment as it was hard to identify the total costs per person based on their medical condition and their movement in and out of hospitals.

Culhane's study was successful in promoting social awareness on the real cost of homelessness and the burden being felt by local stakeholders. Culhane concluded that the ongoing cost to address homelessness through shelters could be used to support more effective and efficient homeless strategies. Culhane implied that "researchers needed to help identify the excess resources being consumed and the most effective and efficient housing alternatives" (Culhane, 2008, p. 111.).

Tsemberis (2010, 2012) agreed with Culhane's (2008) conclusion that resources should be used towards more effective homeless interventions. As a result of his work with homeless individuals, many with both mental health and substance abuse issues,

Tsemberis believed that each person should be accountable for resolving their health issues. Tsemberis stated that homeless providers had a hard time defining the boundaries for housing readiness, and, therefore, participants infrequently left the designation of housing ready.

The goal to move homeless into housing, was addressed by Tsemberis (2010) with a program called Housing First. Tsemberis (2010) concluded that the homeless usually had more than two critical issues, such as substance abuse and mental illness and that it could take years to address these issues. Therefore, it was more cost effective to move people directly into housing and let them decide how to manage their health issues.

Tsemberis' Housing First program was based on his belief that housing everyone has a right to safe housing and it was not our right to pick and choose who went into housing (2010). Tsemberis (2010) believed that, until people had shelter, they could not move past their current level of issues. Tsemberis (2010) said that when housing is provided, it signifies hope and respect.

Tsemberis (2010) believed that moving the homeless into housing immediately would provide a positive return on investment in comparison to the cost of moving people in and out of shelters. He equated the previous process of moving the homeless around between various institutions as a revolving door, that allowed people to travel in a perpetual costly path. Tsemberis recommended the use of PSH as viable option before independent living for those with chronic mental health issues. The use of immediate support and PSH would address their initial needs in housing and ensure their housing



stability. For those with issues that could be resolved with direct case management, PSH would be a stepping-stone to independent living.

The Housing First program was accepted as a viable new solution to address homelessness in 1992. The program was grounded on the overarching philosophy that the homeless everyone was housing ready and deserved the opportunity to be placed into housing, no matter what their situation (HUDCPD, 2015).

In 2015, *Opening Doors*, the national strategic plan to end homelessness, was written through a collaboration with several agencies, including the U.S. Department of Housing and Urban Development (HUD) and the United States Interagency Council on Homelessness (USICH). The strategy called for the implementation of Housing First as the accepted intervention to end homelessness (USICH, 2015).

The national plan, *Opening Doors*, was centered on the belief that “no one should experience homelessness, no one should be without a safe, stable place to call home” (USICH, 2015, p. 1). *Opening Doors*, (USICH, 2015), identified the progression of providing nationally recognized homeless interventions that could be implemented through service providers. *Opening Doors* (USICH,2015) recommended that the Housing First program be implemented as the primary intervention to move people from the streets and shelters out of homelessness.

To facilitate the implementation of the Housing First program, organizations called Continuum of Care (CoC) apply annually to the U.S. Department of Housing and Urban Development (HUD). HUD is one of the primary stakeholders in ending

homelessness and receives an annual federal appropriation of about \$3 billion annually. This appropriation is allocated by HUD to the Continuum of Care (COC) entities around the United States through an annual competitive funding process. This funding is used by non-profits to support several key homeless interventions: permanent supportive housing, permanent supportive services, and rapid re-housing. The goal of these appropriations was to support the U.S. goal of ending and managing homelessness.

Housing First Program Effectiveness. Since the early 1990s, homelessness has been defined as the lack of permanent housing (HUDCPD, 2019) and addressed through the socioeconomic intervention of providing housing through a program called Housing First. As housing retention rates in the Housing First program began to drop, industry experts such as Please and Quilgars (2013), Tsai et al. (2012), Bassuk et al. (2014), and Eide (2019), performed studies to evaluate the outcomes of Housing First.

Industry experts as Padgett (2007), Tsai et al. (2012), and Bassuk et al. (2014) documented common results such as the decline in housing retention when formerly homeless people reached a housed period of about 12 months. In addition, they concluded that the participants at 12 months of housing were experiencing minimal community affiliation and had increased levels of isolation and exclusion. The studies by Tsai et al. (2010), Padgett (2007) Tsai and Rosenheck (2012) and Bassuk et al. (2014) also concluded that those housed individuals were feeling isolated, had little community engagement, and were overwhelmed by financial and health issues. In addition, many

were dealing with health and substance abuse issues as these programs were optional and not a requirement for being in Housing First.

Bassuk et al. (2014) stated that although the strategy of Housing First to place people in housing seemed like a logical solution, studies concluded that Housing First focused on housing stability and not the overall well-being of the person, self-sufficiency, or long-term housing sustainability. Padgett (2007) and Bassuk et al. (2014), documented that as many as 24% of those housed at 12 months were returning to homelessness and had experienced little community affiliation.

Padgett's (2007) study of 39 homeless people analyzed that assistance was needed to move people from ontological security, a feeling of safety, to long-term self-sufficiency. Padgett concurred that housing provided the homeless a starting point for their future but recognized that to move from housing to self-sufficiency to housing sustainability, required a level of social integration. Padgett's research also illustrated that for a person to move to the next phase, they needed to develop social support networks that allowed them to achieve their long-term goals (2007).

Padgett stated that, as a person headed toward self-sufficiency, their psychological needs changed. Instead of deciding where to get their hot meal, they would be deciding how to cook their hot meal. This transition from homelessness required interaction with the community and the development of relationships that could help them make the transition. Padgett (2007) believed that those who were provided housing did initially develop a sense of security and relief, known as ontological security, but this type of

security did not last as many were not able to develop the skills and capacity needed to move forward towards self-sufficiency. Without community support to assist them in the transition, many returned to homelessness.

Padgett (2007) recognized the need for the community to understand their responsibility in supporting the person's movement from feeling safe in housing to the next phase of developing self-sufficiency. Padgett's (2007) stated that the Housing First program was successful at helping a homeless person obtain housing and become housing stable. The deficiency in the Housing First program was the lack of support after a person was housed and the lack of focus on social integration and community affiliation. Housing stability only establishes a stable and secure platform for moving people off the streets and into a safe environment; it does not guarantee that people have the tools and capacity to move forward and sustain housing.

In Tsai's et al. (2012) study, 550 formerly chronically homeless adults with mental illness were interviewed. The underlying premise for this study was to evaluate the effectiveness of housing before services and determine if the participants were socially integrated into the community. The target group was interviewed "on six domains of social integration: Housing, work, social support, community participation, civic athletic, and religious faith" (Tsai et al., 2012, p. 427). The purpose of the study was to measure increases in the social integration of the interview population between 6 and 12 months after being housed.

The results from the study documented little increase in social integration of the formerly homeless after they had been housed for 12 months. The results found “a small increase in community participation, civic activity and religious faith and no significant improvement in work or social support” (Tsai et al., 2012, p. 452). Tsai et al. stated that the formerly homeless felt very lonely and had experienced little social integration. The domains of work, social support, community participation, civic activity and religious activity had not increased within the last 12 months.

The results of the Tsai et al. (2012) study documented that after clients were housed, additional interventions were necessary to support social integration. Tsai et al. concurred with others that additional information was needed on how those housed wanted to be socially integrated into the community.

Bassuk’s et al. (2014) research included the review of six different research projects where housing was the primary intervention for the homeless. The analysis concluded that even though each family was no longer homeless, they were not residentially stable. Bassuk et al. (2014) concluded that the formerly homeless placed in PSH were struggling and had little support. Even though their housing and services were subsidized, they were overwhelmed with financial bills they were accountable for. At least 30% of those interviewed had paid their rent late, had outstanding electrical bills, and were facing eviction from the program (Bassuk, et al., 2014)

Bassuk et al. (2014) also determined from analyzing the various Housing First programs, that the implementation of housing before services was in its infancy and

additional longitudinal data was needed to determine “factors that affect patterns and (the) predictor of stability and well-being of parents and children over time” (Bassuk et al., 2014, p. 472).

Based on the study results, Bassuk et al. (2014) posed a fundamental question to other industry experts; “does homelessness represent the lack of a house, (i.e., bricks and mortar) or does homelessness also represent disconnection from supportive relationships, opportunities and participation in community life?” (Bassuk et al., 2014, p. 472). Bassuk et al. (2014) concluded, as did Tsai et al. (2012) and Padgett (2012), that “although families were no longer homeless and had housing, there were no strides towards ensuring long-term sustainability. Without people working and engaging in the community, their ability to become self-sufficient limited” (Bassuk et al., 2014).

Bassuk et al. recommended that further evaluation was needed on policies to ensure that everyone can remain housed and mitigate the risk of returning to homelessness (2014). Bassuk et al. (2014) reinforced the need, as highlighted in the gap in social psychology literature, to further understand how those that are housed want to be socially integrated into the community. Analyzing the need for social integration could move the Housing First focus on housing stability to outcomes related to well-being and social integration, and housing sustainability (Eide, 2019).

Challenges of Housing First. In 2019, the federal government’s Council of Economic Advisors (CEA) published a report on the state of homelessness in the United States. The document was the precursor report to the Opening Doors Plan that was

released in 2010 and amended in 2015. The CEA (2019) report provided recommendations on the outcomes that were needed to address homelessness in the 21<sup>st</sup> century. The report was predicated on the increase in homelessness, both sheltered and non-sheltered, especially in the large cities of Los Angeles, Boston, Washington, D.C., and New York. The report documented the evolution of homelessness and the need to address the now socially acceptable encampment living situation. The homeless are no longer living under bridges; they are living in tent encampments in public spaces across the U.S.

The CEA (2019) report identified several areas that were contributing to the increase in homelessness, several of which have caused controversy for the homeless practitioners who are steadfast on the results that can be achieved by Housing First. Many of these challenges have been addressed by industry experts who have studied the lack of outcomes in Housing First, such as Tsai et al. (2012), Padgett (2012), and Bassuk et al. (2014).

The CEA (2019) report specified five areas that were contributing to the increase in homelessness: (1) high cost of housing and lack of quality, affordable housing, (2) the acceptance of living on the streets in tent encampments, (3) the increase in quality shelters including the right-to-shelter, (4) the psychosocial issues of substance abuse and severed mental health issues, and (5) the socioeconomic issue of a living wage that could increase the economic resources of those who were able to work. The report concluded that

these factors needed to be addressed through policy changes at the federal, state, and local levels in order to improve the current homeless strategies.

The first area of concern was the availability and cost of quality housing and the inability of people to afford rent. One of the key strategies would be to analyze the “overregulation of housing markets, which raises homelessness by increasing the price of rent.” (CEA, 2019, p.1). If there was a reduction in rents and an increase in quality, affordable housing, it was predicted by CEA that “homelessness in the United States would fall by 13 percent” (CEA, 2019, p. 1).

The second area of concern was the social acceptance of sleeping on the street that has resulted in huge encampments in major cities. The increase in social acceptability of encampments has been a deterrent for engaging people in self-help services, moving them into shelters and encouraging participation in Housing First (CEA, 2019). The Council of Economic Advisor’s (CEA, 2019) report concluded that studies needed to be procured to evaluate strategies for ending encampments. As more and more cities deal with this issue, many are considering the option to make camping in a public area a criminal offense. The CEA stated that criminalizing homelessness is not the answer to solving the root problem and that research was needed to understand the effect of criminalizing homelessness (CEA, 2019). As the number of acceptable on-street encampments increases, the opportunity to move people off the streets into some form of independent living, becomes harder over time (CEA, 2019).



The third area of concern was the increase in the current development of quality shelters and the right to shelter policy that provides a legal right to shelter in New York City, the State of Massachusetts, and the District of Columbia. The availability of quality shelters has been shown to increase the cost of homelessness as shown in studies by Culhane (2007) and Tsemberis (2012). Tsemberis (2012) identified that people moving in and out of shelters not only costs more, but also provide little incentive for moving to independent living. The CEA concluded that the current trends for dealing with the homeless population are not addressing the issue on how to end homelessness for some and manage homelessness for others.

The last area of concern was the prevalence of “individuals with severe mental illness, substance abuse problems, a history of incarceration, low income, and weak social ties” (CEA, 2019, p. 23). The Housing First philosophy requires that participants “do not face requirements as a condition of retaining housing even after they have been stabilized.” (CEA, 2019, p. 23). The report discussed the need to recognize that recovery program for addressing chronic substance abuse and mental health can have a positive impact on housing sustainability and self-sufficiency. The report also recommended that the value proposition for mandating recovery programs and mental health services be evaluated and correlated to a higher potential for success in housing.

The CEA (2019) report emphasized the need for approaching the concept of self-sufficiency and long-term housing sustainability. For those who can work, the psychosocial benefits of working and interacting with people leads to not only self-

sufficiency, but an increase in self-worth (CEA, 2019). The report indicated that the Housing First approach has not met expectations on increasing social integration and housing sustainability. If people are to remain in housing and have the desire to head towards self-sufficiency, long-term sustainability for the formerly homeless will remain out of our reach.

Skeptics of Housing First and Housing First studies by Padgett (2007), Tsai et al. (2012), and Bassuk et al. (2014) have been struggling with the current focus of Housing First. The Housing First program identified success as counting those housed and not on the outcomes of increased self-sufficiency and long-term housing retention.

Rufo (2020), a visiting fellow on Domestic Policy at the Heritage Foundation, expressed a recommendation for influencing success. Rufo (2020) recommended that socially focused interventions are needed for success. To contribute to the success of each person leaving homelessness, interventions should include “treatment-based programs that demonstrate improvements in substance abuse, mental health, and physical health outcomes and programs that demonstrate an increase in employment, earned income, and financial independence” (Rufo, 2020, p. 2).

Eide (2020), a senior fellow at the Manhattan Institute, published a report on Housing First that included similar observation by Rufo (2020) and the CEA (2019). When Housing First was introduced, “it was associated with providing permanent supportive housing for the chronically homeless” (Eide, 2020, p. 1). Eide’s stated that Housing First “has evolved to take on a systemwide orientation, applicable to the entire

homeless population” (Eide, 2020, p. 15). The expectation that all homeless interventions should follow the Housing First philosophy of no program requirements may not be realistic. This concept of program requirements should be considering for shelters, transitional housing, permanent supporting housing, section 8 voucher program and newly constructed affordable housing units.

Eide’s (2020) stated that the focus on housing retention without engaging a person in health programs and community integration, is technically a housing only program. In essence, Housing First has become a method for harm reduction as it moves people out of homelessness to housing stability. Eide (2020) recommends a refocus of Housing First is needed to include “the use of work requirements, as well as drug testing, program-participation requirements, and adherence to treatment regimens.” (Eide, 2020, p. 18).

The United States Interagency Council on Homelessness (USICH, 2020) responded to the federal administration comments with a revised plan in 2020 to define a new recommended approach to managing and addressing homelessness. USICH agreed that “despite significant increases in funding and beds, overall homelessness has been increasing in the United States” (USICH, 2020, p. 1). USICH’s new plan was to address the increase in homelessness by increasing “the effectiveness of federal, state and local resources to address the root causes of homelessness (e.g., substance use disorders, mental health issues, domestic violence, trauma and stress related disorders, economic family factors, etc.)” (USICH, 2020, p. 1).

The new plan was entitled, *Expanding the Toolbox: The Whole-of-Government Response to Homelessness*. The focus of the new USICH (2020) strategic plan was to provide a toolbox for the homeless practitioner's that was flexible and effective and measured outcomes vs. processes. In summary, the plan concluded that "Housing First should be considered as one tool in the toolbox, but not the only tool in the toolbox. Other approaches have promise. Prioritizing Housing First as the entire toolbox subordinates and disregards other approaches" (USICH, 2020, p. 11).

### **Summary and Conclusions**

The issue of homelessness had been addressed by multiple noteworthy experts in the homeless industry and recently addressed by the federal administration and several key non-profits. A common trend among contemporary literature and notable experts, was that the current strategies to manage homelessness in the United States were not comprehensive enough to address all factors that encouraged a formerly homeless person to not only increase housing sustainability, but to obtain self-sufficiency and improve their overall well-being.

The literature and findings from a multitude of studies continued to encourage leaders to expand the pool of knowledge on what contributed to and enabled a homeless person to become housed, remain in housing, and successfully integrate into society.

Bassuk et al. (2014) said the formerly homeless that were given housing, "seemed to resemble a low-income family struggling in the community to makes ends meet but continuing to teeter on the edge of homelessness" (Bassuk et al., 2014, p. 471). In

addition, even though the individuals studied were no longer labeled as homeless, they were not increasing their capacity to sustain housing. Therefore, it was recommended that future policies address community affiliation to support both housing retention and the goal of self-sufficiency. In addition, the Housing First program needs to focus on the psychosocial needs of a person. Without a focus on social integration and a concern for well-being, and sustainability, many are at risk of returning to homelessness.

By recognizing the role of social integration, targeted social and economic policies can be developed that build the capacity of a person once they are housed (CEA, 2019), (Eide, 2020). With this direction, decision makers in the homeless industry, including elected officials at the federal, state, and local level, can implement policies that impact people positively and improve opportunities for those less fortunate within communities across the United States.

## Chapter 3: Research Method

### **Introduction**

The research design is the framework for how the study was formulated and executed, as well as how data were collected and analyzed. For this study, the qualitative approach was selected as the best option to answer the research question.

The quantitative approach is used to research a hypothesis which is a “clearly articulated statement about the expected relationship between a set of variables” (Urban & Van Eeden-Moorfield, 2018, p. 10). Results of quantitative studies tend to be numerical.

Previous studies on the impact of social integration on participants in a Housing First program by industry experts, such as Tsai et al. (2012) and Pleace and Quilgars (2016), were executed using a quantitative approach. These studies surveyed participants about the presence of certain attributes that indicated the presence of social integration. Such indicators as going to the library, talking with a neighbor, going to the grocery store, and voting, were some of the common indicators that were considered predictors of social integration and were used to determine if the Housing First participants were engaging in the community. Many of the industry experts concluded that the Housing First participants were not engaged in the community, experienced financial issues, felt isolated, anxious, and unsure of their future.

The gap in literature highlighted the need to further clarify the impact of social integration on formerly homeless adults and address from their perspectives how social

engagement could be increased. There is a gap in literature involving social integration according to the perspectives of the formerly homeless and how they want to be socially integrated into communities. To address the gap in literature and understand the need for social integration from the perspective of those housed, it was appropriate to use a qualitative design for this study.

### **Research Design and Rationale**

The qualitative approach is best used to “explore questions such as what, why, and how, rather than how many or how much” (Keegan, 2018, p. 11). The goal of this dissertation was to understand from the perspectives of the formerly housed what interventions could influence their social integration by developing their sense of community. Because the focus of the study was to learn and listen about participant perspectives, a qualitative design was appropriate. In addition, I addressed the gap in literature by listening to the study participants and understanding how those have been housed for a significant period of time, wanted to be socially integrated into community.

A qualitative approach from a phenomenological perspective was selected from the various inquiry strategies for this study. Phenomenology was established by German philosopher Husserl. Creswell (2009) states that phenomenology should be used to understand from the perspective of a person, their opinion on a topic that they have experienced. Because the purpose of this dissertation is to understand how the formerly homeless want to be integrated into the community, a phenomenological, qualitative study is appropriate.

To complement the qualitative approach, a series of open-ended questions were used to interview participants. The results of the study were used to identify gaps in social policies where a new focus is needed to support the needs of those who are housed and their successful integration into communities.

The study design and approach were grounded in Durkheim's social theory and McMillan and Chavis' PSOC framework. The following primary research question was used for the study:

*RQ1:* How do socially-focused interventions influence a person's sense of community and support the social integration of the formerly homeless into the community.

The primary question was further divided into four sub-questions to reflect the four domains in the PSOC Framework.

*RQ1.1:* What purpose does a sense of membership in one's community play in fostering successful integration of the formerly homeless individuals into their community and what are the supporting interventions.

*RQ1.2:* What purpose does the fulfillment of personal needs within one's community play in fostering successful integration of housed, formerly homeless individuals into their community and what are the supporting interventions.

*RQ1.3:* What purpose does influence in one's community play in fostering successful integration of housed, formerly homeless individuals into their community and what are the supporting interventions.



RQ1.4: What role does an emotional connection with one's community play in fostering successful integration of housed, formerly homeless individuals into their community and what are the supporting interventions.

### **Role of the Researcher**

The researcher had a critical role in collecting trustworthy data from the participants. The relationship that the researcher developed with participants was critical to the integrity of data collected. According to Urban and Van Eeden-Moorefield (2018), the researcher must be able to develop a "sense of rapport and trust" (p. 54) so participants feel comfortable sharing their honest feelings in a nonjudgmental environment.

The data collection process for the study included phone interviews with 15 formerly homeless individuals. Because I was a subject area expert in the homeless sector, I was able to provide a level of empathy with participants, allowing them to know their successes and needs were important.

To support a consistent and unbiased process, the phone interviews were performed by one interviewer, the author. By having phone interviews, the participants could feel more at ease talking because they were in their house and not having to meet face to face. When people are interviewed in a face-to-face situation, the interviewee answers can be swayed by the body language of the interviewer. Because interviewees may feel intimidated, placing them in their own known environment, the potential for honest answers could be increased.

## **Participant Selection**

The participant sample was chosen from a population of formerly homeless individuals who had been housed between 24 and 60 months in Texas with the support of a local non-profit. Purposeful sampling was used to select the sample size of 15 candidates from the target population of 725 who had been housed in the Housing First program between 24 and 60 months through a section 8 voucher.

The purposeful sampling technique is a research industry standard sampling technique and was used to identify the candidates for the study. Purposeful sampling is an accepted technique in qualitative sociological studies when “the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned” (Merriam & Sharan, 2009, p. 77).

The purposeful sampling technique was valid for this study because of the ability to “select from specific characteristics of interest” (Urban & Van Eeden-Moorefield, 2018, p. 75). The study was based on four requirements; participants had to be formerly homeless, were housed between 24 and 60 months, were in a Housing First program and qualified for a Section 8 voucher. Because each of the possible participants in the sample were treated equally, the purposeful sampling was the appropriate choice for selecting the participants from a clearly defined group.

## **Data Collection**

The data collection process defined how the data would be collected during the study. The first step in the process was to set the scope of the data. The scope of the study

was to interview 15 formerly homeless individuals in the Housing First program who had been housed between 24 and 60 months on a section 8 voucher.

The second step was to select the participants through a sampling technique. There are various techniques available, but the method of purposeful sampling was selected as the best approach. This sampling technique “is most useful when the researcher knows a lot about the population of interest and is considered one of the most common and strongest strategies” (Urban & Van Eeden-Moorefield, 2018, p. 75). Table 1 documents the overall population.

**Table 1**

*Potential Target Population 2002-2018*

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Total Days Homeless	1,435,245
Average Days Homeless	962
MONTHS HOUSED	NUMBER
< 24 months	544
24-60 months	724
>60 months	235
TOTALS	1504

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*Note.* Data for homeless population from a local nonprofit in Texas.

The third step was to decide on a data collection instrument. For qualitative studies, data is usually collected through “unstructured or semi-structured observations

and/or interviews” (Creswell, 2009, p. 178). The interview instrument for the dissertation contained open-ended questions that was based on the four domains of McMillan and Chavis’ (1968) psychological sense of community framework (PSOC). Because the PSOC framework was validated by the social behavioral experts as a predictor of social integration, it was used to evaluate the participants perception of their sense of community and to identify if they were exhibiting behaviors associated with social integration. Through data analysis and the emergence of themes, socially focused interventions evolved that could influence their perceived sense of community and lead them towards long-term self-sufficiency, overall well-being, and housing sustainability.

The phone interview was selected as the mechanism for holding the participant interviews. This mechanism provided a safe environment where the researcher had less of an opportunity to influence the answers by body language or to make any facial gestures that could connote negative judgement.

The PSOC Survey Tool that was used can be found in Appendix A. The only personal data that was collected by the author was the name and phone number. This data remained confidential during the study and was not disclosed or included in the final study report. The data sheets from each interview were tracked by a unique control number, P1-15, so that certain elements, such as name, and phone number could not be correlated to any specific person in the study. The data sheets were destroyed after the study was completed.

At the beginning of each interview, each person was asked to verbally confirm that they agreed to the interview and agreed to be tape recorded. The comments and date of the interview were documented on the Participant Consent Form.

The data collection protocol consisted of two discrete processes: Candidate Identification and Interviews. The first step, candidate identification, identified the population for the study. The potential interview candidates were selected from a list provided by a non-profit in Texas. The second step was to contact potential participants and hold the interviews. Potential candidates were contacted by phone and informed about the purpose of the study, their role and time commitment. If the participant agreed to participate, the interview time/date would be agreed upon or the interview would be conducted immediately.

To provide consistency during the data collection process, several controls were put in place. The first was that a consistent PSOC survey tool was developed and used. This tool was used during each interview and can be used to replicate the study in the future. In addition, I was the only interviewer that added another level of consistency to the process. The interviews were held over a 60 day period to ensure that the data collection was completed in a timely manner. To document the answers of the participants, each interview was recorded, and I documented the answers on paper to support.

## **Data Analysis**

Data analysis was the task to “create meaning, and structure and provide conclusions and recommendations, and highlight the implications for the client” (Keegan, 2009, p. 209). Miles and Huberman (1994) “suggested that there should be three concurrent flows of action: Data reduction, data display, and conclusion” (Miles & Huberman, 1994, p. 10). This provided the basis for the data analysis process used that also included Creswell’s (2008) recommends steps: data organization, data coding, definition of emerging themes, interpretation of themes and conclusion. The data analysis process was an iterative process and was supported by using the NVivo12 tool. The NVivo12 tool assisted in automating the coding process.

The first step in the process was to review the transcripts and refine the text. As the results were reviewed, I highlighted key phrases and compiled a high-level list of codes and associated each with the main categories of membership, needs fulfilment, influence, and emotional attachment.

The NVivo12 tool was used as the primary data reduction tool. The categories and codes were entered into the NVivo12 tool as a beginning point for the iterative coding process. Each of the transcripts was imported into the NVivo12 tool and given a unique file number so that the data in the study would only be referenced as P1-15.

During the second step, each file was brought up within the tool and key text phrases were highlighted and linked to a category and code. As new codes or subcodes were identified, they were entered in the appropriate location within the tool. The coding

process was iterative and begin with 38 codes related to the four categories in the PSOC framework: membership, fulfilment of personal needs, influence, and emotional connection. Of the 38 total codes, eight were parent codes with 26 sub codes. This iteration evolved into the second draft framework which was revised to seven categories, 16 parent codes, and eight emerging themes. The final code book contained four categories, nine final codes, three emerging themes, and three categories of interventions.

### **Issues of Trustworthiness**

The concept of general trustworthiness refers to the “extent to which findings can be trusted as accurate representations of the data and the lives, cultures, and contexts from which they come” (Urban & Van Eeden-Moorefield, 2018, p. 119). The concepts of credibility, transferability, dependability, and confirmability are four strategies to help demonstrate that the data is trustworthy.

### **Credibility**

Credibility defines the “extent to which findings represent the reality of participant’s experiences and perceptions” (Urban & Van Eeden-Moorefield, 2008, p. 120). A qualitative approach was selected for this study to solicit from the participants their opinions and experiences while being housed. By interviewing the participants and asking open-ended questions, the data collection process was non-threatening and allowed the participants to provide honest answers about their personal experiences. In addition, the researcher was focused on hearing their opinions and recommendations on how to increase their sense of community.

**Transferability**

Transferability refers to the “extent to which findings from one study can apply to other populations” (Urban & Van Eeden-Moorefield, 2018, p. 120). The results of the study can be applied to all formerly homeless who are exiting homelessness and those on the verge of entering homelessness, regardless of demographic data. The results of the study defined critical interventions that support reaffiliation from the time a person is housed throughout the entire housing lifecycle. The concept of sense of community, as validated by Durkheim, is based on our own natural need to socialize, regardless of social status. In addition, the qualitative tool can be applied to those who are on the verge of homelessness, as those candidates are also in need of community affiliation to develop community support to support their personal needs.

**Dependability**

Dependability refers to the “extent of consistency related to the findings” (Urban & Van Eeden-Moorefield, 2018, p. 121). Part of dependability is to ensure that homeless practitioners would find the results credible. The data I obtained was analyzed to find common themes and trends that were reduced to critical interventions and policy recommendations. As part of the outreach to the homeless practitioners, I have presented the dissertation topic and results to industry meetings and homeless practitioners to gain concurrence on the rationale for the study and the applicability of the results. I have also developed informal relationships with non-profits on how to enhance their Housing First program.



### **Confirmability**

Confirmability is the “extent to which the researcher was aware of, monitored, and ensured that biases did not influence the research process and findings” (Urban & Van Eeden-Moorefield, 2018, p. 121). I have worked in the homeless arena for many years. To ensure that any bias was minimized, several steps were implemented during the data collection and data analysis process to ensure confirmability. The first was that the interviews were held on the phone so that I did not visually influence the answers of the participants. The second was that the PSOC survey tool used open-ended questions to solicit honest and open answers from the experiences of the participants. The third was that I did not know any of the participants and therefore, did not have any preconceived notion of the answers that should be provided.

### **Ethical Issues**

The data collection process has been handled with utmost respect for the privacy of the participants and the plan was submitted to the International Review Board (IRB) for approval. The data collection process was approved on September 5, 2019, IRB # 09-06-0193299, that allowed for the data collection process to begin.

The data collection process was ethically managed during the interview process, and the data was stored on a secure laptop. The study did not gather large amounts of “personal identification information (PII) except for name and phone number. Upon completion of the study, each person was referenced with a “P” for participant followed by a unique numerical number and the final forms were destroyed. The names of the

participants or their location was not revealed in the study so that there could be no correlation as to where they lived or threat of them losing their subsidized voucher. The agency that provided the data was referenced as a local non-profit in Texas.

### **Summary**

The purpose of this qualitative study was to explore, from the perception of formerly homeless individuals, how socially focused interventions could influence a person's sense of community and support the social integration into the community. The data gathered was analyzed to understand what interventions could mitigate the socioeconomic and psychosocial barriers that limited their social integration, could increase their housing stability, and improve the Housing First program.

The PSOC framework developed by McMillan and Chavis was used to understand the presence of social integration in the participants. The community where one lives is used as a vehicle for developing long-term relationships and gaining access to opportunities such as employment. According to Nemiroff et al (2011), "housing allows one to perform the normal activities of living, for example, work and family life; thus, homelessness entails not only a loss of housing, but also disaffiliation from the community" (p. 1004). By increasing social integration in conjunction with appropriate housing, people may have a greater opportunity to increase their self-sufficiency and overall wellbeing and mitigate their risk of returning to homelessness.

## Chapter 4: Results

### **Background**

This study captured the PSOC of each participant and documents from their perspective what socially focused interventions can increase their PSOC and influence their social integration into community. This qualitative phenomenological study was used collected data from 15 participants who had been housed through a Housing First program for a period between 24 and 60 months. Based on data analysis and emerging themes, I concluded that each of the participants had a low sense of community. This low sense of community was manifested in such behaviors as isolation and limited social affiliation with the community. Their sense of community appeared to be impacted by the type of housing they lived in and various socioeconomic and psychosocial barriers. These barriers, such as lack of quality housing, had a negative impact on their desire to connect with people within the community and therefore had not developed a sense of purpose, emotional attachment, or sense of membership.

Participants discussed that housing retention was partially achieved because of their conformity with rules and interactions with their respective landlords and not because of lack of social affiliation. Their ability to be housed between 24 to 60 months was due to the choice they made to adhere to the rules of the landlord so they could remain housed and not return to homelessness. Their need to socialize, thought was impaired by the lack of quality housing. Without quality housing, the participants were

unable to find common ground among the tenants and therefore did not feel a member of the community where they lived.

As the data was collected, various socially-focused interventions were derived from emerging themes, highlighting a need for more supportive environments and quality housing. A supportive environment leads to more inclusive communities where the formerly homeless are encouraged to become members or focus on self-sufficiency. And quality housing was identified as the platform for engaging with community members. It was quality housing that was referenced as the key to social integration.

### **Data Collection Process**

To develop the participant sample for the study, a local non-profit in Texas provided a list of potential candidates who were formerly homeless individuals, were currently housed through the Housing First program and had qualified for a Section 8 voucher. Upon receipt of the list, duplicate names were removed and time housed was calculated for each person. Time housed was calculated by using the date housed and an end date of 9/1/19 to calculate which potential candidates had been housed for a period between 24 and 60 months. This led to a final list of 530 potential participants. Because there were no additional demographic requirements such as gender or age, each person was considered a potential interview candidate.

### **Recruitment Approach**

To select interview candidates from the potential participant list, a random number generator was used. To use the random number generator, a total population of

530 was entered, and the software program returned random numbers. Persons on the list who correlated with numbers were contacted.

Once a potential candidate was reached, the consent form/survey tool was used as the basis for the initial dialogue. For each candidate, I discussed the purpose of the study, gained consent for participation, and discussed the important outputs that could be obtained from the study.

Each of the 15 candidates reached by phone were enthusiastic about participating and quickly consented to participate in the study. All participants were excited to talk about their experiences regarding being housed and their dreams for the future. I have worked on the homeless issue for many years and was able to achieve a friendly rapport with each participant.

Each interview lasted about one hour. Sometimes, participants went off topic. This was acceptable because the purpose of each interview was to learn as much as possible about their housing experiences. Many were lonely and excited to talk about their current life. Each participant spoke freely, and their answers led to common codes, themes, and patterns. Common themes which emerged included value of housing, need for quality housing, lack of engaging environment, and addressing self-sufficiency.

### **Participant Demographics**

The sample size for this study was 15 formerly homeless people who had been housed through the Housing First program for a period between 24 and 60 months using Section 8 vouchers in Texas. The only personal data captured for each participant was

their name and phone number. I purposely did not ask for their address or name of the complex where they lived. During interviews, each participant was associated with a P for participant and a number of 1-15. This eliminated the need to track their interview results by their name. When participants are referenced in the study, they are referred to as P1-P15.

Data gathered during interviews were kept on a password-protected laptop. At the end of the process, interview forms with names and phone numbers were destroyed.

Table 2 includes participant sample sizes for the study as well as dates of interview and average length of phone calls.

**Table 2**

*Participant Interview Information*

Participant Number Ok	Date	Interview Setting	Length of Interview (Avg)
1	10/1/19	Phone	45
2	10/18/19	Phone	70
3	10/18/19	Phone	20
4	10/20/19	Phone	25
5	10/20/19	Phone	62
6	10/20/19	Phone	40
7	10/24/19	Phone	30
8	10/24/19	Phone	70
9	11/02/19	Phone	240

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10	11/02/19	Phone	55
11	11/03/19	Phone	65
12	11/03/19	Phone	68
13	11/03/19	Phone	32
14	11/04/19	Phone	45
15	11/04/19	Phone	12

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### **Setting**

Controlling the research environment was critical to ensuring that the participants were comfortable during the interview process and that the setting was consistent throughout all the interviews. Keegan stated that “care needs to be taken to ensure that the environment supports the particular group of participants and the topic to be discussed” (Keegan, 2009, p. 107). I was considerate of each participant’s past life experiences and knew that it was important to provide a non-invasive and non-judgmental environment. To support a casual and friendly environment, each participant was asked to participate by phone in the privacy of their home.

Even though the participants were no longer considered part of a vulnerable population, I recognized that it was important to remember that discussing their past life might bring up negative memories. Phone interviews were selected as the interview method to mitigate any possibility of perceived bias. Each interview was conducted by phone to allow the participants to feel at ease and speak freely with no fear of being judged about their past or present status. Because I did not know any of the participants,

the caliber of the rapport that was established, was reflected in how freely they talked and provided honest information.

## **Data Collection**

### **Participant Interviews**

To perform the interviews, I developed the PSOC survey tool that can be found in Appendix A. PSOC survey tool instrument was based of the four domains of McMillan and Chavis' (1986) psychological sense of community (PSOC) framework. The PSOC framework was selected because it has been accepted by the social psychology profession as a valid indicator of social integration. During the interview process, the participants provided answers to the question and insight into their experiences. The overarching research question for the study was as follows:

*RQ1:* How do socially-focused interventions influence a person's sense of community and support the social integration of the formerly homeless into the community? The Research Question was further divided into four sub questions that identified the question related to each of the four PSOC domains: membership, fulfillment of needs, influence, and emotional connection.

RQ1.1: What purpose does a sense of membership in one's community play in fostering successful integration of the formerly homeless individuals into their community and what are the supporting interventions.



RQ1.2: What purpose does the fulfillment of personal needs within one's community play in fostering successful integration of housed, formerly homeless individuals into their community and what are the supporting interventions.

RQ1.3: What purpose does influence in one's community play in fostering successful integration of housed, formerly homeless individuals into their community and what are the supporting interventions.

RQ1.4: What role does an emotional connection with one's community play in fostering successful integration of housed, formerly homeless individuals into their community and what are the supporting interventions

The PSOC Qualitative Survey Tool can be found in Appendix A.

## Data Analysis

NVivo12 software from QSR International was selected to support the data analysis process. The software tool is one of the leading packages for analyzing qualitative data and supporting the coding process. One of the primary advantages of using the tool was to support the organization of the data and to generate reports. The data analysis process followed the steps as outlined in Chapter 3 and was based on Creswell's (2008) recommends steps: data organization, data coding, definition of emerging themes, interpretation of themes and conclusion.

To begin the coding process, an initial list of categories and codes was identified from the questions and interviews. The four categories identified were the domains of the PSOC framework: needs fulfilment, membership, influence, and emotional connection. A list of eight initial codes were identified and entered in the tool: voucher, housing, community, retention, income, inclusion, exclusion, employment.

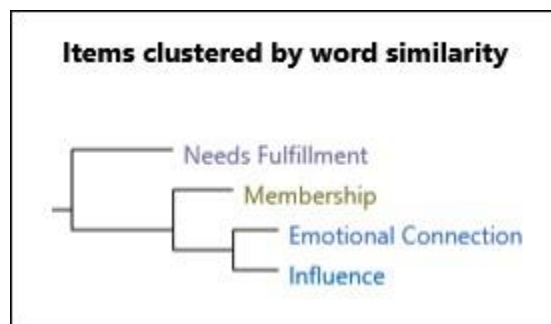
To organize the data for coding, each file was brought up within the NVivo12 tool and key text phrases were highlighted and linked to a category and code. As new codes or subcodes were identified, they were entered in the appropriate location within the tool. The coding process was iterative and began with eight parent codes and four categories: membership, fulfilment of personal needs, influence, and emotional connection. After the first pass of coding, there was a total of 38 total codes; 12 were parent codes with 26 sub codes. This iteration evolved into the second draft framework which was revised to four categories and 16 parent codes.

As the coding process progressed, five themes emerged and new codes and subcodes were added or consolidated. Several final themes began to emerge such as the value of the voucher, the value of housing and the need to conform, all of which were related to the category of needs fulfilment. Another interesting theme that developed was the lack of housing opportunities which had a relationship to all areas of sense of community. Without access to appropriate housing opportunities, the desire to reaffiliate with the community was minimized. In addition to those themes, various socioeconomic and psychosocial factors were identified that limited their ability to develop a strong sense of community.

The data analysis also confirmed that fulfillment of personal needs does not ensure social integration nor the development of a sense of community. Various factors such as location and quality of housing, drive the decision to socially engage. As illustrated in Figure 2, emotional connection and influence are contingent on being feeling a sense of membership.

**Figure 2**

*PSOC Domains Clustered by Word Similarity*



Influence is predicated on feeling a sense of membership within a community. As a result, for housing to be an influencer of social integration, the correct housing and community environment must be present. When there is perceived value, a person will become a member of the community.

A feeling of membership is dependent on various factors such as location of housing, culture of the community and what benefit could be recognized through membership. The participants discussed that when a person feels a connection with the members of the community, they also feel a sense of ownership. As a sense of membership develops, a person begins to take ownership of the rules, feels a sense of caring and rootedness, and begins to influence the other members. Only after developing a sense of membership can a person develop an emotional connection with the people of the community and feel a need to influence the nature of the group.

### **Emerging Codes and Themes**

There were many re-occurring codes and themes among the PSOC areas, such as the value of the voucher, the value of housing, the need for quality housing options, the need to conform, lack of income, feelings of isolation, lack of transportation, and prevalence of deviant behavior. The themes were consolidated into the final 3 themes: Housing Opportunities, Addressing Self-Sufficiency, and Building an Engaging Social Environment. From these three themes, categories of interventions evolved that could

influence the development of a stronger sense of community and increase a person's social affiliation.

### **Evidence and Trustworthiness**

Trustworthiness is the “extent to which the research process and its findings can be trusted as accurate” (Brown & Van Eeden-Moorefield, 2018, p. 120). The dissertation followed the rigorous methodology described in Chapter 3. Because of this process, the dissertation can demonstrate a level of trustworthiness.

To ensure conformability, I was the only interviewer for the study. This added consistency and credibility to each interview and ensured that the interviews were conducted the same way. In addition, by holding the interviews by phone, it ensured that the participants were not swayed in their answers based on body language or what they thought I wanted to hear.

I have worked in the homeless industry for over 10 years and have experience interviewing both homeless and formerly homeless individuals. This substantiated my qualifications for performing the interviews and to perform the data analysis.

At the beginning of each interview, I identified myself and defined the purpose of the study. As the dialogue continued, I developed a rapport with the participants. This made each of the participants at ease and forthcoming in their answers. I used open-ended questions so that the participants could talk freely about their experiences and provide their perceptions on homelessness and their experiences since being housed

**Credibility**

The dissertation followed a phenomenological approach to gather data directly from the participants who experienced homelessness. This approach encouraged the participants to provide honest answers that reflected their actual experiences. By asking open ended questions, the data could be considered both credible and trustworthy.

I used open-ended questions to draw out from the participants their opinions and feelings on their sense of community and their journey from homelessness to housed. By discussing the issues of community affiliation regarding membership, needs fulfilment, emotional connection and influence, the participants were able to provide their insight into the challenges and success of their housing journey. The data analysis process looked at their community affiliation from several different perspectives to ensure that the data captured was honest and reflected their real-world situation.

**Transferability**

The scope of the dissertation included the formerly homeless who had been housed between 24 and 60 months. To address the gap in literature, it was not necessary for the scope to address any additional demographic information such as age, gender, and or location. The hope is that future studies will utilize the qualitative questions to gather data on different populations such as looking at gender and age.

**Dependability**

Dependability is critical to ensuring the acceptance of the results of the study by the homeless practitioners. During the dissertation process, the author presented the

emerging results several times to the community of homeless practitioners. The first was on September 28, 2018, at the Texas Homeless Conference. The attendees enjoyed the presentation and were eager to hear about ways in which to engage those that are housed after they have been in the housing cycle for many years.

The homeless practitioners recognized the declining housing retention rates and were interested in learning about interventions that influenced a person's sense of community. As the goal is to manage homelessness, being able to mitigate the risk of homelessness episodes is important to the long-term success of those housed.

The participants at the conference concurred that declining retention rates over time was a national problem and that access to more housing options was important. As an example, they concurred with the results of a study by Kweon, Sullivan and Wiley (1998) that older adults are searching for social integration and they enjoy engaging in activities, such as bingo and exercising with people their own age. Socializing reduces loneliness and depression, leading to a higher quality lifestyle.

The participants were open to ideas such as green space and parks that could increase the amount of social engagement for those housed. Kweon, et al. (1998) identified that "outdoor spaces provided a natural environment for adults to socially interact with people of all ages" (Kweon, Sullivan & Wiley, 1998, p.1). By having access to common activities, especially those in outdoor spaces, assist people in reducing their levels of isolation. In addition, participating in activities with peers their own age, may reduce their loneliness and may contribute to their overall well-being and quality of life.

The author also presented the emerging results to a homeless coalition. They were interested in gaining support on how they could enhance their program to address the growing streets sheltered population.

I have had several interactive conversations with stakeholders on how community support could incentivize developers and the community to build more inclusive communities that had easy access to green space, public transportation, and healthcare. It is apparent that the construction of quality housing can increase the housing sustainability of those housed and mitigate their risk of returning to homelessness.

To increase awareness to the homeless practitioner community, I also implemented a website where up to date information on the qualitative tools and other information is stored.

### **Conformability**

Conformability is critical to the acceptance of the results and for impacting social change. Because I am an expert in the field of homelessness, it was imperative that controls were in place to mitigate any bias. Part of this mitigation was to hold the interviews via a phone call so that I would not influence the answers of the participants. Because no one could observe each other, the setting was informal and allowed the tenants to participate in the comfort of their apartment and not feel that they had to answer in a certain way.

The use of phone interviews also respected inability of some of the participants to attend an in-person interview. Many were elderly and had no transportation. The use of



in-person interviews would have limited the people who would have been able to participate.

Rigor. The data analysis phase was executed with rigor, using the process defined in Chapter 3. I followed a process of data analysis and data reduction to produce the emerging themes and potential interventions. I held the interviews in a manner that allowed each participant to express their opinions for each topic. Even though I have years of experience dealing with homeless issues, this process allowed each person to answer regardless of what I may have predicted or wanted them to say.

### **Results**

I used the PSOC survey tool to execute the interviews of the 15 participants who had been housed between 24 and 60 months. The PSOC survey tool was based on McMillan and Chavis' PSOC framework to understand the participant's perceived sense of community. The PSOC framework was selected because it has been accepted by the social psychology profession as a valid indicator of social integration.

The overarching question for the study was as follows:

*RQ1*: How do socially focused interventions influence a person's sense of community and support the social integration of the formerly homeless into the community.

The primary research question, RQ1 was divided into four sub-questions, (RQ1.1-1.4). Each of the sub questions focused on gathering information for a single PSOC

domain: Membership (RQ1.1), needs fulfilment (RQ1.2), emotional attachment (RQ1.3), and influence (RQ1.4).

*RQ1.1:* What purpose does a sense of membership in one's community play in fostering successful reintegration of housed, formerly homeless individuals into their community? RQ1.1.1: What are the supporting interventions?

*RQ1.2:* What purpose does the fulfillment of personal needs within one's community play in fostering successful reintegration of housed, formerly homeless individuals back into their community? RQ1.2.1: What are the supporting interventions?

*RQ1.3:* What purpose does influence in one's community play in fostering successful reintegration of housed, formerly homeless individuals back into their community? RQ1.3.1: What are the supporting interventions?

*RQ1.4:* What role does an emotional connection with one's community play in fostering successful reintegration of housed, formerly homeless individuals back into their community? RQ1.4.1: What are the supporting interventions?

The coding process was iterative and begin with 38 codes related to the four categories in the PSOC framework: membership, fulfilment of personal needs, influence, and emotional connection. Of the 38 total codes, 12 were parent codes with 26 sub codes. As the coding process evolved, some of the parent codes were consolidated. In addition,

themes based on code patterns were also consolidated to develop the final three themes.

The final code book, as illustrated in Table 3, documents the final interventions, themes, and codes

**Table 3***Final Codebook*

<b>Related Theories</b>	<b>Categories</b>	<b>Codes</b>	<b>Themes</b>	<b>Interventions</b>
Social Integration, Conformity	Fulfilment of Needs, Membership	Housing value, Community engagement, community support, health, isolation	Housing Opportunities: Access to different types of affordable housing	Quality Housing Options: Transitional housing, permanent supportive housing, elderly/disabled housing, mixed-income affordable housing
Sociopsychology	Membership, Influence	Conformity, Income, Community, Self-sufficiency	Addressing Self-Sufficiency (income and employment)	Training and Jobs programs, mentoring opportunities, volunteering opportunities
Sociopsychology	Membership, Influence, Emotional Connection	Community support, Health, Transportation, Community engagement, Isolation	Building an Engaging Social Environment (social networks, conformity, community engagement)	Community engagement to address access to; community centers, access to health care, schools, shopping; walkability, parks and green spaces, libraries, grocery stores, and mass transit.

The overall concept of sense of community was extrapolated into three major themes: (1) housing opportunities, (2) addressing self-sufficiency, and (3) building an engaging social environment. The participants held the concept of housing in high regard and made the rational choice to keep their housing. This appeared to be the differentiating factor for those that had been housed between 24 and 60 months. They commented, throughout the interviews, that the reason that many failed was that they had not made the commitment to value housing over homelessness and make the rational choice to conform to the rules of the landlord to retain housing. In addition, the participants

commented that it was difficult for those with alcohol and drug abuse issues to retain housing.

## **Emerging Themes**

### **Housing Opportunities**

The reoccurring theme of having access to housing was prevalent in the participant answers in response to RQ1.1, sense of membership, and RQ1.2., fulfillment of needs.

All 15 participants concurred that the ability to have housing was considered a fulfillment of a personal need and was a critical, socially focused intervention. The value of housing was mentioned 42 times during the interviews, with each participant referencing the concept at least four times. Each participant was in the Housing First program and the intervention of housing was highly valued and gave them the opportunity to leave the streets, shelter, or couch-surfing situations. Housing as shelter was the first step in reaching normalcy in life, or Ontological Security.

Once of the key observations of the study was that housing was a multi-dimensional construct. Housing at face value was shelter. It protected the formerly homeless from living on the streets and worrying about where they would sleep that night. By receiving a section 8 voucher, they could afford the housing based on their limited or lack of income. For all 15 participants, this was recognized as the step that changed their life.

The second dimension was that housing defines a community for the members. The psychosocial need to be in a safe and caring environment where the members share common goals, is what drives the need for community reaffiliation. Many of the participants mentioned several times that it would be nice to be in a community with people their own age, where they could engage in common activities.

They also expressed that it is important to have access to different activities. Without access to transportation, the participants were not able to travel to different parts of town to engage with other people or to shop. Only one of the 15 participants was able to save up enough money to buy a car.

Many of the participants discussed their health conditions. Several were concerned that in the future, they would not be able to take care of themselves and remain in independent housing. To address this concern, they dreamed of moving to housing that catered to the elderly and/or disabled. In this type of environment, they would be in the company of people with similar characteristics, such as age.

For the 15 participants, housing was selected based on the value of their voucher and the rent that they could pay. The participants stated that by compromising on the quality of housing and location, their desire to interact with their neighbors was limited. This compromise limited their ability to develop a strong sense of community, engage in social networks, and impacted their overall well-being and quality of life.

When the participants were asked what allowed them to retain their housing, they focused on the rational choice to conform to the rules and the fear of returning to

homelessness. They all discussed that their need to conform to the rules to keep housing did not require any level of social interaction with other community members.

To substantiate this result, several participants made eloquent and very personal statements as to the importance of obtaining the section 8 voucher and obtaining housing. As an example, P10 stated that housing gave me a life (personnel communication, November 2, 2019). P8 said I have housing and that is enough. I have figured out how to make it work. I received my voucher and that has allowed me to afford a place to live. Without it, I could not afford rent (personnel communication, October 24, 2019).

These deeply rooted personal feelings illustrated the connection between the need for housing and the personal conviction the participants had to remain in housing. For many, the consequences of losing the voucher and returning to homelessness was constantly on their mind.

This rooted conviction towards housing is validated by Padgett's (2007, 2012) Theory on Ontological Security. This theory states that people who have succeeded in obtaining the basics of life, such as shelter and food, operate in a level of consistency and their goal is to keep this consistency. Padgett (2007, 2012) concluded that ontological security provides a feeling of safety and is a platform for moving forward towards self-sufficiency and increased well-being. But Padgett stated that housing itself does not propel a person forward towards housing sustainability. They need an environment where they can increase their self-sufficiency and well-being to move forward.

### **Addressing Self-Sufficiency**

During the interviews, various socioeconomic issues were identified that hindered the participants from achieving self-sufficiency, and may in some cases, increased the probability of returning to homelessness. Socioeconomic issues are related to three primary categories: education, income, and employment position. As an example, lack of income can be a barrier to obtaining appropriate housing, transportation, and healthcare.

The data analysis concluded that the socioeconomic issue of income was a critical barrier to their ability to find housing that would support their ability to make long-term relationships and feel a member of the group. Twelve of the participants were elderly and living on a fixed income. P4, P1, and P5 commented on their lack of money and the challenge to make ends meet. P4 stated that my income is gone within the first 2 weeks (personal communication, October 20, 2019). P1 had similar financial concerns and said I only get disability money, but I have figured out how to make that work (personal communication, October 1, 2019). P5 said I have TV, pay rent, pay electric, pay water, after the first 2 weeks of the month, my wallet is empty (personal communication, October 20, 2019).

Only one participant was able to save up enough money to buy a car and get their driver's license back. P11 shared that I save a little each month and I was able to buy a car and have car insurance. I was able to get my driver's license back. Having a car allows me to go places and I do not have to rely on other people (personal communication, November 3, 2019).



Many of the tenants discussed the lack of access to quality housing that was in nice neighborhoods and had tenants that had common values. The subsidized housing provided them with shelter but did not provide many choices on location. With their voucher and their limited income, they were limited in the apartment complexes that would accept their voucher. For people who are working, they may have more financial capacity to pay more towards the rent. If a person is working, they may be able to take advantage of more housing opportunities because they could pay more above the subsidy.

Only one of the 15 participants had a car, and one had a bicycle. The others were dependent on friends or healthcare agencies to provide transportation. Several used the mass transit but noted that they had to walk to obtain access and many times did not feel safe using it. They all discussed the value of being near shopping, hospitals, and parks. Their concept of quality housing included not just having tenants that followed the norms of the community but was near needed establishments. Without a car, they were dependent on others to go shopping and to get to health appointments.

All 15 of the participants discussed that they had a good relationship with the landlord, and this helped to survive annual inspections and to get through maintenance requests. Even though the landlords would fix the basic maintenance items, the overall quality of the housing was extremely poor. P2 shared that I live in an old hotel, and it is setup as hotel room for apartments. There are a lot of drugs here and there is a drug dealer living on the premises. (Personal communication, October 18, 2019).

Even though this was less than stellar housing, P2 was still grateful for the housing. P2 was the only one going to college and said that the degree would be completed in about 16 years. This participant was able to look to the future and define long-term goals and dreams even though the progress to move forward was slow and unpredictable.

The housing communities where each of the 15 participants lived had a prevalence of illegal behavior. The presence of this behavior caused stress among the participants and also supported their decision to isolate themselves within their apartment. The participants all agreed that the low rent charged in these complexes, allowed many tenants to be approved for leases even if they had a criminal background. The topic of drug use was mentioned 27 times and all 15 participants mentioned the prevalence of drug use in the community where they lived and how this was a barrier to socializing, leaving their apartment and limited their overall quality of life.

The participants stressed the importance of avoiding substance abuse because it could have negative ramifications on their voucher. The lease defines the rules of the community and each of these participants followed the rules so they would not lose their housing.

The impact on of non-quality housing on their well-being, attributed to a continued pattern of isolation and exclusion. P2 said that the people who are on drugs and get into housing, cannot pay the rent and will soon be back on the streets. If we put them

in a place where they did not have easy access to drugs, it would be easier for them to get off the drugs (personal communication, October 18, 2019).

### **Building Engaging Social Environments**

Psychosocial factors can be described as social influences on the individual's mind and behavior. The field of sociopsychology recognizes that psychosocial factors such as social stigma, need to conform, social perceptions, and group dynamics, define our environment and influence our decisions. The results of these factors can impact a person's overall health and well-being. In addition, they are negative influence on a person's self-esteem, and may cause feelings of loneliness and isolation.

Impact on Social Integration – Lack of Community Engagement. The lack of community engagement impacted the 15 participants by diminishing their ability to define relationships with people and develop healthy relationships. The participants practiced selective social interaction whereby they decided who to interact with based on the perceived outcome. The majority of the participants spoke to no one during the day and this level of isolation appeared to impact their overall quality of life and happiness.

Question RQ1.1, and RQ1.4 from the PSOC survey tool gathered data on what influenced social integration. RQ1.1 asked what purpose does a sense of membership in one's community play in fostering successful integration of housed, formerly homeless individuals back into their community and what interventions were supported? RQ1.4 asked what role does an emotional connection with one's community play in fostering

successful integration of housed, formerly homeless individuals back into their community and what are the interventions that supported?

Six of the 15 participants felt that it was important to feel a sense of membership. They stated that being part of a group made a person feel worthwhile and needed. It also was a way of developing relationships with other people. The participants did not feel a strong attachment to the community where they lived and did not have extensive interactions with the other tenants. Their only relationship was with the landlord because the landlord controlled the lease and their ability to remain in housing. P2 stated that the housing voucher has increased my membership within the complex. I do not associate with any of the people here (personal communication, October 18, 2019).

All 15 participants stated they had a successful relationship with the landlord. By conforming to the landlord rules, such as paying rent on time, being prepared for apartment unit inspections, and refraining from deviant behavior, they were able to keep their lease and remain in the complex. P9 said I do not have to associate with the people where I live. I do not know who they are. I do not associate with people on the street. I do not have any friends. If you do not follow the rules, you cannot keep your voucher (personal communication, November 12, 2019).

None of the participants felt an emotional connection with the people in their community. The participants perceived that the people in their complex posed a risk to their success and that any deviant behavior could have a negative impact on their housing. P7 stated I do not have to have a sense of belonging within the complex. I am

not in control of who lives here. I do not associate with anyone here (personal communication, October 24, 2019).

P4 stated I have my housing and I do not need to know anyone. They may be doing bad things, so I do not need to know them. Many here are using drugs and so I do not need to know them. I mind my own business (personal communication, October 20, 2019).

Several of the participants discussed that their complex had been sold and repurchased several times, and that each new owner would do less to maintain a quality complex. It was their perception that the landlord was more interested in receiving the rent than making the complex a nice place to live. Only six of the participants had any interaction with the people in their community. P5 stated in the past I knew everyone, but now they have moved away. I want to move to senior housing where I can be near people of my own age. In the past we would play cards together (personal communication, October 20, 2019).

P3 felt that having a sense of belonging in the complex was important. P3 stated that I talk with the children, and they provide me with a sense of purpose. I try to support the children and hope to help them as they grow up. I try to develop good values in the children here. (personal communication, October 18, 2019.)

All 15 participants spent most of their day in their apartments and watched TV in lieu of interacting with their neighbors or socializing within the community. For most, the lack of transportation and friends, limited their ability to get out of their apartment. This

selective socialization minimized their sense of belonging and had a negative impact on their overall well-being and health. The rationale for this exclusion and isolation was stated eloquently by P11. P11 said it is important to value the housing. When the complex is full of drug dealing and crime, you know that you cannot associate with those people. A person chooses who they associate with (personal communication, November 3, 2019).

This selective social interaction resulted in a form of isolation in their apartment as a measure to stay away from people who could negatively impact their voucher. In previous studies by Tsai et al. (2012), Bassuk et al. (2014) and Aubry and Myner (2016), the participants felt isolated because they were overwhelmed with the new lifestyle of being housed. Many felt the financials and cultural pressures of trying to figure out how to exist in the new community.

For the participants who had been housed between 24 and 60 months, they were still isolated and exhibited little behavior associated with social integration. The participants purposely isolated themselves in their apartments to avoid the negative activity in the community. The participants still felt overwhelmed by their lack of financial capacity, their inability to work and increase their income, and lack of transportation. They also were concerned about their lack of friends, and ability to socialize. They felt that they were not in control of their success and that they were just making it day to day. Most also had a high level of anxiety on the possibility of losing their voucher and returning to homelessness. All 15 participants commented that they

never wanted to go back to homelessness and have to worry about where they would sleep.

To illustrate the value of selective socialization, several key statements were made by nine of the participants that showed how they valued the housing they had, and even if it was not the ideal housing, they wanted to make sure they kept it and did not return to homelessness. P1 said I am meeting my goal of keeping my housing so I am not worrying about where I will sleep. I do not have to associate with these people to meet my priorities (personal communication, October 1 2019).

Several of the participants stated that they were elderly and had increasing health issues. These participants dreamed of living in higher quality housing, and several discussed their dream of moving to senior housing. Two of the participants said that senior housing would provide an environment of people with like problems and issues and would support socialization. They all felt the need for membership and emotional attachment and the need to live in a community with people who cared about each other. They all missed engaging in activities with people like going to the park, going to lunch, and playing cards.

One participant had a relative in senior housing and commented how he enjoyed it because he was with other people his age and had things in common with them. They had common things to talk about and engaged in social activities at the complex together. They even took meals together. They worried and carried about each other. Those that

talked about senior housing, longed for this level of membership and emotional connection. The participants commented that it would improve their quality of life.

**Conformity and Housing Retention.** Conformity is considered a psychosocial factor that influences the behavior of a person so that they can become a member of a group. The need to confirm was associated with the rational choice that the participants had to make to follow the rules to keep their housing voucher and housing. All the participants discussed the need to conform to various norms, such as paying rent, refraining from deviant behavior, and keeping their unit in good shape, to keep their housing. Conformity was mentioned 35 times and at least once by each participant. P15 stated I was given the voucher now it is up to me to keep it. I like my landlord and know what I need to do. I paid my rent on time and prepared the unit for inspection (personal communication, November 4, 2019).

The need to conform was discussed by the participants in parallel with the value of housing. The data analysis inferred that the need to confirm was recognized as a rational choice and critical success factor to keep their housing. The need to pay the rent on time and follow the rules of the landlord that were considered two of the most important activities for the participants. P1 said I do not have to worry about where to sleep each night. I am not living on the street, in the rain, and in the cold anymore. I value the fact that I have a voucher and follow all the rules with my landlord so I can stay. (personal communication, October 1, 2019).



The participants were asked why some of the formerly homeless that were housed lost their housing. The participants stated that those who had a substance abuse problem had a hard time paying their rent and were eventually evicted by the landlord. P14 stated those that are homeless and get housing and are on drugs fail. They cannot pay their rent and they get evicted. Their priority is not to keep their housing. My priority is to pay rent (personal communication, November 4, 2019).

The participants discovered that the utility of conforming was favorable because it resulted in the ability keep their voucher and remain housed. Without enough income to pay the full rent, they could not afford the rent without the subsidy the voucher provides. P10 stated that if you follow the rules and do not do anything illegal, you will get to stay in housing. Those who do not follow the rules are evicted and out within 1-2 months (personal communication, November 2, 2019). P2 stated I have a 1 room unit with 1 burner stove. I am stuck here while I try to save some money. I do not see myself leaving here for many years. I value housing more than homelessness. (personal communication, October 18, 2021).

As the formerly homeless population continues to age, their health issues will continue to increase. Many of their health issues are related to their level of isolation, exclusion, and lack of active activity. Eventually the aging population will not be able to take care of themselves in independent housing. As part of this risk, the homeless providers and federal agencies need to be forward thinking in the increasing specific housing types, such as senior housing, to be able to facilitate this aging population. This

is an inherent risk with the lack of quality housing and specific housing types such as senior housing. If this risk is not mitigated, the aging formerly homeless may inadvertently become homeless once again.

Addressing each psychosocial factor is key to ensuring that those that are housed have the potential for leading life with some degree of self-sufficiency. In addition, those housed were in a community where they could develop long-term relationships, participate in community activities, and even participate in volunteer opportunities. In addition to providing shelter to those coming out of homelessness, the Housing First program needs to be reinvigorated to support the quality of life for its participants.

### **Summary**

This chapter presented the process for analyzing the study data and generating the themes and overall findings from the participant interviews. From the data analysis process, three themes evolved that supported the study question of understanding how socially focused interventions could influence the social integration of the formerly homeless into the community: (1) access to housing opportunities, (2) addressing self-sufficiency, and (3) building engaging social communities.

The participants in the study were very appreciative of having received a section 8 voucher to support their ability to afford housing. They all understood that receiving housing through the Housing First program allowed them to leave the streets and start their life over. The study results indicated that even though the participants had higher

than the average housing retention rate of 12 months, their level of social integration remained minimal as illustrated by their low sense of community.

The themes reflected the various barriers to social integration such as lack of appropriate housing, lack of income, lack of social support and increasing health issues. These factors were impediments to their ability to achieve self-sufficiency and overall well-being, and to ensure long-term sustainability. Chapter 5 discusses an overview of the study results and recommendations that could impact how the Housing First program is implemented in the future to align housing with social integration.

## Chapter 5: Discussion and Recommendations

### **Introduction**

Chapter 5 included the interpretations of findings from the study and recommendations for homeless practitioners as well as federal, state, and local stakeholders. The results of the study concluded that the level of social integration among that study participants was minimal for those housed between 24-60 months as represented by their low sense of community. Their sense of community was negatively influenced by various socioeconomic and psychosocial factors such as lack of quality housing and inability to establish social networks.

Social affiliation was an important vehicle that allowed people to engage in social networks and develop their identify as a productive member of the community. Quality housing has a direct impact on the overall wellbeing of a person (Aubry et al., 2016), (Nemiroff et al., 2011), (Please & Quilgars, 2013). Therefore, improving the quality of housing that participants in Housing First obtain can lead to social engagement that builds one's sense of community.

One of the assumptions of the study was that those that have been housed between 24-60 months have achieved a level of housing retention which would be a predictor of social integration. Data from the study led to the conclusion that housing is multidimensional and does not necessarily equate to being achieved as a result of a sense of rootedness or sense of membership. Housing as shelter leads to housing stability and the attainment of quality housing leads to social affiliation, the development of a sense of

community and housing sustainability. Therefore, housing itself is not a precursor to social affiliation. Quality housing and an inclusive environment are contributing factors that lead to the development of a sense of community capacity for sustainability.

As participants discussed, social affiliation was only desired when the perceived outcomes such as developing social networks could be achieved. Through selective socialization, participants made necessary modifications to their value systems by conforming to landlord rules and remaining isolated from other individuals in the community. Landlord rules included paying rent on time, keeping units in good shape, and adhering to expected community behaviors. Even though participants were housed, they still struggled with the threat of returning to homelessness and fear of losing their housing.

### **Interpretation of Findings**

As homelessness continues to grow in the U.S., it has become apparent that homeless practitioners must better understand from the perspectives of homeless individuals, how they want to be socially integrated into the community.

In 1992, homeless practitioners in the U.S. adopted the Housing First model that was predicated on the belief that housing was a fundamental foundation for becoming self-sufficient. In a study by Tsai et al. (2012), it was concluded that housing retention began to decline between 3-12 months. Those who were still housed between 3-12 months were experiencing minimal levels of social integration and were feeling isolated and overwhelmed. The participants in this study who were housed between 24-60 months

shared similar characteristics to those who had been housed between 3-12 months. They too experienced little social integration and had a low sense of community. In addition, they were isolated and felt little attachment to the community where they lived.

The results of the study recommended interventions that would increase the sense of community of a person by providing higher quality housing, addressing self-sufficiency, and providing an engaging social environment.

### **Research Questions**

The PSOC survey tool was designed to gather data from the 15 housed participants to understand what interventions were critical to increasing their sense of community. The PSOC framework was used as a consistent framework because it has been validated by the social psychology industry as a valid predictor of social integration. By asking questions in regard to the four domains of the PSOC framework, the results identified their sense of community and associated behaviors that reflected social integration.

Based on the four domains of the PSOC framework (membership, fulfillment of needs, influence, and emotional attachment), the sense of community for each participant was evaluated. The results indicated a low sense of community for all 15 participants. Even though they had received shelter, they had not progressed past ontological security. They were content in housing but had not increased their capacity to ensure long-term housing sustainability. Without the ability to socialize and build networks, they were not able to progress from housing stability to housing sustainability.

## **Final Themes**

Each of the three prevailing themes from the study impacted both housing retention levels and resulted in their low sense of community. The three emerging themes were: Housing Opportunities, addressing self-sufficiency, and developing an engaging social environment.

### **Housing Opportunities**

One of the overarching themes of the study was the value of housing and the desire to live in quality housing that met participants' personal needs. When a homeless person obtains housing through the Housing First program, they may be assisted in terms of meeting their basic need of shelter by receiving a subsidized housing unit through a Section 8 voucher. This provides a basis for housing stability. When a person achieves housing stability, they recognize the need for housing and process to pay the rent.

Even though the study participants had achieved housing stability, they had not developed a sense of community and experienced little community interaction. Technically, they had not moved passed the feeling of ontological security. The participants stressed that feeling a part of the community was important, but it was contingent on the outcomes of socializing with its members. For all 15 of the participants, their housing was not located in a quality community that embraced their values, goals, and priorities. Because the participants value their housing and understand the consequences of going back to homelessness, they chose to conform to the rules of the

landlord but did not find it necessary to interact with community members. In essence, they understood the value of conforming and the value of selective socialization.

The data analysis documented the need to assist those being housed with determining the type of housing they needed. The participants described that the value of the voucher defined the housing that they could afford. In this scenario, their limited income did not provide any additional funds toward rent so they were limited in their housing opportunities. As concluded from a study by Aubry et al. (2016), people need both subsidized housing and additional economic resources to obtain higher quality housing. They concluded that living in higher quality housing leads to a higher quality of life and less risk of returning to homelessness.

Of the 15 participants in this study, 12 discussed their fear of not being able to take care of themselves in the future. Without having a support network, they felt helpless on finding new housing in the future that could support their future needs. As Keown et al. concluded, “for older adults, social integration and the strength of social ties are profoundly important predictors of well-being and longevity” (1998, p. 1). Results of the study documented that the quality of housing and the community where it was located, was the platform for developing the social relationships that lead to a level of self-confidence in being self-sufficient.

Value of Housing. The concept of housing was discussed by all 15 participants and was perceived as the number one personal need. The ability to find housing with the assistance of the housing choice voucher, allowed each person to find safe refuge off the



streets or out of complicated situations with friends and family. Even after being in housing between 24 and 60 months, each person still remembered what being homeless was like and remained focused on keeping their housing.

To keep their housing, the participants made the rational and conscious decision to conform to the rules of the landlord. P4 stated that I want to keep my housing, so I keep up with all the rules, inspections, etc. I am optimistic and glad I have housing (personal communication, October 20, 2019).

Housing as Facilitator for Social Integration. Each of the participants felt a level of conflict when discussing their housing. Not only did they feel grateful for the housing, but they also felt a level of anxiety because the housing was not supporting their need to develop personal relationships. One of the results of the study was recognition that the obtainment of housing was not a predictor of social integration.

The study concluded that the lack of quality housing can be a barrier to social integration. These barriers can be described as either socioeconomic or psychosocial factors and can inhibit the growth of a persons. It was concluded that the lack of additional economic resources limited their ability to find quality housing in better neighborhoods, to obtain a car, and to improve their skills.

The lack of quality housing therefore, perpetuated the feeling of loneliness and resulted in the need to isolate within their housing. Quality housing, therefore, is a critical success factor in the implementation of Housing First to move people from housing stability to self-sufficiency and long-term sustainability. Community affiliation is

critical to increasing a person's overall well-being and self-sufficiency, then the matching of quality housing with a person's needs is just as critical as moving people off the street into a house. The goal should not be to place a person in housing, but to place a person in quality housing that provides meaningful opportunities for the person.

Barriers to housing retention. One of the distinguishing factors of Housing First program is the assumption that everyone deserves the right to have housing and that everyone is housing ready. But Housing first does not address the economic resources necessary to not only obtain and sustain quality housing, but to retain housing. One of the conclusions of the study was that conformity provided housing stability but did not ensure long-term housing sustainability nor did it address the impact on a person's financial resources.

The 15 participants were all on a fixed income with little opportunity for obtaining additional economic resources. By managing their limited financial resources, each participant was able to retain housing and pay their rent. This prioritization left them with little monetary funds for engaging in any additional activities that a person needs to socialize and interact with other people.

The participants discussed that in order to remain housed, they needed to prioritize their limited financial resources and pay the rent first. The participants discussed that if a person does not make paying the rent the top priority, they will be evicted and return to homelessness. They alluded to the conflict those with substance abuse issues face when they are placed in housing. If a person is not resilient enough to

address their substance abuse issues, the choice to pay rent may become a lower priority. All the participants agreed that the two primary reasons for people leaving housing was their inability to pay rent and inability to deal with their substance abuse issues.

The study recommended that the housing intervention be applied realistically based on the needs of the homeless person. The homeless practitioners need to ensure that a quality housing opportunity is provided that will support the success of the person. As stated by Hardin and Wille (2017), some people may need more upfront support and may not be ready for independent living. For some, they may need to address their substance abuse issue or other health problems before entering a Housing First program. This recognition of personal needs will enhance the success of the participants who enter the Housing First program. Even though the concept of a prerequisite is contrary to the philosophy of the Housing First program, it is a necessary medication in order to address the realistic needs of each person.

One of the housing interventions to be re-evaluated is the benefit of transitional housing, especially for those who are dealing with substance abuse issues. Transitional housing may be a better option for those who are leaving the streets or shelters and are not ready to support themselves nor conform to the rules of an independent living community.

In addition to transitional housing, there are some homeless with multiple health issues, such as mental illness and substance abuse, that may find a permanent supportive housing environment more conducive to supporting their success. Again, based on the

needs of the person, housing should be offered that not only creates a safe and engaging environment, but provides a path forward so they can be successful. For some with extreme disabilities, they may have to be subsidized on permanent supportive housing for an extended period-of-time. For these individuals, they might not progress to independent living but have to remain in a permanent supportive living environment.

Conclusion. In conclusion, the concept of housing is not just to provide shelter, but to serve as a mechanism to address the psychosocial and socioeconomic barriers that people are facing. Therefore, the type of housing and the location is important in providing an engaging social environment where people feel a sense of community. Social integration is an inherent need we have as defined by Durkheim (2013, 2014), Lewin (2013), and Festinger (2014). People have a psychosocial need to engage in social networks and feel part of a group. As stated by Aubry et al. (2016), people with social support are less depressed overall and recover faster from negative events. In addition, a study by Cohen and Wills (1985) stated that people who have adequate social support are more physically healthy.

Housing policy at the federal and state levels needs to address how adequate economic resources can be provided that allows people to obtain quality housing in socially inclusive communities. The goal of homeless strategies should not be to just provide shelter through a Housing First program, but the goal should be to provide solutions that support the overall well-being of the person.

### **Addressing Self-Sufficiency**

Socioeconomics refers to the impact of both social and economic indicators on a person. Common socioeconomic indicators, such as income and employment impact a person's social responses. As an example, those with higher level of income, can afford to live in higher quality housing that is located in nicer communities. These communities tend to have access to better schools and are near more services such as hospitals shopping, parks, and employment opportunities. Those with less income, are not afforded the same opportunity and are in communities that serve a variety of people, including those with criminal records.

The participants in the study were all receiving supplemental income. This fixed amount is usually between \$700 and \$800 a month. This income is used to pay for rent, electric, gas, water, and for other necessities such as food, medical clothing, and social activities. As several participants stated, there funds were depleted within the first 2 weeks.

All of the participants qualified for rent subsidy which paid a large portion of their rent. If they were interested in moving to higher quality housing, the participants would have to cover a larger portion of the rent. Because of their limited income, this was not an option for the participants. The study participants all discussed how they felt trapped in their housing based on their limited ability to increase their income over the supplemental income they were receiving.

Income as socioeconomic barrier. Aubry et al. (2016) concluded that housing stability is related to quality of housing and the economic resources a person has available to pay the rent. Aubrey's et al (2016) stated that greater economic resources allow an individual to live in better housing. Aubry et al. concluded that "housing, quality is associated with better mental health functioning" (2016, p. 131). All of the participants acknowledged that their housing was marginal and that they were limited in housing choices. There were few the landlords that would accept their voucher. P5 stated that the complex is alright. There is an issue with the ventilation system and bugs and dust comes through into my unit. I have to clean up the bugs, etc. Everyone must sacrifice something for living in housing (personal communication, October 20, 2019). P2 stated that their lack of income supported very few housing options. P2 stated that without any more money, I am stuck in this housing and location. I stay inside and watch TV. No car. Limited access to transportation and opportunities (personal communication, October 28, 2019).

None of the participants in the study were working and felt that there was little opportunity for them to find employment. They all commented that they wanted to find purpose and find ways to support the community as a whole but just did not know how. As stated by P4, I get from disability about 937 a month. My money is gone after 2 weeks (personal communication, October 20, 2019).

The participants discussed that they still had medical bills and that this had to come out of their monthly income. Only one person talked about being able to save

money and was actually able to buy a car. The other 14 people had no personal transportation and were dependent on others to take them shopping and to medical appointments. P5 stated my monthly income is to pay all bills. After the first 2 weeks, my wallet is empty. Across the street I take the Metro bus. It is free. I do not have a car (personal communication, October 20, 2019).

For those who are able and willing to work, it is the responsibility of the key stakeholders at the federal, state, and local levels to identify programs that can train and put people to work. Working not only builds financial sustainability but builds confidence, purpose, and self-esteem. In addition, a place of employment builds long-term relationships and provides a positive network of support.

For the elderly and the disabled, social policies at the federal, state, and local levels need to be addressed in order to provide quality housing regardless of their subsidized income and opportunities to serve within the community. If homeless strategies do not support the long-term needs of the population, the risk of them returning to homelessness increases over time. For the population who is not able to work, there must be a policy compromise to provide the economic resources so they can live in a secure environment that supports their well-being, quality of life and supports their ability to sustain housing. If this policy is not addressed, the concept of managing homelessness will never be achieved. If housing sustainability and community affiliation cannot be achieved with the current Housing First program, then it is critical to stop and reflect on enhancements that address the long-term needs of the participants.

## **Building an Engaging Social Environment**

Social Psychology deals with the behaviors, feelings, and perceptions of people. As an example, the sense of community framework utilized in this study gains insight on a person's perceived affiliation within a community. As concluded by Durkheim (2013, 2014) and Festinger (2010), people have an intrinsic need to interact with people. The field of social psychology studies people's behavior and how they interact in groups and what influences them to act a certain way. Three of the key psychosocial factors that were identified in the study were providing quality and appropriate housing, understanding need to conform, and formation of social ties.

Quality housing. Aubry et al. (2016), concluded that quality housing "is associated with higher levels of mental health functioning" (p. 132). Lack of quality housing decreases the desire for membership and socialization. Living in low-standard housing increases the levels of isolation and loneliness. Therefore, the "stress of living in unsafe, poorly maintained, or crowded conditions, may negate any benefits associated with being housed. (Aubry, et al., 2016, p. 132).

It is recommended that local stakeholders provide developers incentives to develop higher quality housing that includes a focus on walkability, and access to healthcare and shopping. In addition, incentives to provide access to green space that provides places for community interaction that moves people from isolation to inclusion. For a population of people who are income limited, local stakeholders must ensure that properties are built based on need, such as elderly and/or disabled housing, and consider



that the population needs access to both employment, stores, schools, and healthcare without being dependent on a car.

Conformity. Conformity as defined by Deutsch and Gerrard (1955) is shaped by two different instances. The “first instance is when a person yields to group pressure and agrees to the values of the group in fear of being rejected. In this case, the person conforms to what is expected of them. The second instance occurs when the person has no information about the values or norms and takes the position of the group” (Deutsch & Gerrard, 1955, p. 629).

Based on the data obtained from the 15 study participants, 13 participants stated that they made the rationale decision to conform to the rules of the landlord to keep their housing. The belief that conforming to the landlord rules was what was expected of them.

When the participants were asked why so many of the formerly homeless lost their housing, the majority stated that substance abuse was the leading reason. P8 stated that most do not respect authority. They come in on a housing voucher and then in 30 days they are asked to vacate and are back on the street. They do not want to follow the rules (personal communication, October 24, 2019).

The participants discovered that the utility of conforming was acceptable because it resulted in housing stability. Research by Deutsch and Gerrard (1955) concluded that becoming a member of a group and receiving the benefits of membership are the prime reasons for conforming. P9 stated that the people who get kicked out of housing do not want to follow the rules. If you do not follow the rules, you cannot keep your voucher. If

you want to do drugs and drink, you will spend all your money on that and have no money for housing (personal communication, November 12, 2019).

P5 expressed concern that with limited income, there were few quality options for housing. P5 discussed that they selected the housing they are in because that was the landlord that would accept their voucher. The housing was not selected based on their social and personal needs. P5 said I mostly watch TV and do not work. The social interaction I have is with the landlord and the maintenance men. I see the people dealing drugs and realize we still have a war on drugs (personal communication, October 20, 2019). P3 said if there are activities for older people, then it helps to allow people to hang out together. It is genuinely nice. no activities, I spend time by myself (personal communication, October 18, 2019).

It is important for the homeless practitioners to recognize that even though the principles of Housing First assume that people can be accountable for their own success, this may not be an appropriate assumption for everyone. It is not the goal of Housing First to set people up for failure and ignore the fact that some need more help than others to deal with substance abuse and mental health issues. It is imperative that the implemented Housing First program be sensitive to the fact that some people are not destined for independent living immediately and need a transition period to get their life in order. In addition, as the personal requirements for people change over time, the homeless practitioners must recognize that needs change and this population needs the community to support to change housing when needed. As Homeless practitioners re-

evaluate their homeless interventions, it is important to look at each of the tools available, such as transitional housing. In addition to provide support and assist the formerly homeless with different housing options at various points in time.

Formation of Social Ties. People have a need to interact with others where they can develop an emotional bond. This bond allows people to be part of a caring environment, and one where they feel appreciated and included. The participants in the study had a low sense of community and had little or no interaction with the other residents. The participants discussed the lack of quality housing and gauged their housing as non-quality based on the upkeep and the type of tenants that lived there.

The study confirmed the results of other studies, such as those by Aubry et al. (2016) and Tsai et al. (2012), that housing itself does not ensure social integration. Bell and Welsh (2015) concluded that the challenge is not just finding the right housing for a person but finding housing in a community that promotes meaningful opportunities for its members.

The 15 participants discussed the need to form social relationships. Most were disaffiliated from their family and friends and had no social network. Several of the participants discussed that it was hard to find someone to take them to doctor's appointments. With the lack of social interaction, most commented how they felt lonely and isolated and spent most of their time alone in their apartment. This was corroborated in the study by Bell and Walsh (2015) that highlighted in the results that isolation was

associated with a lack of social networks and the inability to develop their value in the community.

The participants understood the importance of a socialization, and many dreamed about being in a community with people their own age. The limited social interaction had a direct impact on their overall health and overall well-being. P4 stated that having activities are fun and nice. The landlord has stopped investing in having these activities. Over the past few years, everyone has moved away. I want to move to senior housing to engage with people who are also seniors (personal communication, October 23, 2019).

The need for social interaction has been studied over the years by experts in the social psychology profession, Durkheim (2013, 2014) and McMillan and Chavis (1968). These experts identified that there is a link between developing positive social relationships and a person's overall well-being. For the participants in this study, they chose selective socialization to protect themselves from interacting with tenants that may harm their overall ability to remain housed. P11 stated that you must determine which lifestyle you are going to live in and then pick your friends (personal communication, November 3, 2019).

The psychosocial factors of loneliness and isolation are a result of non-socialization and may have a long-term impact on a person's ability to achieve quality of life. The option for providing an appropriate housing type where participants can develop a strong sense of community, can provide a sustainable solution to combat many of the common psychosocial barriers such as exclusion, isolation, and increasing health issues.

The participants were eager to participate with appropriate community members and all felt that they had a lot to offer. All of the participants, they had lost their former identify when they became homelessness. Even though they had been housed for quite a few years, they were still searching for ways to rebuild their self-esteem and self-identify through social engagement.

### **Limitations of the Study**

The study was executed as a qualitative study with a phenomenological approach and was limited to a target population of 15 formerly homeless people who had been housed between 24 and 60 months. The target population was housed through the Housing First program on a section 8 voucher through a homeless preference. A random sampling of participants was contacted from a list of potential candidates that was provided by a local non-profit. For this study, the target population was not selected based on age or gender. The purpose of the study was to understand from those housed if they experienced more community affiliation at higher housing retention levels and what additional interventions, they desired sustain them into the future.

Future studies are recommended that focus on specific demographics information, such as gender and/or age. Results from different target populations data may provide additional insight into the specific interventions that are needed. As an example, studies could target single women with children and compare to single males with children.

The study addressed the gap in literature that highlighted the need to better understand how the formerly homeless want to be socially integrated into the community.

The study achieved that goal and provided data to illustrate that the formerly homeless do have social needs which need to be satisfied in order to sustain housing. These social needs do not appear to be fulfilled, therefore, supporting a gap in the Housing First program. As discussed by Pleace and Quilgars (2016), Housing First addresses housing sustainability but is lacking the focus on the social needs of the person.

To narrow the scope on the impact of social integration on self-sufficiency and overall well-being, additional studies should consider targeting different combinations of demographic data. As an example, single women with children in certain age cohorts, and single men without children in certain age cohorts.

The results of the study highlighted that the lack of affordable housing diminished their ability to find quality housing that supported long-term growth and reflected a higher quality of life. Housing that is part of a walkable community and those with outdoor green spaces, provides an extension of the apartment unit and can reduce the loneliness and isolation many of those housed were feeling. By designing urban spaces that include affordable housing, those coming out of homelessness have more opportunity to engage in community affiliation as well as develop important social relationships.

### **Recommendations**

The results of the study provided insight into how socially focused interventions could influence the successful social integration of the formerly homeless individuals back into their communities. Social integration has been associated with developing the necessary “connections to social and material resources that can provide individuals with

social benefits or social capital” (Bower, Conroy & Perz, 2017, p. 241). In addition, it has been thought that “being socially integrated, meaning partaking in a broad and diverse range of social relationships in one’s community, has been associated with social well-being and physical health outcomes” (Bower, Conroy & Perz, 2017, p. 241).

The key recommendations from the study center around building a Holistic Housing First program that supports the lifecycle of the person at the time of exiting homelessness, well into the future. As the program is refreshed, it should focus on the following key themes of housing opportunities, addressing self-sufficiency, and building an engaging social environment. Each theme below developed into several key recommendations for socially focused interventions.

### **Holistic Housing**

Based on the lack of social integration of those housed between 24 and 60 months, the study concluded that Housing First may produce housing stability but is not influencing community affiliation. The lack of level of social integration precludes the ability of a person to develop a sense of well-being as needed to ensure long-term sustainability in housing. As the USICH report stated, “Housing First should not be the only tool in the toolkit” (UISCH,2020). All the participant discussed the need to better align their needs of housing with their personal needs. Some of the needs discussed were more choices in housing, different opportunities for increasing their income, and the desire to make friends and have an engaging social environment.

To remove the isolation and exclusion the participants felt, it is critical to identify an appropriate housing solution when a person leaves homelessness and over time. The first is to triage the needs of a person which integrates housing, medical, social, and financial needs. For those who are staunch Housing First proponents, it is important to lay aside the values of the homeless provider and implement solutions that meet the needs of the participant. To ensure a safe path to self-sufficiency, homeless practitioners must utilize the best housing option for each person. This toolkit may include transitional housing, permanent supportive housing, and independent living (to include elderly/disabled and mix-income). The challenge is not finding housing, it is finding housing that provides meaningful opportunities for its members.

### **Housing Opportunities**

PSH For Those with Severe Mental Illness. For those that have severe mental illness, the homeless practitioners should recognize that many of those leaving homelessness will need long-term care. Their housing options should be highlighted within the arena of permanent supporting housing. Permanent supportive housing is a viable option where services to those in need of mental health care can live in a community type setting and receive health care that is specific to their needs. These housing complexes provide an apartment-like setting with community spaces to provide a semi-independent living option. In this type of environment, many will be able to achieve their highest level of self-sufficiency. Others who have achieved their goals in permanent supportive housing, may graduate to independent living. When evaluating a person's



needs, it must be recognized that for some individuals “few resources are needed to achieve home and independence, whereas for other homeless individuals, a large number of resources are needed for an extended period of time” (Hardin & Willie, 2017, p. 45). If the current Housing First program can incorporate this assumption, the ability to find appropriate housing can be found, recognizing that for some, independent living may never be achieved.

**Elderly/Disabled Housing.** The elderly/disabled are a growing target population as discussed by the participants of this study. It is important to understand their personal needs and that for them to live at a level of self-sufficiency and independence, they need to reside in housing that provides the appropriate level of support and social engagement. Incentives should be allotted to developers to increase housing for certain populations such as elderly/disabled. If we are not proactive in finding elderly housing for a cohort of the formerly homeless population, there may be a growing population that is forced out of independent living and back to a homeless situation. Increasing the availability of senior housing is an approach that respects the needs of this population and builds an environment that supports their personal identity.

**Transitional Housing.** Over the years, transitional housing has been replaced by quality shelters, and permanent supportive housing. Transitional housing is regarded as positive environment for a person who is dealing with severe health impairments such as substance abuse and regulating mental health issues. Transitional housing provides a structured environment whereby people are required to participate in medical programs,

such as drug treatment, pay rent, participate in chores, find employment, take ownership of property, and cook for the participants. Transitional housing operates as a team approach, making everyone accountable for achieving certain milestones.

The premise of transitional housing lays against the grain of Housing First. Housing First does not believe that there should be a prerequisite for housing. Upon the selection of Housing First as the primary intervention for dealing with homelessness, federal funding for transitional housing ended. Studies by Tsemberis (2012) recommended that the homeless be placed in permanent supportive housing or independent housing. The logic was that everyone was housing ready. The opinion was that transitional housing delayed the process of placing people in housing and that housing should not have any prerequisites.

The support that a transitional environment provides a person is many times what a person needs to provide them with the foundation for moving forward. This housing option is a viable option for people who would fail in independent living because of their inability to solve their health issues by themselves. As part of the Housing First refresh that is recommended by USICH (2020) and the Federal Government and supported by the results of this study, the toolkit should contain different housing interventions based on the needs of the person.

**Affordable Mixed-Income Housing.** By understanding the capacity of the tenants, developers can focus on building affordable housing that meets income needs and supports the appropriate rent burden. This will provide an increase of housing

opportunities in areas that have better schools, access to shopping and better health care options. Developers need to be incented to construct affordable housing with a focus on walkability, outdoor space and convenient to quality schools, healthcare and employment.

Increased social integration can be associated with quality housing. Quality housing environments such as those that are defined in a mixed-income environment, bringing together members with common goals. These types of environments solicit membership and are inclusionary providing for more opportunities for its residents. By providing quality housing in good neighborhoods, a person's sense of community can potentially be increased.

### **Building an Engaging Social Environment**

One of the common themes in the study was of isolation and exclusion and the need to develop relationships through social connections. As housing advocates look to the future of building new housing, it is critical for the community to look at their responsibility to provide set direction on the accessibility of different avenues for socialization. Industry experts such as Nemiroff et al. (2011), concluded that quality housing tends to increase a person's sense of community. As discussed by McMillian and Chavis (1986) in their work on sense of community, the more inclusive a community is, the increased opportunity for a person to feel a sense of membership.

The social environment provides avenues for socialization and the need for the community to continue to support places where this interaction can happen. Having

housing near colleges, community centers and libraries, and even coffee shops, provides a mechanism for this target population to not only improve their skills, but interact with organizations that support their need for work. Having access to college course, the internet and provides support for increasing one's capacity. In addition, provides opportunities for activities such as reading clubs, bingo, and other activities that support socialization.

### **Addressing Self-Sufficiency**

One of the limiting factors for those coming out of homelessness, is their inability to increase their income. For those who have mental illness, are elderly, or disabled, or a combination of these, their income will be based on government standards for social security income and disability income. With these flat incomes, a person must learn how to become self-sufficient and sustainable.

As people enter housing and look for ways to become self-sufficient, their self-worth will increase if they are able to provide for themselves. Many who are elderly and disabled will utilize social security as their income stream, but others will need to find employment.

Finding ways to engage the aging population with opportunities that develops a sense of worth and contribution is critical to their overall well-being. Mentoring and volunteer opportunities may not provide physical income, but they provide social and mental development and an investment in the success of future generations.

### ***Job Training, Employment, and Living Wage***

For those who are exiting homelessness and have the capacity to work, the community needs to engage with local companies to provide job training programs that lead to a job with a living wage that influences their ability to become self-sufficient. If we expect the formerly homeless to become self-sufficient, stakeholders at the state and local levels have the responsibility to assist in this process. One way is for state and local policies to provide business incentives to develop job training programs. Job programs that end in employment are part of a positive cycle that engages a formerly homeless person in the process and provides them hope for a better future.

Of the 15 participants in the study, none of them were working and they were all receiving some form of social security income. Only one of the participants felt he could work, the other 14 felt that their age and health precluded anyone from hiring them. Through connections at this church, one of the participants was able to get tuition for college classes. He felt that he would be done with his degree in nine years. His personal outlook on working was dismal and he had no idea of how to find work.

To prepare people for self-sufficiency, the community must find corporate solutions to find work for this population. A living wage at a 40 hour a week job, will allow those that are willing and able to move towards self-sufficiency, and rebuild their identity in the community.

### **Implications for Positive Social Change**

Social change implications for the study are rooted in one of the major themes of the study that that social integration is dependent on a quality housing environment.

Even though the participants of the study had higher housing retention level, the participants had not developed a sense of community. The participants discussed that an environment that cultivated a sense of community was one where there were activities to participate in, had residents of the same values, and that was safe and caring and supported development of long-term relationships.

Unfortunately, for the study group, their living conditions in less than quality housing, was a barrier to social integration and impacted their well-being. P5 provided an account of their housing that illustrated how the lack of quality housing impacted their overall well-being. P5 said the air conditioning vents need cleaning. Waiting on the maintenance people to clean. I ask them about it, and they say they will but do not fix it. Stresses me (personal communication, October 20, 2019).

As defined by Durkheim (2013, 2014), a person has an innate desire to socially interact with people to achieve their goals. Bell and Walsh (2015) confirmed the concept of selective socialization. Their study results identified that “relationships were identified by all participants as critical, however, choosing with whom to enter into relationships was a strategic and thoughtful process and entered into lightly” (Bell & Walsh, 2015, p. 2). The dissertation results concluded parallel results.

Social change begins at the root definition of homelessness that must include not only the need for shelter but and understanding the need to provide a socially engaging environment where a person can develop a sense of membership and self-worth. As

identified during this study, the ability to socially integrate is impacted by the ability to develop relationships with people of common values.

The social implications of this study impact both the homeless practitioners and those they serve. Social policy at the state and local levels should be evaluated to understand how housing can be built that better serves the needs of those leaving homelessness. The stress of living in unsafe, poorly maintained, or crowded conditions “may negate any benefits associated with being housed” (Dunn, 2002). In addition, housing quality is also “associated with higher levels of mental health functioning” (Aubry et al., 2016, p. 132).

Social policy is needed to bring to light the negative social implications of long-term isolation and the need to recognize that housing itself does not ensure reaffiliation within a community. At the root of social change is the need for the Housing First to recognize the need for social integration.

The current recognized definition of homelessness that was publicized by HUD in January of 2012, “recognizes that homelessness is the lack of housing” (Tsemberis, 2012, p. 12). To accommodate the results of this and other studies, it is recommended that social policy be enacted to ensure that interventions to manage homelessness include both housing and interventions to support social integration.

If the new goal of the Federal Government and USICH (2020) is to re-evaluate homeless interventions, then it is critical to recognize the social needs of the housed formerly homeless from their perspective. To be able to effectively manage

homelessness, society must recognize their responsibility to support community affiliation through programs that build the well-being of the members.

### **Conclusion**

The CEA (2019) stated that “overall homelessness has increased in America; and in many communities, homelessness has reached a crisis level” (USICH, 2020, p.1). It appears from new statistics and the growing number of unsheltered tent encampments that homelessness is increasing “despite significant increases in funding and beds” (USICH, 2020, p.1). In response, the federal government has recognized that the “policy shift in prioritizing housing first as a one-size-fits-all approach has not worked to reduce homelessness for all populations and communities” (USICH, 2020, p. 1).

The results of this study corroborated the CEA (2019) viewpoint that current methods, including Housing First programs, may not be addressing the needs of the person from a holistic perspective as they are provided housing. CEA concluded that even though the participants were grateful for housing, they were placed in communities where the environment was not conducive to influencing social integration. The tenants all had achieved housing stability, meaning they had determined how to pay their rent and stay housed, but had not developed a sense of community nor were positioned for long-term housing sustainability. As a result, they were impacted by various psychosocial factors such as isolation and exclusion and had not progressed towards long-term self-sufficiency.



The results of this dissertation are quite timely as the federal government CEA (2019) and USICH (2020) are suggesting a refresh of homeless programs, including Housing First. The CEA (2019) concluded that homeless providers should improve their current processes and consider the best option for addressing the needs for a person exiting homelessness.

New lens under which to address homelessness. The dissertation concluded that the homeless approach of implementing Housing First needs to be refreshed and should reflect the three pillars needed to addressing homeliness: Housing opportunities, building an engaging social environment, and addressing self-sufficiency. These pillars of success reflect the lens under which Homelessness in the 21<sup>st</sup> century should be addressed. In addition, these pillars correlate to various socially focused interventions to illustrate how these critical areas could be reflected in a positive environment.

### **Pillar One: Housing Opportunities**

Housing opportunities was considered the foundation that establishes the overall well-being and self-sufficiency for those leaving homelessness. I believe that each person should be entitled to housing in an environment that supports their personal needs. Transitional housing, permanent supporting housing, independent housing, and elderly/disable housing should all be acceptable interventions for a person. It is important to recognize that not everyone is resilient; and some need more support than others to address key medical issues like mental illness and drug abuse. By allowing people to

enter environments like transitional housing first, they can enter a substance abuse program and live aligned with others who are experiencing the same issue.

### **Pillar Two: Engaging Social Environment**

Housing, therefore, should provide not just shelter, but an engaging social environment where the participants can increase their social capacity and learn the social skills needed to sustain housing. As Bassuk et al. (2014) concluded, the approach to managing homelessness cannot be considered successful if we define success as placing people inside of four walls without any concern for community affiliation and well-being.

### **Pillar Three: Self-Sufficiency**

Addressing self-sufficiency is the third pillar of the holistic Housing First program. With the support of state and local stakeholders, businesses can be incented to develop job training programs, for those that are willing and able, that lead to employment at a living wage. When interventions integrate housing, self-sufficiency, and overall well-being, a person can develop a sense of community and benefit from the opportunities gained from social affiliation.

Conclusion: If homelessness can be addressed by aligning housing with the needs of those that are being housed, addressing the three pillars of homelessness can provide the path toward long-term sustainability for Housing First participants. If the goal is to manage homelessness, then homelessness must be addressed from the perspective of the homeless and provide an environment that promotes success. If the goal is to manage homelessness, then the goal should be to measure long-term housing sustainability and

not just how many we have placed in housing. Success for managing homelessness needs to be measured by the number formerly homeless that have built capacity to sustain housing. Success cannot be celebrated, knowing that those that are housed are still at risk of returning to homelessness. By addressing the current homeless interventions through the socially responsible lens of the three pillars, homeless interventions can provide a measurable and respectable path for moving from housing stability to housing sustainability.

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## Appendix A: PSOC Survey Tool

### PSOC Survey Tool

The qualitative questions asked during this interview will gather from your perception, on how well you have been socially integrated within your community. You will be asked a series of questions to determine how your psychological sense of community (PSOC) has changed and what socially focused interventions caused this change and why. These interventions may have had an impact on how you perceive yourself as being socially integrated within the neighborhood by focusing on such areas as your membership within the community (such as feeling a part of the community), the influence you provide within the neighborhood, and how well the community fulfills your needs, which may cover such needs as services, employment, and housing.

#### Measuring the Psychological Sense of Community (PSOC) Qualitative Tool

**RQ1.1: What purpose does a sense of membership in one's community play in fostering successful integration of housed, formerly homeless individuals back into their community? 1.1.1: What are the supporting interventions?**

##### Aligned Survey Questions

Q1: Do you think it is important to have a sense of belonging and feel membership within the communities where you live and work? Yes/No.

If yes, why is it important to have a sense of belonging and feel membership within the communities where you live and work?

If no, why is it not important?

Q2: Have social interventions increased your sense of belonging and membership in the community where you live? Yes/No

If yes, describe what social interventions (actions) may have increased your sense of belonging and membership in the community where you live.

If no, what social interventions have not increased your sense of belonging and membership?

Q3: Have social interventions increased your sense of belonging and membership in the community where you work? Yes/No

If yes, describe what social interventions (actions) may have increased your sense of belonging and membership in the community where you work.

If no, describe what social interventions have not increased your sense of belonging and membership?

**RQ1.2: What purpose does the fulfillment of personal needs within one's community play in fostering successful integration of housed, formerly homeless individuals back into their community? 1.2.1: What are the supporting interventions?**

##### Aligned Survey Questions

Q1: Is it important for the communities where you live and work to support your needs? Yes/No

If yes, why is it important for the communities where you live and work to support your needs?



If no, why is it not important?

Q2: Has your needs been met by the community where you live? Yes/No

If yes, describe which of your needs the community where your live has met.

If not, describe what needs have not been met.

Q3: Has the needs that have been met by the community increased your ability to remains in housing? Yes/No.

If yes, describe how the needs that have been met by the community may have increased your ability to remain in housing in the community where you live.

If no, describe how the needs have not increased your ability to remain in housing.

Q4: Has any of your needs be met at work? Yes/No

Is yes, describe what needs were met.

If no, describe what needs have not been met.

Q5: Has the needs that have been met by your employer/employees, assisted you in your ability to stay employed? Yes/No

If yes, describe how the needs that have been met by your employer/employees may have assisted in your ability to stay employed.

If no, describe what needs have not been met by your employer/employees that may have assisted in your ability to stay employed.

**RQ1.3: What purpose does influence in one's community play in fostering successful integration of housed, formerly homeless individuals back into their community? 1.3.1: What are the supporting interventions?**

Aligned Survey Questions

Q1: Do you fit into the communities where you live and work? Yes/No

If yes, why is it important for you to fit into the communities where you live and work?

If no, why is it not important to you?

Q2: Do the community members where you live make you feel included in day-to-day activities? Yes/No

If yes, describe how the community members where you live make you feel included in day-to-day activities.

If no, describe how the community members make you feel excluded.

Q3: Do the community members where you live encourage you to share your opinion(s)? Yes/No

If yes, describe how the community members where you live encourage you to share your opinion(s).

If no, describe how the members do not encourage you to share your opinion(s).

Q4: Do the community members where you work make you feel included in the day-to-day activities? Yes/No

If yes, describe how the community members where you work make you feel included in the day-to-day activities.

If no, describe how the members make you feel excluded.

Q5: Do the community members where you work encourage you to share your opinion(s)? Yes/No

If yes, describe how the community members where you work encourage you to share your opinion(s).

If no, describe how the members do not encourage you to share your opinion(s).

**RQ1.4: What role does an emotional connection with one's community play in fostering successful reintegration of housed, formerly homeless individuals back into their community? 1.4.1: What are the supporting interventions?**

Aligned Survey Questions

Q1: Is it important for you to have an emotional connection with the people in the communities where you live and where you work? Yes/No

If yes, why is it important for you to have an emotional connection (what you have in common) with the people in the communities where you live and where you work?

If no, why don't you think it is important to have an emotional connection?

Q2: Is it important for you to feel part of the community where you live? Yes/No

If yes, describe why it is important for you to feel that you are a part of the community where you live?

If no, describe why it is not important for you to feel that you are a part of the community?

Q3: Is it important for you to have things in common with the people in the community where you live?

Yes/No

If yes, why it is important for you to have things in common with the people in your community where you live.

If no, why it is not important for you to have anything in common with the people in your community?

Q4: Is it important for you to be a part of the community where you work? Yes/No

If yes, why it is important for you to be a part of the community where you work.

If no, why is it not important?

Q5: Is it important for you to have things in common with the people in the community where you work?

Yes/No

If yes, why it is important to have things in common with the people where you work.

If no, why it is not important.

*Note.* The questions in the survey instrument follow the four key domains as defined in the psychological sense of community framework as defined by McMillan and Chaves (1976), Brodsky, O 'Campo and Aronson (1999), and Aubry and Myner (1996). These domains are membership, needs fulfilment, influence and emotional connection and are reflected in RQ1.1, RQ1.2, RQ1.3, and RQ1.4.