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An Examination of Chronic Homelessness from the Perspective of Counseling Professionals in Southeast Florida

Tonia Jackson
Walden University

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Walden University

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Tonia Jackson

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Walden University
2022

Abstract

An Examination of Chronic Homelessness from the
Perspective of Counseling Professionals in Southeast Florida

by

Tonia Jackson

MS, Nova Southeastern University, 2008

BS, Stillman College, 1984

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice General Studies

Walden University

February 2023

Abstract

Homelessness continues to be a serious social problem in the United States. Despite the public and private resources expended to address homelessness, the crisis still exists. This phenomenological study was framed in Maslow's human needs approach. Maslow created a list of basic five human needs to gain a better understanding of human behavior and motivation. The human behavior theory can also be applied to homelessness to provide a deeper understanding of the phenomenon. The research question addressed the strongest factors that counseling professionals consider to be related with chronic homelessness in Southeast Florida. Data were collected through semi-structured interviews of 10 counseling professionals representing homeless shelters in Southeast Florida. Data analysis exposed three themes: mental health, substance use and affordable housing; administrative and systems challenges; and the participants expressed a need for robust resources to combat chronic homelessness. This transcendental phenomenological study contains knowledge for organizations seeking to embrace evidence-based practices, improve administrative systems, develop workshops and training, evaluate, and improve current policies, and increase funding for long-term case management leading to positive social change

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Dedication

First, I honor and thank my heavenly father, God, for his unfailing love, grace, wisdom, and strength to complete this dissertation. I thank my grandparents, Willie and Inez Burns, and Samuel and Mosie Jackson who struggled as crop sharers, paving the way for me. I know you are looking down on me. Thank you, Mommy and Daddy, whom I adore and respect. You have always supported my efforts and encouraged me to pursue my dreams. I appreciate your perseverance and strength, which paved the way for me to accomplish my goals and dreams. I am thankful to my friend, Paula, who assisted with edits and encouragement during this journey, and my cousin, Alisha, who has been my cheerleader and reminded me to stay focused. To my dear daughter, Teylor, who has never given me a moment's trouble and reminded me anything is possible no matter what life throws at you. To all of you, I offer my thanks, appreciation, and enduring love.

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Chapter 1: Introduction to the Study

The United States is one of the wealthiest nations in the world, yet homelessness persists despite the public and private resources dedicated to remediating this crisis (Balagot et al., 2019). The U.S. Department of Housing and Urban Development (HUD, 2021) reported that approximately 580,466 people experienced homelessness in the United States on a single night in 2021. The report revealed that 326,000 people were sheltered, a decrease of eight percent in 2020; however, the number of sheltered individuals with chronic patterns of homelessness increased by 20 percent during this same period (HUD, 2021). Homelessness is also a public health crisis, decreasing an individual's life expectancy of around 50 years of age (National Coalition for the Homeless, 2018).

Compared to the general population, the homeless are at greater risk for infections and chronic illness, poor mental health, and substance abuse (Rafailovitch, 2018). Moreover, the homeless population has a mortality rate that is “four to nine times higher than those who are not” homeless (Rafailovitch, 2018, p. 2). According to The Office of the United Nations High Commissioner for Human Rights (2021), homeless persons are more likely to die prematurely of preventable deaths and suffer from criminalization, violence, and aggressive policies. It is difficult to quantify the homeless crisis because the homeless population sleep in parks, on the streets, in doorways, buses, cars, shelters in buildings or other places not designed for habitation (National Coalition for the Homeless, 2018).

A homeless individual is defined as one who lacks a fixed, regular, and adequate nighttime residence (HUD, 2020). Homelessness is chronic when a person has been continuously homeless for one year or more or has experienced at least four episodes of homelessness within the last three years, and the combined length of time homeless on those occasions is at least 12 months (HUD, 2020). The homeless population includes individuals who live in “shelters, subsidized housing, motels, hotels provided by social service providers or stay with relatives or friends” (Kim & Garcia, 2019 p. 3). How the homeless population is defined and counted for analysis influences both policies and allocation of services (Kim & Garcia, 2019).

A significant portion of the literature suggests that a variety of factors can contribute to homelessness, such as poverty, a decline in levels of public assistance, domestic violence, lack of affordable health care, mental illness, criminal involvement, and addictive disorders (Borkowski, 2017; Broward Partnership for the Homelessness, 2021; HUD, 2020; HUD, 2021; Kim & Garcia, 2019; National Coalition for the Homeless, 2020; Murray, 2021; World Health Organization, 2021; National Alliance to End Homelessness, 2016; Rafailavitch, 2018; SAMHSA, 2020;). However, the existing research is scant regarding the lived experiences of counseling professionals who work with the homeless population.

As homelessness is a global urgent crisis (HUD, 2021), the results of this research will build on the existing research, improve current policies, and assist homeless advocates with improving resources. This research will be a catalyst for social change by breaking the cycle of homelessness and may be replicated. In this chapter, I discuss

homelessness and provide data on chronic homelessness in the United States. I also present my problem statement and purpose of the study. I identify and discuss the conceptual framework that will be the foundation for this study. I also provide a definition of terms, limitations of the study, delimitations, and assumptions in Chapter 1.

Background to the Study

This research study was conducted to address the potential factors that influence chronic homelessness in Southeast Florida through the lived experiences of counseling professionals who work with chronically homeless persons. The intricacies of homelessness are extensive. Individuals become homeless for varied reasons and diverse groups of people are impacted differently. The Substance Abuse and Mental Health Services Administration (SAMHSA) defined homelessness as individuals or family groups' living in shelters (sheltered) either chronically or through emergencies, those living in transitional housing programs, or temporarily with family (doubled-up) or sleeping in unconventional places not meant for habitation (unsheltered) (Giano et al., 2019). According to the Florida Department of Children and Families (2019), homelessness can also be described in four broad categories: an individual or family who will imminently lose their home, unaccompanied youth, families with children who consistently experience housing insecurities and are likely to continue in that state, or an individual who is fleeing or attempting to flee domestic or intimate partner violence and needs resources to obtain other permanent housing. According to HUD (2021) approximately 131,377 people experienced sheltered homelessness as part of a family with at least one adult and one child under the age of 18.

The housing crisis impacts minority women at a higher rate than other groups. Mothers who experience housing insecurities must contend with poverty and past trauma, damaged family relationships, and inadequate support (Gültekin et al., 2014). The homeless population is unique, complex, and multifaceted. The dynamics for homeless families have patterns that mimic those of low-income family households experiencing poverty. Research indicated that minority families are overrepresented within the homeless population (Brott et al., 2019; Kim & Garcia, 2019). Addressing stable housing is key to stabilizing the lives of the homeless population. Desmond's (2016) highlighted the struggles, revealing that locating sustainable housing for African American women with children is a challenge. One in five African American women have been faced with losing their home to eviction, compared to one in 12 Hispanic women and one in 15 white women (Desmond, 2016). A different study conducted by Giano et al. (2019) revealed that inadequate incomes and dwindling housing were the cause of homelessness, and minorities were at a higher risk than white individuals. The same study revealed that of 432 female-headed households, 220 were homeless and 216 lived in poverty (Giano et al. 2019). The risk factors for homelessness included a history of foster care, family history of substance abuse, having recently moved into the area, evictions, and mental illness. Homeless women also lack strong community connections, strong family relationships, and reported severe physical and sexual assault over their lifetime, compared to women without a history of homelessness (Giano et al., 2019)

Existing research showed that men are likely to become homeless due to unemployment, substance abuse, mental health challenges, or after being discharged from

an institution; in contrast, women experience homelessness due to interpersonal conflict, lack of social support, and after eviction (Giano et al., 2019). Social support for women with housing insecurities provides a barrier against isolation, stress, and mental illness (Brott et al., 2019). Homelessness also impacts the entire family unit. According to Brott et al. (2019), parents experience shame and frustration because of the need to rely on social services to support their families, which triggers some parents to experience stress and anxiety.

Poverty and housing insecurities exacerbate mental illness and physical health (Brott et al., 2019), as does sleep deprivation, stress, anxiety, and isolation, thus causing a cycle between homelessness and mental health (Schultheis, 2018). Individuals with mental illnesses comprise 20% to 30% of the homeless population, and substance use is prevalent among the homeless population (Brott et al., 2019). According to Brott et al. (2019) alcohol use is twice as high as other substance use, and three times as high among lower income and homeless women compared to the general population.

The family structure is a pathway to homelessness. In a study of 792 mothers by Giano et al. (2019), marriage was not linked to homelessness but having a live-in father significantly reduced the odds of being homeless for women. Domestic violence and poor health were also cited as pathways to homelessness for women (Giano et al., 2019). According to the Institute for Children, Poverty, and Homeless (2021), 80% of homeless mothers with children have previously experienced domestic violence in the United States, and 230,000 children living in shelters were at some point exposed to the traumatic and long-term effects of domestic violence. Research indicated that domestic

violence is an emotional issue that affects and disrupts the family unit. In most cases, families remain in sheltered living longer than single individuals, which exacerbates children's risks for mental disorders, both directly and indirectly, via crowding and caregiver stress (Marcal et al., 2019). Overburdened and overcrowded shelters place undue stress on the entire family unit.

A sizable number of private and public funding is allocated to the homeless population annually. Despite the significant resources allocated to reducing homelessness, this public crisis continues to persist worldwide. According to the National Alliance to End Homelessness (NHAH) (2017), it costs approximately \$35,000 annually to house a chronically homeless person; however, supportive housing costs on average \$12,800 (National Alliance to End Homelessness, 2017). Providing supportive housing is less expensive than to provide an array of supportive services (Giano et al., 2019; National Alliance to End Homelessness, 2017).

Individuals experience housing insecurities in distinct phases of life and for various reasons, including loss of income, domestic violence, and substance use. Eisenberg (2018) explained that poverty is just one of many variables that causes homelessness, but the social and economic realities have impacted women with children more than any other subpopulation. During the 1950s and 1960s, the face of homelessness consisted of middle-aged to older white males, whose primary reasons for homelessness included deficient income, displacement, alcoholism, and mental illness (Giano et al., 2019). In the mid-nineteenth century, the U.S. began to implement major changes that increased the cost to build and maintain housing. "Skid rows were

demolished, and single room occupancy was depleted leaving the poor with few options” (Giano et al., 2019, p. 693).

In 1979, the U.S. Supreme Court ruled in the case of *Callahan v. Carey* that homelessness is a public concern and should be addressed by the state (Coalition for the Homeless, 2020). This case was the catalyst for reform that mandated the establishment of family shelters in New York (Coalition for the Homeless, 2020; Eisenberg, 2018). Historically, New York has the highest concentration of homeless people in the United States and has also created a vast infrastructure to address the crisis like no other state in the United States. The Urgent Relief for the Homeless Act was introduced in 1986, and President Reagan signed and renamed it the Stuart B. McKinney Homeless Assistance Act in 1987 (Eisenberg, 2018). In 2000, President Clinton renamed the act again to the Mc’Kinney-Vento Act. The intention of the Mc’Kinney-Vento Act was to assist elderly individuals with disabilities, families with children, Native Americans, and veterans, with a focus on emergency funding for shelter, food, health care, and transitional housing (Eisenberg, 2018).

The Housing first model was created in the 90’s by Dr. Sam Tsemberis (National Coalition for the Homeless, 2020). The underlining principal of the Housing First model was that people were more successful with their lives if they are assisted with housing first, then assisted with support services (National Coalition for the Homeless, 2020). Counseling professionals provide services, advocate for the homeless through the difficulties of social services, implement evidence-based practices, and address trauma, employment challenges, substance abuse, and mental health challenges (Coyle, 2022).

The complexities of chronic homelessness warrant further exploration, especially since there appears to be insufficient information available about the reasons for the failure to break the chronic homelessness cycle, despite the substantial number of resources allocated to help them succeed. This study examined the scope of homelessness in Southeast, Florida from the lens of the lived experiences of counseling professionals assigned to work with homeless clients. This study will effect change in the community by providing new data that may lead to policy changes, reduce chronic homeless rates, and improve services.

Problem Statement

Little is known about the day-to-day existence of chronically homeless families from the perspective of counseling professionals. This study will provide insight into the struggles that people encounter as they cycle through homeless shelters and will provide new information about transformation and development of effective resources and policies. The Department of Housing and Urban Development (HUD) revealed that as of January 2020, Florida had an estimated 2,436 homeless families; of that, 7% were in Broward County (HUD, 2021). The literature revealed that the lack of affordable housing throughout the United States, particularly in Broward County, contributes to an inability to acquire or maintain housing (HUD, 2020; HUD, 2021; Kim & Garcia, 2019; Florida Coalition to End Homelessness, 2021; National Alliance to End Homelessness, 2020; Rafailavitch, 2019).

The existing literature showed that there are a variety of additional factors that may contribute to homelessness, including poverty, a decline in public assistance levels,

lack of affordable health care, mental illness, and addiction (Giano et al., 2019; Harriger, 2021). Despite the public and private resources available for homeless families, many continue to remain in the homelessness cycle (Kim & Garcia, 2019). The literature provides a plethora of information regarding the pathways and predictors of homelessness. This research addressed the gap from the perspective of the lived experiences of the counseling professionals who work with the homeless. The findings of this study will help to reduce chronic homelessness rates.

Purpose of the Study

The purpose of this qualitative phenomenological study is to explore chronic homelessness in Southeast Florida from the perspective of counseling professionals who work with the chronically homeless daily. The Department of Housing and Urban Development (HUD) revealed that as of January 2020, Florida had an estimated 2,436 homeless families, and of that, 7% were in Broward County (HUD, 2021). This research study will add depth to the existing literature on homelessness by examining the driving factors of homelessness in Southeast Florida from the perspectives of counseling professionals. According to Coyle (2022), counseling professionals are essential to the homeless population because of the critical supportive service and evidence-based practices they provide regarding physical and mental health, education, employment, substance abuse and community connections. Using a qualitative phenomenological design provided me the opportunity to obtain in-depth information on the participants' lived experiences through semi-structured interviews.

Research Question

This research study will add depth to the existing literature on homelessness by examining the driving factors of homelessness in Southeast Florida from the perspectives of counseling professionals. The following research question guided this phenomenological study:

RQ: What are the strongest factors that counseling professionals consider to be correlated with chronic homelessness in Southeast Florida?

Conceptual Framework

This research is framed by Maslow's hierarchy of needs model. Abram Maslow created a list of basic five human needs to gain a better understanding of human behavior and motivation. Maslow's human needs model can also be applied to homelessness to provide a deeper understanding of the phenomena. Maslow (1943) believed that individuals must satisfy lower-level deficit needs, such as food, shelter, and water, before progressing on to meet higher level growth needs; however, Maslow (1987) later changed his stance, stating that satisfaction of a needs is not an "all-or-none" phenomenon, admitting that his earlier statements may have given "the false impression that a need must be satisfied 100 percent before the next need emerges" (1987, p. 69). This phenomenological study investigated the causes of chronic homelessness from the perspective of counseling professionals.

Nature of the Study

This research study was framed within Husserl's transcendental phenomenology approach. Husserl's phenomenological perspective provides researchers with a specific

understanding of an individual's lived experience or social context and is comprised of everything in the perceived physical and human world, including the conscious subject's body and recalled memories (Henriques, 2014). This phenomenological study is focused on the lived experiences of counseling professionals from four homeless shelters to determine the reasons for chronic homelessness in Southeast Florida. The region of study has several homeless shelters, but this study was focused on shelters that only house adults. A set of semi-structured interviews were used in this study, facilitating detailed responses from the interviewees.

Qualitative inquiry prioritizes an individual's lived experiences through a rich thick description (Patton, 2015), which is appropriate for exploring the complexities of homelessness in this study. The homelessness crisis warrants empirical research that can assist policy makers, stakeholders, and treatment providers with solutions and resources to assist homeless families with self-sufficiency, sustainability, and effect social change. I employed the snowball sampling technique in the research study, intentionally identifying potential counseling professionals. Researchers employ snowball sampling because participants can provide detailed information and rich descriptions of the phenomenon under study (McCaughran-Contreras et al., 2021; Parker et al., 2019). Ten counseling professionals were included in this research. The participants in this research study must have provided social services for homeless families within the last three years. Data were collected from in-depth interviews with participants premised on the research question, exploring counseling professionals lived experiences of chronic homelessness.

Definitions

This research study highlights multiple terminologies employed within social services, and a clarification of definitions aids in comprehension of understanding within the scope

Chronically homeless people in families: Refers to people in families in which the head of household has a disability and has either been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years, where the combined length of time homeless on those occasions is at least 12 months (HUD, 2020).

Continuums of care (CoC): Local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, or entire state (HUD, 2020).

Emergency shelter: A facility with the primary purpose of providing temporary shelter for homeless people (HUD, 2020).

Homeless: Describes a person who lacks a fixed, regular, and adequate nighttime residence (HUD, 2020).

McKinney Vento act: President Ronald Reagan signed the McKinney-Vento Homeless Assistance Act into law on July 22, 1987. The McKinney-Vento Act funds numerous programs providing a range of services to homeless people, including the Continuum of Care programs, the Supportive Housing Program, the Shelter Plus Care Program, the Single Room Occupancy Program, and the Emergency Shelter Grant Program (HUD, 2020).

Mental health (MH): The state of emotional and psychological well-being in which an individual can use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life (HUD, 2020).

People in families with children: People who are experiencing homelessness as part of a household that has at least one adult age 18 and older and one child under age 18 (HUD, 2020).

Permanent supportive housing (PSH): A housing model designed to provide housing assistance (project- and tenant-based) and supportive services on a long-term basis to people who formerly experienced homelessness. HUD's CoC program, as authorized by the McKinney-Vento Act, funds PSH and requires that the client have a disability for eligibility HUD, 2020)

Point-in-time counts (PIT): Unduplicated one-night estimates of both sheltered and unsheltered homeless populations. CoCs nationwide conduct the one-night counts that occur during the last week in January of each year (HUD, 2020).

Rapid rehousing: A housing model designed to provide temporary housing assistance to people experiencing homelessness, moving them quickly out of homelessness, and into permanent housing (HUD, 2020).

Unsheltered homelessness: People whose primary nighttime location is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation such as streets, vehicles, or parks (HUD, 2020).

Assumptions

For this research, several assumptions need articulation regarding existing research truths. My first assumption was that counseling professionals will protect the privacy of the clients and follow their agency's protocol. My second assumption was that counseling professionals would be vital to the study since they provide critical services to the homeless population. My third assumption was that counseling professionals are well-intended public servants and will welcome solutions that may improve the plight of the homeless population. My fourth assumption was that each participant will provide different accounts and unique stories during the investigation.

Delimitations

This phenomenological study was focused on the lived experiences of counseling professionals from four homeless shelters to determine the causes of chronic homelessness in Southeast Florida. One identified delimitation is the location of the participant population in this region of Florida. The participant population was further restricted to four shelters, which limited the generalization of results to a broader area of the state of Florida. The Department of Housing and Urban Development (HUD) revealed that as of March 2021, Southeast Florida had an estimated 2,561 homeless families. Another delimitation is the restricting of participants to counseling professionals who only work in shelters, further affecting the generalization of representation results of all counseling professional who work with the homeless population.

Limitations

The first limitation of this qualitative study is the small sample of counseling professionals in Southeast Florida, and their process of handling the chronically homeless of individuals residing in shelters. The second limitation of the study is counseling professionals must be a full-time employee and must have worked with the homeless population for at least three years. The third limitation of the study is my own bias and opinions on the phenomenon of homelessness. The fourth limitation of this study is that counseling professionals may be less forthcoming during the interview due to privacy issues related to the homeless population. Qualitative research is iterative rather than linear, which means it transitions back and forth between design and implementation to ensure congruence among question formulation, literature, recruitment, data collection strategies, and analysis (Morse et al., 2002). To minimize research bias, I was intentional about acknowledging my expectations and opinion about the study's outcome.

Significance of the Study

Homelessness is a serious social crisis that exists throughout the United States. In 2020, there were 171,575 people in families with children who experienced homelessness on a single night in the United States and 16,667 were unsheltered (HUD, 2020). The goal of this research is to build on the existing literature on homelessness by gaining insight into counseling professionals' lived experiences to assist policymakers, stakeholders, and community advocates as they identify solutions for homeless families, which may help to reduce the cycle of chronic homeless rates, implement effective policies, and provide impactful resources.

Broward County accounts for 6.6% of Florida's homeless population, with a budget over \$10,000,000 allocated to reduce homelessness rates (Rafailavite, 2018). According to a Broward County Point-In-Time Survey (2020) and HUD (2020), approximately 2,529 individuals were homeless in 2020. Approximately 2,529 were adults, and 7% were families and individuals in the following age ranges: 11% were under 18, 7% were 18–24, and 82.4% were 25 and older. Housing insecurities impact the entire age spectrum and places a burden on the entire family. According to the U.S. Department of Education, during the 2019–2020 Broward County school year, an estimated 5,094 students were identified as homeless, with 408 (8%) residing in shelters; 3,922 (77%) doubled-up in shared housing at other locations due to economic necessity; 306 (6%) residing in a car, park, campground, bus, or other public area; and 458 (9%) residing in hotels. Families with housing insecurities are also more at risk for child welfare involvement and more likely to have child welfare investigations, substantiated allegations, and removals than housed low-income families (Tiderington et al., 2021).

This research will be a catalyst for social change, offering information derived from counseling professionals' lived experiences which may assist policymakers, stakeholders, and community advocates, identifying solutions for homeless families. This research may help reduce the cycle of chronic homeless rates, implement effective policies, provide impactful resources, and strengthen families and communities. This research focuses on Southeast Florida and may also impact homelessness on a global scale.

Summary and Transition

Homelessness continues to be a serious social problem in the United States. Despite the public and private resources expended to address homeless, the crisis still exists. This research focuses on people experiencing chronic homelessness. According to the National Alliance on Ending Homeless (2021) chronic homelessness makes up 19 percent of the homeless population and consists of individuals who have disabilities and have been continuously homeless for at least a year or has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter during that time (National Alliance on Ending Homelessness, 2021). The existing research is limited regarding the day-to-day lives of chronically homeless families from counseling professionals' perspectives.

According to Coyle (2022) counseling professionals employ evidence-based practices and support services including physical and mental health, education, employment, substance abuse, and community connections. The role of counseling professionals is significant for this study, as they may understand the complex needs of people who are experiencing homelessness. To address the problem, I employed a qualitative research approach to answer the research question: What are the perspectives of counseling professionals who work with the chronically homeless on the causes of chronic homelessness in Southeast Florida?

Chapter 2: Literature Review

It is estimated that over 100 million people around the world are homeless, and 1.6 billion people lack adequate or appropriate housing (Homeless World Cup Foundation, 2021). Community leaders around the world struggle to get an accurate picture of the global homelessness crisis because of the varying definitions that exist from country to country (Hastings, 2018; Homeless World Cup Foundation, 2021; Murphy & Eghaneyan, 2018; Yousey & Samudra, 2018). In 2020, 580,000 people experienced homelessness in the United States, and 110,528 were documented as having chronic homelessness patterns (National Alliance to End Homelessness 2020; United States Interagency Council on Homelessness, 2020). The literature suggests that homelessness is widespread, and despite federal, state, and local efforts, this humanitarian crisis continues. According to Paat et al. (2021), it is difficult to obtain an accurate picture of homelessness because of the lack of credible data, unreliable counting, and unreliable measurements resulting from reporting changes and challenges estimating and tracking individuals who frequently move.

My goal for this transcendental phenomenological study was to explore chronic homelessness from counseling professionals' perspective in Southeast Florida. Counseling professionals are on the frontline in shelters, providing services for the homeless population daily. While there is a sizable amount of empirical research on this population's pathways and complexities, literature is scant regarding the chronically homeless families' day-to-day accounts from their social workers' perspectives.

Literature Search Strategy

The literature search further clarified the gap in the literature on social workers' perspectives regarding reoccurring homelessness. I conducted a search in the Walden University Library Databases using EBSCOhost, ProQuest, Sage Journals, APA Psych Articles, Pub Med, and Soc INDEX using the following terms: *homelessness, homeless people, homeless families, social workers perspective and the homeless, housing first, housing, homeless shelters, home retention, homelessness and poverty, cost of homelessness, social integration, chronic homelessness, and homeless resources*. Several ancillary terms provided additional background information: *poverty, families, and social services*. The search resulted in 115 articles and 25 books. I reviewed bibliographies from books and articles to find additional literature. Additionally, I performed Google searches to identify other literature. I conducted searches on homeless shelters, homeless coalitions, and nonprofit organizations using the following search terms: *housing and urban development, United States Interagency Council on Homelessness, women in distress, and National Alliance to End Homelessness*.

Conceptual Framework

Maslow's Hierarchy of Needs

Social scientist Abram Maslow created a list of basic five human needs to gain a better understanding of human behavior and motivation. Maslow (1943) believed that individuals must satisfy lower-level deficit needs, such as food, shelter, and water, before progressing on to meet higher level growth needs. This human behavior theory can also be applied to homelessness to provide a deeper understanding of the phenomena.

Human Needs Theory

Maslow (1943) suggested that if basic human needs are not fulfilled, it is difficult to survive or consider other needs. Maslow's Hierarchy of Needs is shaped like a pyramid, with basic needs such as food, shelter, and warmth at the bottom. Figure 1 illustrates Maslow's Hierarchy of Needs.

Figure 1

Maslow's Hierarchy of Needs



Note: From "Counseling Psychologist" *Maslow Hierarchy of Needs* by S. McLeod, 2022 Simply

Psychology www.simplypsychology.org/maslow.html

The homeless population not only struggles to meet their everyday needs, but they also must navigate the streets and avoid arrest. In many cases, the homeless endure victimization, shame, and harassment. Breaking the homelessness cycle strongly rests on securing stable housing. The root of homelessness can be addressed through a range of essential recovery support services, including mental and substance disorder treatment, employment, and mainstream benefits (SAMHSA, 2021). If the physiological needs are

accomplished, there then “emerges a new set of needs, which may categorize roughly as the safety needs” (Maslow 1943, p. 376).

There are two types of homelessness, sheltered and unsheltered (HUD, 2021). Unsheltered individuals may lack adequate nighttime residence or sleep in places not designed for sleeping (e.g., on the street, in cars or parks, etc.). Sheltered homeless persons may also stay temporarily in emergency or transitional housing. More than a quarter (27%) of individuals experienced homelessness in 2020, and 35% of those were found in unsheltered locations with chronic homelessness patterns, meaning that they experienced homelessness for extended periods (Florida Department of Children and Families, 2019). One study suggested that homelessness is intricately connected to housing conditions and ethnicity; once families enter shelters, “ending the cycle of poverty is difficult to break” (Giano et al., 2019, p. 699). Individuals experiencing homelessness struggle to meet daily basic needs, thus making it difficult “to preserve their own independence and self-worth during difficult times” (Rafailavitch, 2017, p. 16).

Safety and Security Needs. The second tier of Maslow’s hierarchy is the need for safety and security. Safety needs such as steady income, transportation, education, and employment are important (Maslow, 1943). Both the housing first model and Maslow’s hierarchy of needs assume that if physiological, basic safety, and security needs are not met, then individuals experiencing homelessness may remain stuck in the homelessness cycle (Alliance to End Homelessness, 2016; SAMHA, 2021). The housing first model offers healing; dignity is restored because of immediate intensive support

including mental health, “without insisting that they first undergo treatment” (Borkowski, 2017, p. 5).

Belongingness and Love. Belongingness and love are on the third level of Maslow’s hierarchy. Once physiological and safety needs are met, “then there will emerge the love and affection and belongingness needs” (Maslow 1943, p. 380). Prior abuse, mental health and substance use problems, and limited social support are all associated with both homelessness and victimization (Broll & Huey, 2020; Nilsson et al., 2020; Tong et al., 2021). According to Maslow (1943), basic human needs include intimate relationships, “supportive relationships with friends and relatives, homeless peers and acquaintances developed through shared housing or interaction with landlords, employers, and shelter staff.” Wynn and Stergiopoulous (2021) suggested that decreased engagement with community and outreach services lead to increased risk of mental and physical health deterioration. Belongingness and love are crucial for chronically homelessness individuals as they provide a pathway from homelessness. Deficiency and threat motivate human behavior and dictate an individual’s shift on the hierarchy of needs (Maslow, 1943). The quicker the lower needs are met, the quicker an individual transitions to the next level.

Self-esteem. Self-esteem is the fourth level of Maslow’s hierarchy of needs. There are two types of self-esteem: esteem that is based on others’ respect and acknowledgment, and esteem that is based on your own self-assessment (Maslow, 1943). The chronically homeless population cycles in and out of homelessness, which means transitioning up and down the hierarchal needs pyramid at different points. The longer a

person is homeless, the harder and more expensive it becomes to re-house them (SAMHSA, 2021). Maslow (1943) explained that the individual may develop feelings of inferiority, discouragement, weakness, and helplessness.

Self-Actualization. Self-actualization occurs when the homeless individual has reached their full fulfillment. Maslow (1943) suggested that even after accomplishing goals, an individual will still become discontent and restless unless they are doing what they were meant to do. For example, a dancer must dance, or a poet must write (Maslow, 1943). “What a man can be, he must be” (Maslow, 1943, p. 13). Self-actualization is subjective and unique to everyone but may be out of reach for families that cycle in and out of homelessness due loss of employment, mental health challenges, or a new arrest. This phenomenological study provides probabilities that include advocacy and collaboration with counseling professionals to increase a homeless person’s likelihood of self-actualization.

The History of Homelessness in the United States

Homelessness has plagued the United States throughout its history. The earliest documentation of homelessness appeared in colonial records from the 1640s. This period was also known as the era of indenture, a contractor agreement in which leaders agreed to care for and train a child in return for labor (Sweeny, 2015). During this period, Europeans displaced Native Americans, spurring homelessness for both populations (Invisible People, 2018). Those who implemented the strict Elizabethan laws decided who was allowed to join the community by determining who was “worthy.” If families were deemed “unworthy,” then they were forced to move (Invisible People, 2018).

Research revealed that not only did families struggle daily for basic needs, but parents were separated from children. Between 1853 and the 20th century, the Children's Aid Society relocated 120,000 children from east coast cities, and thousands were sent to western states (Sweeny, 2015). Although homeless families were given the option to stay in the poorhouse or almshouse, it meant mingling with the criminal population under the pressures of regimented schedules and work details (Sweeny, 2015).

The Industrial Revolution ushered in a shift to manufacturing jobs and people migrated to cities such as Boston, New York, and Philadelphia (The National Center for Biotechnology Information, 2018; Invisible People, 2018). This transition was devastating for families, causing a new urban poverty that often resulted in homelessness, panhandling, and police encounters. By the 1850s, individuals went from depending on skilled trades and farming, to wage-earning workers dependent upon wealthy employers, paving the way for severe poverty. Police stations served as the major shelter system, and most major cities reported increasing numbers of vagabonds (The National Center for Biotechnology Information, 2018).

In the 1870s, a new homeless movement emerged, described as tramps "riding the rails" (The National Center for Biotechnology Information, 2018 p. 2). Many of the new nomads riding the rails and congregating in cities were Civil War veterans, some of whom suffered physical injuries and trauma during the war. During the recession, many cities enacted anti-vagrancy laws prompting arrest of the homeless population (National Coalition to End Homelessness, 2018). In the 1880s, homeless individuals were described

as “hobos.” This softened the public’s perceptions of tramps (The National Center for Biotechnology Information, 2018).

During the early 1940s, there was an economic upswing as thousands of Americans joined the armed forces and jobs were created. But, by the end of World War II, homelessness reemerged significantly across America (National Coalition to End Homelessness, 2018). The homeless continued to be disproportionately white males but the population became increasingly older (over 50), disabled, on welfare or social security, and resided in cheap hotels and the Skid Row areas of urban America. White people are the largest racial group among the homeless and they comprise more than 250,000 people, but historically marginalized racial groups are far more likely to experience homelessness (National Alliance to End Homelessness, 2020).

The modern era also ushered in additional social challenges to include high unemployment rates, emergence of HIV/AIDS, inadequate supply of affordable housing options, and budget cuts (The National Center for Biotechnology Information, 2018). The recession resulted in devastating HUD budget cuts, which decreased from approximately \$29 billion in 1976 to approximately \$17 billion in 1990, directly leading to reductions in for-housing assistance (The National Center for Biotechnology Information, 2018). While many community leaders and advocates understood the devastation of poverty and homelessness, many still resisted site shelters and service facilities in their neighborhoods (Eisenberg, 2017).

Racial Inequalities and Homelessness

The history of homelessness highlights the complexities in not only defining homelessness but also addressing inequalities in policing, racial discrimination, civil rights issues, and a myriad of socio-economic opportunities for Black families (Rhee & Rosenheck, 2021). Individual factors associated with the risk of homelessness include demographic characteristics (i.e., gender, age, race, and ethnicity) and personal physical status (physical disabilities, mental health, family dynamics, and abuse experience). Homelessness disproportionately impacts African American families more than any other race. African Americans represent 13% of the general population but account for 39% of homeless people, with more than 50% families with children (National Alliance to End Homeless, 2020; Rhee & Rosenheck, 2021). Whites and Asians are significantly underrepresented among the homeless population but American Indians/Alaska Natives, Native Hawaiians, Pacific Islanders, and those of more than one race each comprise less than 5% of the general population (National Alliance to End Homelessness, 2020). Another study showed that Black people were 1.4 times more likely to be homeless than whites, and had lower incomes, higher rates of incarceration by age 18, and greater risk of traumatic events, which could explain more than 80% of race-based inequality (Rhee & Rosenheck, 2021).

According to Rhee & Rosenheck (2021), Black adults' incomes were just over half (63.7%) of those of white adults in 2017, while unemployment among Black men (6.1%) was double that of white adults (2.9%) in 2018, as was the poverty rate. Therefore, formerly incarcerated individuals faced barriers in securing necessities (i.e.,

food, housing, and employment), which may trigger recidivism. One study revealed that more than half of formerly incarcerated individuals were arrested within one year of release (U.S. Department of Justice, 2018). An individual's incarceration history is one of the most prominent factors associated with race-based disparities and chronic homelessness (Rhee & Rosenheck, 2021). In most instances, one's criminal record may dictate the community in which they live or hinder them from securing gainful employment, creating a revolving door of incarceration (Couloute, 2018).

According to the National Alliance to End Homelessness (2020), the incarceration rate for African Americans tripled between 1968 and 2016 and these racial disparities are no accident. Rhee and Rosenheck (2021) explained that over the last 400 years, Black adults have been systematically denied education, employment, and housing opportunities, leading to lost income and wealth and criminal justice system mistreatment. So, it is no surprise that racial discrimination has profoundly impacted progress and formed barriers that lead to profoundly adverse effects in "self-determination and dignity" (Rhee & Rosenheck, 2021 p. 7). Black and brown people are also at far greater risk of being targeted, profiled, and arrested for minor offenses, especially in extreme poverty areas (Alliance to End Homelessness, 2020).

Criminalization of Homelessness

Research suggests that homeless and criminal justice related issues are linked. There are more than 500,000 homeless people in the United States and approximately 17% of them are in the correctional system; of these, 29% spent at least one night in jail or prison in the past 12 months (Gonzales et al., 2018). According to the National Low-

Income Housing Coalition (2018), formerly incarcerated people are ten times more likely to be homeless than the general population. Another study that used a diverse sample of homeless adults revealed that this population spent time in jail or prison for multiple offenses and spent a considerable amount of time in jails during their lifetime, but they were mostly drug-related offenses that could have been avoided through substance abuse treatment and housing options (Gonzales et al., 2018).

Law enforcement officers commonly issue tickets to the homeless as they engage in basic, life-sustaining behaviors like sleeping on streets or cooking a meal in public. Many arrests are for nonviolent crimes such as curfew violations, panhandling, loitering, sleeping outside, storing belongings, or sitting on sidewalks (Gonzales et al., 2018; Rafailovitch, 2018; Sharma & Brand, 2018). Florida leads the nation in using the criminal justice system to punish homeless people for conduct necessary for survival such as sleeping, camping, bathing, public urination, trespassing, sitting/lying down, loitering, storage of belongings, and panhandling (The Florida Coalition to End Homelessness, 2022). This common law enforcement answer to homelessness has exacerbated the homelessness cycle, pushing the marginalized population further into obscurity. According to the National Coalition for the Homeless (2019), homeless advocacy groups are opposed to these harsh criminal measures because these laws impede access and undermine service providers' impact, criminalize the homeless backlog, clog the criminal justice system with minor offenses, and hinder housing and employment efforts. Additionally, imposing criminal penalties for individuals engaging in necessary life

sustaining activities is a violation of constitutional rights (National Coalition for the Homeless, 2019).

In the case of *Martin v. City of Boise*, Robert Martin, who had difficulty walking, received a citation while resting, found guilty at trial, and fined \$150.00 (Harvard Law Review, 2019). Martin and other homeless individuals sued the city, claiming that the ordinances' enforcement violated their Eighth Amendment rights, criminalizing them for basic bodily functions. After years of litigation, the Ninth Circuit Court ruled in favor of homeless individuals, stating that "any ordinance that allowed for the 'imposition of criminal penalties for sitting, sleeping, or lying outside on public property for homeless individuals who cannot obtain shelter,' unconstitutionally criminalized homeless status" (Harvard Law Review, 2019, p. 704). This landmark case serves as a national model prohibiting cities from criminalizing homelessness by punishing individuals for sleeping outside (City of Boise, 2021).

The homeless not only struggle to have their everyday needs, such as food and shelter, met, but they also must navigate the streets to prevent from being arrested. In many cases, the homeless population endures victimization, shame, and harassment. Criminalizing the homeless adds to the phenomenon's ambiguity. According to the National Coalition for the Homeless (2019), criminalization of homelessness triggers several civil rights violations: the First Amendment free speech protection that targets speech based on content; Fourth Amendment protection from unreasonable search and seizure that prohibits law enforcement from destroying a homeless person's belongings, and Fourteenth Amendment protecting citizenship, due process, and equal protection that

prohibits conduct and encourages arbitrary enforcement. Heavy-handed policing has far-reaching implications, causing unnecessary criminal justice system involvement that can hinder gainful employment and suitable housing, creating lifelong barriers.

Homeless Victimization

The homeless are exposed to unsafe dwelling areas that allow them to become crime victims. Ellsworth (2019) revealed that individuals who dwell in crime prone environments can become victims. Socioeconomic factors such as housing are structural constraints that can increase an individual's exposure to violent offenders. Prior abuse, mental health problems, substance abuse, and limited social support are all associated with both homelessness and victimization (Broll & Huey, 2020; Nilsson et al., 2020; Tong et al., 2021).

Demographics of Homelessness

In 2019 and 2020, families with children represented more than 50, or nine in 10 (or 154, 908) people who experienced homelessness in families with children were sheltered; however, 16,667 people were unsheltered (HUD, 2021; National Alliance to End Homeless 2020). This imbalance has not improved; 52 of every 10,000 experienced elevated rates, which are much higher than the nation's overall rate (18 out of every 10,000). More than 50% are homeless families with children (National Alliance to End Homelessness, 2020).

Another study showed that race was not an independent factor of homelessness but when coupled with other minority identifiers, homeless is also linked to intersectional vulnerability (Giano et al., 2020). Three main factors explained 81.6% of the race-based

inequality in past homelessness with Black adults having lower incomes, greater incarceration histories since age 18, and greater risk of traumatic events. Existing homelessness literature classified the primary causes of homelessness into two groups: individual and structural factors.

Homelessness is also the leading cause of death, exacerbates health problems, and increases violence risk (Nilsson et al., 2020). Males and females with substance abuse problems and mental health disorders such as depression, anxiety, or stress-related disorders, particularly those with other psychiatric disorders except for schizophrenia and bipolar disorder and those without a diagnosis, have an increased victimization risk if they were previously in a homeless shelter compared to those who were not (Nilsson et al., 2020). Some communities have a strong concentration of poverty, creating a culture of violence in which behaviors likely reflect the social environment rather than individual psychopathology (Rhee & Rosenheck, 2021).

Poverty

Minorities are overrepresented in poverty relative to their representation in the overall population and are likely to live in deep poverty (National Coalition for the Homeless, 2020). According to Brady and Parolin (2020), poverty is “a shortage of resources compared with needs.” Poverty is always based on a standard of needs. Whereas deep poverty in the United States is less than 20% of the annual median income, deep poverty in the homeless population is 7% to 8% higher (Brady & Parolin, 2020). Systemic inequality’s lingering effects continue to stifle Black and Latinx groups under poverty, compared to their representation in the overall population, and are most likely to

live in deep poverty with rates of 10.8% and 7.6% percent or higher (National Coalition for the Homeless, 2020).

African American families were intentionally locked into concentrated, poverty-stricken neighborhoods; the homeless population lived in these neighborhoods, which lacked resources (quality care, services, nutritious food, and economic opportunities). Community members were regularly exposed to environmental toxins (National Coalition for the Homeless, 2020). The federal government supported “redlining” that discouraged economic investments, mortgages, and business loans in Black and brown neighborhoods, which is the root cause of the current wealth gap (National Coalition for the Homeless, 2020).

Mass Incarceration

The stringent drug laws of the 80s were identified as the New Jim Crow because the polices aided the mass incarceration of Black adults (Rhee & Rosenheck, 2021). Harsh drug policies created barriers for the formerly incarcerated, reducing access to jobs, public housing, and other forms of public assistance that are denied to those with criminal records (Rhee & Rosenheck, 2021). When an individual has been to prison once, they can experience homelessness at a rate seven times higher than the public. These rates double if they experienced multiple incarcerations (Couloute, 2018).

Incarceration is designed to inflict punishment for committing crime(s) while also providing deterrence (Schmallegger, 2019). In most cases, incarceration can cause major disruptions including loss of housing, employment, important belongings, identification documents, and medicine (National Coalition for Housing Justice, 2021). Ex-offenders

are particularly vulnerable to incarceration if reentry services are unavailable. Jones (2021) explained that people with conviction histories also face housing and employment discrimination that can prevent them from finding a home and employment. Stable housing and employment are essential for human survival but many ex-offenders returning to the community are released without these resources. The formerly incarcerated are almost 10 times more likely to be homeless than the general public, so it is unsurprising that more than 50,000 people per year enter shelters directly from prisons or jails (Jones, 2021).

Childhood Trauma

Poverty and homelessness do not exist a vacuum; the impact is often passed down generationally, triggering generational poverty (Vantol, 2021). An estimated 380,000 minors experience unaccompanied homelessness annually and are homeless for longer than 1 week. Approximately 1,000,000 youth become involved with the juvenile justice system annually (National Center for Homeless Education, 2017). For many youths, involvement with the juvenile justice system means the incarceration and homelessness cycle starts early (National Center for Homeless Education, 2017). Children who live in poverty and are chronically homeless significantly increases the likelihood of trauma (Vantol, 2021).

Another study examined histories of 50 homeless adolescents and found abuse, parental conflict, drugs, and alcohol in the home prior to homelessness. An investigation of 60 female sex workers revealed that 80% of women were either victims of incest, sexual abuse, or rape before prostitution and 65% had run away from home as youth

(Giano et al., 2019). Trauma can have long-term negative consequences that cause an adolescent to spiral into poverty, causing chronic homelessness, mental disorders, substance abuse, and justice-related issues (Giano et al., 2019). Similarly, Radcliff et al. (2019) and Beijer et al. (2019) explained that adverse childhood experiences (ACEs) may be a precursor to homelessness, which is linked to child developmental, behavioral, and academic problems and mental health issues. Many of these outcomes also present in adulthood.

Homeless Men

Men overwhelmingly lead the homeless population, which increased by 8.5% since 2016 (HUD, 2021; National Alliance to End Homelessness). According to the Point-in-Time (PIT) count, there were 260,284 homeless men compared to 106,119 women. Men also lead in unsheltered homelessness in the United States (National Alliance to End Homelessness, 2020). Understanding the phenomenon of men's homelessness may add valuable solutions for appropriate services and reduction in homelessness. Research indicates that men are slightly more likely than women to be unsheltered, with 49% of individual men unsheltered compared to 45% of women (National Alliance to End Homelessness, 2020). One study revealed that men were more likely to become homeless if they lost their job, were discharged from an institution, or had substance abuse or mental health issues (Giano et al., 2019).

Another study revealed that the educational system is also part of the problem, suggesting that it does not address the issue that failing boys are more likely to drop out and experience suspensions or expulsions. This limited educational experience can result

in unemployment and underemployment, increasing the risk of poverty and homelessness (The National Alliance to End Homelessness, 2020). Men are overrepresented in the criminal justice system; 48,000 people who enter shelters every year come directly from prisons or jails (National Alliance to End Homelessness, 2020). Homelessness is devastating for both men and women; however, women have greater mental health concerns (Milaney et al., 2020).

Homeless Women

Women are “one of the most vulnerable subpopulations among the homeless” (Milaney et al., 2020 p. 1). Relationship breakdowns, evictions, interpersonal conflicts, and lack of social support trigger homelessness (Giano et al., 2019). According to Barua (2019) 60.2 percent of homeless people in 2018 were male, 39.1 percent were female, and the rest were transgender and gender-nonconforming people. The same study found that families with children experience homelessness at higher rates than single individuals and females make up a smaller proportion of the unsheltered homeless than the sheltered homeless (Barua, 2019). Domestic violence is one of the primary causes of homelessness for women and their children in the United States (American Civil Liberties Union, 2018; Giano et al., 2019; Institute for Children Poverty and Homelessness, 2018; U.S. Department of Justice Archives, 2021)

Domestic Violence

Domestic violence is a global issue. Research indicated that 1 in 3 women, or 736 million, are subjected to physical or sexual violence by an intimate partner or non-partner (World Health Organization, 2021). In the U.S., between 22% and 57% of women and

children are homeless due to domestic violence, with 38% of all victims experiencing homelessness at some point in their lives due to domestic violence (U. S. Department of Justice Archives, 2021).

Various kinds of abuse can be considered domestic violence, such as child and elder abuse, while intimate partner violence is a form of domestic violence that refers to violence by a current or former spouse or partner in an intimate relationship against the other spouse or partner (Barchielli et al., 2021). While women are victims of these forms of violence particularly intimate partner violence domestic, violence can have important effects on female and male victims' physical and mental health (Barchielli et al., 2021). Domestic violence is a widespread public health problem related to physical and psychological morbidity and mortality and is endemic in every country and culture, causing harm to millions of women and their families (Barchielli et al., 2021; World Health Organization, 2021). Studies show that when victims leave their abusive partner multiple times due to domestic violence, they often experience multiple events of homelessness. Affordable housing is one of the primary barriers they face for themselves and their children (U.S. Department of Justice Archives, 2021).

According to a survey conducted by the U.S. Department of Justice Archives (2021), more than 41,000 adults and children fleeing domestic violence could secure emergency shelter; however, 11,991 requests were unmet, and 66 percent were for housing and shelter. Housing is critical for women experiencing domestic violence and the COVID-19 pandemic has placed additional stress on those seeking shelter from their abusers (World Health Organization, 2021). There has been an uptick in domestic

violence against women and girls and the pandemic has added additional stress to the pervasive domestic violence problem because of a lack of services (World Health Organization, 2021). In fact, the stay-at-home orders during the height of the pandemic were helpful in mitigating COVID-19 and these restrictions heightened safety risks for victims of domestic violence (SAMHSA, 2020; Williams et al., 2021). According to Williams et al. (2021), there was a 5% domestic violence increase in the United States from March to May 2020 and law enforcement agencies reported 10–27% increases in domestic violence reports in March 2020 relative to March 2019. This crisis was not unique to the United States; other nations like France, Singapore, and Argentina also saw domestic violence increases of about 25–30% (Williams et al., 2021).

Domestic violence against women is endemic in every country and culture, causing harm to millions of women and their families, and the COVID-19 pandemic has exacerbated this crisis (SAMHSA, 2020; Williams et al., 2021; World Health Organization, 2020;). Mental abuse often extends beyond physical injury, resulting in death (Milaney et al., 2020; SAMHSA, 2020).

Mental Health and Homelessness

There is an undeniable link between homelessness and mental illness (National Alliance to End Homelessness, 2020; SAMHSA, 2020). Mental illness is the third largest cause of homelessness for single adults and this population is more likely to have immediate, life-threatening physical illnesses and live in dangerous conditions (National Alliance to End Homelessness, 2020; SAMHSA, 2020; Torrey, 2019). According to the Florida Coalition to End Homelessness (2021), the Community Mental Health Act of

1963 increased homelessness due to psychiatric patients who were released from state hospitals and sent to community health centers for treatment and follow-up. Funding for care did not materialize.

Disabling health conditions can trigger chronic homelessness, which can impede stable housing and make it difficult to maintain without help (National Alliance to End Homelessness, 2020). The homeless population suffers from chronic conditions such as diabetes, heart disease, and HIV/AIDS, at a rate 6 times higher than the general population (National Alliance to End Homelessness, 2020). Mental illness, coupled with homelessness, impacts everyone.

Recently, the number of homeless families increased (HUD, 2021; National Alliance to End Homelessness, 2020). Mothers and families represent a subpopulation who endure homelessness due to mental illness (Torrey, 2019). Of the over 580,000 people who experienced homelessness in 2020 in the United States, 171,575 were people in families with children (HUD, 2020). Torrey (2019) revealed that mental illness is common in the homeless population. One study showed that there was evidence of psychiatric disorders, including substance abuse, among adolescents with a mother or both parents with a history of homelessness. This same study also showed that mothers who experience postpartum depression during the first year after birth had a higher risk of homelessness or pathways leading to homelessness such as evictions or frequent moves in the two to three years after the postpartum period (Torrey, 2019). Another study discovered that homeless women without children showed a higher rate of schizophrenia and bipolar disorder than homeless women with children, but 72% of mothers had

lifetime struggles with substance use, mental disorders, or comorbid diagnoses and lacked the necessary resources to overcome their addiction (Giano et al., 2019). Access to critical services such as medical treatment and preventive care is essential for homeless individuals but are restricted due to lack of benefits or difficulty engaging with medical providers (HUD, 2021). Some families living in poverty also may have difficulty meeting basic needs such as food, clothing, and transportation, which may lead to health deterioration.

For the first time in over a decade, the number of people experiencing chronic homelessness exceeded 100,000; this a 15% increase from 2019 (HUD, 2020). Murray (2021) explained that some homeless individuals turn to alcohol and drugs to combat the stress of daily living. Individuals between the ages 18 and 23 old use drugs but older homeless individuals consume and become trapped in an addiction cycle for many years (Murray, 2021). It is common for the homeless to have comorbidities that are present alongside alcoholism, such as bipolar disorder, schizophrenia, and anxiety (Murray, 2021). Homeless individuals with a mental illness who experienced homelessness before developing mental health problems had the highest poverty levels, whereas those who became homeless after a mental illness diagnosis had a particularly high alcohol dependence level (Giano et al., 2019).

Of the more than 580,000 people who are currently experiencing homelessness in the United States, all have a unique story that may include a breakup, medical challenge, mental illness, trauma, addiction, employment, domestic violence, or criminal involvement. Some families manage to recover within 1 or 2 years, but some families

funnel back into homelessness (Kim & Garcia, 2019). One study revealed that “one-fourth of families that were homeless once again are at the high risk of being homeless again” (Kim & Garcia, 2019 p. 1). The key to decreasing homelessness is affordable housing; lack of affordable housing is directly associated with the risk of being in and returning to homelessness (Borkowski, 2017; HUD, 2020; National Alliance to End Homelessness, 2016; Rafailavitch, 2018). Stable housing can lead to overall stability, reduced stress, and improved mental and physical health, and children’s increased school attendance and performance (National Association of Home Builders, 2021).

Affordable Housing

Individuals experiencing chronic homeless are a unique subpopulation. According to HUD’s definition, a chronically homeless individual is someone “who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years and has a disability” (HUD, 2020). Implementing supportive housing with case management, including mental health and substance abuse treatment, can address chronic homelessness (Kim & Garcia 2019; National Alliance to End Homelessness, 2020; Rafailavitch, 2019). The McKinney-Vento Homeless Assistance Act was passed to “engender respect for the human dignity of the homeless” (Borkowski, 2017) and shifted how politicians and stakeholders responded to homelessness (Borkowski, 2017). The Department of Housing and Urban Development (HUD) oversees the McKinney-Vento Act’s funding and programs.

During the 1980s and 1990s, Sam Tsemberis created the Housing First model. The premise of the Housing First model is to provide permanent housing to people

experiencing homelessness, ending their homelessness, and serving as a conduit by which they can pursue goals and improve their quality of life (Borkowski, 2017; National Alliance to End Homelessness, 2016). Intensive case management, including mental health services, is cost effective and reduces the likelihood of the revolving door of homelessness. Borkowski (2017) explained that the Housing First model has been successful because of its emphases on providing immediate housing without any preconditions such as sobriety requirements, and the program values flexibility, individualized support, client choice, and autonomy.

There is an upward trend in the number of adults experiencing homelessness after 6 consecutive years of decreases (HUD, 2020; National Alliance to End Homelessness, 2020; United States Interagency Council on Homelessness, 2020). During the same time, approximately 27,487 individuals experienced homelessness in Florida. Of that, 2,294 were families, 2,436 were veterans, 1,331 were unaccompanied young adults (aged 18–24), and 5,182 were individuals experiencing chronic homelessness (United States Interagency Council on Homelessness, 2020). Florida is third in the nation, behind California and New York, reporting 27,487 homeless people (Florida Coalition to End Homelessness, 2021).

Homelessness' financial cost can provide a clear picture of Broward County's social services funding. Broward County's Homeless Initiative Partnership Section (HIP) is the designated Collaborative Applicant and Advisory Board Coordinator for the Broward County Homeless Continuum of Care (HCoC) Board. Its mission is to end homelessness through its various programs and support services (Broward County, 2021).

The Broward County HCoC has two interactive dashboards—the Community Analysis Dashboard and Community Snapshot Dashboard—that provide real-time homelessness data (Broward County, 2021). According to the Florida Coalition to End Homelessness (2021), Florida had a shortage of 428,622 low-income rental units. Over 1,000,000 low-income Florida residents pay more than 30% of their household income on rent. Since 2001, the median rent and utilities increased by 16% but the average income only increased by 1% (The Florida Coalition to End Homelessness, 2021).

Employment

Unemployed or underemployed individuals are likely to be homeless or at risk of homelessness. The Homeless Policy and Research Institute (2020) estimated that unemployment rates among homeless people range from 57% to over 90% compared to 3.6% for the general United States population. The intersection of unemployment and homelessness is particularly salient for homeless Black people because unemployment among Black people is already disproportionately high due to nationwide structural and institutional racism. There is also a shortage of affordable housing nationwide. There is no state where a renter working full-time at minimum wage can afford a two-bedroom apartment. As much as 70% of all low-income families spend more than half their income on housing (National Low-Income Housing Coalition, 2021). Homeless individuals face obstacles to finding and maintaining employment such as low educational attainment levels, no childcare access, limited or no past work experience or marketable job skills, mental health or substance abuse problems, chronic health

problems or disabilities, no transportation, bad credit, or a criminal background that can make finding a job or home difficult (The National Coalition to End Homeless (2021)).

Creating affordable housing can increase a community's poverty-stricken individuals' growth. The affordable housing shortage costs the American economy about \$2 trillion a year in lower wages and productivity (National Low-Income Housing Coalition, 2021). The GDP growth between 1964 and 2009 would have been 13.5% higher if families had affordable housing access, leading to a \$1.7 trillion increase in income, or \$8,775 in additional wages per worker. Affordable housing can cause a ripple effect in the economy, increase earnings, support job creation, job retention and prevent health problems.

According to HUD (2020), families experiencing homelessness increased in 2020; this was the first year that family homelessness did not decrease since 2010. Although there have been some improvements since the American Rescue Plan's enactment on March 11, 2021, which included \$1,400 payments for most, still 20 million adults experienced food insecurity and 12 million adult renters were behind on rent (Center on Budget and Policy Priorities, 2021). Some families who cannot afford housing may be pushed into homelessness.

Summary and Conclusions

The literature suggests despite the significant resources allocated to reducing homelessness, this public crisis continues to exist worldwide. Florida has the third largest state prison system in the country inmates and supervises 146,000 offenders in the community (Florida Department of Corrections, 2022). Upon being released from

incarceration ex-offenders are challenged with securing gainful employment and housing and are more likely to be homeless than individuals with no criminal background (Couloute, 2018). Hence, this underscores the necessity of establishing multiagency relationships between law enforcement, faith-based, mental health, and homeless organizations to reduce chronic homelessness.

The focus of this research was to identify what counseling professionals in Southeast, Florida perceives as the reasons why individuals experience chronic homelessness continue to increase. There is no known research that has explored counseling professionals' perceptions in Southeast, Florida. The complications of homelessness are outlined in detail in chapter 2, and warrants further exploration, especially since there appears to be insufficient information available about the reasons for the failure to break the chronic homelessness cycle, despite the sizable number of resources allocated to help them succeed.

This phenomenological study was framed in Abram Maslow Human Needs approach. Maslow created a list of basic five human needs to gain a better understanding of human behavior and motivation. The Human Behavior Theory can also be applied to homelessness to provide a deeper understanding of the phenomena. The goal of this research study was to provide new data that may lead to policy changes, reduce chronic homeless rates, and improve services. For this research, several assumptions need articulation relative to existing research truths.

Chapter 3: Research Method

The purpose of this study was to explore the causes of chronic homelessness in Southeast Florida through the lived experiences of counseling professionals who work with chronically homeless families. In this chapter, I presented the data collection methodology used to answer the research question: What are the perspectives of counseling professionals who work with the chronically homeless on the causes of chronic homelessness in Southeast Florida? In this chapter, I describe my role as the researcher and my experience, potential influence, and bias relative to the research subject. I also discuss the participants, setting, ethical considerations to protect the study participants, and issues related to trustworthiness and ethical procedures to ensure credibility and dependability.

Research Design and Rationale

I employed a qualitative research approach to answer the research question: What are the strongest factors that counseling professionals consider to be correlated with chronic homelessness in Southeast Florida? Qualitative research permits exploration of a phenomenon and assists the researcher in discovering meaning through descriptive and interpretative approaches (East & Peters, 2019). Qualitative research involves asking participants about their life experiences, enabling researchers to obtain insight into what it feels like to be another person and understand the world as others experience it. Qualitative research permits exploration of participants' lived experiences (Austin & Sutton, 2014). Regarding homelessness, researchers can explore participants' concerns, goals, needs, and thoughts about the homeless families' day-to-day lives. In quantitative

research methods, a large amount of data can be collected about several people who hold certain attitudes regarding a phenomenon, but the participant's voice is often missing (Austin & Sutton, 2014). Qualitative research emphasizes an understanding of "the quality of the participants' lived experiences instead of the causal relationships established in quantitative research" (Galloway-Salazar, 2021, p. 73). One highlight of qualitative research is to not simply generalize findings to a wider population, but to find examples that clarify the "thoughts and feelings of the study participant and to interpret participants' experiences to find explanations for human behavior in a given context" (Austin & Sutton, 2014, p.436).

In qualitative research, the data provides solid explanations for a rich description of contexts; the researcher can preserve chronological flow, discerning precisely "which events lead to which consequences, and derive fruitful explanations" (Austin & Sutton, 2014, p. 436). This qualitative research will examine homelessness and homeless families' needs in southeast Florida, prioritizing counseling professionals' lived experiences and offering an in-depth explanation of the complexities of chronic homelessness. The existing literature suggests that individuals experiencing homelessness are more likely than the general population to also experience mental and physical conditions, as well as high rates of victimization, trauma, substance abuse, and chronic medical and mental health issues (National Alliance to End Homelessness, 2020; SAMHSA, 2020; Torrey, 2019). Individuals experiencing homelessness are likely to benefit from case management provided by counseling professionals. Case management is defined as the coordination of care that can lead to enhanced efficiency for the client

and enhanced accessibility of services, such as physical and mental health services and housing (Twis et al., 2022).

Qualitative research consists of five traditional research methodologies: grounded theory, narrative, ethnography, case studies, and phenomenology (Austin & Sutton, 2014). Austin and Sutton (2014) suggest that grounded theory is a framework for qualitative research that proposes that theory must derive from data, unlike other forms of research, which suggest that data should be used to test theory. Narrative research can be described as a method of inquiry, a frame of reference for sociocultural theory, which challenges the researcher to dissect how human actions are related to the social context in which they occur and evolve (Moen, 2006). Ethnography investigates the participants in their natural environments over time, and the studies involve the collection and analysis of data about culture (Austin & Sutton, 2014). Narrative research aims to examine and conceptualize the human experience as it is represented in textual form, exploring the meaning people assign to their experience (Salkind, 2010). After exploring the five methodologies, I determined that the phenomenological approach would best capture counseling professionals' experiences and produce the most credible findings.

Phenomenology was the best methodology for this study because it “attempts to understand problems, ideas, and situations from the perspective of common understanding and experience rather than differences” (Austin & Sutton, 2014, p. 437).

Based on the research questions and study goals, I determined that qualitative research was most appropriate to explore counseling professionals' lived experiences to obtain an understanding of chronic homelessness.

For this study, I employed Husserl's transcendental phenomenology, which provides researchers with an understanding of an individual's lived experience or social context. It is comprised of everything in the perceived physical and human world, including the conscious subject's body and the ability to recall memories (Henriques, 2014). Additionally, transcendental phenomenological research provides insight into themes, providing rich details and comments about the participant's situation (Husserl, 1970). This transcendental phenomenological study focused on counseling professionals' lived experiences from four shelters in Southeast Florida. This study contained a 13 semi-structured, open-ended interview questions to facilitate detailed responses. Cerbone (2020) described transcendental phenomenology as transcendental idealism, which asks what prevents appearances and reality from diverging is the idea that reality is in some way constituted by, correlated with, and dependent upon, consciousness. Transcendental phenomenology prioritized people's lived experiences and provides a rich description of the complexities of homelessness (Patton, 2015; Urcia, 2021).

Counseling professionals are on the front line and, in most cases, the first to encounter the homeless as they enter sheltered living. The existing literature suggests that individuals experiencing homelessness are more likely than the general population to also experience and report mental and physical conditions, victimization, trauma, substance abuse, and chronic medical and mental health issues (National Alliance to End Homelessness, 2020; SAMHSA, 2020; Torrey, 2019). The homeless are likely to benefit from case management provided by counseling professionals who may provide insight into how to decrease chronic homeless (Rafailavitch, 2019). Limited research exists

regarding the perceptions and the insight into homelessness from the lenses of counseling professionals in Southeast Florida. The transcendental phenomenology is aligned with research inquiry and is congruent with my own worldview and the purpose and goals of this research as I sought to gain an understanding of homeless from the perspectives of counseling professionals who work with the homeless on the causes of chronic homelessness.

The Role of the Researcher

I reviewed the collected perceptions of counseling professional and drew observations of their experiences, while maintaining an awareness of my influences and attitudes. Urca (2021) suggested that qualitative inquiry is established in phenomenological reduction and suspends preconceived perceptions, assumptions, and biases about a phenomenon to discern participants' lived experiences. In the process of examining an experience as it is subjectively lived, the possibility of new meaning evolves like "a natural scientist who has just discovered a previously unknown dimension of reality" (Neubauer, 2019, p. 92).

I have extensive knowledge about the homeless population; so, to capture the essence of this phenomenological research, I disconnected myself from the topic. Husserl (1931) suggested that the researcher temporarily suspend his or her current knowledge and experience, but not abandon, what they know about the phenomenon, or ignore previous convictions. As said by Husserl (1931) "we set it out as it were out of action, we disconnect it, bracket it" (p. 57). According to Austin and Sutton (2014), reflexivity is critical in qualitative research. Reflexivity describes the processes that engaging in

research affects the phenomenon being studied. Swanson (2021) explained in his study that within qualitative research, the researcher can capture the phenomenon's essence by identifying and collecting the perceptions of participant's responses about the phenomenon of interest. During this research, my goal was to be honest and transparent about my subjectivities and biases. I journaled throughout the study to ensure that my preconceived ideas and biases did not consciously or unconsciously impact the research process. Reflective journaling is a practice designed to unravel the relationship between the research participant and the interviewer, thus aiding the researcher in examining assumptions and challenging their belief system and subjectivities (Galloway-Salazar, 2021). Qualitative researchers maintain reflective journals to achieve rigorous research, which enables them to broaden their perspectives, discover new thoughts, and ensure the study's trustworthiness (Janesick, 2019). I have over 25 years of experience in social services, mostly working in the criminal justice system and with the homeless population; however, I maintained awareness of any biases or preconceived ideas rather than from my objective data collection. Furthermore, I had no prior knowledge of the shelter staff or counseling professionals where the research was conducted.

Methodology

I employed purposive sampling to select counseling professionals who work with the sheltered homeless. Researchers employ purposive sampling because participants can provide detailed information and rich descriptions of the phenomenon (McCaughran-Contreras et al., 2021; Parker et al., 2019). The recruitment occurred at four homeless shelters in Southeast Florida, where a total of fifteen counseling professionals were

sought for the participation sample. Of the total, ten participants responded. One shelter elected not to participate due time constraints. I sought participants who provided full time social services for homeless families within the last three years. I began my recruitment process after receiving approval from Walden University's Institutional Review Board.

Participant Selection Logic

As stated above, this research study included ten counseling professionals from four homeless shelters in Southeast Florida. This research reached data saturation after participants began to repeat the same comments (Saunders et al., 2018). Theoretical saturation is reached when no new codes, which signify new properties of uncovered patterns, emerge (Rijnsoever, 2017). Data saturation is a critical component of qualitative research that helps make data collection robust and valid. Furthermore, when conducting interviews, once I began to hear the same comments, data saturation was reached (Saunders et al., 2018).

Identification of Participants

I contacted counseling professionals by sending emails obtained from the agency's website. I solicited fifteen counseling professionals who worked with chronically homeless individuals of the fifteen solicited, ten agreed to participate in the study. Next, I emailed an informed consent form to each participant to obtain permission to conduct interviews. Due to the ongoing COVID-19 pandemic, safety precautions were maintained during the research study.

Sampling Method and Rationale

I employed purposive sampling for this study. According to Rijnsoever (2017), purposive sampling allows the researcher to make an informed estimate of the probability of observing a given code during each sampling step, using prior theoretical information like sampling frames or insights gained during data analysis. This research study sought to understand the causes of chronic homelessness from the perspectives of counseling professionals who work with the chronically homeless in Southeast Florida. I employed purposive sampling as it places primary emphasis on obtaining a comprehensive understanding of a phenomenon by continuing to sample until no new substantive information is acquired (Lee-Jen et al., 2014).

Instrumentation

I began data collection by identifying counseling professionals who worked with chronic homeless participants for at least three years. I collected data from individual demographic breakdowns in Southeast Florida. This qualitative study consists of a thirteen-interview protocol (see Appendix A) that served as a guide to a deeper understanding of counseling professionals' lived experience of chronic homelessness. Dejonckheere and Vaughn (2018) recognized that qualitative research questions typically start with "what, how, or why" and focus on exploring a single concept based on participant perspectives (p. 3). Weller et al. (2018) suggested that open-ended questions are also critical in qualitative research and will produce rich responses, themes, narratives, and short answers that produce more information about the phenomenon.

Furthermore, open-ended questions probe responses about the participants' experiences, perceptions, opinions, feelings, and knowledge (Austin & Sutton, 2014).

Data Analysis Plan

I transcribed the interviews verbatim using the NVivo transcription service and checking for accuracy. I began the data analysis by reading and highlighting the interview data several times, organizing the data, and transferring the interview data to a Microsoft Word document. Each transcript was reviewed line-by-line; then, I took additional notes and highlighted common codes. This process was done several times for each transcript. Williams & Moser (2019) explain that line-by-line coding may assist the researcher in staying deeply engaged with the data and uncovering discrete themes and connections. I shifted back and forth between the data analysis and the literature to capture emerging themes culminating in theory that captures the phenomenon of the study (Azungah, 2018).

To stay organized and note reoccurring codes, I created a codebook, and the codes were lumped into smaller categories. Each participant was emailed a copy of the transcript for member checking and was given a seven-day time limit to respond to the transcript and present any edits. If I did not receive a response within seven days, then I assumed the transcript was an accurate representation of the interview and used the data for analysis.

Issues of Trustworthiness

Trustworthiness was a critical part of this study; all participants were treated with fairness and respect. Satu et al. (2014) suggested that trustworthiness should be examined

at every phase of analysis, including the “preparation, organization, and reporting of results” (p. 1). The participants were not subjected to any physical or emotional harm. Satu et al. (2014) explained that the goal of trustworthiness in a qualitative inquiry supports that the findings are “worth paying attention to” (p. 1). Trustworthiness can be assessed through credibility, dependability, conformability, and transferability; trustworthiness also increases if the results are presented to allow the reader to seek alternative interpretations (Satu et al., 2014). Each step of the research process was authentic, trustworthy, and can be replicated in similar research studies.

Credibility

According to Stahl and King (2020), researchers can establish credibility by ensuring the congruency of findings. I established credibility by conducting interviews with counseling professionals from four different homeless shelters. The resulting research contained thick and rich data saturation, which supports credibility. Hadi and Closs (2016) explained that qualitative triangulation of sources involves utilizing different data sources from different populations. Stahl and King (2020) acknowledged that qualitative research seeks dependability regarding how the reported findings “hang together;” the ideas should share some relationship with each other. To ensure creditability, I conducted an audit of the data collection and analysis procedures to eliminate potential bias. According to Hadi and Closs (2016), an audit trail includes creating a detailed description of data collection and analysis techniques and sources, interpretations, and decisions demonstrating truthfulness in the findings and enabling readers to make their own judgements about quality and transferability.

Transferability

It is estimated that over 100 million people worldwide are homeless, with a total of 1.6 billion people lacking adequate or appropriate housing (Homeless World Cup Foundation, 2022). A crucial element of this study is that it can be generalized or transferred to other settings to address homelessness. Nowelli et al. (2017) recognized that providing thick descriptions is essential in qualitative inquiry so that those who seek to transfer the findings to their own situation can judge its transferability. This research study included methods and time frames for data collection. The field study's duration will dictate if it can be generalized to additional sites or contexts (Stahl & King, 2020). This research study will assist others in identifying risks and protective factors, improving service provisions, strengthening intervention strategies, reducing chronic homelessness, and effecting social change.

Dependability

Dependability is another aspect of trustworthiness (Hadi & Closs, 2016). The hallmarks of qualitative research are the researcher's values, and passion for, and engagement with, research. Hadi and Closs (2016) argued that researchers must monitor the influence their values and passions have on the research. To address this, I employed reflexive auditing by describing and documenting each step of the research process, including decisions made, and making notes about participants' comments and my thoughts during the interview. Reflexivity is a tool for methodologically sound research that aids researchers in gaining a better understanding of themselves as social scientists (Hernandez, 2021).

Confirmability

Confirmability is established when the researcher's interpretations and findings are clearly derived from the data to ensure research replication in similar settings (Nowelli et al., 2017). To ensure dependability, I conducted an audit trail during each step of the study. Nowelli et al. (2017) proposed that these markers are critical to demonstrate the reasons for choices made throughout the study. This study supported confirmability and dependability as I maintained data records, field notes, transcripts, and a reflexive journaling to aid in cross referencing data. Furthermore, I emailed each participant after the interviews to confirm the information's accuracy and make the necessary edits. Furthermore, I established data triangulation by incorporating participants from four different homeless shelters in Southeast Florida. Each participant represented diverse cultures, unique organizational establishment of procedures and policies, and a diversification of population that may facilitate triangulation of data results (Ang et al., 2016).

Ethical Considerations

I ensured that ethical considerations received the highest priority. Ethical implications in a qualitative inquiry are linked to integrity; any research using people requires an awareness of ethical issues. Goodwin et al. (2019) highlighted three core concerns to which researchers working with human subjects should attend: informed consent, confidentiality, and anonymity. In response, I employed ethical considerations regardless of my familiarity of social services and the homeless population at every phase

of the analysis process, including the preparation, organization, and reporting of results (Elo et al., 2014).

Protection of the Human Subjects

Each participant read an informed consent form that included a clear explanation of the study and the benefits of all risks before they participated in the study. I provided the participants details and duration of time for the study. I provided participants with information in the consent form about their right to withdraw from the study at any time. Furthermore, to establish trust, I explained to the participants of their right to withdraw from the study at any time. I complied with Walden University's Institutional Review Board policies and protocols and participated in the web-based training course that protects human research.

Summary

I sought to explore counseling professionals' perspectives with the intent to reduce the cycle of chronic homelessness and provide effective resources. Homelessness is caused by a variety of factors such as poverty, a decline in levels of public assistance, lack of affordable health care, mental illness, and addictive disorders. The results of this phenomenological study may lead to policy changes, reduce chronic homeless rates, and improve services.

I began with data collection by identifying counseling professionals who worked with chronic homeless participants for at least three years. I collected data from individual demographic breakdowns in Southeast Florida, ensuring that this research complies with IRB guidelines. Furthermore, I ensured that ethical considerations receive

the highest priority. Ethical implications in a qualitative inquiry are linked to integrity; any research using people requires an awareness of ethical issues. This research, demonstrating a comprehensive methodology plan, and will be descriptively presented in chapter four.

Chapter 4: Results

Introduction

The purpose of this qualitative research study was to explore the causes of chronic homelessness in Southeast Florida through the lived experiences of counseling professionals who work with chronically homeless persons. I sought to gain insight on the primary research question: What are the strongest factors that counseling professionals consider to be correlated with chronic homelessness in Southeast Florida? Qualitative research permits exploration of a phenomenon as it assists the researcher in discovering meaning through descriptive and interpretative approaches (East & Peters, 2019). Qualitative research involves asking participants about their life experiences, enabling researchers to obtain insights into what it feels like to be another person and understand the world as others experience it. As a framing tool, I applied Husserl's transcendental phenomenology approach. Husserl's phenomenological perspective provides researchers with a specific understanding of an individual's lived experience or social context and is comprised of everything in the perceived physical and human world, including the conscious subject's body and recalled memories (Henriques, 2014). The theoretical approach to this research was grounded in Abram Maslow's (1943) human needs approach. Maslow (1943) created a list of basic five human needs to gain a better understanding of human behavior and motivation. The human behavior theory can also be applied to homelessness to provide a deeper understanding of the phenomena. This study's findings may lead to policy changes, reduce chronic homeless rates, and improve services. In this chapter, I discuss the research setting, participant demographics, the data

collection process, data analysis, and codes that led to discovery of in-depth themes. Additionally, I address the various tenets of trustworthiness, data findings, and present a final summary.

Research Setting

In accordance with my institution's Institutional Review Board, I solicited 15 counseling professionals who work with chronically homeless individuals. Of the 15 solicited, 10 agreed to participate in the study. I then interviewed the 10 participants about their perceptions of the causes of chronic homelessness in Southeast, Florida. The interviews consisted of 13 open-ended and follow-up probing questions. The individual interviews were conducted via Zoom, recorded, and transcribed.

Demographics

As a result of the COVID-19 pandemic, participant recruitment was initiated through email and phone calls to managers and counseling professionals who work with the homeless population. I identified four shelters in Southeast Florida as appropriate for my study. Upon receiving IRB approval (10-07-22-0676276), I contacted 15 counseling professionals who worked at homeless shelters by phone beginning on October 10, 2022. I shared the study parameters with the counseling professionals. One shelter elected not to participate in any research due to time constraints. I continued to recruit participants with follow-up calls and emails, culminating in 20 phone calls and 18 emails. Ten of the 15 recruited counseling professionals ($n = 10$) met the participation criteria and were accepted. One participant was disqualified because she had not provided case management for at least three years.

Each participant was assigned a coded pseudonym to maintain anonymity. A second code identifying the participant was assigned to increase anonymity (PP1, PP2, PP3, etc.). The participants identified themselves as four males and six females. Six participants identified as African American or Black, three participants identified as Caucasian, and one identified as Hispanic. Participants ranged from age 30 to 61. Table 1 provides the demographics of the participants.

Table 1

Demographics

Participant	Education	Occupation	Sex	Ethnicity
PP1	Bachelor's Degree	Case Manager	Female	Black
PP2	Master's Degree	Case Manager	Male	Black
PP3	Bachelor's Degree	Case Manager	Female	Hispanic
PP4	Master's Degree	Case Manager	Male	White
PP5	Bachelor's Degree	Case Manager	Female	Black
PP6	Bachelor's Degree	Case Manager	Male	Black
PP7	Bachelor's Degree	Case Manager	Male	Black
PP8	High School Diploma	Case Manager	Female	White
PP9	High School Diploma	Case Manager	Male	Black
PP10	Master's Degree	Case Manager	Female	White

Data Collection

Once I received a confirmation of interest, I emailed each participant the IRB approved consent form, along with the interview questions (Appendix B) to preview before the interview. All the participants were emailed the signed consent form or provided with an email stating their consent to participate. I chose to conduct the interview by Zoom on a day and time that was mutually agreed upon. Before starting the

interview, I presented a scripted, short background and purpose for the research. I also confirmed with each participant that the interview was voluntary and confirmed their consent to participate and to record the interview. Each participant received the same questions, with additional probing and confirmatory questions added when applicable. All interviews were recorded within the Zoom platform. All interviews were completed in one session with no interruptions, lasting between 35 and 90 minutes. Upon completing the interviews, the recordings were loaded to my personal computer and were transcribed using Otter transcription software. I stored all collected information on my laptop computer and secured it with an encrypted password. Next, I edited the transcriptions by listening to the digital recording to ensure verbatim accuracy.

Data Analysis

Qualitative research analysis is a nonlinear process that requires the researcher to move between data analysis and the literature review to capture emerging codes and concepts (Azungah, 2018). I employed an inductive approach in analyzing the data, as I sought to understand counseling professionals' perspective on chronic homelessness in Southeast Florida.

I began my analysis by reading and highlighting the interview data several times. I organized the data, then transferred 100 pages of interview data to a Microsoft Word document, which allowed me to sift through the raw data to capture common responses and themes. Azungah (2018) points out that deriving themes from the raw data using the inductive approach averts the possibility of a researcher forcing a predetermined result. As the coding process progressed, common themes emerged. Upon identifying the

themes, I highlighted and labeled key participants' responses, characterizing the themes noted.

Data Coding

Qualitative research is an inductive approach that focuses on generating theory from collected data and is organized by coding (Williams & Moser, 2019). During the coding process, I elected to first analyze the data by employing open coding. Open coding allows the researcher to immerse themselves in the data and break the data into chunks or concepts (DeCuir-Gunby et al., 2019). I transitioned from open coding to axial coding and focused on emergent themes. Axial coding further refines, aligns, and categorizes the themes (Williams & Moser, 2019). I examined the transcripts line by line, taking notes and highlighting common themes. This process was done three times for each transcript. Williams & Moser (2019) explains that line-by-line coding may assist the researcher in staying deeply engaged with the data, uncovering discrete themes and connections. The analysis process requires the researcher remain engaged with the data, as well as shift back and forth between the data analysis and the literature to capture emerging themes, culminating in a theory that captures the phenomenon of the study (Azungah, 2018).

I used NVivo 12 data analysis software to further analyze the data after completing the hand coding process. I extrapolated three themes from the categories: mental health, substance use and affordable housing; administrative and systems challenges; and the participants expressed a need for robust resources to combat chronic homelessness. The following research question was answered: what are the strongest

factors that counseling professionals consider to be correlated with chronic homelessness in Southeast Florida? Descriptive subthemes, supplemented with participant responses, are embedded within each theme to further enhance participants' perceptions and lived experiences in homelessness. I created a codebook to stay organized and to note recurring codes before lumping the codes into smaller categories.

Data Analysis Discrepancies

The codes, categories, and themes presented in my research reflected each participant's perception regarding chronic homelessness, reflecting verbatim responses. I examined the transcripts line by line, taking notes and highlighting common themes. I did not identify any data analysis discrepancies in this research.

Evidence of Trustworthiness

I implemented several strategies to increase my research study's trustworthiness and reduce the potential for researcher bias by focusing on providing thick, rich descriptions of participants' responses. I also conducted member checking to ensure that the participants' responses were accurately documented. To present established trustworthiness, I will now share how I established credibility, transferability, dependability, and confirmability.

Credibility

According to Stahl and King (2020), researchers establish credibility by ensuring congruency of findings. I established credibility four ways: triangulation, restating participant responses, incorporating an audit trail, and member checks. I incorporated triangulation of responses from multiple counseling professionals who provide case

management at shelters in Southeast Florida (Hadi & Closs, 2016). I established credibility by taking notes and journaling the participants' responses before verbally restating the responses for accuracy. I also created an audit trail of the data collection, description of data collection and analysis techniques and sources, interpretations, and analysis procedures to eliminate potential bias (Hadi & Closs, 2016). Additionally, I sent each participant a verbatim transcription of their original interview to be member checked for accuracy, edited where needed, and added to with any additional information relative to the research topic.

Transferability

A crucial element of this study is that it can be generalized or transferred to other settings to address homelessness. Nowelli et al. (2017) recognized that providing thick descriptions is essential in qualitative inquiry so that those who seek to transfer the findings to their own situation can judge its transferability. The 10 participants had various education levels, ranging from high school to graduate school. The participants were employees from four homeless shelters from Southeast Florida. This research study includes methods and time frames for data collection and may assist others in identifying risks and protective factors, improving service provisions, strengthening intervention strategies, reducing chronic homelessness, and effecting social change. Though the exact study with the same contexts and participants could not be redone, elements of the work could be transferred and replicated.

Dependability

Dependability is another aspect of trustworthiness (Hadi & Closs, 2016). Stahl and King (2020) acknowledged that qualitative research seeks dependability regarding how the reported findings are congruent or how they “hang together”; the ideas should share some relationship with each other. I employed reflexive auditing by describing and documenting each step of the research process including decisions made and making notes about participants’ comments and my thoughts during the interview. Reflexivity is a tool for methodologically sound research, facilitating the researcher/s ability to gain a better understanding of themselves as social scientists (Hernandez, 2021). I implemented dependability by ensuring that the research question, interview questions, and the data collection process were aligned.

Confirmability

This study supports confirmability and dependability because I maintained meticulous data records, field notes, transcripts, and a reflexive journal to aid in referencing data. Furthermore, I emailed each participant after the interviews to confirm the information’s accuracy and made the necessary edits. Nowelli et al. (2017) proposed that these markers are critical to demonstrate the reasons for choices made throughout the study.

Study Results

The participant’s responses aligned with the research question: What are the strongest factors that counseling professionals consider to be correlated with chronic homelessness in Southeast Florida? I also employed van Kaam’s phenomenological

analysis to process, document, and group the data for the results of my study, resulting in a thematic progression of participants' responses via raw data transcription (Moustakas, 1994). The themes garnered from participant responses unveiled their perceptions, concerns, and emotions and were used to highlight the insight and challenges social workers face while providing services to support the homeless population.

Defining Chronic Homelessness

All participants (100%) defined chronic homelessness as an individual who has a disability and has either been continuously homeless for one year or more. According to Murray (2021) for the first time in over a decade, the number of people experiencing chronic homelessness exceeded 100,000. This represents a 15% increase from 2019 (HUD, 2020). Murray (2021) explained that some homeless individuals turn to alcohol and drugs to combat the stress of daily living. Individuals between the ages 18- and 23-years old use drugs but older homeless individuals consume and become trapped in an addiction cycle for many years. As expressed by PP1, "Homeless by at least a year, okay, we've been homeless for a year longer. That's what chronicity means for homelessness." PP3 said,

We have a running definition for that that's anyone that's been homeless, in excess of a year or more, or has continual cycles of homelessness so, when we do our chronicity packet, that's the kind of thing that they looked at how long they have been homeless, and the number of episodes that they have, because they we might have a person that was, you know, homeless for a year.

Similarly, PP10 responded, “Chronic homeless is the definition according to the county is three or more episodes of homelessness within a two-year period.”

Pathways to Homelessness

The participants’ responses revealed that pathways to homelessness are extensive. The participants all agreed that people become homeless for varied reasons and different groups are impacted differently. They also agreed that the cycle of homelessness is partly due to lack education, criminal justice involvement, and unemployment or underemployment. As explained by PP3,

So, education is a really, it is making homelessness, because these individuals are not educated enough to find proper employment, they are dealing with mental disabilities, probably that's why they weren't able to finish high school, because nobody recognized the disability and addressed it properly.

As reflected by PP7, “It’s rare, but I've run across this gentleman who was a doctor. Oh, and he had a mental breakdown. He ended up going to jail for something and came back into the community and really, really struggled, with chronic homelessness.” As explained by PP3, “So on any given day, I could have somebody come in who is experiencing homelessness, experiencing substance use disorder, joblessness, could be suffering from health issues. Maybe they're hungry, could be going through a mental health crisis.” PP8 stated,

Well, because he accomplished so much prior to having this experience, and then he just kind of got locked out of society, regardless of what his accolades or

educational level education level may have been, there were so few employment opportunities for him.

Homeless individuals face obstacles to finding and maintaining employment such as low educational attainment levels, no childcare access, limited or no past work experience or marketable job skills, mental health or substance abuse problems, chronic health problems or disabilities, no transportation, bad credit, or a criminal background that can make finding a job or home difficult (The National Coalition to End Homeless, 2021).

Data Tables

Theme 1: Mental Health, Substance Use, and Affordable Housing

All participants (100%) revealed from their experience that Chronic Homelessness is linked to mental health, substance use, and affordable housing. PP1 and PP3 specifically mentioned addiction in different forms. As expressed by PP1, “So it's a lot of alcoholism, a lot of substance abuse, so they tend to lean towards that. Instead of taking, you know what they say the road less travel, so they take the easy way out.” Similarly, PP3, responded “People who have mental and drug problems are usually the one that are most impacted because they cannot function in society.”

Implementing supportive housing with case management, including mental health and substance abuse treatment, can address chronic homelessness (Kim & Garcia 2019; National Alliance to End Homelessness, 2020; Rafailavitch, 2019). PP4, PP2, PP8, and PP10 all discussed the cost of housing as a significant contributor to homelessness. PP4 stated, “I foresee homelessness to increase rapidly on the near future... If a one bedroom

is renting for 1400 a month, and you only allowed 20 hours a week...” Similarly, PP2 expressed “I mean, the need to regulate rents here in Florida, for sure. I mean, these clients are only able to maintain, like 20-hour week jobs.” PP8 shared, “You know, so many people, even people that, you know, aren't experiencing homelessness that I know that I, you know, who are friends of mine, you know, their monthly rent has gone up \$500 - \$1,000.” Similarly, PP10 responded,

Lack of affordable housing and lack of resources to get affordable housing for those folks who don't make a lot of money. There are the shelters, but they need to be more shelters. Broward County and Fort Lauderdale is very sexy. It's a touristy South Florida is a touristy place. It's not sexy to have a bunch of homeless people laying on the ground in front of your restaurant. Same thing in Miami, right? There's the homeless population comes out at a certain time of night. There's a whole campground on the beach. But once the sun rise comes up, everybody's asked to score down.

Stable housing can lead to overall stability, reduced stress, and improved mental and physical health, and children's increased school attendance and performance (National Association of Home Builders, 2021).

Six (60%) of the participants stated that the criminal justice system plays a role in homelessness. Eight of the ten participants stated that the homeless population cycles in and out of homelessness because they lack intensive long-term case management. As expressed by PP8, “So I see if these individuals are not provided with assistance on a weekly or daily basis, they just cannot function. And they're going to consistently become

homeless because they need that reinforcement, their assistance, the guidance.” PP3 added, “And I think some of it has to do with pride and you know, not wanting to ask for help and thinking they can do it on their own.”

Table 2 summarizes the themes that emerged from participants responses regarding mental health, substance use and affordable housing.

Table 2

Mental Health, Substance Use, and Affordable Housing Data Table

Theme	Files	References
Code		
<i>Subcode</i>		
Theme 1- Mental Health, Substance Use, and Affordable Housing	10*	242*
Chronic homelessness	10*	59*
<i>Affordable housing</i>	5	15
<i>Criminal justice</i>	6	12
<i>Frustration & Anger</i>	1	1
<i>Cycle</i>	8	15
<i>Defining Chronic Homelessness</i>	6	7
<i>Majority of Clients</i>	1	1
<i>Pride</i>	5	9
Homeless Subpopulations	10*	65*
<i>African Americans</i>	4	5
<i>Family Homelessness</i>	5	9
<i>Homeless Women</i>	8	21
<i>LGBTQ</i>	4	7

(table continues)

Theme	Files	References
Code		
<i>Subcode</i>		
Theme 1 Mental Health, Substance Use, and Affordable Housing		
Homeless Subpopulations	10*	65*
<i>Men</i>	9	13
<i>Race & Age</i>	4	7
<i>Risk for women</i>	1	1
<i>Sex offenders</i>	2	2
Pathways to Homelessness	10*	83*
<i>Comfortable</i>	1	1
<i>Domestic Violence</i>	2	2
<i>Education</i>	8	16
<i>Employment</i>	6	10
<i>Medical</i>	6	12
<i>Mental Health</i>	9	25
<i>Lack of Access</i>	1	1
<i>Substance abuse</i>	7	15
<i>Trauma</i>	2	2
Repercussion of homeless	3	3
<i>Death</i>	2	2

(table continues)

Theme	Files	References
Code		
<i>Subcode</i>		
Shelter living	9*	32*
<i>Length of stay</i>	5	5
<i>Navigate</i>	4	10
<i>Partnership</i>	1	2
<i>Safe Place</i>	1	4
<i>SDAT Score</i>	1	1
<i>Self-worth</i>	2	2
<i>Sleeping bag</i>	1	1
<i>Transition</i>	3	3

* Indicates an aggregated total

Theme 2: Administrative Systems

The second emerging theme focused on challenges with administrative systems related to homelessness. Participants gave their account and perceptions of homeless programs and services. PP1 specifically mentioned the racial make-up of social work's upper level, saying "The top of social work looks like nothing but white men. what the hell does white men know about social work. What hardships Have they found? What hardships have they had?" Additionally, most of the participants spoke about high caseloads. As reflected by PP3,

Yeah, I mean, every day, every week, there's multiple challenging issues, you know, there's a lot of barriers for these guys. So, we try our best to help them and,

you know, some clients themselves can be challenging and, just trying to help them everything they need, in a certain way, we only have a finite amount of time to do so. And there's only one of me, and one of the case managers and you know, 70-80, guys, so it's a challenge to really meet everyone's needs, and they in a reasonable and timely manner.

Caseload Management. Eight of the 10 participants responded that their daily job managing the homeless population was overwhelming, and the needs of the homeless population are not being met. Five of the ten participants responded that their caseloads were too high, and their days were long. According to PP1, “Because, of course, they did not have case management, they did not have anyone there to maintain, make sure they're still taking their medication.” As explained by PP3, “So, I'm a bit overwhelmed because I never had a caseload like this.” PP4, stated, “I had a case worker who was complaining that her client is still hoarding even the client has a nice apartment.” According to PP2,

The biggest challenge is trying to meet, you know, the needs, their needs, when there's so many of them and, you know, trying to work through the barriers, the challenges they have, get what they need in a timely manner.

PP8 mentioned “We may not always have the resources and staff at the time to help them exactly when they need it so, there's, you know, there's a lot of time related challenges we need to that we try to address and it's a barrier.”

Three (30%) of the participants stated that the staff turnover is high because of the pay scale. PP3 explained “People are not even doing case management anymore because it pays more to be a cleaning person or having your own cleaning services.” The themes

garnered from participant's responses reflected thoughts, feelings, and emotions and were used to shed light on the challenges social workers face.

Client Services. The participants' responses revealed that individuals experiencing homelessness are more likely than the general population to experience mental, emotional, economic, and physical conditions. Eight of the 10 participants expressed more services are needed for the homeless population. Six of the 10 participants shared that COVID-19 pandemic has placed additional stress on those seeking shelter. PP1 stated, "We tested everybody. Okay. We tested out everybody and two thirds of the population had contacted COVID-19." According to PP8,

You know, we stayed open, we're 24/7 we have, uh, you know, recovery residents, we have people living with us, and we still had to maintain that the short-term you know, thank God, we stayed open in the capacity that we did, because a lot of other places, you know, shut down. So, we really were full capacity city all throughout COVID. But, you know, we did have to follow the CDC guidelines.

Six of the 10 participants stated that it was important to build trust with the homeless population to understand their needs. As explained by PP2,

So, it takes it takes a lot of trust to even do the job. If they don't trust you, you can't do your job. Because it's just going to, they're not going to, they're not going to talk to you. They're not going to express to you, they're going to hold back. They're not going to be real with you. But if you'd be real with them, they're going to be real with you.

Similarly, PP01, stated,

That's what I take a big hit on. I'm big on gaining the client's trust, so that we can have a relationship with them move forward and do things that they supposed to do. If you don't gain a client's trust, especially in that population, they will not listen to. And it's crazy, because you're dealing with adults, that that are twice my age sometimes. And you must dummy down a conversation for them to get it.

Table 3 outlines the themes that emerged from participants responses regarding the challenges of working with the homeless as they deliver services while navigating challenging work environments.

Table 3

Administrative Systems Data Table

Theme Code <i>Subcode</i>	Files	References
Theme 2- Administrative Systems	10*	81*
Administrative and Systems Challenges	10*	47*
<i>Burnout</i>	2	6
<i>Case Management</i>	8	18
<i>Caseloads-Overworked</i>	5	9
<i>Leadership</i>	1	2
<i>Staff turnover</i>	3	3
<i>Training</i>	4	7
<i>Vicarious Trauma</i>	2	2

(table continues)

Theme	Files	References
Code		
<i>Subcode</i>		
Theme 2- Administrative Systems	10*	81*
Client Challenges	9*	34*
<i>Addiction</i>	2	2
<i>COVID-19</i>	6	14
<i>Hoarding</i>	1	1
<i>Identification and Birth Certificate</i>	1	1
<i>Manipulation</i>	1	2
<i>Trust</i>	6	11
<i>Understanding their needs</i>	1	3

* Indicates an aggregated total

Theme 3: The Participants Expressed a Need for Robust Resources to Combat Chronic Homelessness

The third theme to emerge from data collection and analysis was the need for additional resources. Nine of the ten participants shared chronic homeless individuals need robust services, beyond housing. Most of the participants, 90% are in favor of the Housing First model in addition to intensive resources. The underlining principal of the Housing First model (citation) was that people are more successful with their lives if they are assisted with housing first, then assisted with support services (National Coalition for the Homeless, 2020). As expressed by PP8, “Um, I would like to see, you know, better or better services for the homeless and I and I hope that's, that's the future of, you know,

homeless, the homelessness services being more robust.” PP7 also explained, “These shelters need that the care to be to be able to assist these clients after being housed.”

Wrap Around Service. Eight of the ten participants shared that the homeless population would benefit from wrap around services to combat chronic homelessness. According to Borkowski (2017), intensive case management, including mental health services, is cost effective and reduces the likelihood of the revolving door of homelessness. As explained by PP3, “Mental Health Counseling, substance abuse treatment, they need more support, more just not giving them housing and this is my two cents worth.” PP7 also stated, “I would say education, vocational training, necessities like government ID, social security card, SNAP benefits, bus pass, and employment and housing, definitely the aftercare.” According to PP7, “A lot of times they need wraparound services, especially for those that have been in that, you know, living environment for so long. They don't know how to care for themselves.”

Table 4 highlights themes that emerged from participants responses regarding the needs for robust services.

Table 4*The Participants Expressed a Need for Robust Resources Data Table*

Theme	Files	References
Code		
Subcode		
Theme 3- The participants expressed a need for robust resources to combat chronic homelessness.	9*	42*
Resources	9*	42*
<i>Aftercare</i>	1	3
<i>Faith Base</i>	1	1
<i>Faith based</i>	2	5
<i>Housing First Model</i>	3	4
<i>Success</i>	3	4
<i>Identification</i>	2	3
<i>Immigration</i>	2	2
<i>More Robust Services</i>	3	4
<i>Wrap around services</i>	8	17
<i>Scant</i>	1	2
<i>Voucher</i>	1	1

* Indicates an aggregated total

Summary

In this chapter, I provided findings from semi-structured interviews of ten counseling professionals in the Southeast region of the United States. I described the research setting, participant demographics, my data collection and analysis process, my

research's limitations, and trustworthiness. Data analysis exposed three themes: Theme 1: mental health, substance use and affordable housing. Theme 2: administrative and systems challenges; and Theme 3: the participants expressed a need for robust resources to combat chronic homelessness. The following research question was answered: What are the strongest factors that counseling professionals consider to be correlated with chronic homelessness in Southeast Florida?

In Chapter 5 I discuss the nature of the study, findings, limitations of the study, recommendations, implications, and conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative phenomenological study was to explore chronic homelessness in Southeast Florida from the perspective of counseling professionals who work with the chronically homeless daily. The existing research demonstrates a lack of exploration into the reasons for chronic homelessness in this region. The United States is one of the wealthiest nations in the world, yet homelessness persists despite the public and private resources dedicated to this crisis (Balagot et al., 2019). The U.S. Department of Housing and Urban Development (HUD, 2021) reported that over 500,000 people experienced homelessness in the United States on a single night in 2021. The report revealed that 326,000 people were sheltered, a decrease of eight percent in 2020; however, the number of sheltered individuals with chronic patterns of homelessness increased by 20 percent during this same period (HUD, 2021). Homelessness is a public health crisis that decreases an individual's life expectancy by around 50 years of age (National Coalition for the Homeless, 2018). The results of this research can build on the existing research, improve current policies, and assist homeless advocates with improving resources. This research study illuminated the missing literature regarding chronic homelessness in Southeast Florida and is expected to be a catalyst for social change by breaking the cycle of homelessness in a highly replicable way.

Nature of the Study

This research study was framed in Husserl's transcendental phenomenology approach. Husserl's phenomenological perspective was a suitable research method for this study as it provided a specific understanding of an individual's lived experience or

social context, which is comprised of everything in the perceived physical and human world, including the conscious subject's body and recalled memories (Henriques, 2014).

This phenomenological study focused on the lived experiences of counseling professionals from four homeless shelters. This research is grounded in Abram Maslow's human needs approach. Maslow's human needs approach offers five human needs to gain a better understanding of human behavior and motivation. Maslow's hierarchy of needs assumes that if physiological, basic safety, and security needs are not met, then individuals experiencing homelessness may remain stuck in the homelessness cycle (Alliance to End Homelessness, 2016; SAMHA, 2021).

Interpretation of the Findings

I used an inductive approach for analysis and preliminary grouping of data for the results of my study. I began my analysis by reading and highlighting the interview data several times and organizing the data, which enabled me to determine the thematic progression of participants' responses via raw data transcription, illuminating perceptions, perspectives, and attitudes of the participants (Moustakas, 1994). The following research question was answered: What are the strongest factors that counseling professionals consider to be correlated with chronic homelessness in Southeast Florida? Descriptive subthemes supplemented with participant responses are embedded within each theme to further enhance participants' perceptions and lived experiences of homelessness.

All (100%) participants stated that there is a correlation between homelessness and substance use and mental health. This was also supported by the literature. According to Brott et al. (2019), individuals with mental illnesses comprise 20% to 30% of the

homeless population, and substance use is prevalent among the homeless population. PP1 explained “Mental health counseling, substance abuse treatment, they need more support, more just not giving them, and this is my two cents worth.”

Housing insecurities impact the entire age spectrum and place a burden on the entire family (HUD 2020). This study revealed that men have a higher rate of homelessness, but women tend to recover more quickly. Men also lead in unsheltered homelessness in the United States (National Alliance to End Homelessness, 2020). Understanding the phenomenon of men’s homelessness may add valuable solutions for appropriate services and a reduction in homelessness. Additionally, men are overrepresented in the criminal justice system; 48,000 people who enter shelters every year come directly from prisons or jails (National Alliance to End Homelessness, 2020). Homelessness is devastating for both men and women; however, women have greater mental health concerns (Milaney et al., 2020).

Nine (90%) of the participants in this study revealed that males experiencing substance use make up most of the homeless population. According to PP1,

Men have a higher rate of homelessness is that men tend to give up and have less support from the systems that are available. They won't take advantage of the systems that are available for homeless man's per se going into shelters, men will stay on the street. And we'll just deal with that drug addiction and panhandling and bomb. Then women will seek help and go into the different agencies that provided for homelessness.

Similarly, PP03 shared, “Men are having it more difficult to come back from homelessness, women seem to bounce back. But men take it real hard.” According to Barua (2019), 60.2 percent of homeless people in 2018 were male, 39.1 percent were female. The literature indicates that is not uncommon for the homeless to have comorbidities that are present alongside alcoholism, such as bipolar disorder, schizophrenia, and anxiety (Murray, 2021). The stress of homelessness is also linked to mental health. According to Giano et al., (2019) homeless individuals with a mental illness who experienced homelessness before developing mental health problems had the highest poverty levels, whereas those who became homeless after a mental illness diagnosis had a particularly high alcohol dependence level. Thus, creating affordable housing is essential to breaking the cycle of homelessness.

All (100%) of the participants in this study expressed their discouragement regarding housing prices. According to the Florida Coalition to End Homelessness (2021), Florida had a shortage of 428,622 low-income rental units. Over 1,000,000 low-income Florida residents pay more than 30% of their household income on rent. Since 2001, the median rent and utilities increased by 16%, but the average income only increased by 1% (The Florida Coalition to End Homelessness, 2021). As expressed by PP1, “I mean, proper housing, ensuring their safety, you know, it's so much, but that's the biggest one, just giving them a safe, affordable place to stay.” According to PP3, “I mean, the need to regulate rents here in Florida, for sure. I mean, these clients are only able to maintain, like 20-hour week jobs.” PP5 and PP10 expressed that homelessness will increase because of the lack of affordable housing. The literature also suggests that 70%

of all low-income families spend more than half their income on housing and breaking the homelessness cycle rests on securing stable housing (National Low-Income Housing Coalition, 2021); SAMHSA (2021).

All (100%) of the participants responses expressed a greater need for wrap-around services and longer case management for the homeless to address mental health, substance use, and other obstacles faced by this population. Shelters are temporary and great resources for those in need of immediate care; however, it is only a short-term solution (Lopez, 2022). PP1 expressed, “So I see if, these individuals are not provided with assistance on a weekly or daily basis, they just cannot function. And they're going to consistently become homeless because they need that reinforcement, their assistance, the guidance.” PP4 stated,

So, when they go back out in the community, and they're dealing with their mental disabilities, and their drug addiction, by self-medicating, then they are not able to function. And they're right back. So, they do need community case management.

Delimitations

This phenomenological study focused on the lived experiences of counseling professionals from four homeless shelters in Southeast Florida to determine the causes of chronic homelessness. One identified delimitation is the location of the participant population in Southeast Florida. The participant population was further restricted to four shelters, which limited the generalization of results to a broader area of the state of Florida. Additionally, these interviews were completed via Zoom due to the current

pandemic and unforeseen instances of some remote services, thus increasing the level of limitations as the interviews were not in person. The Department of Housing and Urban Development (HUD) revealed that as of March 2021, Broward, Florida had an estimated 2,561 homeless families. Another delimitation is the restricting of participants to counseling professionals who only work in shelters, further affecting the generalization of representation results of all counseling professionals who work with the homeless population.

Participants

Ten counseling professionals were interviewed from Southeast Florida. My selection of counseling professionals for this study was ideal to better understand the strongest factors that counseling professionals consider to be correlated with chronic homelessness in Southeast Florida. Each participant received the same questions, with additional probing and confirmatory questions added when applicable. All interviews were completed in one session with no interruptions, lasting between 35 and 90 minutes. I reached data saturation, satisfying the questions posed and presenting an accurate depiction of each counseling professional's perception of the reasons for chronic homelessness in Southeast Florida.

Interview and Data Collection

The interviews were conducted in Zoom. The participants elected not to use their cameras during the interviews for convenience. This was not difficult, but I anticipated that I may have missed capturing nonverbal cues presented during in-person interviews. During the interview, I was able to develop a sense of rapport, intimacy, and trust

between myself and the interviewee which results in rich responses. The participants were provided with the interview questions prior to the interview which assisted the interviewee's responses to be clear and concise. When appropriate, I added probing questions during the interview to strengthen the participants' responses.

Recommendations

Individuals experiencing homelessness can benefit from timely, intensive, effective health, addiction, and social interventions (Pottie et al., 2022). Men are overrepresented in the criminal justice system; 48,000 people who enter shelters every year come directly from prisons or jails (National Alliance to End Homelessness, 2020). Providing community linkages with social workers in the community prior to ex-offenders returning to the community would be beneficial.

Additionally, homelessness is devastating for both men and women; however, women have greater mental health concerns (Milaney et al., 2020). Domestic violence is one of the primary causes of homelessness for women and their children in the United States (American Civil Liberties Union, 2018; Giano et al., 2019; Institute for Children Poverty and Homelessness, 2018; U.S. Department of Justice Archives, 2021). It is recommended that treatment plans are tailored by social workers for different sub-populations to decrease the cycle of homelessness and to address the specific needs of the individual, address trauma, and provide long-term treatment (Pottie et al., 2022).

Homelessness impacts all communities; however, minorities are overrepresented in poverty relative to their representation in the overall population and are likely to live in deep poverty (National Coalition for the Homeless, 2020). Furthermore, the intersection

of unemployment and homelessness is particularly salient for homeless Black people because unemployment among Black people is already disproportionately high due to nationwide structural and institutional racism. This study can be replicated in any community; however, it may certainly impact lower-socioeconomic communities, reducing the cycle of homelessness. The research question could be used to assess the level of needs of counseling professionals and shelter staff. Implementing this study may assist policymakers, stakeholders, and homeless advocates with resources to seek funding, in helping homeless.

Implications

This study provides insight into the struggles that people encounter as they cycle through homeless shelters and this research will provide new information, strategies, and resources for organizations to develop effective resources and policies. Most of the counseling professional's responses revealed a need for additional staff, and funding for long-term case management. This transcendental phenomenological study contains knowledge for organizations seeking to embrace evidence-based practices, improve administrative systems, develop workshops, training, and evaluate and improve current policies and increase funding for long-term case management.

. Implications for study will be catalyst for social change by increasing a dialog between administrators and counseling professionals, to understand the needs of counseling professionals. This research may also reduce the cycle of chronic homeless rates, implement effective policies, provide impactful resources, and strengthen families and communities.

Conclusion

This transcendental phenomenological study indicates that there are a variety of factors that may contribute to homelessness including poverty, domestic violence, lack of affordable housing, criminal justice involvement, mental illness, and addiction (Giano et al., 2019; Harriger, 2021). This research study provided depth to the existing literature on homelessness by examining the driving factors of homelessness in Southeast Florida from the perspectives of counseling professionals. Qualitative inquiry prioritizes an individual's lived experiences through a rich thick description (Patton, 2015), appropriate to exploring the complexities of homelessness in this study. Participants provided their experiences, perceptions, and candid responses regarding their day-to-day interactions with homeless families.

Homelessness is a global urgent crisis, and yet the literature is scant regarding the perceptions of homelessness from counseling professionals in Southeast Florida. I was able to develop rapport with the participants to capture their lived experiences. I am honored for the opportunity to investigate homelessness. I hope that the results of this research will build on the existing research, improve current policies, assist homeless advocates with improving resources, and provide hope to this vulnerable population. This research is expected to be a catalyst for social change by shattering the cycle of homelessness.

References

- Ang, C. K., Embi, M. A., & Yunus, M. M. (2016). Enhancing the quality of the findings of a longitudinal case study: Reviewing trustworthiness via ATLAS.ti. *The Qualitative Report*, 21(10), 1855-1867. Retrieved from <https://nsuworks.nova.edu/tqr/vol21/iss10/7/>
- Balagot, C., Lemus, H., Hartrick, M., Kohler, T., & Lindsay, S. P. (2019). The homeless coordinated entry system: The VI-SPDAT and other predictors of establishing eligibility for services for single homeless adults. *Journal of Social Distress & the Homeless*, 28(2), 149–157. <https://doi-org.ezp.waldenulibrary.org/10.1080/10530789.2019.1622858>
- Barchielli, B., Baldi, M., Paoli, E., Roma, P., Ferracuti, S., Napoli, C., Giannini, A. M., & Lausi, G. (2021). When “stay at home” can be dangerous: Data on domestic violence in Italy during COVID-19 lockdown. *International Journal of Environmental Research and Public Health*, 18(17). <https://doi.org/10.3390/ijerph18178948>
- Beijer, U., Scheffel Birath, C., DeMartinis, V., & af Klinteberg, B. (2018). Facets of male violence against women with substance abuse problems: Women with a residence and homeless women. *Journal of Interpersonal Violence*, 33(9), 1391–1411. <https://doi.org/10.1177/0886260515618211>
- Brady, D., & Parolin, Z. (2020). The levels and trends in deep and extreme poverty in the United States, 1993–2016. *Demography (Springer Nature)*, 57(6), 2337–2360. <https://doi.org/10.1007/s13524-020-00924-1>

Canadian Observatory on Homelessness. (2021).

<https://www.homelesshub.ca/about-homelessness/homelessness-101/what-homelessness>

Center on Budget and Policy Priorities. (2021, November 10). *Tracking the COVID-19 economy's effects on food, housing, and employment hardships*.

<https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-economys-effects-on-food-housing-and>

Cerbone, D. R. (2020). Zahavi's Husserl and the legacy of phenomenology: A critical notice of Husserl's legacy: Phenomenology, metaphysics, and transcendental philosophy by Dan Zahavi. *Mind*, 129(514), 603–620.

<https://doi.org/10.1093/mind/fzz030>

Coalition for The Homeless. (2020). The Callahan legacy: Callahan v. Carey and the legal right to shelter.

Connelly, L. M. (2016). Trustworthiness in qualitative research. *Medical and Surgical Nursing*, 25(6), 435-436. **Error! Hyperlink reference not**

valid.<https://link.gale.com/apps/doc/A476729520/AONE?u=anon~865c979a&sid=googleScholar&xid=60be1f7a>

Couloute, L., & Kopf, D. (2018). Out of prison & out of work: Unemployment among formerly incarcerated people. *Prison Policy Initiative*.

https://www.prisonpolicy.org/factsheets/prisonpenalty_factsheet.pdf

DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: a balance of relationship and rigour. *Family Medicine and Community*

Health, 7(2), e000057. <https://doi.org/10.1136/fmch-2018-000057>

Department of Housing and Urban Development. (2020). The 2020 annual homeless assessment report (AHAR) to congress.

<https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf>

Department of Housing and Urban Development. (2020). HUD releases 2020 annual homeless assessment report part 1: Homelessness increasing even prior to COVID-19 pandemic.

https://www.hud.gov/press/press_releases_media_advisories/hud_no_21_041

Desmond, M. (2016). *Evicted: Poverty and profit in the American city*. Broadway Books.

Duke, A., & Searby, A. (2019). Mental ill health in homeless women: A review. *Issues in Mental Health Nursing*, 40(7), 605–612.

<https://doi.org/10.1080/01612840.2019.1565875>

Eisenberg, A. (2018). New histories of homelessness. 46(2), 319–323.

Project MUSE. <https://doi.org/10.1353/rah.2018.0048>.

Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014).

Qualitative Content Analysis: A Focus on Trustworthiness. *SAGE*

Open. <https://doi.org/10.1177/2158244014522633>

Enforcement and Social Services Engagement. Doctoral dissertation. Florida Department of Children and Families. (2019). *About homelessness*.

[https://www.myflfamilies.com/service-programs/homelessness/what-is-](https://www.myflfamilies.com/service-programs/homelessness/what-is-homelessness.shtml)

[homelessness.shtml](https://www.myflfamilies.com/service-programs/homelessness/what-is-homelessness.shtml)

Florida Department of Corrections. (2022)

<http://www.dc.state.fl.us/>

Fowle, M. & Gray, F. (2021). *COVID-19 homeless deaths*. Seattle, WA: Homeless Deaths Count. <https://homelessdeathscount.org/data/covid-19/>

Giano, Z., Williams, A., Hankey, C., Merrill, R., Lisnic, R., & Herring, A. (2020). Forty years of research on predictors of homelessness. *Community Mental Health Journal*, 56(4), 692–709. <https://doi-org.ezp.waldenulibrary.org/10.1007/s10597-019-00530-5>

Glumbíková, K., & Gojová, A. (2020). Transformation of the identity of homeless women with an experience of domestic violence: Changing from a victim to a survivor: An example from shelters for mothers in the Czech Republic. *Journal of Social Work Practice*, 34(2), 151–162. <https://doi.org/10.1080/02650533.2019.1567479>

Goodsmith, N., Ijadi-Maghsoodi, R., Melendez, R. M., & E. C. (2021). Addressing the urgent housing needs of vulnerable women in the era of COVID-19: The Los Angeles County experience. *Psychiatric Services*, 72(3), 349–352. <https://doi-org.ezp.waldenulibrary.org/10.1176/appi.ps.202000318>

Goodwin, D., Mays, N., & Pope, C. (2020). Ethical issues in qualitative research. In C. Pope and N. Mays (Eds.), *Qualitative Research in Health Care*. <https://doi.org/10.1002/9781119410867>.

Gültekin, L., Brush, B. L., Baiardi, J. M., Kirk, K., & VanMaldeghem, K. Voices from the street: Exploring the realities of family homelessness. *Journal of Family Nursing*, 20(4), 390–414. doi:10.1177/1074840714548943

- Hadi, M. A., & José Closs, S. (2016). Ensuring rigor and trustworthiness of qualitative research in clinical pharmacy. *International Journal of Clinical Pharmacy*, 38(3), 641–646. <http://dx.doi.org/10.1007/s11096-015-0237-6>
- Herring, C. (2019). Complaint-oriented policing: Regulating homelessness in public space. *American Sociological Review*, 84(5), 769–800. <https://doi.org/10.1177/0003122419872671>
- Henriques, G. (2014). In search of collective experience and meaning: A transcendental phenomenological methodology for organizational research. *Human Studies*, 37(4), 451–468. <https://doi-org.ezp.waldenulibrary.org/10.1007/s10746-014-9332-2>
- Homeless World Cup Foundation. (2020). Global homelessness statistics. <https://homelessworldcup.org/homelessness-statistics/>
- Institute for Children, Poverty and Homelessness. (2021). <https://www.icphusa.org/commentary/the-intimate-relationship-between-domestic-violence-and-homelessness-2/>
- Janesick, V. J. (2019). Life/ography as Storytelling: Using Letters, Diaries, Journals, and Poetry to Understand the Work of Female Leaders. *Qualitative Inquiry*, 25(5), 492–499. <https://doi.org/10.1177/1077800418817838>
- Johnson, S., & Rasulova, S. (2017). Qualitative research and the evaluation of development impact: incorporating authenticity into the assessment of rigour. *Journal of Development Effectiveness*, 9(2), 263–276. <https://doi.org/10.1080/19439342.2017.1306577>

- Kim, K., & Garcia, I. (2019). Why do homeless families exit and return to the homeless shelter? Factors affecting the risk of family homelessness in Salt Lake County (Utah, United States) as a case study. *International Journal of Environmental Research and Public Health*, 16(22). <https://doi-org.ezp.waldenulibrary.org/10.3390/ijerph16224328>
- Lee-Jen Wu Suen, Hui-Man Huang, & Hao-Hsien Lee. (2014). A Comparison of Convenience Sampling and Purposive Sampling. *Journal of Nursing*, 61(3), 105–111. <https://doi.org/10.6224/JN.61.3.105>
- Leung L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of family medicine and primary care*, 4(3), 324–327. <https://doi.org/10.4103/2249-4863.161306>
- Lopez, A. (2022). Homelessness among the youth population: Why does it emerge? *HomeMore*. <https://thehomemoreproject.org/blog/homelessness-among-the-youth-population>
- Lux, T. J. (2015). *Pathways to homelessness, and attitudes toward night shelter use for homeless men in Denver, Colorado*. Graduate Theses and Dissertations, 14495. <https://lib.dr.iastate.edu/etd/14495>
- Marçal, K. E., Fowler, P. J., Hovmand, P. S., & Cohen, J. (2021). Understanding mechanisms driving family homeless shelter use and child mental health. *Journal of Social Service Research*, 47(4), 473–485. <https://doiorg.ezp.waldenulibrary.org/10.1080/01488376.2020.1831681>
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–

96.

Maslow, A. H. (1987). *Motivation and personality* (3rd ed.). Pearson Education.

McLeod, S. (2016, February 4). *Maslow's hierarchy of needs*.

<https://www.simplypsychology.org/maslow.html>

Mental Illness Policy.org. (n.d.). *250,000 Mentally ill are homeless. 140,000 seriously mentally ill are homeless*.

Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification Strategies for Establishing Reliability and Validity in Qualitative Research. *International Journal of Qualitative Methods*, 13–22.

<https://doi.org/10.1177/160940690200100202>

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

Murray, K. (2021, October 14). *Homeless alcoholism*.

<https://www.alcoholrehabguide.org/resources/homeless-alcoholism/#author>

National Academies of Sciences. (2018, July 11). National Academies Press.

<https://www.nationalacademies.org/news/2018/07/>

National Alliance on Ending Homelessness. (2010). *Chronic homeless policy solutions*.

<https://endhomelessness.org/ending-homelessness/policy/>

National Alliance to End Homelessness. (2018). *What housing first really means*. **Error!**

Hyperlink reference not valid.<https://endhomelessness.org/what-housing-first-really-means/>

National Alliances to End Homelessness. (2022). *What causes homelessness*.

<https://endhomelessness.org/homelessness-in-america/what-causes->

homelessness/health/

National Low-Income Housing Coalition. (2022). *Why we care*. <https://nlihc.org/explore-issues/why-we-care/problem>

Nilsson, S. F., Nordentoft, M., Fazel, S., & Laursen, T. M. (2020). Homelessness and police-recorded crime victimization: a nationwide, register-based cohort study. *Public Health*, 5(6), e333–e341. [https://doi-org.ezp.waldenulibrary.org/10.1016/S2468-2667\(20\)30075-X](https://doi-org.ezp.waldenulibrary.org/10.1016/S2468-2667(20)30075-X)

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*. <https://doi.org/10.1177/1609406917733847>

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, 16(1). <https://doi.org/10.1177/1609406917733847>

Morse, J. M. (2015). Critical Analysis of Strategies for Determining Rigor in Qualitative Inquiry. *Qualitative Health Research*, 25(9), 1212–1222. <https://doi.org/10.1177/1049732315588501>

Paat, Y.-F., Morales, J., Escajeda, A. I., & Tullius, R. (2021). Insights from the shelter: Homeless shelter workers' perceptions of homelessness and working with the homeless. *Journal of Progressive Human Services*, 1–21. <https://doi-org.ezp.waldenulibrary.org/10.1080/10428232.2021.1969719>

Patino, C. M., & Ferreira, J. C. (2018). Inclusion and exclusion criteria in research studies: definitions and why they matter. *Jornal brasileiro de pneumologia:*

publicacao oficial da Sociedade Brasileira de Pneumologia e Tisiologia, 44(2), 84.

<https://doi.org/10.1590/s1806-37562018000000088>

Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). SAGE.

Pottie, K., Kendall, C. E., Aubry, T., Magwood, O., Andermann, A., Salvalaggio, G., Ponka, D., Bloch, G., Brcic, V., Agbata, E., Thavorn, K., Hannigan, T., Bond, A., Crouse, S., Goel, R., Shoemaker, E., Wang, J., Mott, S., Kaur, H., Mathew, C., Tugwell, P. (2020). Clinical guideline for homeless and vulnerably housed people, and people with lived homelessness experience. *CMAJ: Canadian Medical Association journal = journal de l'Association medicale canadienne*, 192(10), E240–E254. <https://doi.org/10.1503/cmaj.190777>

Radcliff, E., Crouch, E., Strompolis, M., & Srivastav, A. (2019). Homelessness in childhood and adverse childhood experiences (ACEs). *Maternal and Child Health Journal*, 23(6), 811–820. <https://doi.org/10.1007/s10995-018-02698-w>

Radhakrishna, R. (2021). Production of knowledge in social sciences: Paradigms and methods. *IASSI Quarterly*, 40(2), 209–236.

Rafailovitch, E. (2018). *Collaborating Homeless Outreach in Broward County: A Law Enforcement and Social Services Engagement*. Doctoral dissertation. Nova Southeastern University. Retrieved from NSU Works, College of Arts, Humanities and Social Sciences – Department of Conflict Resolution Studies. (84). https://nsuworks.nova.edu/shss_dcar_etd/84.

Ralli, M., Arcangeli, A., De-Giorgio, F., Morrone, A., & Ercoli, L. (2021). COVID-19

and Homelessness: Prevalence Differences Between Sheltered and Unsheltered Individuals. *American journal of public health*, 111(8), e13–e15.

<https://doi.org/10.2105/AJPH.2021.306382>

Rhee, T. G., & Rosenheck, R. A. (2021). Why are Black adults over-represented among individuals who have experienced lifetime homelessness? Oaxaca-blinder decomposition analysis of homelessness among US male adults. *Journal of Epidemiology and Community Health*, 75(2), 161–170.

<http://dx.doi.org/10.1136/jech-2020-214305>

Rodriguez, N. M., Lahey, A. M., MacNeill, J. J. et al. (2021). Homelessness during COVID-19: challenges, responses, and lessons learned from homeless service providers in Tippecanoe County, Indiana. *BMC Public Health*, 21(1657).

<https://doi.org/10.1186/s12889-021-11687-8>

SAMHSA. (2016). *The role of outreach and engagement in ending homelessness: Lessons learned from SAMHSA's expert panel*.

<https://www.samhsa.gov/homelessness-programs-resources>

SAMHSA. (2020). *How COVID-19 may increase domestic violence and child abuse*.

<https://www.apa.org/topics/covid-19/domestic-violence-child-abuse>

Saunders, B., Sim, J., Kingstone, T. et al. Saturation in qualitative research: exploring its conceptualization and operationalization. *Qual Quant* 52, 1893–1907 (2018).

<https://doi.org/10.1007/s11135-017-0574-8>

Self, J. L., Montgomery, M. P., Toews, K. A., et al. (2021). Shelter characteristics, infection prevention practices, and universal testing for SARS-CoV-2 at homeless

shelters in 7 U.S. urban areas. *American Journal of Public Health*, 111(5), 854–

859. <https://doi-org.ezp.waldenulibrary.org/10.2105/ajph.2021.306382>

Semi structured interviewing in primary care research: A balance of relationship and

Rigor *Family Medicine and Community Health*, 7, e000057.

<https://doi.org/10.1136/fmch-2018-000057>

Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding

and using trustworthiness in Qualitative Research. *Journal of Developmental*

Education, 44(1), 26–29. [https://www.proquest.com/scholarly-](https://www.proquest.com/scholarly-journals/expanding-approaches)

[journals/expanding-approaches](https://www.proquest.com/scholarly-journals/expanding-approaches)

Satu, E., Kääriäinen, M., Outi, K., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014).

Qualitative content analysis: A focus on trustworthiness.

The Office of the United Nations High Commissioner for Human Rights. (2021). The

Office of the United Nations High Commissioner for Human Rights.

<https://www.ohchr.org/EN/pages/home.aspx>

Tiderington, E., Bosk, E., & Mendez, A. (2021). Negotiating child protection mandates in

housing first for families. *Child Abuse & Neglect*, 115. <https://doi->

[org.ezp.waldenulibrary.org/10.1016/j.chiabu.2021.105014](https://doi-org.ezp.waldenulibrary.org/10.1016/j.chiabu.2021.105014)

Urcia, I. A. (2021). Comparisons of adaptations in grounded theory and Phenomenology:

Selecting the Specific Qualitative Research Methodology. *International Journal*

of Qualitative Methods. <https://doi.org/10.1177/16094069211045474>

van Rijnsoever, F. J. (2017). (I can't get no) Saturation: A simulation and guidelines for

sample sizes in qualitative research. *PLoS ONE*, 12(7), e0181689.

<https://doi.org/10.1371/journal.pone.0181689>

Weller, S. C., Vickers, B., Bernard, H. R., Blackburn, A. M., Borgatti, S., Gravlee C. C., et al. (2018). Open-ended interview questions and saturation. *PLoS ONE*, *13*(6), e0198606. <https://doi.org/10.1371/journal.pone.0198606>

Williams, E. E., Arant, K. R., Leifer, V. P., Balcom, M. C., Levy-Carrick, N. C., Lewis-O'Connor, A., & Katz, J. N. (2021). Provider Perspectives on the Provision of Safe, Equitable, Trauma-Informed Care for Intimate Partner Violence Survivors During the COVID-19 Pandemic: A Qualitative Study. *BMC Women's Health*, *21*(1), 1–11. <https://doi.org/10.1186/s12905-021-01460-9>

Wynn, Y., & Stergiopoulos, V. (2021). Optimizing care for people experiencing homelessness and serious mental illness amidst COVID-19: A street outreach perspective. *Journal of Health Care Poor Underserved*, *32*(4), 1752–1763. <https://doi.org/10.1353/hpu.2021.0164>

Young, M. G., Abbott, N., & Goebel, E. (2017). Telling their story of homelessness: voices of victoria's Tent City. *Journal of Social Distress and Homelessness*, *26*(2), 79–89, DOI: 10.1080/10530789.2017.1324358

Appendix A: Interview Script and Questions

Interview Date: _____

Interview Time: _____

Participant Code: _____

Introduction

Good morning/Good Evening!

Before we begin, I want to thank you for agreeing to participate in this interview. My name is Tonia Jackson, and I am a Ph.D. candidate in criminal justice at Walden University.

Before proceeding further, I want to review the process for this interview. This interview is strictly voluntary and will be completed within 35-50 minutes. If we are unable to complete the interview during the time we agreed upon and you wish to continue later, I will re-schedule a time convenient for you. If at any time, you wish to stop the interview you may do so.

The information you provide, will be kept confidential and secured in a locked location accessible only by me. You will be issued a code that will not identify you or your agency in way. As identified earlier, the interview is scheduled to last approximately 35-50 minutes.

With your permission, we may go over a little on time should it become necessary. If not, I will honor the time you have agreed to. During the interview if you should choose to stop or not answer a question, which is ok. If you need to leave for any reason, we can stop and re-schedule later. Also, as explained earlier, I will be recording the interview for verification purposes only, in the event I miss any valuable information you provide and would like your permission to do so.

During the interview I will also be taking a few notes but will keep them to a minimum to not distract you while you complete the interview. Upon completing the interview, the recording will be transcribed, and a copy will be sent to you via email to be reviewed for accuracy. This researcher will send a copy of the transcript to you to check for accuracy.

If I do not receive a response within 7 days, then this researcher will assume that the transcript is an accurate representation of the interview. Is that acceptable to you? Thank you for your time in completing this interview preparation. I would now like to

present a brief explanation for the purpose of this research. I am seeking to better the perspectives of counseling professionals who work with the chronically homeless on the causes of chronic homelessness in Broward County. I value your diligence, experience and expertise and this research has implications for social change that spans outside of Broward County. Again, thank you!!

As a reminder there are no right or wrong responses when answering, so please answer honestly. As a final reminder, your identity is protected using a code/pseudonym to identify you as a participant, so your responses can, in no way, be traced back to you or your agency, which will also be coded. Please do not refer to yourself or agency by name when responding. This research study will be published and may be provided to homeless advocates, stakeholders, community leaders, and presented in professional settings such as conferences, but your identity will remain anonymous. I will share the findings of the research with you after the study has been completed. Once the interview is complete and the information is transcribed, the original recording will be saved on my computer under a secure password only known by me.

Once completed, all information collected in the interviews will be destroyed by shredding after the mandatory minimum five-year retention as required by Walden University. Do you have any questions before beginning the interview? If you are ready to begin, then we will proceed.

(Recording On)

Interview Script and Questions

RQ: What are the strongest factors that counseling professionals consider to be correlated with chronic homelessness in Broward County, FL?

Demographics:

1. What is:
 - a. Your current age?
 - b. Your gender?
 - c. Your Race?
 - d. Education?

2. Please describe your job as a counseling professional:
 - a. What is a typical day like?
 - b. What are your work hours?
 - c. What is your case load size?

Thank you for sharing your experience as a counseling professional in working with the homeless. I would now like to explore the demographics of homelessness.

3. Please describe the demographics of the homeless population (age, gender, race):
 - a. What race has the highest homeless rate?
 - b. What gender has the highest rate of homelessness? Why?
 - c. What are the differences between women and men facing homelessness?
 - d. What best describes the make-up of most homeless families? Women and kids?
 - e. What is the average age of the homeless?
 - f. What is the highest education level of the homeless?
 - g. What is the employment status of the homeless?

- h. Describe the difference between the chronic homeless and other sub-populations of homelessness.

Thank you for this information. I would now like to explore in greater detail your experience as a counseling professional working with chronic homeless individuals.

- 4. Can you provide answers to some “general” questions about you, your facility, and your residents?
 - a. How long have you worked with this population?
 - b. What is the definition of chronic homelessness?
 - c. What are the demographics?
 - d. What is the typical length of stay at your facility?
 - e. What is the biggest challenge you find in working with the chronic homeless?
 - f. What case management strategies do you employ to prepare this population for exiting your facility?

Thank you for sharing the demographics of homelessness. I would now like to explore the needs of the homeless population.

- 5. What do people experiencing homelessness need most besides shelter?
 - a. What overall services are offered to residents at your facility?
 - b. What agencies do you partner with to share services and resources?
 - c. What services are available to residents to help with housing?
 - d. What services are available to residents for mental and physical health?
 - e. What services are available to residents to assist with childcare?
 - f. What services are available to residents to assist with employment?
 - g. What services are available specifically for families?
 - h. What services are available for residents to assist with alcohol & substance misuse?

- i. What services are available for residents to assist with domestic violence?
 - j. What services are available to residents who identify as being part of the LGBTQ community and other sexual minorities?
 - k. What services are available to residents who are immigrants?
 - l. What barriers do providers and residents face when accessing services?
 - m. Do you feel residents trust you enough to share personal information regarding services they need?
 - n. Are your residents able to navigate the homeless service system?
 - o. What methodology does your facility use to evaluate success and assess outcomes?
6. What changes has your facility made to accommodate the homeless during COVID-19?
- a. What staff and or volunteer changes have been made?
 - b. What special considerations/accommodations has your facility implemented to ensure the homeless population does not experience an interruption of services and maintains regular operations during this period? (PROBING: Were there any significant barriers to accessing homeless services?)
 - c. What health evaluations and linkages to medical care is your facility employing?

Thank you for sharing the needs of the homeless population. I would now like to explore the cause of chronic homelessness from your professional experience.

7. What are the major reasons you feel chronic homelessness continues to exist in Broward County?
- a. On average, how often does an individual return to your facility?
 - b. What are the challenges the chronic homeless face in Broward County?
 - c. What are the main factors that lead to homelessness?
 - d. What strategies would you share with homeless advocates and leaders in Broward County that could facilitate breaking the cycle of homelessness?

- e. Can you identify resources and leaders who can help with this crisis?

Thank you for sharing your professional experience regarding the reasons that chronic homelessness exists. I would now like to explore the impact of social structures and homelessness.

- 8. What social structures impact homelessness?
 - a. What housing policies would you like to see implemented to address homelessness?
 - b. In your opinion, does the cost of housing impact homelessness? How?
 - c. What is the correlation between poverty and homelessness?
 - d. What criminal justice policies impact homelessness?

Thank you for sharing your professional experience regarding the impact of social structures and homelessness. I have a few more questions before we complete this interview.

- 9. What role do you think the chronic homeless themselves play in their ability to recover from homelessness? Why do you feel they choose to remain homeless?
- 10. Do you feel that homeless individuals within the community have equal access to services as do non-homeless individuals?
- 11. Explain some of the reasons why individuals return to this homeless facility.
- 12. What housing model does your facility employ?
- 13. What are your thoughts regarding the future of homelessness in Broward County?
Do you foresee an eventual end to homelessness in Broward County?

Is there any other information you can provide or any thoughts you would like to share prior to closing out this interview?