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Perceptions of Homeless Individuals Regarding Public Housing Use

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BS, Shaw University, 1981

Dissertation Submitted in Partial Fulfillment

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Abstract

Research on how homeless individuals perceive shelters, housing programs, and their agents has been limited, especially in relation to the reasons for engaging in or avoiding programs. This phenomenological study explored the perspectives of chronically homeless individuals in Wake County, North Carolina, regarding shelters and housing programs, examining their reasons for using or not using shelters or public housing. Using Glidden's structuration theory as the framework, the research questions for this study were based on exploring the perceptions of homeless individuals use of public resources related to housing and shelters to better understand why some use, and perhaps more importantly, why some choose to not use these resources. Purposeful sampling was used to identify 12 chronically homeless men and women and data were collected through semi-structured interviews. Data were both deductively and inductively coded and analyzed using a thematic analysis procedure. This study found that the persistence of homelessness is a result of a combination of homeless individuals' perceptions of housing programs' structural failures including long waiting periods for access to housing, unnecessary bureaucratic entanglements, and what they perceived as inaction or apathy on the part of program staff in response to requests for assistance. These findings are consistent with structuration theory. The implications for positive social change include recommendations to policy makers to consider the views and perceptions of homeless people in designing programs, including ways to improve access to public resources that may ultimately lead to permanent housing for homeless individuals.

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Chapter 1: Introduction to the Study

The purpose of this study was to explore the perspectives of chronically homeless individuals and examine their reasons for their using or not using shelters and/or public housing. This study may help to determine whether the interactions between homeless individuals and public administrators and staff influences public housing use with unanticipated consequences on the persistence of homelessness in Wake County, North Carolina, including the cities of Raleigh, Durham, and Wake Forest.

In part, due to city and county cooperation, homelessness decreased 26.8% between 2000 and 2013. Yet, between 2013 and 2015, the estimated homeless rate remained unchanged (Wake County, 2015), which has resulted in what appears to be persistent homelessness for some individuals. Understanding the lived experiences of homeless people and their relationships with service providers of shelter and public housing programs may help explain why homeless people do or do not take advantage of services designed to assist them with housing.

In Chapter 1, I summarize the research literature and identify a gap in research. In Chapter 1, I also describe the background of the problem and some of the major reasons for homelessness nationwide. The remainder of Chapter 1 consists of the problem statement, purpose of the study, research questions, theoretical framework of the study, nature of the study, definitions, assumptions, scope and delimitations, limitations, and significance of the study.

Background of the Problem

The causes of homelessness include urban renewal, deindustrialization, and the U.S. economic recession, which persisted from December 2007 to June 2009 (Farber, 2011). Untreated mental and physical illness due to a lack of health care insurance from being jobless, incarceration histories, a lack of affordable housing, a limited education, low wages, and domestic violence are only examples of personal reasons that individuals and families become homeless. Social service programs are designed to assist homeless individuals and families with recovery; a return to work; and/or permanent, stable housing. Despite these services, homelessness persists perhaps because a limited education and/or low wages make it difficult to afford housing, or because of individuals' resistance to authority figures and progam policies that devalues their goals and concerns (Wasserman & Clair, 2011). According to the U.S. Department of Housing and Urban Development (n.d.):

> Individuals are considered homeless when they are without a fixed, regular, and adequate nighttime residence; they have a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living space; they are in an institution that provides a temporary residence for those intended to be institutionalized; or they are in a public or private place not designed for, or ordinarily used as, a regular sleeping area for human beings.
>
> *Chronically homeless individuals* have been defined as those who have been

homeless for a year or longer or who have experienced at least four episodes of

homelessness in the last 3 years and have a disability (National Alliance to End Homelessness, n.d). Washington, Moxley, Garriott, and Crystal (2009) stated, "Homelessness is often a symptom of a social structure that pushes people over the edge of poverty and creates considerable vulnerability that is sensitive to even small changes in social and economic life" (p. 141). Furthermore, homelessness primarily affects disadvantaged men, women, and children, but the majority of homeless people in America are single African American middle-aged men (Washington et al., 2009).

National, State, and County Homeless Statistics

Before the 2007 recession, using the US Department of Housing and Urban Development (HUD) definition, an estimated 2.5 to 3 million men, women, and children were homeless nationwide each year. Since then, homelessness has intensified. From 2008 to 2009, the number of people living doubled up with family or friends out of economic necessity increased by 12%, to more than 6 million people (National Law Center on Homelessness and Poverty, 2011). The number was at 7.4 million people in 2012, and some states saw as much as an 80% increase (National Law Center on Homelessness and Poverty, 2015b).

In 2010, due to the economic recession, there were more homeless women and children in the United States than in any other industrialized nation. The incidence of families who were homeless in the United States was at its highest since the Great Depression (Finfgeld-Connett, 2010). The percentage of homeless people who used emergency shelters and transitional housing increased from 30% to 37.4% from 2007 to

2012, with the majority of homeless families consisting of single mothers with young children (National Law Center on Homelessness and Poverty, 2015b).

The U.S. population in 2014 was estimated to be 318,857,056 (U.S. Census Bureau: State and County Quick Facts, 2015b). There were 578,424 people experiencing homelessness on any given night in the United States in January 2014. Of that number, 216,197 were people in families, and 362,163 were individuals. Approximately 15% of homeless individual population, 84,291 was considered chronically homeless (National Alliance to End Homelessness, n.d.). See Table 1 for a comparison of overall U.S. population by race and the percentage of homeless in the United States.

Table 1

U.S. Homeless Population by Race, 2013

	Percentage of U.S. population*	Percentage of U.S. homeless population**
African American	3.2%	39.4%
Caucasian	62.6%	38.9%
Hispanic	17.1%	16.3%

Note. *U.S. Census Bureau: State and County Quick Facts (2015b); **National Law Center on Homelessness and Poverty (2015a).

In 2014, North Carolina's total population was 9,943,964. There were approximately 11,448 homeless individuals in North Carolina. See Table 2 for the comparison of the overall state population by race and the raw numbers of homeless in the county.

Table 2

North Carolina Homeless Population by Race, 2014

	% of NC population*	Number of NC homeless population**
African American	22%	6,200
Caucasian	64.4%	4,700
Hispanic and Latino	8.9%	400

Note. *U.S. Census Bureau: State and County Quick Facts (2015a);**North Carolina Coalition to End Homelessness (2014a).

In Wake County, the overall population was 998,691 in 2014. Of these, 1,170 people were homeless. See Table 3 for the comparison of overall population by race and the raw numbers of homeless in the county.

Table 3

Wake County Homeless Population by Race, 2014

	% of Wake County population*	Number of Wake County homeless population**
African American	21.4%	750
Caucasian	61.3%	350
Hispanic and Latino	10%	45

Note. *U.S. Census Bureau: State and County Quick Facts (2015c); **North Carolina Coalition to End Homelessness (2014b).

The 2007 recession contributed to the increase in homelessness nationwide. Homeless rates increased from an estimated 2.5 to 3 million men, women, and children (National Law Center on Homelessness and Poverty, 2011) to 7.4 million homeless men, women, and children by 2012 (National Law Center on Homelessness and Poverty, 2015b). All states and municipalities were affected, including Wake County. The 2007 recession, however, was only the latest phenomenon to affect homeless. Personal circumstances, urban renewal, and deindustrialization have also contributed to the increase in homelessness (Mian & Sufi, 2010).

The Contribution of External Forces to Homelessness

The endogenous causes of homelessness in the United States are alcohol or drug use disorders, incarceration histories, poor physical health, history of adverse childhood events, and inadequate health insurance (Tsai, Kasprow, & Rosenheck, 2013). Major cities reported the following causes of homelessness among families (in descending order) as (1) lack of affordable housing, (2) unemployment, (3) poverty, and (4) low wages; and, the top four causes of homelessness among individuals as (1) lack of affordable housing, (2) unemployment, (3) poverty, (4) mental illness and the lack of needed services, and (5) substance abuse and the lack of needed services (North Carolina Coalition to End Homelessness, 2014c).

Larger social forces have also had a major role in homelessness. Three of these exogenous developments include the urban renewal projects of the 1960s, intended to revitalize old and decaying inner cities by massive demolition of slum areas and redeveloping the land; deindustrialization; and, the U.S. economic recession of 2007 to

2009 (Johnson, 2008). Starting with urban renewal and moving forward in history, the progression of homelessness and how it harmed communities by demolishing houses without replacing housing stock, leaving families homeless, is apparent (Pickren, 2011).

Urban renewal. Under urban renewal, city officials had the power of eminent domain, which allowed them to seize and demolish private property to sell the resulting vacant land to private developers. The urban renewal projects demolished the homes of one million people between 1949 and 1965, but only 10% of the destroyed homes were replaced (Brahinsky, 2011). More than 404,000 African American-owned homes were torn down and replaced by a mere 41,580 unaffordable housing units. Only 0.5% of federal funds were used to relocate citizens who were removed from their homes. The remaining funds were used on the redevelopment of the commercial sector and the suburbs. These circumstances caused massive homelessness among African Americans, according to Johnson (2008).

Urban renewal policy became problematic and unpopular due to continuing conflict within communities in the early 1960s regarding its implementation. By 1974, the U.S. Congress terminated the urban renewal program (von Hoffman, 2008). Soon after urban renewal, deindustrialization brought about a shift in the U.S. economic base. This shift caused even more people to lose their homes. Deindustrialization decreased employment and wages, which further increased homelessness.

Deindustrialization. Prior to the 1970s, the United States was predominantly an industrial economy. Working on assembly lines provided financial security to millions of Americans, including those with a limited education. According to Johnson (2008), the

changes in international exchange rates and monetary systems in the 1970s strengthened the dollar's value, making U.S. exports expensive and foreign imports inexpensive. Manufacturers could not compete with the cheaper production in foreign countries. Companies either closed down or moved operations to other countries with cheaper labor. This marked the shift from an industrialized economy to a service-based economy. Johnson (2008) stated that between 1979 and 1984, 44% of service jobs created paid poverty level wages, and more than 75% of service jobs created during the 1980s paid only the minimum wage. Stable, full-time jobs became scarce. These new service jobs were mostly part-time or temporary, so employees received no benefits and had no seniority (Dozier, 2010).

The resulting shift to a service economy led to concentrated pockets of unemployment and crumbling infrastructure in poorer urban and rural communities (Hickler & Auerswald, 2009). The financial consequences of deindustrialization, coupled with urban renewal projects, propelled middle and low-income Americans into greater poverty and homelessness. Although the economy grew in the late 1980s, so did homelessness, and, slowly, the media and public begun to take notice of this trend (Johnson, 2008). Widespread homelessness reappeared in the 1980s. Those most affected by homelessness were veterans, single mothers with children, and ethnic minorities with a history of mental illness (U.S. Interagency Council on Homelessness, 2015). By the early 1990s, deindustrialization had produced pervasive unemployment, poverty, and a significant loss of homes and farmlands (Susser et al., 1994). According to Johnson

(2008), public awareness led to an increased public demand for interventions from governmental agencies and nonprofit organizations.

Economic recession. The most recent economic recession that began in December 2007 and lasted through June 2009 (Kutty & Squires, 2009) was one of the longest economic declines since the Great Depression. A major cause of the economic recession of 2007 to 2009 was the housing slump that began in 2006 (Isidore, 2008). This was in part due to a surge in subprime and predatory lending (Kutty & Squires, 2009). Rising levels of unemployment and cost of living, record numbers of foreclosures, and depletion of individuals' savings occurred by 2008 (Isidore, 2008).

The economic recession of 2007 has been blamed, in part, on the collapse of housing prices as the construction of houses and home purchases fell sharply (Isidore, 2008). Between 2008 and 2009, housing prices dropped 21%, the unemployment rate jumped from 4.2% to 9.8%, and the number of homeowners who defaulted on their mortgage loans increased from 4.1% to 9.7% (Mian & Sufi, 2010). According to Kutty and Squires (2009), in 2008, more than 2.3 million homeowners faced foreclosure proceedings, representing an 81% increase in 1 year. Kutty and Squires estimated that the foreclosure crisis resulted in a direct loss of $154 billion to $213 billion for African American homeowners who received subprime loans. Jobs were lost due to the economic recession accounting for 29% of home foreclosures in 2008 and 60% of home foreclosures in 2009 (Kutty & Squires, 2009).

Unemployment reached 11% nationwide. As of February 2011, the unemployment rate was 8.9%, affecting 13.7 million people throughout the United States.

Among these unemployed, 15.3% were African American, 8.0% were White, 6.8% were

Asian, and 11.6% were Hispanic (U.S. Department of Labor [USDOL], 2011). According

to U.S. Department of Labor (2012), some economists argued that the United States

remained in the recession as late as 2012. By May 2012, the unemployment rate was

8.2%, almost twice as high as it was in 2007, when the unemployment rate was at around

4.4% (U.S. Department of Labor, 2012). All of these forces of urban renewal,

deindustrialization, and the economic recession of 2007 contributed to greater

homelessness, with particular adverse effects on African Americans.

Housing for Homeless Individuals

While the State of North Carolina has had a steady decline in homelessness

during the past 8 years, down from 12,381 in 2008 (North Carolina Coalition to End

Homelessness, 2014b) to approximately 11,440 in 2014 (North Carolina Coalition to End

Homelessness, 2014c), Wake County, North Carolina, has not experienced the same

success. More than 4,000 individuals are homeless in Wake County each year since 2013

(Wake County, 2013). Homelessness in Wake County decreased 26.8% from 1,523 in

2000 to 1,115 in 2013 (Wake County, 2015). The cost to Wake County's citizens to

support of each homeless individual is $5,500 per month (Bartlett, 2010) or

approximately $183 per day. For the past 3 years, homelessness rates have remained

constant at approximately 1,100 individuals on an average per day (Wake County, 2015).

Since the U.S. economic recession of 2007 to 2009, the number of Wake County

families living below the poverty level has grown. In 2000, Wake County's poverty rate

was 4.9%, representing approximately 31,059 individuals (Wake County, 2010). By

2009, the percentage of residents living in poverty in Wake County was 10.1%. Of the nearly 66.3% Caucasian residents in Wake County, 5.8% of these fell below the federal poverty level; of the 20.7% African Americans residing in Wake County, 17.4% fell below the federal poverty line (City-data.com, 2010).

Adequate and affordable housing worsened for low-income individuals and families during and after the economic recession. According to the National Coalition for the Homeless (2014), a lack of affordable housing and the limited scale of housing assistance programs have contributed to the current housing crisis and homelessness level. Foreclosures have increased the number of people experiencing homelessness. The National Low Income Housing Coalition (2013) estimated that wages earners needed to make $18.79 an hour to afford rental housing in 2013. This figure exceeded the $14.32 hourly wage earned by the average renter and greatly exceeded the wages earned by low-income renter households (National Coalition for the Homeless, 2014). According to the Wake County Human Services Board Agenda (2014), more than 1 million families in North Carolina live in substandard housing or pay excessive rent for housing. With a minimum income of $7.25 per hour, the gap in affordable housing is particularly heightened in high-rent housing areas, such as Raleigh, North Carolina, where renting a two-bedroom apartment cost $878 per month.

Wake County Housing Division is a key partner in the Wake Continuum of Care (CoC), also known as the Raleigh/Wake Partnership to End Homelessness. Created in 2006, the Raleigh/Wake Partnership to End and Prevent Homelessness combines the integrated efforts of the City of Raleigh and Wake County to address the goals of ending

and preventing homelessness (Wake County Human Services Board Agency, 2014). The partnership leads community efforts such as Project Homelessness Connect, The Oak City Outreach Center, and The Wake County Homeless Resource Guide. The CoC program funds organizations that offer the most creative proposals to address the problems of homelessness in a comprehensive manner. Organizations funded by CoC provide emergency services, case management, and housing support services to adults with mental health illnesses and substance addictions (Continuum of Care, Inc., n.d.).

Culture and housing policies. Research has indicated that cultural factors can be cumbersome for individuals seeking access to shelters (Zlotnick, Wright, Sanchez, Kusnir, & Te'o-Bennett, 2010). Instead of shelters being a safe haven where parents can focus on improving their circumstances, shelter policies can cause more stress for parents. The policies of many shelters undermine parental authority (Schindler & Coley, 2007) and make it difficult to find the right shelter that suits the needs of a family with children (Zlotnick et al., 2010). When such situations and circumstance arise, cultural differences and expectations like other cherished values can produce barriers to shelter access, particularly for families containing of both males and females. Mothers and fathers may be forced to live separately from their children in order to gain shelter, risk child welfare intervention, or even sleep with their family members on the street to stay together to avoid bringing unwanted attention from social workers.

People, as self-interpretative subjects, live in a world with meaningful relationships and culture. The significance and value of events and objects differ according to each person's cultural and personal situation (Ko, Smith, Liao, & Chiang,

2014). Cultural beliefs exert a powerful influence on the psychology of people making culturally sensitive and caring service providers an area of possible concern. Chow and Austin (2008) suggested that service administrators must hire culturally diverse and competent workers to deliver services to a multicultural population. Culturally competent practices are necessary for service providers to serve the diverse culture of homeless individuals.

Administrators should examine their programs to see how they can be improved through planning and providing more culturally relevant and responsive programs. Altman and Goldberg (2008) recommended that social workers find ways of being ethnically responsive to clients to improve relations. Diverse social workers must boost self-esteem, encourage occupational mobility through vocational training and advanced education, facilitate access to benefits and services, provide services while being respectful of clients, and provide health care and counseling to those with mental illnesses (Altman and Goldberg, 2008).

Homeless individuals need workers who will advocate for them as well as assist them. Donaldson (2008), a supporter of advocacy programs, pointed out that volunteers and funding were necessary to have strong advocacy programs. Donaldson also believed that dedicated diverse workers were necessary to achieve an advocacy program. Advocates for homeless individuals can build power through coalitions, stimulate the community, allow the communities to lead the agencies' advocacy agendas, involve political agencies, and help with funding.

Wake County Homeless Initiatives

Recognizing the need for a holistic approach to defeat homelessness, federal agencies have often mandated that state and local agencies work together as a requirement for eligibility for federal funding (McGraw et al., 2010). Thus in North Carolina, when assisting homeless individuals in their transition to self-sufficiency and permanent housing, social service providers take into account the physical, mental, and social needs of homeless individuals and families, as well as those at risk of becoming homeless to ideally provide an holistic approach to combating homelessness. Working with local organizations, mandated by agencies, Wake County operates two facilities, provides case management services for disabled people, and administers rental assistance and employment training programs. The two facilities are South Wilmington Street Center (SWSC) and Cornerstone (Wake County Human Services Board Agency, 2014). For details of these programs, see Appendix A.

An employment-training program began in 2010 to assist homeless people from the SWSC and Cornerstone to become employed. The program provides basic job skills training to participants and then places the participants in internships with local businesses. Wake County also partners with the community, other local government agencies, and community nonprofit organizations. Some of these partnerships are detailed in Appendix B.

Funding Wake County Homeless Programs

For the year 2014–2015, Wake County allocated a total of $4,682,355 to projects of which $3,379,848 was derived from federal funds. Housing-related programs ran by

nonprofit organizations in Wake County received HUD funding as follows: Section 8

received $2,228,559; low-income housing tax credit received $11,264,570; and

McKinney-Vento Act Funds received $2,497,559 (Wake County Human Services Board

Agency, 2014). To address homelessness in Wake County for 2014–2015, Wake County

Continuum of Care requested federal funds in the amount of $2,611,015 from HUD's

Continuum of Care Grant (Wake County Human Services Board Agency, 2014). For

details on how the funds are projected to be distributed among the CoC agencies, see

Appendix C.

Knowledge, Attitudes, and Perceptions

Participants in studies about the knowledge, attitudes, and perceptions of

homeless people in connection to social service programs have included mothers, older

people, and substance abusers, among others (Sznajder-Murray & Slesnick, 2011).

According to Ogden and Avades (2011), some of the themes that emerged from these

qualitative studies regarding the knowledge, attitudes, and perceptions of homeless

people showed the importance of maintaining self-identity, connectedness, and power

structures within homeless individuals' services environment. All of these factors may

affect access to and attitude toward shelters and public housing, which can positively or

negatively affect homelessness (Ogden & Avades, 2011).

To identify barriers to accessing housing services for homeless individuals,

studies have focused on problems within housing programs or on the personal challenges

faced by homeless individuals. Wasserman and Clair (2011) asserted however, that the

responsibility for the use of shelters and housing services emerges from the interactions

between homeless individuals and service providers. There appears to be little research investigating the knowledge, attitudes, and perceptions of homeless individuals regarding services for them, particularly shelters and housing programs. This may be due to homeless individuals being hard to reach because they are unknown to service providers, live in rural areas and have no transportation to get to services, or due to their lack of a permanent residence (Flanagan & Hancock, 2010). But the fact remains that their input into how services are administered is vitally important (Wasserman & Clair, 2011).

Problem Statement

One homeless person, on an average, cost the Wake County government and its citizens $5,500 per month (Bartlett, 2010). In February 2005, the Raleigh/Wake County 10-year Action Plan to End and Prevent Homelessness was implemented. Despite the millions of dollars spent on homeless individuals, the collaborative efforts of the state, county, local community agencies, and numerous other shelters and food programs, homelessness continues to be a significant problem for the county and its citizens. In 2000, due to the visibility of homeless individuals and street people, shop owners and homeowners were complaining about the activities of homeless individuals. Shop owners also complained about people sleeping on their porches, in driveways, and under shrubbery; rummaging through trash; urinating and defecating on private property; and breaking into crawl spaces. Shop owners complained that customers were stressed and intimidated by street people who openly consumed alcohol and begged along the streets (Historic Glenwood Residents Associate, Inc., 2000).

Wake County homeowners complained about street people taking possession of empty houses, sleeping and building fires in the wooded areas in their parks and other areas in their neighborhoods, hanging out in picnic areas, using the portable toilets at construction sites, and, showering with the water hoses in their yards. Homeowners were worried that their property values would decrease due to the visibility and activities of homeless individuals (Historic Glenwood Residents Associate, Inc., 2000).

Due to the complaints of Wake County citizens, laws have been enacted to criminalize certain activities of homeless individuals. City ordinances have been implemented. The City of Raleigh enacted three city ordinances regulating panhandling: (1) Code 13-2007 makes it unlawful to panhandle without the permission of the chief of police, that is, without obtaining a begging permit from the City Revenue Office to conduct such activities. A permit-owner can be asked to show the begging permit if he/she approaches an individual for money or at the request of the police. (2) Code 13-2031 prohibits aggressive behavior, including intentionally obstructing a pedestrian or a vehicle or intimidating someone by begging for money or goods. (3) Code 12-1026 makes it illegal for a panhandler to stand in the right-of-way for the purpose of soliciting or advertising for work or contributions. The right-of-way includes the street and sidewalks (Historic Glenwood Residents Associate, Inc., 2000). In 2011, these ordinances were updated. See Appendix D for the 2011 updated ordinances.

Violation of these city ordinances is a misdemeanor and punishable by up to a $500.00 fine (City of Raleigh, 2011). Other ordinances prohibit public urination/defecation, sleeping on public property, and trespassing on private property.

Three state laws regulate assault behavior (NCGS 14-33), communicating threats (NCGS 14-277), and being drunk and disruptive, which includes begging while drunk (NCGS 14-444; Historic Glenwood Residents Associate, Inc., 2000).

Advocates for homeless individuals, such as the Occupy Raleigh Group, have criticized the City of Raleigh's panhandling ordinances as being too severe (*Raleigh Telegram*, 2013). The Occupy Raleigh Group comprises concerned citizens who seek to raise awareness and engage in demonstrations in front of the capitol of North Carolina to support economic justice and fight against corporate influence over elections and political processes. Occupy Raleigh is a peaceful, nonviolent resistance movement that aims to encourage people to participate in democracy and use their voices to influence positive change (*Raleigh Telegram,* 2013).

The Occupy Raleigh Group complained that requiring homeless individuals to register to panhandle with the State of North Carolina makes homeless individuals vulnerable to police identification and harassment. Though the begging permit is free, requiring homeless individuals to acquire photo identification is an undue burden. Further, requiring homeless individuals to be cleared of a criminal background check is an incivility of systematic and overlapping inequalities (*Raleigh Telegram*, 2013). Occupy Raleigh Group argued that demanding homeless individuals and street people move onto another city if they cannot get a permit to panhandle is a deterrence that has the effect of cleaning up the city (*Raleigh Telegram*, 2013).

The Occupy Raleigh Group met with the General Assembly and together they established a working movement that targeted the criminalization of poverty in the City

of Raleigh. The Occupy Raleigh General Assembly established the goals of their

"Decriminalize Poverty!" campaign as (1) striking the panhandling law from the Code;

(2) raising awareness of the struggle of those who survive by panhandling and break the

stereotype; (3) raising awareness that politicians are targeting those who have been the

victims of inequality, especially inequality created and maintained by the state (budget

cuts to mental health services, etc.) in the interest of privileging businesses and wealthier

individuals; (4) and evaluating other laws that criminalize poverty that should be targeted

for repeal (*Raleigh Telegram*, 2013).

Whereas the Occupy Raleigh General Assembly fights to repeal panhandling laws

and raise awareness of the struggle of homeless individuals, Wake County's primary

focus is on the delivery of housing and supportive services to homeless persons to

quickly re-house them. Homelessness however, has only decreased 26.8% since 2000.

During the last 3 years, even with the implementation of the 10-Year Action plan to

reduce and end homelessness, the number of people who are without housing every day

in Wake County has remained steady at approximately 1,100 people (Wake County,

2014).

Much research has been undertaken to understand why homeless programs for

homeless individuals have not been effective. According to Ogden and Avades (2011),

researchers have studied both the problems of service programs and of homeless

individuals to understand problems related to access to services designed to assist

homeless individuals. Some studies focused on problems within social service programs.

These studies have examined the lack of health care to homeless individuals, conflicting

ideals on requirements that should be met for homeless individuals to receive housing,

and the difficulty of communicating with homeless individuals regarding available

services and when and where they are being offered (Ogden & Avades, 2011). Other

research has focused on individuals who are homeless and their specific issue, denial of

the problem, neglecting their health, and negative attitudes toward support services

(Ogden & Avades, 2011). Ogden and Avades asserted that the responsibility for use or

nonuse of services cannot be placed on either the service provider or homeless

individuals, but is a result of the interaction between both parties.

Ogden and Avades (2011) conducted qualitative exploratory research that

explored the lived experiences of eight homeless people, six men and two women,

between the ages of 18 and 57 years, which focused on health and social services. Ogden

and Avades found that most of the participants described seeking help through both

formal and informal channels. The research highlighted several obstacles to receiving

services, including a denial of a diagnosis, declining all support, and finding services

overly rigid and rule bound. According to Ogden and Avades, seeking help through

formal channels brought about identity crises and feelings of being trapped and out of

control. Participants explained that although some professionals were supportive and

helpful, the formality of the system often made them feel stigmatized. Other homeless

individuals took responsibility for their situation and avoided help altogether (Ogden &

Avades, 2011).

Ogden and Avades (2011) found that although social services offered assistance,

this form of help brought with it unwanted labels and stigma, along with intrusive rules

and routines that often prevented homeless individuals from accepting the assistance. Ogden and Avades' study was the only study found that explored the use of services by homeless individuals from the perspective of homeless individuals themselves. Little is known about the use of shelters and public housing from the perspective of homeless individuals (Ogden & Avades, 2011). There is limited research on how homeless individuals perceive shelters, housing programs, and their agents, as well as their reasons for engaging with or avoiding them. Studies on how homeless individuals perceive housing support are limited because of the difficulty in researching homeless individuals due to their lack of permanent residence (Flanagan & Hancock, 2010).

Purpose of the Study

The purpose of this study was to explore the perspectives of Wake County chronically homeless individuals regarding public shelters and housing programs and examine their reasons for their using or not using shelters and/or public housing. This study focused on the lived experiences of chronically homeless individuals with shelter and housing service providers and the influence of these experiences on seeking housing assistance in Wake County, NC. The study explored the reasons homeless individuals use or do not use shelters and/or public housing and their views about the effects of these public services on their freedom, obligations, stability, and choices. A qualitative phenomenological study, using a semi-structured interview strategy provided a better understanding about how homeless individuals perceive emergency sheltering, transitional, and supportive housing programs.

Research Questions

The research question was: Given that in 2005 Wake County established a 10-year action plan to address homelessness, and that chronic homelessness persists at nearly the same level 10 years later, how does the interrelationship between homeless individuals and service providers of shelters and public housing influence the use or nonuse of these services from the perspective of chronically homeless themselves? The subquestions were:

1. What are the lived experiences of chronically homeless individuals in Wake County, North Carolina, with administrators and staff of shelters and housing programs?

2. What are the lived experiences of chronically homeless individuals in Wake County, North Carolina, with support service providers referred to them through administrators and staff of shelters and housing programs?

Theoretical Framework

According to British sociologist Anthony Giddens (1984), the creator of structuration theory, the basic domain of the study of social sciences is neither the experience of the individual nor the collective, but social practices ordered across space and time. Human social activities are recursive and are not brought into being by social actors; instead, humans are continually recreated by social activities via the means actors through which humans express themselves as social actors (Giddens, 1984). Through human social activities, individuals reproduce the conditions that make these activities possible. The behavior of actors and structure are interconnected because structures are

produced and reproduced based on the activities of actors (Giddens, 1984, p. 25). Neither

agency nor structure exists independently. Thus, explaining the social condition of

homelessness either as structurally caused, exogenous forces, or as the result solely of

human agency, endogenous forces, is too simplistic (University of Minnesota, 2013).

The theory of structuration emphasizes the interrelationship of knowledgeable

and capable individuals with the larger social systems and social structures within which

they live, thus addressing the dualism between structure and agency (University of

Minnesota, 2013). The theory of structuration signifies the integration or dualism of

agency and structure as equally causal elements in the creation and recreation of social

institutions (University of Minnesota, 2013). Individual causes of homelessness such as

mental illness, alcohol and substance abuse, and lack of social support are secondary to

structural causes of the loss of affordable housing combined with economic conditions

that cause housing prices to increase and wages to decline (University of Minnesota,

2013). In the theory of structuration, causes of homelessness cannot be viewed as either

structural or individual; rather, it is some combination of the two that is at the root of the

problem. If social services focus on addressing homeless individuals' disorders without

considering the broader question of access to resources and housing, there will be no

recognition of the need for structural changes in the economic and/or political systems

that directly effects access to housing and employment (University of Minnesota, 2013).

People and social structures are intertwined; thus, it is the recurrences of the acts

of individuals, which reproduce the rules, customs, laws and other social structures.

Broadly accepted, social structures can be changed when people start to ignore them,

replace them, or reproduce them differently (Gauntlett, 2002). This study focused on the interactions between homeless individuals and agents of social services to examine the dual relationship of the two from the perspective of chronically homeless individuals. Structuration theory relates to this study approach and research questions because the theory bridges the divide between micro-approaches that focus on individual humans and macro-approaches that focus on social structures, but may disregard the dynamics of individual behavior (Warf, 2006). The research questions for this study may build upon existing theory by determining whether the knowledge, attitudes, and perspectives of homeless individuals influence their decisions and actions about the use or nonuse of homeless shelters and housing programs. A more detailed discussion is provided in Chapter 2.

Nature of the Study

This qualitative research employed in-depth interviews using an interpretive phenomenology approach that gathered rich, thick descriptions of the lived experiences of homeless individuals with a particular focus on their interactions with administrators and staff of service programs. This research investigated how an individual's culture, relationships, beliefs, and perspectives affect his/her experience (Spencer, Cooper, & Milton, 2013) in the context of homeless individuals and their relations with organization personnel. Ko et al. (2014) stated that the interpretative phenomenological approach can help highlight the meaning that arises from interactions between people and their world. In that vein, this study provides an in-depth exploration of the perceptions of homeless individuals on shelter and housing programs and their agents. This phenomenological

approach used semi-structured interview questions (Appendix E) and probes questions (Appendix F). Semi-structured interview questions were used as these type questions encouraged participants to speak freely about their experiences.

The study was conducted in Raleigh, North Carolina's capital city, located in Wake County. Twelve English-speaking, single or married chronically homeless individuals, with and without children, between the ages of 25 and 55 years were interviewed. Participants had resided in Wake County for the past year or more. Interviews took place in a neutral setting, and triangulation was used in the analysis as mechanisms to heighten the trustworthiness of the methodology. The research interview questions focused on the lived experiences of chronically homeless individuals with shelter and housing service providers and the influence of these experiences on seeking housing assistance in Wake County. With the permission of the participants, the interviews were audio recorded for purpose of accuracy. The data were reviewed multiple times to identify themes or patterns, and the data were coded accordingly. The study design, methodology, statistical analysis tools, recruitment, consent, and compensation are discussed in Chapter 3.

Operational Definitions

Chronically homeless individuals: People who have experienced homelessness for a year or longer or who have experienced at least four episodes of homelessness in the last 3 years and have a disability (National Alliance to End Homelessness, n.d.b).

Economic logic: Policies developed for homeless services are founded on economic logics of fair exchange-marketplace logic and efficient production-industrial

logic. This logic causes reciprocal conflict between homeless individuals and service providers, according to Wasserman and Clair (2011).

Marketplace logic: Market logic is evident in homeless services when the treatment model is defined as a free and fair exchange relationship between service providers and homeless individuals. Services are provided to those who submit to the rules of the shelter. Any situations or concerns the clients have are irrelevant (Wasserman & Clair, 2011).

Industrial logic: Industrial justification of homeless services is concerned with the successful of treatment given to homeless individuals. In doing so, the logic of the industrial world considers any discourse not related to the treatment focus of the shelter as peripheral and distracting, preventing the successful treatment of people. Any adverse situation that the clients face or concerns they have are minor to their treatment and is oppositional to efficiency (Wasserman & Clair, 2011).

Emergency shelter: Emergency shelters that provide temporary overnight shelter to homeless persons for up to 90 days. This includes domestic violence shelters and seasonal shelters that are open during high-demand times, usually cold-weather months (North Carolina Coalition to End Homelessness, 2014c).

Transitional housing: Transitional housing provides temporary housing and supportive services to homeless persons for 12 to 24 months (North Carolina Coalition to End Homelessness, 2014c).

Assumptions

For this study chronically homeless individuals are those who have been homeless for a year or longer or who have experienced at least four episodes of homelessness in the last 3 years. I assumed that participants were able to articulate their responses effectively and honestly. I assumed that transportation to the center for the interview would not prohibit individuals from participating, as they frequently visited the center for basic service needs. I also assumed that the purposeful homogeneous sampling of chronically homeless individuals would identify participants who were familiar with shelters and housing programs and have opinions on the subject.

Scope and Delimitations

Ten years after the implementation of the Raleigh/Wake County 10-Year Action Plan to End and Prevent Homelessness (February 2005; Ending Homelessness, n.d.), homelessness continues to be a significant problem at the time of this writing. Homelessness remained constant over the 3-year-period at approximately 1,100 people per night, costing the community approximately $183 per day, per person.

Participants in this study were English-speaking, single or married chronically homeless men and women, with and without children. Participants had been homeless for a year or more or had experienced at least four episodes of homelessness in the last 3 years and were between the ages of 25 and 55 years. Participants had also resided in Wake County for the past year or more. The parameters were limited to the population of chronic homeless in the Wake County area and therefore, the findings are not representative of the general population of homeless individuals. Housed low-income

individuals who were receiving social service assistance in Wake County were not within

the scope of this study. This study focused on chronically homeless individuals'

perceptions of shelters and housing programs and their agents, based on their interactions

and relationships with service providers in Wake County. The location for the study was

decided on due to it being easily accessible to homeless individuals and it being a well-

known facility to homeless individuals throughout Wake County.

Limitations

With the permission of Wake County Human Services Research Review Panel, I

visited South Wilmington Street Center's Incentive Housing Dormitory's (IHD)

conference room located at Cornerstone Center over a 2-day period. During this period,

12 English-speaking, single or married chronically homeless individuals, with or without

children, between the ages of 25 and 55 years were screened and interviewed.

Participants had resided in Wake County for the past year or more. Volunteers were

screened and interviewed in a private setting to protect confidentiality. Each participant

in the study verbally agreed in audio recording to the consent form prior to being

interviewed. The findings of this study cannot be generalized beyond knowledge,

attitudes, and perceptions of the chronically homeless individuals interviewed. No

implied applicability to knowledge, attitudes, and perceptions of the general group or

population of homeless individuals can be inferred.

The research could be limited due to interview bias because posing biased

questions influences respondents' answers. Leading questions were not asked. An intense

effort was made to not allow my personal experiences, beliefs, feelings, attitudes, views,

and state of mind influence my analysis and reporting of the data. Biased reporting was avoided by employing bracketing. I suspended judgment, kept an open mind, and strived for objectivity to discover the true nature of the observed phenomenon and conditions (Simons, 2011).

Since I collected the data, I had a major influence on the quality of the data. My age, gender, race, manner of dress, facial expressions, and body language could have caused bias. Some of these influences were unavoidable. I controlled my physical influences by remaining as neutral as possible in dress, tone, and body language. More details on methodology are provided in Chapter 3.

Significance of the Study

This research may help fill the gap in understanding how homeless individuals perceive emergency sheltering, transitional, and supportive housing. The perceptions of chronically homeless individuals about public shelters and housing programs and their agents based on their interactions and relationships with service providers of shelters and public housing programs was explored to determine how they feel about the effects of these public services on their freedom, obligations, stability, and choices.

The results of this study may provide insights into the reasons for which homeless individuals chose to use or not use shelters and public housing services, such as Housing Ready and Housing First, which were designed to assist them. Housing Ready requires that homeless individuals complete a treatment program to move into transitional housing and obey transitional housing rules to receive help with permanent housing. Housing First programs houses homeless individuals regardless of their sobriety or enrollment in a

treatment program (Wasserman & Clair, 2011). The knowledge about the lived

experiences of homeless individuals may shed light on how those services are provided,

how public service workers have implemented them, and how public housing programs

may infringe on the perceived freedoms, rights, and responsibilities of homeless

individuals. The findings of this research could inform and lead to improved services,

through public policies that take into account homeless' perceptions. The results of this

study may also help Wake County improve its administration of public policies, reduce

homelessness, and decrease the costs of caring for homeless individuals.

Summary

Individuals can become homeless because they are unable to afford and sustain

safe and secure housing. Events such as urban renewal of the 1960s, the era of

deindustrialization, and the economic recession of 2007 all increased the number of

homeless individuals and families. Homeless activities in Wake County have resulted in

the development of city ordinances throughout the county that criminalize some homeless

activities, such as panhandling. While Wake County initiatives to end homelessness have

successfully reduced homelessness in the past, reductions in homelessness stalled in

Wake County and homelessness did not decrease over the 3-year-period from 2013–

2015, as it has for the state.

When exploring barriers associated with accessing shelters and housing programs,

previous research has focused either on the housing programs for homeless individuals or

on homeless individuals, but not on the interrelationship between the two entities. A

qualitative phenomenological research was conducted to explore the lived experiences of

chronically homeless individuals living in Wake County. The purpose of this study was to explore why chronically homeless individuals used or did not use shelters and/or public housing and their views on the effects of these public services on their freedom, obligations, stability, and choices. Giddens' (1984) theory of structuration provided the framework for understanding the interrelationships between homeless individuals and the social housing institutions for homeless individuals in Wake County, NC.

This study explored the knowledge, attitudes, and perceptions of chronically homeless individuals. Understanding the lived experiences of homeless individuals and their views on the effects of public shelters and housing programs on their freedom, obligations, stability, and choices may help provide insight into the reasons for which homeless individuals use or do not use services designed to assist them with housing. Any personal identifying information shared by the participants was confidential. The study may have implications for positive social change, once the results and findings are disseminated. The results indicated alternative program implementation approaches may be warranted. There may be policy/program changes that might reduce homelessness and program cost. A reduction in the rate of homelessness could have significant individual effects, such as keeping families together, maintaining viable employment, and avoiding the potential criminalizing aspect of being homeless.

In Chapter 2, I examine, analyze, and consolidate the literature on homeless individuals population and housing programs initiatives for homeless individuals. In Chapter 3, I describe the qualitative research, including how this study was performed,

how participants were selected, what questions were asked, and how data were organized

and analyzed. It presents research design, data collection, and data analysis.

Chapter 2: Literature Review

Studies have rarely focused on the interaction between homeless individuals and service providers, leaving a gap in the research on how homeless individuals perceive emergency shelters and housing programs. The purpose of this study was to explore the perspectives of Wake County chronically homeless individuals regarding public shelters and housing programs and examine their reasons for their using or not using shelters and/or public housing. I focused on the lived experiences of chronically homeless individuals with shelter and housing service providers and the influence of these experiences on seeking housing assistance in Wake County, North Carolina. I explored the reasons homeless individuals use or do not use shelters and/or public housing and their views on the effects of these public services on their freedom, obligations, stability, and choices. A qualitative phenomenological study, using a semistructured interview strategy, provided a better understanding about how homeless individuals perceive emergency sheltering, transitional, and supportive housing programs.

First, I describe the strategies used to search the literature and explore the knowledge base of the subject. The theoretical foundation, the theory of structuration is presented. In the literature review section, I cover the major causes of and themes related to housing and homelessness. I also summarize the major historical events that may contribute to the high rate of homelessness.

Literature Search Strategy

I used three major library resources to search for literature and research information: Walden University library, North Carolina's state library, NC State

University library, and Wake County Public Library. Through these three sources, I spent several months researching databases such as EBSCO database, SocINDEX with full text, ProQuest Central databases, Public Policy and Administration, and Academic Search Complete. The search was limited to peer-review journals and full text with references dated within the last 10 years, beginning with January 2005. Keywords included *housing*, *shelters*, *homeless*, *homeless policies*, *and housing service*, as root words, and terms such as: *housing policies*, *structural theory*, *services for homeless individuals*, *transitional shelters*, *social services*, *services for homeless individuals*, *housing ready*, *housing first*, *Wake County*, and *homeless Americans*.

The literature revealed hundreds of research articles that have focused on homelessness as it relates to such things as mental illness, substance abuse, youth (urban versus rural), veterans, families with children, and housing programs. A limited number of studies focused on how homeless individuals perceive shelters and public housing programs with access to support services. The information is limited to research data on housing programs and services. There appears to be little information on or analysis of homeless individuals' perceptions of public shelters and housing programs due to their interactions with public administrators and staff.

Theoretical Framework

According to Neale (1997), two theoretical approaches have polarized the debate on the causes of homelessness. One emphasizes social service programs or structural factors and the other focuses on individual or agency explanations. A structural explanation of homelessness establishes the reasons for homelessness beyond the

individual, in wider social and economic factors (Neale, 1997). The rise of poverty from the late 1970s onward and a supposed decline in the number of affordable rental units are macro-level social trends (Main, 1996) or structural factors. An appropriate response, according to this model, requires intervention on a broad societal scale. This might include subsidies to the housing market or the direct provision of temporary or permanent accommodation (Neale, 1997).

Agency explanations of homelessness are two-fold: The first explanation is that individuals are responsible for their homelessness. This is a victim-blaming approach. The stereotypes and images of deviants, alcoholics, vagrants, and tramps have often been associated with people deemed to be homeless for these reasons (Neale, 1997). The second explanation maintains that people become homeless because of personal inadequacy for which they cannot be held entirely responsible. These individuals are considered to be in need of humanitarian assistance, usually casework or psychiatric treatment, in order for them to function (Neale, 1997).

Structuration theory focuses on understanding human agency and social institutions of the social world. The theory stresses the interconnection between knowledgeable and capable human agents and the wider social systems and social structures within which human agents operate, thus addressing the dualism between structure and agency (Tallon, 2014). Structuration theory portrays culture as common sense comprising prevailing ideologies that allow individuals to navigate their way through life. Culture defines what is normal and what is not, what is important and what is not, and what is acceptable and what is not within each social context, which is

acquired through a lifelong process of socialization. Structure in this view is seen to consist only of the rules and resources that are instantiated in social systems. In their daily lives, individuals draw on these rules and resources, which in turn structure their actions (Warf, 2006). Giddens favored a duality between structure and agency, in which they are simultaneously determinant and mutually recursive, rather than a simplistic dualism of opposing forces (Warf, 2006). Duality of structure views structure as the medium and outcome of the conduct it recursively organizes; the structural properties of social systems do not exist outside of action but are chronically implicated in structural production and reproduction (Giddens, 1984).

Giddens (1984) stated that homelessness cannot be reduced easily to either an individual or to a structural problem. Giddens maintained that structure and action or agency, are intimately related, and neither can exist independently of the other. Simplistic structure versus agency explanations of homelessness is therefore inadequate. Giddens used the concept of structuration to describe the way that structures relate to social action and refers to the duality of structure to suggest that even as structures make social action possible, it is social action that creates those very structures (Giddens, 1984). Giddens maintains that one way in which structure affects human behavior is through the mutual knowledge or discourses that agents have about their own society. This is because much routine, mundane behavior is carried out automatically with little thought or assessment (Neale, 1997).

Giddens (1979) also suggested that humans have a basic desire for some measure of predictability in social life. It is the existence of this need, in conjunction with the

existence of mutual knowledge, which causes patterns of behavior to be repeated and, consequently, the structure of society, the social system, and institutions (including, for example, inequitable housing markets) to be reproduced. Nevertheless, Giddens maintained that individuals are constantly intervening in the world by their actions and hence have the capacity to effect changes. Through this, he highlights the dialectical nature of power relations. Giddens argued that power is a two-way process and all individuals, even those who seem to be without much control and authority (such as homeless people), have some power and ability to resist (Giddens, 1979). Giddens accepted that humans are limited by the power relationships, which comprise social action, but it is only in very exceptional circumstances that individuals are ever completely constrained.

Power structures, according to Giddens (1979), operate not so much by controlling, as by placing limits upon the range of options open to an actor. Agents do not however, have to behave in fixed ways: they are able to reflect on and to assess what they are doing and they may then start to behave in new ways which alter patterns of social interaction and the social structure. Likewise, individuals may also change or reproduce society in ways that they did not deliberately intend (Giddens, 1984). The theoretical analyses of power structures and society suggest that there are forces in operation, which make it more likely that some people, and not others, will become homeless in any given set of circumstances (Neale, 1997). Simultaneously, these theories allow greater scope for individual action, and hence change, than allowed for by a rigidly structural analysis. This can help to explain why people become homeless, without classifying them either as

passive victims or as guilty individuals responsible for their own situations. It also suggests that social injustices can be resisted and social problems challenged (Neale, 1997).

Giddens (1979) developed the theory of structuration to explain that social actors not only evaluate and give meaning to their actions, but actively engage in producing their own circumstances as a result of previously produced circumstances over which they have no control. Giddens argued that the behavioral and structural dimensions of human life, and their corresponding theoretical perspectives, must be seen as mutually complementary (Warf, 2006).

The theory of structuration was used in this research to study the complex interrelations of human freedom (or agency), where individual choices are seen as partially constrained, but remain choices nonetheless and structure (Oppong, 2014). This study examines the interactions between chronically homeless individuals as agents and service providers of shelters and public housing programs as structure from the perspective of homeless individuals in an effort to better understand whether their dual relationships affect their freedom, obligations, stability, and choices, in other words their actions. The implications for positive social change include informing policy makers about ways to implement policies that take into account the perceptions of homeless individuals and lead to permanent housing for all homeless individuals and improved housing services.

Literature Review Related to Key Variables and Concepts

To present the nature of the problem, this section is organized by topics and themes. The review is organized as follows (a) the influence of culture and public policies on accessing shelters; (b) knowledge, attitudes, and perceptions of homeless individuals; (c) the logistics of services for homeless individuals; (d) Continuum of Care; (e) shelter services for homeless individuals; (f) Housing Ready approach versus Housing First approach to housing; and, (g) support services.

The Influence of Culture and Public Policies on Accessing Shelters

Culture and homeless shelter policies can conflict, creating barrier to seeking shelter. Cultural diversity includes differences in age, sex, gender, and race. Cultural factors can be cumbersome when seeking access to shelters. Schindler and Coley (2007) posited that homeless men with families were less likely than were mothers to receive welfare assistance because of the negative experiences they encountered with public workers who they believed are opposed to custodial fathers. This position was supported in an earlier study performed by Garibaldi, Conde-Martel, and O'Toole in Pittsburgh and Philadelphia, PA, in 2005. Of the 425 homeless males and 106 homeless females studied, only 37.6% of those aged 50 and under were receiving welfare assistance. Cultural expectations that fathers work and provide for their children made fathers feel like they were failures if they sought out public assistance. This cultural expectation deterred fathers from reaching out and accepting assistance.

Culture in some regions dictates that small boys and girls should not sleep in the same rooms. Accordingly, public policies limit access to shelters and can make it difficult

for parents to locate an appropriate shelter. According to Zlotnick et al. (2010), mothers with small boys and fathers with small girls living on the streets were confronted with obstacles because some shelters did not allow small children. Many shelters did not allow both sexes and were only for men and older boys or women and older girls. Due to dominant cultural standards and beliefs, public policies regarding access to shelters made it difficult to find the right shelter that suited the needs of families with children.

Schindler and Coley (2007) argued that the rules and regulations of shelters undermined parental authority. Barrow and Lawinski (2009) agreed stating that when living in shelters, parents had no say in what their children ate or when they slept. When this authority is taken away from parents and their lives are dissected due to rules and regulations imposed upon them by shelters, parents and children become stressed, frustrated, and depressed. Barrow and Lawinski speculated that shelter policies allowed parents to be highly scrutinized by shelter workers. The environment of shelter life initiated child welfare intervention by magnifying family problems. Having to decide whether shelter was worth the risk of losing one's children to social services was a difficult decision to make (Barrow & Lawinski, 2009). Programs designed for homeless individuals that have culturally sensitive allocation policies and provide services that are accessible, available, and appropriate are necessary in helping homeless individuals and families transition to permanent housing (Netto, 2006).

Hickler and Auerswald (2009) used a mixed study to present a comparative descriptive analysis of African American and White homeless San Francisco youths. They compared and contrasted their circumstances leading to homelessness and their

perceptions of themselves and health issues. This study was performed to investigate the hypothesis that both social and cultural contexts influence health related behavior of homeless youth and that service utilizations and health outcomes differ across ethnic groups.

Hickler and Auerswald (2009) chose site sampling for their study in an effort to include hard-to-reach homeless youth (those who slept in doorways and abandoned buildings, on park benches, and under bridges instead of sleeping in shelters) in their study. Twenty-eight viable sites for the sampling were selected from ethnographic observational data and street surveys. The sample size was divided into two groups, 145 White and 60 African American homeless youth. Two baseline epidemiological data collections and two sets of ethnographic interviews were performed simultaneously at baseline and 6 months later. Transcripts were coded in ATLAS.ti using a jointly prepared codebook. Hypotheses were developed from the analysis of the ethnographic data, and they were tested quantitatively using the epidemiological dataset (Hickler & Auerswald, 2009). Their study found that White youth generally identified with the term homeless, engaged in survival activities associated with such a label, and accessed the services intended to address the needs of homeless youth. In contrast, African American youth generally did not perceive themselves as homeless, which they believed is a stigmatized term. They were thus less likely to use or access relevant services.

Knowledge, Attitudes, and Perceptions of Homeless Individuals

Ogden and Avades (2011) conducted a study in the South East of England about the lived experiences of eight homeless people with health and social services. The

results of the study revealed three themes from the interviews (a) responsibility, (b) identity, and (c) feeling trapped. The participants communicated that they felt responsible for their homelessness. Many still ended up looking for help despite their feelings of being trapped in the system. Others avoided getting help from service providers because of the guilt they felt for being in their situation. The results further revealed that they were more comfortable with their peers than with service providers, but because they shared similar situations with their peers, they realized that they would not be able to get out of their situation if they continued colluding with them (Ogden & Avades, 2011).

A phenomenological study conducted by Holt, Christian, and Larkin (2012) in West Midlands, United Kingdom, revealed that homeless individuals balanced being independent and being dependent on social services. Their study focused on the experiences of 10 older long-term homeless men living in hotels. The main themes identified were conditional sense of well-being in the hotel, the importance of being connected to others, and balancing independence with reliance on others. Running through all the themes was a sense that three fundamental processes were in play: a threat to material safety, a threat to self-identity, and a threat to autonomy. The participants also reported fear of being stigmatized as a factor underlying their under-utilization of housing services. According to Holt et al. (2012), service providers should consider the power structure and the sense of identity and connectedness that were found to be important among homeless people in an effort to find alternative solutions to address the disconnect between service providers and homeless individuals.

Biederman, Nichols, and Lindsey (2013) conducted a phenomenological study of 15 homeless women, focusing on their lived experiences with social support obtained from service providers. The results of the semi-structured interview showed that the participants experienced being cared for as a result of their interactions with service providers. Moreover, the participants made a distinction about service providers who only provided routine support compared to service providers who provided extended social support, which was preferred and valued more. This study emphasized the importance of social support to homeless women, which extended beyond the routine support that they normally received from service providers.

Sznajder-Murray and Slesnick (2011) focused on the lived experiences of 28 homeless mothers who had substance abuse problems. The study was galvanized by the high demand for shelter. This phenomenological study focused on the experiences of homeless individuals who received support from formal service providers. The results of the study indicated that negative perceptions of service providers were common, specifically due to lack of understanding and support from service providers (Sznajder-Murray & Slesnick, 2011).

The Logistics of Services for Homeless Individuals

Wasserman and Clair (2011) asserted that services for homeless individuals are founded on two dominant economic logics: industry and the marketplace. Industrial logic employs the concept of efficient production. Efficient production transforms homeless individuals into cases. Any situations or concerns that the clients have are trivial to the mental illness or addiction for which they are being treated and are oppositional to

efficiency (Wasserman & Clair, 2011). The marketplace logic employs the concept of fair exchange. The marketplace logic's "material goals of service institutions (work and legitimate housing) exclude other values and, in turn, promote the construction of a lack of willingness to submit to treatment as a simple function of mental illness or addiction" (Wasserman & Clair, 2011, p.179). By definition, services provided by Wake County were founded on economic logics of industry and the marketplace.

According to Wasserman and Clair (2011), economic logics of industry and the marketplace employ exclusively the concept of fair exchange and efficient production in the delivery of services. Wasserman and Clair contended that using economic logics of industry and the marketplace exclusive of other logics and notions of value increases the risks of exclusion of certain people who do not share the values of the organizations or who resist authority. When employing these economic logics, certain people are allowed to participate in social welfare intuitions while others are deprived, often because of unshared values. Wasserman and Clair emphasized that nonprofit service providers often overlooked homeless individuals who slept on the streets because they simply refused the services of shelters. People may choose to live on the streets rather than to succumb to instructional requirements.

Some individuals avoided shelters because they did not feel safe sleeping with strangers. Often homeless individuals would not sleep in shelters because they were opposed to the authority of shelter staff and the formal or informal prerequisites of the shelters. For most, it was a combination of it all (Wasserman & Clair, 2011). The fact that homelessness has not decreased over the past 3 years in Wake County may indicate that

its programs established to help reduce and end homelessness are not accomplishing their goals because of using economic logics of industry and the marketplace.

Continuum of Care

The National Alliance to End Homelessness (NAEH), a nonprofit, nonpartisan organization, was created in 1983. The NAEH works toward ending homelessness by analyzing policies and developing cost effective solutions for private and public organizations. The NAEH supported the passing of the McKinney-Vento Act in 1987, which provides emergency relief measures, preventive measures, and long-term solutions to homelessness (National Alliance to End Homelessness, n.d.a). Authorized by the Title IV of the McKinney-Vento Homeless Assistance Act in 1995, Continuum of Care Homeless Assistance Programs were designed to reduce homelessness by quickly responding to the needs of homeless individuals and transitioning them to self-sufficiency and permanent housing (U.S. Department of Housing and Urban Development [HUD], 2012). HUD provides approximately $1.63 billion to 6,000 housing and service projects through CoC (Rickards et al., 2010). To receive this funding, matching funds are required from the recipients. Cities are required to collaborate with others and form partnerships in order to receive CoC funding (Ivey, 2008). Following the lead of NAEH, other federal, state and local agencies formed collaborations to provide support to reduce/end homelessness.

Continuum of Care programs support the efforts of state and local nonprofit organizations through funding programs to quickly re-house homeless individuals and families in their communities while minimizing the trauma they are experiencing.

Continuum of Care operates under the assumption that homeless individuals need to graduate from a specific sequence of programs before becoming housing ready (Groton, 2013). Continuum of Care promotes access to and affects the utilization of mainstream programs as well as optimizes self-sufficiency among individuals and families experiencing homelessness (HUD Exchange, n.d.). Housing-based programs in CoC require sobriety from drugs and alcohol in addition to the use of any necessary medication or treatment for mental health issues (Groton, 2013).

Shelter Services for Homeless Individuals

The research of Flanagan and Hancock (2010) sought to discover the ways in which agencies could best deliver more effective services to homeless individuals and make those services more accessible. Flanagan and Hancock studied eight VCS workers to learn about their perceptions of barriers that make it difficult for individuals to access services. They investigated what should be done to facilitate easier entrance into programs for those considered hard to reach. Semi-structured interviews were conducted with purposefully sampled team leaders or practitioners from VCS organizations in Birmingham, AL. Purposive sampling was used to recruit participants who had particular experiences and fulfilled the roles that were pertinent to the study objectives.

Flanagan and Hancock (2010) found that individuals from minority communities, homeless individuals, people who were unengaged with the social service system and people who were needy, marginalized, and disadvantaged were among the hard-to-reach groups. The results of their study showed that these individuals had limited access to social services for various reasons. Hard-to-reach individuals often had limited choices

due to either being uninformed or because of service restrictions and limitations.

Geography and transportation were significant barriers. The location of services and

policies governing hours of operations often restricted access to services. Some

unengaged individuals did not seek services due to past negative experiences with service

providers. Homeless individuals felt that statutory services, while intrusive, were of no

help to them in the past. Additionally, service users felt that service providers

disrespected them.

Flanagan and Hancock (2010) found that service providers who did not criticize,

but rather empowered their clients, formed positive relationships with them and gained

clients respect and trust. Collaborating with other providers who specialized in other

areas was beneficial to clients. It also strengthened each nonprofit organization by

eliminating possible duplication of services and allowed a greater focus to be exerted on a

particular service or group of services. The research concluded that access to services by

hard-to-reach individuals could be improved by providing policies, which: (a) assured

that all service users received respectful treatment, (b) offered service flexibility, and (c)

incorporated the use of other agencies through collaboration to provide a holistic

approach to the care of service users (Flanagan & Hancock, 2010).

Stergiopoulos et al. (2010) studied a collaborative interagency multidisciplinary

outreach team designed to house homeless individuals who had not successfully

responded to other programs and who had either a severe mental illness, personality

disorder, developmental challenge, or untreated medical needs in Toronto, Canada. From

this study, Stergiopoulos et al. concluded that community service providers must form

partnerships and initiate interagency collaborations if a continuum of services was to be provided. Creating effective programs and minimizing barriers to access for homeless individuals is a great undertaking due to inflexible eligibility requirements. Regardless of how many desirable services are available, if they are not easily accessed, or if their values clash with the values of homeless individuals, they are underused and of no benefit to many who need them (Stergiopoulos et al., 2010).

Emergency shelters. Emergency shelters are the first entry point into CoC to provide overnight shelters to homeless individuals with time limits on the length of stay. Emergency shelters house episodic users, the chronically homeless, and the traditional homeless individuals, as well as homeless families. For many individuals, homelessness is a short temporary state. An overnight emergency shelter is all that is required before they are able to return to housing. Access to emergency shelters can be problematic. Murphy's (2009) study showed that homeless individuals who were not associated with housing programs found themselves languishing in an emergency housing system, unable to transition to permanent housing. Homeless individuals who used the services found themselves on referral and waiting lists for admission to emergency shelters.

Traditional housing programs. Transitional housing programs provide supportive services to homeless individuals while temporarily housing them in places like halfway houses as they transition to stable housing. Transitional housing programs involve a long-term financial commitment, providing education and job training, case management, health care, financial assistance, food stamps, job training, and transportation assistance. Transitional housing programs have been very successful in

wealthier cities. Cities that are not wealthy do not provide these services (Esparza, 2009).

Homeless individuals living in indigent cities in Wake County, such as Wendell,

Zebulon, and Lizard Lick, must travel to Raleigh, NC, to seek assistance.

Permanent supportive housing. Permanent supportive housing combines a wide

range of support services to people to improve their quality of life. Supportive housing is

offered to those who would have difficulty living alone because of a physical or mental

limitation. Continuum of Care is traditionally a high demand program. High demand

programs require that individuals maintain sobriety, participate in treatment programs,

and engage an intensive service plan to become housing ready (Montgomery, Hill, Kane,

& Culhane, 2013).

The effectiveness of CoC programs. Reviews on the CoC programs are mixed.

Programs offered by CoC are only effective if they are efficiently executed. The 2001

Survey of Homeless Service Providers (2001 HSP Survey) was designed to collect the

data from homeless service programs that reported into homeless management

information systems (HMIS). Homeless Management Information Systems are networks

of homeless service providers in a geographically-defined jurisdiction that maintain

centralized and automated data collection systems, compiling information on homeless

services and the persons who use them (Wong et al., 2006).

Analyzing the data from the 2001 HSP Survey, Wong et al. (2006) studied 300

emergency shelter programs, transitional housing programs, and permanent supportive

housing programs in 15 jurisdictions. The study conducted by Wong et al. revealed that

while the structural composition of emergency shelters, transitional housing, and

permanent supportive housing programs model CoC, the programs could have been more effective in areas of management, operation, and the delivery of services. Only 38% of the emergency shelter programs in their study implemented short-term stays of six months or less, as intended. Longer stay periods or 6 to 24 months were implemented by 20% of emergency shelter programs. This length of stay was not intended for emergency shelter programs, and it suggested there were neither transitional housing nor permanent supportive housing programs available for homeless individuals.

Culhane and Metraux (2008) were also critical of longer stays in emergency shelter programs, stating that they had become rehabilitation shelters rather than emergency shelters. They also felt that housing and services could be delivered more efficiently and effectively by matching them better to the needs and resources of those they serve. Wong et al. (2006) concurred, pointing out that the admission policies of all three housing programs barred a significant number of homeless individuals from receiving vital assistance needed.

Slesnick, Kang, Bonomi, and Prestopnik (2008) complained that CoC programs were simply more treatment programs developed for homeless adults and that the programs had ignored homeless youth. Esparza (2009) disagreed, avowing that 60% of homeless youth who entered a transitional housing program were permanently housed. Skott-Myhre et al. (2008) also believed that CoC programs were valuable services for youth offering outreach programs that connected them to services such as case management, early intervention, vocational training, housing, education, and mental health and substance abuse treatment. Culhane and Metraux (2008) were critical of

CoC's policy, which required its providers to only help individuals after they became homeless. Continuum of Care also offered the same services that mainstream social welfare services offered, such as substance abuse and mental health treatment, housing assistance, income maintenance, and child welfare service.

Culhane and Metraux (2008) understood that because CoC policies require state and local governments to work together, partnerships are forged with mainstream social services, which ultimately institutionalizes social welfare systems. The CoC programs were then unable to reduce and/or end homelessness because through its institutionalization, it had increased the number of people who for lack of better alternatives, turned to it for assistance and who remained longer in the system. Culhane and Metraux's assertion that the social welfare system was institutionalized implied that these services were here to stay because homeless individuals were dependent upon these services. From the literature one might assume that institutionalization can be a double-edged sword. Social workers also may depend on this institutionalization of services as well to make a living. If homelessness was to be eradicated, the number of jobs that would be lost is significant. Thus, there is little incentive to end homelessness because that would result in a loss of income to many whose job it is to assist these individuals.

Housing Ready Approach Versus Housing First Approach to Housing

The Housing Ready approach to homelessness requires homeless individuals to work through stages of supported services and treatments before reaching a point where they are deemed capable of independent living. The Housing First approach has been broadly accepted as a means to respond to homelessness. Housing First program views

housing as a human right. Once homeless individuals have been housed, support is provided, but there is no obligation on the part of the client to accept the services (McNaughton & Atherton, 2011).

Housing Ready approach to permanent supportive housing. Housing Ready approach to permanent supportive housing is based on the principle that individuals should be medically stable to be eligible for housing. Housing Ready approaches may be a good alternative for individuals who are homelessness for the first time, particularly when they have no disabilities and have connected themselves to care and services. The Housing Ready approaches may not be effective in addressing the housing needs of chronically homeless individuals because often they have a mental and/or physical disability (Parker, 2010).

Once homeless individuals engage in Housing Ready programs, they go from being disabled individuals in need of housing to clients in need of management. Housing Ready programs combine housing and treatment services under a single roof with service providers, usually in the form of case managers located on site. Clients move through a series of placements. They are usually placed in shelters first. As clients progress in the program, they move up to transitional housing and finally into permanent housing (Henwood, Stanhope, & Padgett, 2011).

The requirements set forth by Housing Ready approaches are often too difficult or even unattainable and unsustainable for the chronically homeless population. Medication for those with mental illness is either mandatory or strongly encouraged. Housing Ready policies promote zero tolerance for substance use (Parker, 2010). If a client becomes

unstable, relapses, or chooses not to follow rules, he or she is removed from the program (Henwood et al., 2011).

Henwood et al. (2011) conducted a study on New York service providers of Housing First and Housing Ready to learn more about the implementation of these two housing approaches from an insider perspective and examine whether actual practice is consistent with or contrary to these program models' contrasting philosophical values. Henwood et al. found that rather than focusing on the specific needs of their clients, service providers tended to focus on maneuvering through the system to lead clients to comply with the requirement necessary to secure housing. Case managers in Housing Ready programs overlooked or did not address mental or substance use problems. The Housing Ready approach "created disincentives for providers to concentrate on clinical concerns that may impede a consumer's longer term recovery" (Henwood et al., 2011, p. 83). Unlike the Housing Ready and the CoC, the Housing First approach has been somewhat controversial because it does not require residents to achieve certain milestones to acquire or maintain housing (Collins, Malone, & Clifasefi, 2013).

Housing First approach to permanent supportive housing. Substance use among persons who are homeless has been associated with lower treatment retention, higher rates of post-treatment relapse, premature death, and longer periods of homelessness. Problematic substance use is a substantial barrier to existing homelessness and contributes to social marginalization (Palepu, Patterson, Moniruzzam, Frankish, & Somers, 2013). Overall, according to Collins, Malone, and Clifasefi (2013), Housing First programs fill a gap in housing options for chronically homeless people with severe

alcohol problems. Housing First approach emerged as a second approach to permanent supported housing. The Housing First approach to homelessness offers quick admittance to permanent housing. Housing First gives residents leases and tenant protections under the law, and it can be implemented as either single-site, project-based, or scattered-site models (Downtown Emergency Service Center, 2009). The service teams provide mental and physical health care services to support their clients' independent living skills. Although clients are encouraged to partake in services, participation is not a requirement of obtaining permanent supportive housing (Kresky-Wolff, Larson, O'Brien, & McGraw, 2010). The primary focus of Housing First is housing placement and stability for homeless individuals and over time, to encourage individuals to participate in services (Montgomery et al., 2013).

Henwood et al. (2011) found that service providers of Housing First believed that immediate access to permanent housing was an effective way to engage clients and establish a trusting relationship. Service providers of Housing First were more likely to work with clients on their specific needs because they were not preoccupied with trying to keep clients in permanent housing and because clients could be more open with providers without risking the loss of housing. The few clients who could not maintain housing stability due to severe substance abuse caused some providers to question the effectiveness of Housing First programs for all consumers.

McNaughton and Atherton (2011) used case studies on two Housing First programs, Pathways to Housing and Project Renewal, both in New York. The studies involved in-depth interviews with service managers, directors, and caseworkers. Their

goal was to outline the key components and system of operation of Housing First and how they operate, and to set a foundation for future critique and further discussion. Drawing on the data from interviews, McNaughton and Atherton concluded that while the Housing First program was not perfect, it allowed homeless individuals with substance abuse or mental health issues to actually gain access to housing.

Rickards et al. (2010) expressed concerns about clients receiving housing assistance and having the choice to not work and not participate in supportive services that would benefit them. Their position was that while stable and safe housing is a necessary precondition for people experiencing homelessness, being in good health and receiving needed mental health and/or substance abuse treatment and recovery services is essential to the wellbeing of individuals. Concerns have also been raised about the high number of individuals leaving supportive housing. Without participating in necessary services, it is not reasonable to expect these individuals to become self-sufficient and return to permanent, stable housing. The studies performed by Montgomery et al. (2013), which compared the two housing approaches and found that the Housing First approach reduced the rates of homelessness and emergency care and inpatient hospitalizations.

Palepu et al. (2013) examined the relationship between substance dependence and residential stability of homeless adults with current mental disorders 12 months after entering Housing First programs. They determined that Housing First can achieve residential stability for adults who are homeless and have substance abuse issues and mental disorders. These homeless individuals were able to achieve similar levels of residential stability as those homeless individuals without substance dependence.

Support Services

Wasserman and Clair (2011) studied homeless service institutions and found that homeless service organizations are founded on economic logics of the marketplace and industry. The marketplace logic ignores any goals or values of the client that are unrelated to work and legitimate housing. When people reject the assistance of the services due to the exclusion of their values and goals, the marketplace logic conceptualized this action as individuals being unwilling to submit to the treatment for mental illness or addiction. Industrial logic risks the objectification of individuals. The logic of efficient production transforms individuals into cases. Any situations or concerns of the clients are minor to the disease for which they are being treated and are oppositional to efficiency (Wasserman & Clair, 2011).

Providing help and support to homeless individuals is not a straightforward process. Homeless individuals may be resistant to policies administering services because they do not value programs' goals and expectations or they experience cultural barriers. Creating effective programs and minimizing barriers to access for homeless individuals is a great undertaking due to inflexible eligibility requirements (Stergiopoulos et al., 2010). Homeless individuals who seek housing often turn away from the service because their housing policies are too extreme (Ogden & Avades, 2011). Homeless individuals who sleep on the streets have been either been ignored by service providers or do so because they simply refuse the services of shelters (Wasserman & Clair, 2011). Ogden and Avades (2011), as well as Bartlett (2010), maintained that service use of both the immediate and the long-term housing is underpinned by the dynamics of the interaction

and issues associated with responsibility, identity, feeling trapped, and having no control of one's destiny.

Summary

Walden University library, North Carolina's state library, NC State University library, and Wake County Public Library resources were used to search for literature and research information. The search was limited to peer review journals and full text with references dates within the last 10 years using words such as housing, shelters, homeless, homeless policies and housing service, as root words, and terms such as housing policies, structural theory, services for homeless individuals, transitional shelters, social services, services for homeless individuals, housing ready, and housing first.

The theory of structuration is the theoretical framework for this study. The theory emphasizes the interrelationship between individuals and the larger social systems and social structures within which they live. The studies of Wasserman and Clair (2011) and Ogden and Avades (2011) provided the foundation for this research. Ogden and Avades affirmed that the interactions between homeless individuals and service providers may determine whether individual use homeless services or not. Wasserman and Clair maintained that it is important to understand homeless individuals' perceptions of these interrelationships, although it is challenging since homeless individuals are difficult to reach. This research extends knowledge in the discipline by informing policy makers about positive ways to improve policies to reduce homelessness while decreasing the costs of those services.

Due to cultural standards and beliefs, public policies on access to shelter make it difficult for a family with children to find the right shelter. Many shelters do not offer refuge to both genders. Homeless mothers with small boys and homeless fathers with small girls are confronted with obstacles because some shelters do not allow small children and/or opposite genders. When living in shelters, parents often have no say in what their children eat or when they sleep. Both social and cultural factors influence service utilizations by various ethnic groups differently. Studies on the lived experience of homeless people revealed that individuals felt responsible for their homelessness and they felt trapped (Ogden & Avades, 2011). They felt that their material safety, self-identity, and autonomy were threatened. They also feared of being stigmatized. All of these factors influenced their under-utilization of housing services (Holt, Christian, & Larkin, 2012). Some individuals felt that they were cared for as a result of their interactions with service providers (Biederman, Nichols, &Lindsey, 2013).

The economic logic of industry operates on efficient production. People who use these services are treated as cases. Concerns of the clients not related to their mental illness and/or substance abuse or support for which they are being treated are irrelevant and oppositional to efficiency. The economic logic of the marketplace employs fair exchange and values work and legitimate housing. Concerns of the client, other than finding work and legitimate housing, is not important and thus of no concern to the service providers.

Continuum of Care Homeless Assistance Programs, authorized by the Title IV of the McKinney-Vento Homeless Assistance Act in 1995, supports the efforts of state and

local nonprofit organizations through funding programs to quickly re-house homeless individuals and families in their communities (U.S. Department of Housing and Urban Development [HUD], 2012). Continuum of Care promotes access to and utilization of mainstream programs and it tries to optimize self-sufficiency among individuals and families experiencing homelessness (HUD Exchange, n.d.). Housing Ready and Housing First are two housing approaches supported by CoC. Housing Ready providers juggle their roles of caretakers and supporters of their clients. Case managers are convinced that uphold the idea that clients must earn housing through good behavior and often disregard the needs of the clients. In Housing First, coercion is less likely to occur because the clients are not subject to the rules. Housing First providers endorse the Housing First approach in terms of both values and effectiveness, unlike the Housing Ready approach.

In Chapter 3, I outline the qualitative method utilized in this study of Wake County's homeless. In Chapter 3, I also describe the study methods, the participants, the questions that were asked, and the data organization and analysis.

Chapter 3: Research Method

The purpose of this study was to explore the perspectives of Wake County chronically homeless individuals regarding public shelters and housing programs and examine their reasons for their using or not using shelters and/or public housing. This study focused on the lived experiences of chronically homeless individuals with shelter and housing service providers and the influence of these experiences on seeking housing assistance in Wake County. I explored the reasons homeless individuals use or do not use shelters and/or public housing and their views about the effects of these public services on their freedom, obligations, stability, and choices. I conducted a qualitative phenomenological study to explore the lived experience of the chronically homeless in Wake County, in terms of their service use or the lack thereof. Using a phenomenological interview strategy, I provide a better understanding of how homeless individuals perceive and act upon emergency sheltering, transitional, and supportive housing.

In the two previous chapters, I detailed the policies of shelters and public housing programs designed to assist homeless individuals and families with transitional and permanent housing. Although governmental agencies may offer clients a way forward, the help often causes stigma and intrusive rules. It is possible that the use or nonuse of emergency shelters and housing services is based on the interaction between homeless individual and service provider (Ogden & Avades, 2011). From the perspective of chronically homeless individuals, it is not known how their interactions with service providers influence their decisions whether to use public housing services.

In this chapter, I outline the research design, the research rationale, and the role of the researcher. I explain the methodology, including the selection of participants, selection of the research instrument (including the basis for the instrument chosen), content validity, and established sufficiency of data collection to answer the research questions. I outline the procedures for recruitment, participation and data collection, the data analysis plan, the issues of trustworthiness, and ethical procedures. A brief summary concludes this chapter.

Research Design

For this study, we adopted the National Alliance to End Homelessness' (n.d.) definition of *chronically homeless individuals*, "people who have experienced homelessness for a year or longer or who have experienced at least four episodes of homelessness in the last 3 years". The broad and focused research questions to better understand their experiences were as follows:

Central research question: Given that in 2005 Wake County, North Carolina, established a 10-year action plan to address homelessness and that chronic homelessness persists at nearly the same level 10 years later, how does the interrelationship between homeless individuals and service providers of shelters and public housing designed for homeless individuals, influence the use or nonuse of these services from the perspective of chronically homeless themselves?

The subquestions were:

1. What are the lived experiences of chronically homeless individuals in Wake County, North Carolina, with administrators and staff of shelters and housing programs?

2. What are the lived experiences of chronically homeless individuals in Wake County, North Carolina, with support service providers referred to them through administrators and staff of shelters and housing programs?

Services for homeless individuals, which require individuals to receive treatment cannot include homeless individuals into the productive mission of the shelter if they do not need treatment or are unwilling to accept treatment. When individuals are able to adhere to the policies of housing and supportive programs, the efficient treatment sometimes does succeed in returning homeless individuals to work and stable housing (Wasserman & Clair, 2011). Although studies are limited due to the difficulty in reaching homeless individuals, their perspectives on their relationship with administration of services is important for understanding why homeless individuals chose or not chose to use emergency shelters and public housing services (Wasserman & Clair, 2011). Thus, this study was undertaken in Wake County, NC. The theoretical concept of this study was derived from the theory of structuration, which deals with the nature of human behavior and the interrelationship between individuals and structure (University of Twente, 2010).

Research Rationale

In-depth interviews were used to conduct this study, as they include semi-structured questions that could be used with relatively few people (as opposed to surveys,

which tend to be quantitative and include larger numbers of participants). In-depth interviews were chosen because they are an exploratory type of methodology. This approach allowed me to intensely explore the respondent's deeper feelings and perspectives, which resulted in rich background information that shaped further questions relevant to the topic.

The intent of qualitative phenomenological research is to increase the knowledge of a particular situation or circumstance (Kisely & Kendall, 2011). Following the advice of Guion, Diehl, and McDonald (2011), I: (a) used semi-structured questions to allow respondents to expound on the topics; (b) used semi-structured key questions while engaging in the conversation and subsequently asked questions flowing from pervious responses when possible; (c) sought understanding by actively listening to the participants, trying to interpret what was being said, and sought clarity and understanding throughout the interview; and, (d) made audio recordings of the interviews and took notes of responses. I searched for recurring themes and patterns.

Making sense of the volumes of information gathered, categorizing it into themes, and extracting meaning from it can be an overwhelming task (Johnson & Christensen, 2008), which I addressed by using NVivo qualitative data software. As suggested by Creswell and Miller (2000), my study used triangulation of data to ensure the research was credible and trustworthy. Triangulation of data involves gathering information from different sources in different ways. Triangulation is an accepted practice which researchers use to present evidence gathered through interviews, observations, or

literature to identify themes or categories. This method gave me better insight into the subtleties of the phenomenon being studied.

Member checking was not possible due to the study population that was used to conduct the research. Bracketing is a methodological device of phenomenological inquiry that requires deliberate putting aside one's own belief about the phenomenon under investigation or what one already knows about the subject prior to and throughout the phenomenological investigation. Bracketing is a means of demonstrating the validity of the data collection and analysis process (Chan, Fung, & Chien, 2013). Bracketing was used to avoid bias in my reporting. Therefore, I put aside my repertoires of knowledge, beliefs, values and experiences in order to accurately describe participants' life experiences. I strived to suspend judgment, kept an open mind, and strived for objectivity. I endeavored to not be influenced by my personal experiences, beliefs, feelings, attitudes, views, and state of mind in my analysis and reporting of the data. Using a qualitative approach to study this social phenomenon offered flexibility (Patterson & Morin, 2012). I used semi-structured interview questions with probe and prompt questions for clarification when necessary.

The Role of the Researcher

South Wilmington Street Center was chosen because the participants were familiar with this facility. I played a major role in this study because I screened and conducted the interviews. Participants were recruited by posting flyers in homeless agencies throughout Wake County announcing the study, the criteria, and the location where interested individuals should come at specific dates and times. There was no

personal connection with any of the participants of the study in terms of employment, education, or volunteer work.

In an effort to establish a relationship with the participants and to make them feel comfortable and uninhibited, Mini-Mental exams (Appendix I), screenings, and interviews were conducted in a private office at IHD. The private conference room was free of distractions. The Mini-Mental exams were conducted to test the competency of the volunteers. Those who pass the competency test were screened. Those who were selected were interviewed. Volunteers who fail the competency test were screened out. Shelter and housing service providers were not asked to recommend any of their clients for the study. The participants were volunteers whose participation in the study was confidential. The interviews were conducted by first describing the nature of the study to participants and then I introduced the questions. I was conscious of my body language, facial expressions, and tone of voice to control for some of the physical influences.

Prior to conducting the interviews, I read the consent form to each participant. After being given the opportunity to ask quetions, the participants verbally agreed to it in an audio recording. Participants who complete any part of the interview was given a small stipend of a Visa $10 gift card for their time. The incentive was small, however, understanding the circumstances of homeless individuals, the honorarium was a means of showing appreciation for the time and effort required of them.

Methodology

This research explored the lived experiences of chronically homeless adult individuals in Wake County, NC. The study investigated how chronically homeless

individuals' interactions with service providers of emergency shelters and public housing

programs influence their choices to use or not use the services designed to assist them.

Participants in this study consisted of 12 chronically homeless individuals between the

ages of 25 and 55 years. Participants had resided in Wake County for the past year or

more.

Sampling Strategy

For this qualitative research, purposeful homogeneous sampling was used, in

which the participants were self-selected. With purposeful homogeneous sampling,

the research questions were specific to the characteristics of my homeless group of

interest. A homogeneous group can be selected based on socio-demographic factors (Ko

et al., 2014). This allowed males and females, individuals and families, and the full age

range to be included. Participants were selected according to their capacity to provide the

data relevant to the phenomenon of interest.

Criteria for Selection of Participants

Participants consisted of English-speaking, single or married men and women,

with and without children, who had been homeless for a year or had experienced at least

four episodes of homelessness in the last 3 years and were between the ages of 25 and 55

years. Participants had resided in Wake County for the past year or more. Volunteers

were screened to insure they met the eligibility criteria.

Sample Size

For the purpose of this research, the initial sample size was 12-15 individuals. It is

typical for qualitative studies to use small sample sizes (Yin, 2013). After conducting the

initial 12 interviews, if new themes, concepts, problems, or categories were still emerging, the interview process would continue until three additional interviews yield no new themes, concepts, problems, or categories. This would be the completion criterion.

This sample size was based on the research performed by Francis et al. (2010), who argued that researchers should follow two principles in determining sample size. First, researchers should stipulate a minimum sample size for the initial analysis. Second, they should identify the number of interviews that will need to be conducted to elicit new themes. Interviews should end when they no longer elicit new themes because at this point the data saturation may occur. Specifying the principles of data saturation (purposeful sampling for a minimum of 12 interviews, 3 additional interviews with no new themes and presentation of data), I monitored the point at which data saturation was achieved in a transparent and reliable manner, assuming appropriate conduct of the interviews and reliability of coding.

Recruitment Strategy

Administrators or supervisors of homeless service programs (shelters, transitional housings, day centers, and food pantries) throughout Wake County were contacted by telephone and email to obtain permission to access their facilities 1week prior to the study in order to post recruitment flyers (Appendix G). The recruitment flyers gave qualifying information, as well as the dates, hours, and the location for individuals meeting the criteria to come and be screened and interviewed. With the permission of the Wake County Human Services Research Review Panel, the study was conducted at South Wilmington Street Center's IHD, located at Cornerstone Center, in Raleigh, NC.

Purposeful homogeneous sampling was used to identify adult men and women, with and without children. During the week of the study, the participants were screened using screening questions (Appendix H). If they met the screening criteria, interviews were immediately conducted. Participants 13-15 were to be recruited to increase the likelihood of data saturation and to replace participants who may have withdrawn during the course of the study. The expectation was that saturation would be reached with the additional 3 participants. If saturation was not achieved, additional participants would be recruited and interviewed until the interviews elicit no new themes, concepts, problems, or categories. Saturation was achieved after 12 interviews. Each participant in the study verbally agreed on audio recording to the consent form prior to being interviewed. Those chosen were assigned a pseudonym for their first name to protect their identity and was assigned a code.

Instrumentation

This study was based on the research of Ogden and Avades (2011). They focused on how homeless people experienced their interactions with service providers and on the influence of those experiences on service use. Ogden and Avades conducted a qualitative exploratory study in the South East of England, United Kingdom about the lived experiences of eight homeless people to document their perceptions of social services. The participants in the study had been homeless between 1 month and 5 years. Many had been diagnosed with mental health issues, although some had rejected the diagnoses.

Ogden and Avades' (2011) published interview guide was used, but I adapted their semi-structured interviews questions to conduct this research. Interviews for this

study were audio recorded to ensure their accuracy and fully transcribed upon completion of the interviews. Recording the interviews was important because this allowed for reviewing the data repeatedly during the data analysis. It also provided a basis for reliability and validity (Al-Yateen, 2012). A pre-study activity was performed in June 2015 with an expert panel to test the research questions. The three individuals who participated in the study are all board-certified registered nurses. One participant is a supervisor at the VA hospital in Durham, NC, one is a supervisor in the medical unit at Polk Correctional Institute, Butner, NC, and another one is a retired supervisor with Wake County Mental Health. The participants understood the questions well and they elicited helpful responses and suggestions. Their responses also provided the opportunity to ask more probing questions for clarification. This preliminary interview took approximately 40 minutes per participant to complete.

Recruitment, Participation, and Data Collection

The Wake County Human Services Research Review Panel approved access to Wake County facilities after Walden University IRB approved the proposal. Once the Walden IRB approved this proposal, I:

1. Forwarded all required information (research submission form, IRB application/approval document, study abstract, copies of recruitment materials, and informed consent form) via email to the Wake County Human Services Research Review Panel to request permission to access South Wilmington Street Center, located in Raleigh, NC to recruit participants, post recruitment flyers, screen volunteers, and conduct interviews for the study.

2. Contacted via telephone or email administrators or supervisors of homeless

   service programs (shelters, transitional housing, and food pantries) to ask

   permission to access their facilities one week prior to the study to post

   recruitment flyer.

3. Visited IHD located at Cornerstone Center for 2 straight days with permission

   from the Wake County Human Services Research Review Panel, the Program

   Supervisor of South Wilmington Street Center, and the Manager of

   Cornerstone. I conducted a Mini-Mental exam, screened, and interviewed

   English-speaking, single or married chronically homeless men and women,

   with and without children, between the ages of 25 and 55 years who had

   resided in Wake County for the past year or more.

4. Briefly introduced the study, read the consent form, made sure the participant

   understood the form, and had each participant verbally agree in audio

   recording to the consent form, prior to conducting the interviews. I informed

   participants that they had the right to leave at any time during the study. The

   interviews were conducted after verbal consent was given.

Each interview lasted 40 to 50 minutes. Interviews were audio recorded and notes were taken using paper and pen. Once an interview ends, the participant was thanked and given a $10.00 gift card.

Data Analysis

The information collected from chronically homeless individuals was used to answer the research questions inquiring about their experiences and their perceptions of

shelters and housing programs and their agents designated to assist them. Following the data collection, the recordings were transcribed. The data were reviewed by listening to each interview multiple times to hear what was said and how it was said and by reviewing multiple times the notes taken during the interview. This was helpful in the next step, which involved the coding of the data.

I used data saturation to establish content validity. Data saturation was appropriate for establishing content validity. In the context of interview studies where the conceptual categories or constructs are pre-established basis on the existing theory or concepts, if sampling is adequate and if the interviews are effective in eliciting participants' experiences or views within these conceptual categories, it is likely that the content domain of the construct will be adequately populated or saturated (Carlsen & Glenton, 2011).

Coding involves the examination of the data to identify categories, higher levels of concepts, and subcategories, themes and issues with common properties to be grouped. Coding requires the researcher to be able to interpret what the participant said and stay true to what he or she said and meant (Hsieh & Shannon, 2005). The data analysis consisted of a subjective interpretation of the content of collected text through the systematic classification process of identifying themes or patterns and key words and phrases. I looked for keywords, phrases and ideas, similarities and consistencies, differences and inconsistencies in each interview multiple times. Based on the emerging themes, categories and subcategories were developed. The data were coded with the aid of NVivo software. The following steps were taken to organize and analyze the data:

1. NVivo software was used to organize the data and manually code the identified categories or themes.

2. The data were reviewed several times to get an understanding of what was contained within.

3. The data were integrated and summarized.

Word processing was used to transcribe the interviews. The data were categorized to address the purpose of the study, and to crosscheck facts and discrepancies.

Issues of Trustworthiness

In an effort to ensure that this study was trustworthy, I kept an open mind, avoided preconceptions, interpreted the data considering the perspectives of the participants, focused on what the participants said and how, maintained the participants' voices, explained the chain of evidence, and used multiple interviews. Detailed description and saturation was used to validate the study. The descriptive account was valid because multiple sources rather than a single source were used. I used rich, thick description to detail and describe the setting, participants, themes, and categories of the study.

Ethical Protection of Participants

Townsend, Cox, and Li (2010) defined autonomy as the capacity to think, decide, and act based on a freely made decision. They further claimed that in the case of research, informed consent occurs when potential participants agree to participate in the research once they have received information and have a complete understanding of the nature of the research. Participants were never coerced to participate in this study. I remained alert

for signs of distress and was prepared to make an immediate referral if needed to the service center staff. I offered participants the telephone numbers and addresses of Wake Medical Center and Wake County Mental Health, as well as a list of relevant services and agencies which aid homeless individuals and families. This list of referral was provided with the consent form to each participant.

The research questions focused on homeless individuals' experiences with shelters, housing programs, and support services. This study did not cause any physical or emotional harm to the participants. If any of the participants had experienced psychological discomfort, they would have been able to withdraw from the study. Interviews were performed in a private setting and any information shared was confidential. Collected data, transcripts, audio recordings, and electronic data have been transferred to a locked box that is locked in a file located in my home office. I am the only one with access to the transcripts and recordings. Any identifying information was removed before data validation. All audio recordings, transcripts, and notes will be shredded after 5 years (the time required to preserve the dissertation data).

Participants were not recruited and the data were not collected until explicit IRB approval was received from the IRB at Walden University. In the event that this study is published, no identifying information will be reported.

Summary

This research study sought to better understand the reasons for the use or nonuse of shelters and/or public housing designed to assist homeless individuals and families from the perspective of chronically homeless individuals. This research utilized a

qualitative phenomenological approach to explore whether the interactions of homeless individuals with public administrators and staff negatively influence the use of public housing with unanticipated consequences on the persistence of homelessness.

In this study, I used a type of purposeful sampling called homogeneous sampling. A predetermined procedure to collect and analyze the data and to validate the findings was followed. Data were collected from chronically homeless adults through interviewing. The data were organized and reviewed several times. Several categories or themes were identified. In Chapter 4, I outline the results of the study.

Chapter 4: Results

Researchers have studied both the problems of service programs and of homeless individuals to understand the problem of access to services designed to assist the homeless. Some studies focused on problems within social service programs, whereas other research focused on homeless individuals and their specific issues. Little research has focused on shelters and public housing usage from the perspective of homeless individuals (Ogden & Avades, 2011). This study was a step in filling a void in the literature to better understand how interrelationships between chronically homeless individuals and service providers of shelters and public housing influenced the use or nonuse of housing services. The research question was: Given that in 2005 Wake County, North Carolina, established a 10-year action plan to address homelessness, and that chronic homelessness persists at nearly the same level 10 years later, how does the interrelationship between homeless individuals and service providers of shelters and public housing influence the use or nonuse of these services from the perspective of chronically homeless themselves?

The subquestions were:

1. What are the lived experiences of chronically homeless individuals in Wake County, North Carolina, with administrators and staff of shelters and housing programs?

2. What are the lived experiences of chronically homeless individuals in Wake County, North Carolina, with support service providers referred to them through administrators and staff of shelters and housing programs?

In this chapter, I detail the processes with which participants were recruited, the profile of each participant, how the data were obtained and securely stored, how the data were analyzed, steps of verification used to ensure trustworthiness of the data, and ethical procedures.

Study Setting

Chronically homeless individuals were the subjects of this study. Homeless individuals are people without regular, safe, secure and adequate housing. Some of the places they sleep are in homeless shelters, transitional housing, vehicles, hotels, tents set up in wooded areas, or with friends when possible. They need a range of tailored interventions and services to achieve stability of permanent housing. Among people who experience homelessness is a subset of individuals with disabling health conditions such as mental health problems, substance use disorders, and physical conditions. These individuals often remain homeless for long periods of time, some for years or decades. They cycle in and out of hospital emergency rooms, inpatient beds, detoxification programs, jails, prisons, and psychiatric institutions, all at high public expense (U.S. Interagency Council on Homelessness, n.d.).

Prior to this study, the administrator of SWSC was contacted to get permission to conduct the study at SWSC's facility. Arrangements were made for the study to be conducted at SWSC's Incentive Housing Dormitory's conference room located at Cornerstone Center in Raleigh, NC. Once permission was granted to conduct the study at the IHD, the recruitment process to solicit participants for this study began. Recruitment fliers were posted at multiple locations throughout the Raleigh/Wake area, where

homeless individuals frequented, the week prior to the study. The week that the fliers were posted, as well as the week of the research study, the weather was mild and sunny, which was conducive for more individuals to see the flyers and get to the research location. Interested and willing homeless individuals responded to the invitation to participate in the research by coming to Cornerstone to volunteer the week of the study.

Cornerstone was located in a secluded section of downtown Raleigh, NC, away from businesses and major traffic. Homeless individuals, who were not living in the IHD there, used the facility to shower, wash their clothes, make phone calls, and receive mail, among other things. Notwithstanding their homeless circumstances, there were no other personal or organizational conditions that influenced participants or their experiences at neither the time of the study nor the interpretation of the study results. The participants were candid about their experiences.

Demographics

Using purposeful sampling, 12 chronically homeless men and women were interviewed. Of the 12 participants, 1 lived in transitional housing, 3 lived on the streets, 4 lived in shelters, and 4 moved around from friends to the streets or to shelters when space was available. Ten of the participants had never lived in public or transitional housing. No real names were used or asked for. Each participant was assigned a pseudonym.

Participant Number 1: Al, a 52-year-old single homeless male with children, sleeping at a friend's house or in shelters when available.

Participant Number 2: Dee, a 52-year-old widowed homeless female with children, living in transitional housing.

Participant Number 3: Diamond, a 30-year-old single homeless transsexual without children, sleeping in a shelter.

Participant Number 4: Digga, a 36-year-old married homeless male with children, sleeping in a shelter.

Participant Number 5: Fred, a 55-year-old divorced homeless male with children, sleeping in the woods.

Participant Number 6: George, a 44-year-old single homeless male without children, sleeping in shelters.

Participant Number 7: Jack, a 55-year-old widowed homeless male with children, sleeping at a church.

Participant Number 8: James, a 55-year-old divorced homeless male with children, sleeping on the streets or in shelters when available.

Participant Number 9: Leroy, a 55-year-old divorced homeless male with children, sleeping on the streets.

Participant Number 10: Pete, a 45-year-old separated homeless male with children, sleeping in a van or in hotels.

Participant Number 11: Ricky, a 50-year-old single homeless male with children, sleeping in shelters.

Participant Number 12: Walter, a 48-year-old single homeless male without children, sleeping in a tent or with friends.

Data Collection

A total of 12 participants were interviewed. The study was conducted in a private setting at South Wilmington Street Center's IHD conference room located at Cornerstone Center in Raleigh, NC. The interviews were conducted over 2 days. Each interview lasted approximately 40 minutes. Prior to the screening process, each volunteer was given a Mini-Mental exam to confirm competency to complete the interview process. The Mini-Mental exam included a series of questions designed to test the volunteers' orientation to time, place, and immediate recall. Following the Mini-Mental exam, volunteers were screened to ensure that they met the criteria to participate in the study. The criteria required volunteers to be English-speaking, single or married chronically homeless individuals, with and without children, between the ages of 25 and 55 years living in Wake County for the past year or more. Participants who were screened in were subsequently interviewed.

Once permission of the participants was obtained, audio recording began. The consent form was read to the each participant at the beginning of the interview. The participants were given the opportunity to ask any questions about the consent form. The reading of the consent form, the volunteers' verbal agreement and acknowledgment that they understood the consent form, were audio recorded. Interviews were recorded using a digital voice recorder and notes were taken. Each participant was given a printed copy of the consent form, a three-page resource guide, and a $10 gift card after the interview was completed. After transcribing each interview, the transcripts, the notes, and the recordings and other materials were stored in a locked file cabinet in my home office.

Transcripts were coded and saved in NVivo, a secure database on my private computer. No identifying information was associated with any of the transcripts.

Data Analysis

Once the audio recordings were transcribed, the interview transcripts were analyzed through a multi-step process. Data analysis was conducted using a combination of deductive and inductive processes of analysis. Using the deductive process, a set of categories was first created before beginning an analysis. The categories were: positive experiences and negative experiences. These categories were derived based on my review of the literature.

The second step involved using an inductive process of analysis, which allowed ideas, concepts, and themes to emerge from the interview data. The content of the transcripts was interpreted by reviewing each interview and the notes multiple times to hear what was said, how it was said, and to identify significant information from the data relevant to my research questions. Using NVivo software, units of analysis were identified by breaking up the interviews into useful chucks of data, usually by sentences or paragraphs. This involved doing a line-by-line analysis of the data. Open coding was then conducted by reviewing the interviews and giving a one to two word code for each piece of data that best described the text.

Once this stage was completed, the codes were studied to find codes that were similar or redundant to reduce the long list of codes down to a smaller and more manageable number of codes. Next, close coding was conducted, which involved labeling sentences and paragraphs. In this process, several themes or categories were identified to

group the open codes. This process was repeated with each interview, looking for new themes and comparing them to old ones and adjusting my ideas. A few themes emerged which were difficult to classify, thus when looking for relationships between themes, I started with those themes which were difficult to classify to find relationships. In the end, several themes emerged: lack of support, personal responsibility, red tape and long waits, and limited time. The final step in the data analysis was integrating and summarizing the data.

Evidence of Trustworthiness

Once the interviews were completed, transcribed, and analyzed, the process of verification followed. The research findings were verified and validated. As suggested by Creswell and Miller (2000), triangulation of data was used to ensure the research was credible and trustworthy. Triangulation of the data involved gathering information through interviews, observations, or literature to identify themes or categories. Data saturation was used to establish content validity. Interviews were ended when no new themes emerged.

Bracketing was employed to avoid bias in reporting. I set aside my repertoires of knowledge, beliefs, values, and experiences in order to accurately describe participants' life experiences. I was not judgmental, kept an open mind, and strived for objectivity. I endeavored to not be influenced by my personal experiences, beliefs, feelings, attitudes, views, and state of mind in my analysis and reporting of the data. An intense effort was made prior to conducting the interviews to heighten my awareness to avoid misinterpretation or making false assumptions about the participant's experience. It was

my role to listen to the participants' experiences objectively and avoid clarifying questions that may have led the participants to respond in a fashion that was consistent with my beliefs.

Study Results

The intent of this study was to better understand how interrelationships between chronically homeless individuals and service providers of shelters and public housing in Wake County, NC influenced the use or nonuse of housing services. This study also sought to understand the interrelationships between of chronically homeless individuals with support service providers referred to them through administrators and staff of shelters and housing programs. Participants spoke openly about their experiences. The findings below are presented by citing the terms used to label their experiences and themes, which stemmed from the analysis process.

Experiences with Administrator and Staff of Shelters and Housing Programs

A study conducted by Holt, Christian, and Larkin (2012) revealed that homeless individuals balanced being independent and being dependent on social services. The main themes identified in Holt, Christian, and Larkin's study were conditional sense of well-being in the shelters, the importance of being connected to others, and balancing independence with reliance on others. The participants also reported fear of being stigmatized as a factor underlying their under-utilization of housing services.

When asked about their experiences with administrators and staff of shelters and housing services, there were mixed opinions.

Positive Experiences

James's response was: "Some of them are good. Some of them are very strict to us, but they are trying to help us. Sometimes they get unruly people and people who are not clean, so they have to be strict." Digga responded: "Well most of them are just people. They are there for a check. They are not really personable people. They are not disrespectful. They are just there."

Al's comments about shelter workers were: "They are comfortable with me. I just need to hurry up and find me a place. They don't say nothing, but I can tell they are thinking that I've been around a long time." For Walter, the help was beneficial. According to Walter:

> I think they are good. They are beneficial and they really help you. There
> is a good side to it, and it is what you make of it. I've stayed at South
> Wilmington Street Shelter. It can be good or bad, but it is what you make
> of it. You have to go in with a positive outlook and stay within your
> means, keep your chin up, and persevere.

Negative Experiences

The other participants had negative comments about their experiences with administrators and staff of shelters. According to Ricky, "somebody needs to check out Wake County's people skills, because there is a lot of nonsense that goes on there. We get the short end of the stick." Diamond felt that they needed "an attitude adjustment."

Some of them could use a little attitude adjustment. They could be a littler

nicer. They should not talk to just the people in the program. When you

have people come to the shelter, you should talk to them as well and give

them the opportunity to know information as well.

Fred refused to use shelters and was "living in the woods right now." He did go to

South Wilmington Street Shelter when it was White Flag [below freezing]. However, he

complained that "the mattresses are too hard. You get up in the morning with a sore hip.

I'd rather sleep on the floor. The mattresses come from the jailhouse. They are already

worn out when they get there." Fred considered the people who worked at shelters a

"nightmare." "At the AME shelter, there is a fellow there we call 'Sugar Britches,' but

his name is [Jody]. Oh, he is a nightmare. He is something else. There have been a lot of

complaints about him." Fred indicated that he had complained to the administrator of the

AME shelter about her staff members, but nothing was ever done. According to Fred:

It does not do any good to say anything about it. [Mrs. Bridges] is not

going to do anything about it. She is the one who runs the place, but she's

not going to do anything about it…I've told [Mrs. Bridges], but she

doesn't listen.

According to George staff workers were not particularly helpful. They were not

disrespectful. They were just there to work.

The people that work at the shelters are regular type people. They just have

a job. That is basically just what it is. They are not out there looking to help

you, they are just working. They are just like me, and you, and anyone else.

They are somewhat respectful.

Jack slept at a church (Presbyterian Baptist) 7 days a week because he no longer wanted to use shelters. Jack stated:

They use to tell me, "Jack, we can get you housing in 2 months". I'd say

"Yea, you say that, but politics dictates another thing, cause it ain't no way

if you put me in this program, I'm gonna have a place in 2 months. I don't

believe it. I see too many people who are in your program now with the

same story you are trying to sell me and they have no place to stay." I

don't want no part of it.

Leroy did not use shelters unless it was 32 degrees or below outside because of the difficulty involved with getting in. He explained that those looking for shelter were given a number generated by a computer, and if that number was high, they did not get a bed.

This is the thing that discourages me when it comes to people in shelters.

Here in Raleigh, when it is 35degrees, which is really cold in the winter

time, you have a number, and if it is not White Flag, you can't get in

anyway. Your number is so high that when you go down to the shelter,

sometimes you don't have a chance to get in. So I done got use to it. I

don't go to shelter like that anymore. Now when it's White Flag, I'll go in,

because it is below 32. But when it gets 35, I prefer staying outside. Then I

don't have to deal with the people.

Pete preferred to live on the streets. He stated he would rather sleep on the streets than to try to get a bed at a shelter because he felt that the staff was very disrespectful.

I would never go back out there to SWSC and stay. A lot of homeless people will not go to South Wilmington Street Shelter because of the way they treat you down there. They talk to you any kind of way. They say the computer generates the numbers that they give you to see if you can sleep there. If you have a high number, you do not get a bed. It is funny however, that white men seem to get a bed every night, but not the black man. If it is 32 degrees, they let you in, but if it is 33 degrees, you have to get up out of there.

Pete stated that he did use the AME shelter "to eat and stuff like that." But he had multiple reasons why he would not sleep at the AME shelter as well. He complained about staff members stealing donations given to them to pass on to homeless individuals. "The couple of guys that work there over the past 7 or 8 years, they take donations, including the manager, Cory." He went on to say:

The lady that runs the AME Shelter is crooked too, [Mrs. Bridges]. The place is full of bedbugs and there are homosexual guys walking around there trying to proposition guys. They take $60 dollars a week to stay there in small tiny beds that are infested with bugs. If you leave the shelter early, like after two week, they don't give you part of your money back. They say it's a donation.

One of the main purposes of the housing programs was to reduce homelessness among people who found themselves without regular, safe, secure and adequate housing and people with serious mental illness, either by housing individuals who had been living on the streets or in shelters or by preventing homelessness among those who left hospitals, jails, and prisons (The Homeless Hub, 2015). The participants in this study indicated that they knew about housing programs, but that the programs were not easily accessible.

The research of Sznajder-Murray and Slesnick (2011) focused on the experiences of homeless individuals who received support from formal service providers. Similar to this study, Sznajder-Murray and Slesnick found in their study that negative perceptions of service providers were common, specifically due to lack of understanding and support from service providers.

Lack of Support

Five participants in this study indicated that they would welcome transitional housing, but had never been referred to or told about how to apply for the program. Fred, who lived in the woods stated: "I have not got a referral into any transitional housing yet." James, who alternated sleeping at a shelter and on the streets stated he had "never been referred or worked with housing programs." George stated that he had "no government assistance from Wake County for housing" and stated that without being in a housing program, there was no assistance for him. George stated:

I have had no government assistance from Wake County period for

housing programs. I have not been referred to transitional housing. The

only way they assist you is if you get into their programs. But if you come

just for emergency shelter, they don't bother to assist you.

Diamond slept in a shelter and welcomed a referral to a housing program, but

stated she had "never been referred to a housing program." Digga found it "scary" that he

had not been able to get assistance finding housing. He declared that it took a long time

and a person would have to know someone to get ahead. Digga stated:

There are a lot of hoops and stuff I don't know. And to get the

information, it seems like you have to be in the streets for a really long

time before you learn what to do. It is kind of hard to navigate. It not like

it should be. Things are so spread out. And if you don't know the right

people or if you are not patient, you will be out here for a long time. I have

not been able to find any housing services. I know some people older than

me who cannot find services. It is scary.

Ricky avowed there should be more access to certain things and that Wake County fell

short in assisting the homeless.

I know that there is a lot of stuff around, but when you first get to a

shelter, the staff knows things that I don't know, so it would be helpful if

they guided you more to resources. Instead, they have old and irrelevant

information on their boards.

Personal Responsibility

The research of Wasserman and Clair (2011) showed that often homeless

individuals would not sleep in shelters because they were opposed to the authority of

shelter staff and the formal or informal prerequisites of the shelters. This study found that homeless individuals did not sleep in shelters for various reasons, including opposition to authority. Four participants had not been referred to housing programs because they want nothing to do with them. For different reasons, they preferred to make their own way in life and make their own choices about where and how they lived.

Walter, who alternated sleeping at friends' homes or in a tent in the woods said: "No, I have never been referred to transitional housing and I do not use them." Walter affirmed that he was responsible to help himself.

There is no real go ahead with transitional housing. It is too pushy, too regimented. What they are trying to do is too limited and if you mess up, you're done. So there is no win with it. You are better off on your on. So I'd rather be independent and stay out of people's hair. You have to do as much as you can to help yourself.

Pete, who slept in his van, had been told about housing programs, but had not been referred because of the requirements. According to Pete, you had to have a mental illness or an income to be housed.

They give you these housing vouchers so you can live rent free. You have to have a stable job or some kind of income like SSI or you have to have some type of mental illness or alcohol or drug addition, so I don't use housing programs. They want you to go to Holly Hill and get evaluated and bring your medical records from Holly Hill to them to show you have a mental illness and then you can get in maybe.

Rick slept at a shelter and was referred to a housing program, but did not go through with the application process.

I have never used transitional housing, though I've heard of the programs. I don't know why I've not used them. I would get a job and get on my feet and move out of shelters, you know. I know these things are there, but I never applied for them. There is transitional housing here, but I have children and they come and spend time with me and they cannot do that here, so I prefer regular housing.

Rick's position was common among homeless individuals with children, according to the research of Zlotnick et al. (2010). In some regions, NC included, cultural standards do not allow both sexes to shelter together, thus shelters were only for men and older boys or women and older girls. Because of these cultural standards, public policies regarding access to shelters made it difficult to find shelter that suite the needs of families with children (Zlotnick et al., 2010).

Continuum of Care housing programs, such as those in Wake County, required sobriety from drugs and alcohol in addition to the use of any necessary medication or treatment for mental health issues (Groton, 2013). One participant, Leroy, wanted to get into transitional housing and tried in the past, but was not willing to follow the rules.

I do not knock structured homes, because I tried to get into one myself, but it is a long drawn out process. It didn't work because, I don't know, I guess it was the people. I do have alcohol issues. I'm a diabetic and I have sickle cell. The thing is I guess they looked at my income. And then again,

I'm an alcoholic. So, in order to get into transitional housing, I had to get

clean, which is not a bad thing, but I'm not willing to give that up. So I

just gave up on transitional housing.

Only two participants, taking personal responsibility for their actions, had

experienced working with housing programs. Al worked with a housing program in the

past, but left after being unhappy with the neighborhood he had been placed in.

I have stayed at Access. They provided me with a room, light and utilities,

groceries, postal stamps and stuff like that. Staff from Access, come to the

shelters, they come here sometimes to tell about the program. It is not too

hard to get in. I left because I did not like the neighborhood they put me

in. There was a lot of gang violence and stuff.

Al worked with Access again after that experience. His comments about that

experience were: "They treat me okay. The people at Access are helping me find a place

now. I am supposed to be moving on Poole Road next week." The other participant, Dee,

was the only participant living in transitional housing. With the help of staff at her

present living facility, she has applied for permanent housing with the Raleigh Housing

Authority.

We all have a case manager, but I haven't been there but so long and the

only thing that I do is give them 75% of my SSI disability check and you

know, you save that toward getting a place. I did it twice so I guess

another time or two, I'll have enough money saved to try to venture out

and get my own place if they haven't found me anything by then.

Limited Time

According to Giddens (1979), power structures operated not so much by controlling, as by placing limits upon the range of options open to an actor. Individuals however, did not have to behave in fixed ways. They were able to reflect on and to assess what they were doing and they may then start to behave in new ways which alter patterns of social interaction and the social structure.

Participants expressed concerns about not having the time to pursue transitional housing, or when they did, the time limits placed on them by agencies to meet requirements to receive assistance for housing were too limited. Ricky indicated that the time frame for finding work in order to get transitional housing was too short. He stated:

> They are giving you now a short time to get a job, which is pushing you. It's not a bad thing to be pushed, but sometime staff comes in to talk to you and it is upsetting. I have not gone to vocational rehab because of what they offer. I'm a chef. The training at vocational rehab can take some time. At the shelter, you have 60 days to find a job, if not they put you out. You cannot go through a training program and find a job in that amount of time.

Walter avowed there was not enough time to search for work and for housing, so he had not pursued housing. On pursuing traditional housing, Walter commented:

> I have not tried due to the time frame. Trying to look for a job don't leave a lot of time to pursue transitional housing. Also, you might be put out if

you don't find a job. It might be different if they would give you more

time to look for a job you need and want.

In response to what could be done differently for chronically homeless

individuals, Dee responded: "I think that the time limits for getting in housing, especially

with people that have disabilities, should be shorter. They should have more facilities to

house us, let's put it that way. There is not enough housing out there."

Digga had an issue with time as well and declared: "They can provide more funding to

help retrain and not give people time limits. There is no time limit to being homeless.

There need to be more affordable housing and more halfway houses, where you have a

little more time to wait on jobs and permanent housing."

Experiences With Other Services

Seven of the participants indicated that they had never been referred to other

services to seek assistance. Fred, George, James, Pete, Ricky, Digga, and Dee stated they

had never been referred to other services. Ricky said:

They told me when I first did my intake about Triangle Family Services,

but for the most part it's up to you to find out about services. They don't

really give you much information at SWSC to be honest with you.

Dee affirmed that although the staff of Helen Wright Center did have the ability to "steer

you to different stuff" they had not yet referred her. Dee stated:

At Helen Wright, they steer you to different stuff. But as of yet, they have

not sent me to any other service. I don't know if there are any other

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services. That is why I came here today, because I had heard that this guy

that works here had voucher, so I wanted to ask.

Although George had never been referred to other services, he shared his

experiences with trying to work with several different services.

I have been to Wake County Social Services in the past, but what they

offer is not enough. For example, the food stamps that they offered me

were not enough to last a week, much less a month. In order to be seen at

vocational rehab, you have to have a mental condition. I don't get bus

passes. I walk everywhere I have to go. Cornerstone doesn't seem to be

able to help me. I come to Cornerstone to wash my clothes, shower, and

do the necessities of being a human being. That's the only thing they can

do for me at Cornerstone.

Five participants had received access to other services through either shelter or

housing referrals. Things such as food stamps and bus passes were valuable commodities.

Al stated that Social Security had been of assistance to him. Along with his disability

checks, they "helped me get my food stamps, although it is just $16 a month. They also

give me bus passes. I have not been referred to vocation rehab or any other place."

Walter applied with the Raleigh Housing Authority approximately six months

prior to this interview, but stated: "I've not heard from them, so I've just let that go. If

they call they call, if not, so be it." Following the suggestions of the staff of SWSC,

Walter has applied for food stamps, saw a doctor for his "skeletal problems" with his

legs, and he got a half-fare bus pass. Diamond stated she had been told where to go for

clothing and places to eat. Jack stated: "They mention mental health, but I told them, when I get sick enough I'll go, but I don't need y'all referring me because I have insurance." According to Leroy:

> Cornerstone and SWSC give bus tickets to get to the doctor. That is the only time they will give me a bus ticket. I went to vocational rehab and they helped me. They helped me get bus tickets and a bicycle to get from point A to point B, especially at night, when I work in the evening. At night when the buses have quit running, I have a bicycle to get home. Vocational Rehab did that.

Discrepancies

Biederman, Nichols, and Lindsey's (2013) study of homeless individuals focusing on their lived experiences with social support providers showed that the participants experienced being cared for as a result of their interactions with service providers. The participants preferred and valued service providers who provided extended social support over service providers who only provided routine support. However in this study, one problem that continued to be an issue for the participants who tried to get into housing was the length of time it took to acquire housing and the red tape involved.

Red Tape and Long Waits

Although Dee was in a transitional housing program, she applied years ago on her own with the Raleigh Housing Authority in 2013 and was denied. According to Dee:

> They denied me in 2013 because of a criminal record and they told me to apply again, so I did recently, but this time I don't know what they are

going to do. It's just the point of it being so long. You have to stay

homeless for so long, and I think that that's a problem with a lot of people

having to wait for housing. You know, it's just a long wait. The Raleigh

Housing Authority has a limit of 5 years since you were in trouble with the

law before you can be housed with them. I applied again this year, but it

could be years before I hear from them. They said they have a 2-year

waiting list.

Jack said, "there is too much red tape involved" in seeking help from support

services. Jack seemed perplexed about how the system worked. He stated:

Places like Cornerstone, most of the time when I come here, I have to go

through a whole lot of red tape. I had someone tell me one time, "you got

health problems, you need to go to Family Services and get your health

records. But if Point A is community services and Point B is community

services, why can't you have a consent form where I can fill out the

consent form for you to get my medical records from Family Services and

then you call or fax the information to them and have them sent the

records to you…These are the types of things that discourage you from

even coming to these places. Human services should not cost you

anything, so I just said forget that.

Ricky also said that there was too much red tape and too long of a wait to get housing.

The housing list is so long. You have to wait years to get housing. The

shelter told me once to go apply. I went and there were fifteen people

waiting to fill out applications and the woman told me I had to wait until

they had all filled out their applications. I had other things I had to do, so I

could not wait there just to get an application. There is a lot of red tape.

For a man, it is different, but for a woman, especially when there are kids

involved, the system should be faster, you know. In Wake County

everything is real slow.

Even though Diamond slept at the South Wilmington Street Shelter, she was not

in their program and found herself struggling to find assistance. "You find yourself

running around in circles trying to find things. You hear that this place has a bus pass, but

when you get there, they have none, so I just walk where I need to go." Ricky did not

understand why Wake County did not have something as simple as bus passes for the

homeless.

Churches have bus passes. Why can't Wake County keep them? They

want us to go and look for work, but there are only so many places we can

walk. I have to go up highway 70 tomorrow for an interview. How come

SWSC don't have any bus passes…They should provide more information

for people, they should have more resources, and more bus passes for

people to go look for work, therefore we can look more places.

Summary

This chapter provided information regarding the experiences of chronically

homeless individuals in Wake County, NC with shelter and housing service providers.

Participants provided a clear account of their experiences of being homeless and their

relationships with shelter and housing programs providers. Results of the study indicate that while chronically homeless individuals were familiar with shelters and knew that housing programs were available, the ability to find accommodation eluded them. Red tape, long waits, and housing policies had discouraged them and caused them to give up on housing. Participants discussed how time constraints imposed by shelters and housing programs affected their lives and their decisions if to look for work or to look for housing. Participants reported how essential it was to have bus passes to get to doctor appointments, job interviews, and to other services. In Chapter 5, I provide an interpretation of the findings, implications for social change, recommendations, and conclusions.

Chapter 5: Interpretations and Conclusions

Although the State of North Carolina has had a steady decline in homelessness in the past few years, Wake County, North Carolina, has not experienced the same success. The persistence of homelessness in Wake County, including the cities of Raleigh, Durham, and Wake Forest, compelled the county to implement the Raleigh/Wake County 10-year Action Plan to End and Prevent Homelessness in February 2005. Despite the millions of dollars spent on homeless individuals, the collaborative efforts of the state, county, local community agencies, and numerous other shelters and food programs, homelessness continued to be a significant problem for the county and its citizens.

To identify barriers to accessing services, studies have focused on problems within social service programs or on the personal challenges faced by homeless individuals. Wasserman and Clair (2011) stressed that the responsibility for the use of shelters and housing program services emerges from the interactions between homeless individuals and service providers. Before this study, there appeared to be little research investigating the knowledge, attitudes, and perceptions of homeless individuals regarding services for them, particularly shelters and housing programs.

Understanding the lived experiences of homeless people and their relationships with service providers of shelter and public housing programs may help explain why homelessness persists. Using a phenomenological interview strategy, this study explored the perspectives of chronically homeless individuals on public shelters and housing programs in Wake County and their views about the effects of these services on their freedom, obligations, stability, and choices. This method was chosen because this was a

topic in which little research had been done and these issues and concerns may best be understood through the lived experiences of chronically homeless individuals.

I employed in-depth interviews using an interpretive phenomenology approach that gathered rich, thick descriptions of the lived experiences of homeless individuals with a particular focus on their interactions with administrators and staff of service programs. I explored how an individual's culture, relationships, beliefs, and perspectives affected his/her experiences in the context of chronically homeless individuals and their relations with organization personnel. The interviews took place in a private setting, and I used semistructured interview questions and probes.

Twelve English-speaking, single or married chronically homeless individuals, with and without children, between the ages of 25 and 55 years, who resided in Wake County for a year or more were interviewed. I focused on how these chronically homeless individuals described their lived experiences with shelter and housing service providers and the influence of these experiences in seeking housing assistance in Wake County.

Research Findings

Participants provided information about their experiences being homeless and their experiences with administrators and staff of shelter and housing programs and other service providers. I ascertained that red tape and long waits, lack of support, taking personal responsibility, and limited time were significant barriers to housing and social service support for chronically homeless individuals. The individuals voiced that time constraints imposed on them by housing program policies were too limited and limiting.

There was not sufficient time to find jobs because of a 2-month time limit and the difficulty in getting around the city to search for jobs, interview for jobs, and find a job in that period.

Lack of support from shelter and housing program providers was perceived by participants as one barrier to housing and other social service programs. Access to resources such as bus passes and referral to other resources, which could have helped them were reportedly either limited or non-existent. Participants reported that there were not sufficient numbers of beds in shelters. Depending on computer-generated- numbers, homeless individuals often did not have access to a bed in a shelter on any given night. Participants reported that unless homeless individuals were enrolled in a program at a shelter, they were not treated as clients in need of assistance, and thus were not referred to other services and were not privy to information about other programs.

According to the participants in this study, entry into transitional housing was discouraging due to their perceptions of red tape and long waits. Participants complained that the policies, rules, and requirements necessary to live in transitional housing were too rigid and intrusive. Past experiences working with staff of shelter and housing programs were discouraging and appear to have resulted in four of the twelve participants not wanting "anything to do" with service programs and staff.

Of the twelve participants, two were working with housing programs to obtain permanent housing, five had never been referred to or told about how to apply for transitional housing, and four had not been referred because they wanted "nothing to do with housing programs" and preferred to manage their lifestyles themselves. Six of the

participants viewed administrators and staff of shelters positively. The other six participants viewed their experiences with administrators and staff of shelters negatively. Other services that were important to the participants were social services to avail themselves of food stamps to eat and bus passes to search for jobs and get to doctor appointments.

Interpretation of the Findings

The intent of this study was to provide insight into the lived experiences of chronically homeless individuals and their relationships with service providers of shelter and public housing programs and understand how these experiences influenced their freedom, obligations, stability, and choices. Chronically homeless individuals reported that access to transitional housing programs was not easy due to barriers such as red tape and long waits, a lack of support, taking personal responsibility, and housing policies, which were perceived to be too limited and limiting. Time constraints imposed by shelters and housing program administrators and staff affected their lives and their decisions whether to look for work or to look for housing.

In addressing the research question, several themes emerged. There were mixed opinions among participants' experiences with administrators and staff of shelters and housing programs. While participants were not enthusiastic about their positive responses, they voiced that although administrators and staff members were not personable, individuals were treated respectfully. Participants who had negative responses were more vocal about their feelings.

Lack of support. Nine of the twelve participants had never been referred to or worked with housing programs. Five of the participants who used shelters as often as possible, welcomed transitional housing assistance, but had never been referred to or told how to apply for the program. One was hoping to find permanent housing soon, while another was anticipating a two-year wait. One participant, who was told to apply, gave up trying to get an application because he was unable to wait due to long lines. One participant complained that if one was not enrolled in a program with a shelter, one would not be privy to the necessary information to benefit from the program.

Participants were critical of the lack of beds at shelters. Homeless individuals received a computer-generated-number and if their number was too high, they would not have a bed for the night. Participants voiced that they felt disrespected. Four of the participants vowed that they would never use the services of shelters, except when it was below 32 degrees outside. Participants also felt that they were not offered any genuine assistance and no way forward out of homelessness. This finding confirmed previous research of Wasserman and Clair (2011) on homeless services, which showed that programs privileged clients in treatment. This expectation about favoring treatment participants was well- known to homeless individuals. Homeless individuals felt it was a waste of time seeking a place to sleep at shelters (Wasserman & Clair, 2011).

Personal responsibility. For different reasons, four of the participants preferred to make their own way in life and make their own choices about where and how they lived. Participants in this study found that the policies were too restricted. Participants complained that they were unable to have their children come and visit, that they had to

give up drinking, and that they had only limited time in which to find a job. One participant explained that people had to have a mental illness or steady income to be housed, and "if they messed up, they would be evicted."

Participants voiced that they wanted control of their circumstances and that they would be better off on their own. Previous research on the effects of homelessness from the perspective of chronically homeless individuals conducted by Ogden and Avades, (2011) also found that homeless individuals held themselves responsible for making their own choices in life for various reasons. Homeless individuals found support through other channels, such as homeless outreach support workers (Ogden & Avades, 2011), much like Jack in this study, who slept at a church every night. According to Ogden and Avades, homeless individuals had been let down or disappointed in the past by the system when they sought help. People without homes were unhappy with accommodations that had been provided in the past (Ogden & Avades, 2011), much like Al in this study, who left transitional housing because of gang violence in the neighborhood.

Limited time. Participants expressed concerns about not having the time to pursue transitional housing, or when they did, the time frame for finding work in order to get transitional housing was too short. Participants also stated that trying to look for a job did not leave a lot of time to pursue transitional housing. The policy of Wake County shelters was to remove homeless individuals from their treatment program if they had not found a job within the first 60 days of being in the program. One participant complained that one could not go through a training program and find a job in that amount of time.

From their perspectives, working with the system was too difficult to maneuver and out of their control. The research of Ogden and Avades (2011) found that seeking help through formal channels brought about feelings of being trapped and out of control and stigmatized. For these reasons, often homeless individuals took responsibility for their situation and avoided help altogether (Ogden & Avades, 2011).

Red tape and long waits. Participants explained there is too much red tape involved in getting into housing programs which caused disinterest among the participants in obtaining access to transitional housing. Participants wanted nothing to do with transitional housing because staff members were "too pushy" and policies were too regimented. Information that emerged from the research revealed that homeless individuals with criminal records had to wait 5 years before they could be considered for housing. The housing list of applicants was so long, homeless individuals had to wait years to even be considered for housing. The waiting period for housing was at least 2 years and has been known to extend up to 7 years, possibly more. Previous research of Ogden and Avades (2011) found that homeless individuals who sought housing often turned away from the service because their housing policies were too extreme.

Getting personal information to other sources proved difficult as well. Participants shared that homeless individuals were responsible for getting their medical records to other facilities, which incurred a cost to them financially and it took them longer to get their records than it would have taken for services to fax or send information to each other.

These negative responses from the participants vowing never to use the services of shelters and housing programs also confirms the research conducted by Wasserman and Clair (2011), who asserted that the responsibility for the use of shelters and housing services emerged from the interactions between homeless individuals and service providers. People who lived on the streets had either been overlooked by service providers or refused services. According to Wasserman and Clair (2011), limited shelter space forced many homeless individuals to sleep outdoors. For others, often refusal to go into the shelter was a direct assertion of resistance to the authority of shelter staff and the formal and informal prerequisites of the institutions.

Theoretical Considerations

The results of this study showed that participants' perceptions of shelter and housing programs and their agents were factors that guided participants' lifestyles choices. Although participants were not always hopeful of positive outcomes, some chose to work with the authority and work within established guidelines. Other participants chose to depart from systematic structure and live on the streets. Structuration theory provides some insight into the results of this study. Giddens' (1979) theory of structuration explained that social actors, such as chronically homeless individuals, evaluated and gave meaning to their behaviors; and they actively engaged in producing their own circumstances as a result of previously produced circumstances over which they had no control.

This study showed that participants, who over the years became discontented with shelters and housing programs chose to either work with those in authority, despite their

belief that the system had shortcomings, or distanced themselves as much as possible from the system. This study provided evidence that chronically homeless individuals' perspective of service providers of shelters and public housing programs affected their freedom, obligations, stability, and choices. Oppong (2014) explained that in structuration theory, complex interrelations of human freedom, where individual choices were seen as partially forced, were choices nonetheless.

This study found that the continuity of homelessness was a combination of homeless individuals' perception of structural failures and individuals' actions in response to their perceptions. In the theory of structuration, causes of homelessness cannot be viewed as either structural or individual; rather, it is some combination of the two that is at the root of the problem. Social services cannot address homeless individuals' disorders without considering the broader question of access to resources and housing. Disregarding homeless individuals' access to resources and housing forestalls the recognition of the need for structural changes in the economic and/or political systems that directly affect access to housing and employment (University of Minnesota, 2013). Structuration theory relates to this study approach because the theory bridges the divide between micro-approaches that focus on individual humans and macro-approaches that focus on social structures, but may disregard the dynamics of individual behavior (Warf, 2006).

Limitations of the Study

In this qualitative study, the sample was relatively small. Consequently, a limitation of this study is that because of the small sample size, generalization to the

chronically homeless population at large is inherently difficult. Non-English speakers were excluded from this study because I am not bilingual. Literature on non-English speakers who are chronically homeless in the US is practically non-existent. However, in a study assessing the experiences of Hispanics enrolled in Medicare managed care, Hispanic Spanish speakers reported more negative experiences than English-speaking counterparts with timeliness of care, provider communication, and office staff helpfulness (Weech-Maldonado, Fongwa, Gutierrez, & Hays, 2008). Thus, non-English-speaking chronically homeless persons might have very different perceptions of their service provider interactions than English speakers. Future researchers may wish to consider studies in other cultural and language settings.

Reviewing and coding the text resulting from the interviews was challenging. The data that was produced consisted of notes and transcriptions of the interviews. Therefore, the analysis of such data is unavoidably subject to human error and bias, which I attempted to minimize. I endeavored to not be influenced by my personal experiences, beliefs, feelings, attitudes, views, and state of mind in my analysis and reporting of the data.

Recommendations for Further Research

Participants in this study were predominantly African American males and therefore do not represent all chronically homeless individuals, in general. Therefore, a larger quantitative research study with a more diverse sample to include more women and non-English-speaking chronically homeless individuals could broaden the research. In the words of Wasserman and Clair (2011):

The resistance of the street homeless to shelter services raises questions as to why these service programs have not adapted to complaints, particularly since, at least in a general sense, the avoidance of service institutions works at cross-purposes with the very reason for their existence.

A focus in future studies on why service providers have not adapted to the homeless individuals' perceptions may provide administrators with greater understanding of the experiences of program participants. Studies focusing on the experiences and perceptions of social service providers may provide insight into their positions on homeless individuals and the public policies governing their ability to assist homeless individuals and families.

Housing First views housing as a human right. Housing First programs house homeless individuals regardless of their sobriety or enrollment in a treatment program. Once homeless individuals have been housed, support is provided, but there is no obligation on the part of the client to accept the services (McNaughton & Atherton, 2011). Future research studies focusing on the perceptions of homeless individuals who use alternative housing strategies, such as Housing First, that consider the needs and desires of homeless individuals could be informative.

Implications

Social service programs were designed to assist homeless individuals and families with recovery, a return to work, and/or permanent and stable housing. The participants in this study provided confirmation that homelessness persisted in Wake County, NC in part because of individuals' resistance to authority figures and program policies that devalued

their goals and concerns. Understanding the experiences of chronically homeless individuals and their perceptions of shelter and housing programs may provide social service providers in Wake County with a better understanding of access barriers. It may lead social service providers to the conclusion that alternative housing strategies or a combination of housing strategies may be best to break down access barriers and assist chronically homeless individuals and homeless families. A better understanding may lead social service providers to re-evaluate public policies to reduce and/or eliminate red tape and long waits and time limits. It may also lead social service providers to implement more social service support through referrals. Reducing and ending homelessness across Wake County and the nation may begin when chronically homeless individuals who "want nothing to do" with social services and have given up on the system have reason to reconsider and change their attitudes about administrators and staff of public services and public policies.

Conclusion

Despite the millions of dollars spent on homeless individuals, the collaborative efforts of the state, county, local community agencies, and numerous other shelters and food programs, homelessness persisted and continued to be a significant problem for Wake County, North Carolina, and its citizens.

Studies have focused on problems within social service programs or on the personal challenges faced by homeless individuals in an effort to identify barriers to accessing housing services. Wasserman and Clair (2011) believed that the responsibility for the use of shelters and housing services emerged from the interactions between

homeless individuals and service providers. Prior to this study, little research investigating the knowledge, attitudes, and perceptions of homeless individuals regarding services for them, particularly shelters and housing programs had been done.

Little research has been conducted to examine the lived experiences of homeless individuals and their relationships with service providers of shelter and public housing programs. Previous research showed that homeless individuals who sought help through formal channels developed identity crises, felt stigmatized and trapped and out of control. Social service programs were too intrusive with rules and routines that often prevented homeless individuals from accepting the assistance (Ogden & Avades, 2011).

The findings from this research study supported previous studies. Red tape and long wait times, lack of support, giving up on the system and taking personal responsibility, and impossible time limits were significant barriers to housing and social service support. Imposed time constraints forced on homeless individuals by housing policies were too limited and limiting. Additional barriers that participants identified with shelter and housing services were a lack of support, limited bed space, and limited access to bus passes and referral to other resources. Access to transitional housing was thought to be a hopeless endeavor due to red tape and long waits. Policies, rules, and requirements necessary to live in transitional housing were too rigid and intrusive. Past experiences working with shelter and housing program administrators and staff caused participants to shun social services and staff members, particularly those of shelter and housing programs.

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Appendix A: Wake County Homeless Facilities

South Wilmington Street Center is an emergency and transitional shelter for homeless men. Working with the City of Raleigh community leaders, Wake County opened SWSC in 2001. The center provides shelter for homeless men over the age of 18 while they develop "realistic plans" to secure employment and move into permanent housing of their own (Wake County Human Services, n.d.a). The Center has 234 beds, but can accommodate 85 additional men by using mats placed in designated areas within the facility when the weather is very hot or very cold. An average of approximately 1,900 men uses the center each year (Wake County Human Services Board Agency, 2014). The center provides both onsite and offsite services that help homeless men become self-sufficient. The shelter provides short-term emergency dorms with only overnight shelter. The center also offers dorms with longer-term housing to men who actively make use of supportive services that include mental health and substance abuse treatment, budget and credit counseling, and referrals to other support programs (Wake County, 2014).

The Progressive Housing Program offered at SWSC is available for those that elect to enroll and work toward goals that lead to self-sufficiency. The participants' bed stays are directly connected to their progress. Participants are evaluated for continued bed support every 7 days. If they do not meet weekly goals they may be removed from their bed support (Wake County Human Services Board Agency, 2014). The Case Management Program offered at SWSC assigns case managers to those individuals who may need more one-on-one support (Wake County Human Services Board Agency, 2014).

The Track Program offered at SWSC is suited for individuals who are experiencing acute homelessness and have resources that can help them secure housing quickly. These individuals have to present a plan to secure housing within 2 to 6 weeks. If they qualify for the Track Bed they are placed in a dorm reserved for men that have a secure housing plan and are expected to exit the SWSC within 30 to 60 days. Men participating in the programs are provided a reserved bed each night while they work toward their service plan goals (Wake County Human Services Board Agency, 2014).

Cornerstone Community Day Center is a multiservice community day center operated by Wake County. Cornerstone helps homeless individuals in Wake County by providing services that can help them work towards economic independence and self-sufficiency. Cornerstone's Community Outreach Team targets people who are experiencing homelessness and are disabled offering them intensive community-based service. These individuals may have a severe mental illness, chemical dependence, and/or other disabilities. Services are individualized and address psychiatric care, medication, illness education, substance abuse education and treatment, assistance with daily life activities, applying for entitlements, assistance with education and employment, locating permanent housing, and providing ongoing support.

The caseload capacity is 50 clients at any given time and the program serves approximately 75 clients a year (Wake County Human Services Board Agency, 2014). Cornerstone also offers a series of general services to homeless individuals that provides basic necessities such as a laundry facility, showers, telephone access, rides to the mall, traveler's aid, assistance in applying for community resources, and information and

referrals to resources within the community such as crisis intervention, mental health and substance abuse treatment, employment counseling, shelters, housing, food, clothing, transportation, financial assistance, budget counseling, mail, disability services, Veteran's Administration resources, and legal services (Wake County Human Services, n.d.b). Cornerstone serves approximately1500 clients annually (Wake County Human Services Board Agency, 2014).

Appendix B: Wake County Community Partnerships

The McKinney Team provides community support 24 hours a day, 7 days a week for persons who are homeless and have a mental illness to live independently in the community. The McKinney Team provides services to help persons maintain their independence through affordable housing and supportive services for their mental illness. The team is made up of case managers, nurses, a psychiatrist, a substance abuse counselor, and a job coach. The McKinney Team staff works closely with staff members of Cornerstone and SWSC and serves approximately 70 people annually.

The McKinney Team is partially funded through a federal grant that is received by Community Alternatives for Supportive Abodes, Inc. (CASA), a community partner that develops, owns, and manages affordable housing for low-income persons with mental illness, developmental disabilities and/or substance abuse disorders. CASA leverages local funds as well as those from federal and state programs CASA provides the housing and the McKinney Team provides services for a limited number of vouchers funded by the grant. The McKinney Team and CASA work together to help clients/residents live successfully in independent housing (Wake County Human Services Board Agency, 2014).

Wake County Vouchers provides long-term rental to homeless and disabled people. There are three types of assistance programs (1) Housing First Shelter Plus Care Subsidies which is funded by a HUD Shelter Plus Care Grant and provides fifty rental subsidies to individuals who are chronically homeless. Clients who receive a Housing First rental subsidy are offered intensive case management and psychiatric and/or

substance abuse services from a Community Outreach Team. This grant annually serves 50 clients (Wake County Human Services Board Agency, 2014). (2) The Shelter Plus Care Program uses rental subsidies funded by HUD to provide permanent housing for homeless persons who have a disabling condition. There are 145 Shelter Plus Care subsidies in use annually (Wake County Human Services Board Agency, 2014). (3) Wake County Capital Improvement Plan (CIP) funds have been allocated by the Wake County Board of Commissioners for affordable housing since 1999. County CIP funds provide 52 rental subsidies specifically for persons earning at or below 50% of the area's median income and who have a severe and persistent mental illness. The subsidies were first established with county CIP funds in 2007, as a means to fill the gap in affordable housing for persons disabled by mental illness (Wake County Human Services Board Agency, 2014).

The Wake County Housing Program implemented the short-term rental assistance program in 2014 to administer up to 3 months of rental and utility assistance for people who are homeless and working to help them rent an apartment. Case management is maintained during the assistance period, and contact is made after one year to assess the long-term results of the assistance (Wake County Human Services Board Agency, 2014). The Department of Housing and Urban Development's Community Development Block Grant funds this program. The rental assistance program contracts with community service providers, such as Haven House, Interact, PLM Families Together, Triangle Family Services, Urban Ministries, Wake Interfaith Hospitality Network, and The Women's Center of Wake County, which enables Wake County to purchase additional

emergency housing, transitional housing, housing search services, and supportive

services for homeless individuals (Wake County Human Services Board Agency, 2014).

Re-Housing Support was initiated through Pan Lutheran Ministries Families

Together (PLMFT). Re-Housing Support has been an organization instrumental in

providing housing assistance to families since 1980 (PLMFT, 2013). The contracts are

with Haven House, Interact, PLM Families Together, Triangle Family Services, Urban

Ministries, Wake Interfaith Hospitality Network, and the Women's Center of Wake

County.

Re-Housing Support focuses on providing stable housing, so families can move

from temporary shelter directly into permanent housing, instead of moving from one

temporary shelter to another. Placement into these programs is handled through a

coordinated intake process. A process in which programs are coordinated and intake and

program admissions decisions are centralized. Each program entry point uses the same

assessment tool and makes decisions on which programs families and individuals are

referred to base on a comprehensive understanding of each program's specific

requirements, target population, and available beds and services. This process makes it

more likely that families and individuals will be served by the right intervention more

quickly (National Alliance to End Homelessness, 2011).

A pilot program ended in 2013. The Pan Lutheran Ministries Families Together

has continued its Re-Housing support program, which moves families directly from

temporary living situations or from other shelters into housing. The Pan Lutheran

Ministries Families Together staff works with families for 12 months after they have

moved into stable housing. Their efforts involve intensive case management and life skills training for families who have experienced homelessness (PLM Families Together [PLMFT], 2013).

Housing First Shelter Plus Care is a program sponsored by the U.S. Department of Housing and Urban Development (HUD). It provides housing vouchers to disabled people who have chronic diseases and require extensive ongoing services (Wake County Human Services, n.d.c). All served by this grant are chronically homeless. Once clients receive a Housing First rental subsidy, they are offered intensive case management and psychiatric and/or substance abuse services from the Community Outreach Team. There are 145 individuals using Shelter Plus Care subsidies annually in Wake County (Wake County Human Services Board Agency, 2014).

The 10-Year Plan to End Homelessness. Partnering with the City of Raleigh, Wake CoC, and Triangle United Way, the Raleigh/Wake County 10-Year Action Plan to End and Prevent Homelessness was implemented in February 2005 (Ending Homelessness, n.d.). This plan offered a policy framework that was intended to maximize existing resources and create new tools to assist homeless individuals and prevent others who are at risk from becoming homeless (NC Department of Health and Human Services [NCDHHS], 2011).

Project Homeless Connect is sponsored by the Raleigh/Wake Partnership to End and Prevent Homelessness. Project Homeless Connect is an annual one-day, one-stop event that connects homeless individuals to essential resources needed to improve their lives (the Raleigh/Wake Partnership to End and Prevent Homelessness, n.d.a).

The Oak City Outreach Center is sponsored by the Raleigh/Wake Partnership to End and Prevent Homelessness and is dedicated to feeding homeless individuals (the Raleigh/Wake Partnership to End and Prevent Homelessness, n.d.b). The Oak City Outreach Center was organized in 2013 and was the outcome of continual efforts by Catholic Charities, community organizations, and churches to feed homeless individuals. This outreach program provides meals to the needy in the community (the Raleigh/Wake Partnership to End and Prevent Homelessness, n.d.b).

Catholic Charities is a private nonprofit social service agency serving the people of Eastern North Carolina (Wake County Human Services Board Agency, 2014). Catholic Charities serves people in need through advocating for social and economic justice as well as by addressing immediate needs with emergency resources or direct services. Catholic Parish Outreach, a part of Catholic Social Ministries and the largest food provider in the county, provides food for three meals a day for up to 10 days per family member. Referrals are made by human service organizations and faith-based organizations (Wake County Human Services Board Agency, 2014).

The Women's Center of Wake County operates Epiphany House, which provides transitional housing for single women. The average length of stay is four weeks to four months. The Housing Authority of the County of Wake is primarily funded through HUD and provides housing assistance in the form of public housing units and Section 8 vouchers (Wake County Human Services Board Agency, 2014). Haven House Services provides emergency shelter for teenagers at Wrenn House and provides outreach and coordinates safe havens in the community. Its program provides housing and support

services to homeless youth between the ages of 18 and 21 years (Wake County Human Services Board Agency, 2014). Interact is a private, nonprofit agency that operates a transitional shelter for battered women and their children and offers comprehensive support services to help them move toward violence-free lifestyles. Interact intervenes during crisis situations and educates the community on domestic violence and sexual assault (Wake County Human Services Board Agency, 2014).

Passage Home is a faith-based interracial community development corporation. Its mission is to bring area churches together support low-income families and neighborhoods using a community economic development strategy that includes transitional housing, opportunities for home ownership, small business development, neighborhood revitalization, and real estate development. Credit and budget counseling, housing location assistance, home ownership counseling and intensive case management are incorporated into all program opportunities (Wake County Human Services Board Agency, 2014).

The Carying Place is a nonprofit organization providing a transitional housing program with intensive life-skills counseling for working families with children. Wake County homeless families referred by shelters and other social services organizations receive housing and counseling services. The Healing Place of Wake County serves homeless men ages 18 or older with alcohol or other drug addictions. The Healing Place for Women serves homeless women ages18 or older with alcohol or drug addiction problems. Both organizations offer an emergency shelter, non-medical detoxification

center, and a transitional housing program (Wake County Human Services Board Agency, 2014).

Triangle Family Services is a 75-year-old agency founded by members of the community to address community needs. Triangle Family Services currently offers services through four programs: Individual and Family Counseling provides therapy and psychiatric evaluation on a sliding-scale fee basis; Family Safety provides education and support to both perpetrators of domestic violence and victims of crime; the Consumer Credit Counseling Service offers budget counseling, a debt management program and Family Life Education Program, all at minimal to no cost to the consumer; and the Emergency Housing Assistance Program offers assistance to families facing homelessness because of financial crisis (Wake County Human Services Board Agency, 2014).

The Open Door Clinic provides medical care, dental care, and prescription medication to low-income persons without health care insurance. The Interfaith Food Shuttle is a private, nonprofit agency that provides food to homeless individuals. The Women's Center of Wake County provides day shelter and the basic needs of clothing, food, and personal care items for women and children who are homeless. The Center provides job training, financial assistance to prevent evictions, deposits for apartments/rooms, assistance with transportation in the form of bus tickets, and case management services. The Center uses a holistic approach through a variety of wrap-around services as well as referrals and advocacy for clients to utilize other community resources (Wake County Human Services Board Agency, 2014).

The Partnership to End Homelessness is a planning and action group consisting of nonprofit housing service providers and government agency representatives. Its primary focus is to deliver housing and support services to homeless persons. The partners meet bi-monthly in an effort to eliminate homelessness and create a seamless, integrated system of housing and support services that minimizes gaps in service. Wake County Housing Division is involved in the partnership and:

- Serves on the Board of Directors of the partnership

- Sponsors the Veterans' Stand Down, a celebration that honors U.S. veterans and provides services and resources

- Hosts and participates in Project Homeless Connect

- Takes a key role in the Point-in-Time count

- Holds discussions about a 24/7 stabilization center

- Creates priorities for the Ten Year Plan to End Homelessness

- Serves on various planning and action committees (Wake County Human Services Board Agency, 2014).

A partnership exists between Wake County Housing, the Housing Authority of the County of Wake, and the Veterans Administration for the HUD VASH vouchers. HUD VASH vouchers are specifically for Veterans and their families and are provided by the Veterans Administration (VA). The Housing Authority of the County of Wake administers the voucher programs. A veteran is referred to the VA by the SWSC; if qualified, the Housing Authority of the Wake County will issue a voucher. At the present

time, 180 vouchers are allotted to veterans (Wake County Human Services Board Agency, 2014).

Wake County continues to participate in discussions with the Housing Authority of the County of Wake, Raleigh Housing Authority, and City of Raleigh Community Development Department. These discussions revolve common interests in housing around how best to serve the community. The meetings offer opportunities to share perspectives and insight. A representative of Wake County Housing Division often attends meetings of the Board of Directors of the Housing Authority of the County of Wake (Wake County Human Services Board Agency, 2014) to stay updated on housing and to continue efforts to improve on housing homeless individuals.

Appendix C: Funds Proposed to be used among CoC Agencies

Carolina Homeless Information Network, $76,682 for homeless assistance; CASA, $51,783 in funds, $87,880 for Families at Home, an apartment complex that houses homeless families with disabilities, and $192,594 to provide housing and support services for persons with serious mental illness who are homeless; Haven House, Inc., $50,000 for pregnancy and parenting programs to provide rapid re-housing for homeless youth; Passage Home, Inc., $209,671 for essential services to assist homeless families, including ex-offenders, to obtain permanent housing, increase life skills, income, and to help families achieve greater self-determination and self-sufficiency, and $202,932 for Ruth's House, providing permanent housing to formerly homeless families and single women who have graduated from Passage Home's transitional housing; Wake County Human Services, $1,405,779 in renewal funds for its Shelter Plus Care rental subsidy program for single adults with severe and persistent mental illness and substance abuse issues, $220,238 for psychiatric outreach, treatment and support services served by the agency's Community Outreach Team (Wake County Human Services Board Agency, 2014).

Tier two funds applied for by the Wake County Continuum of Care include: Wake County Human Services, $23,904 for a veteran's service officer; Passage Home, Inc., $11,484 to provide support services to clients receiving rental assistance through Wake County Human Services; Carolina Homeless Information Network, $35,776 additional funds to provide technical support for Wake County's Homeless Management Information System (HMIS), a database shared by homeless provider agencies; and Wake

Continuum of Care, $19,996 for a planning grant (Wake County Human Services Board

Agency, 2014).

Appendix D: City of Raleigh 2011 Updated Homeless Ordinances

No person shall beg or panhandle between the hours of sunset and sunrise, and in no event earlier than 8:00 a.m. or later than 8:00 p.m. No person shall beg or panhandle in a school zone while students are beginning or ending the school day; within 20 feet of any bus stop, train station or taxi zone; within 100 feet of any automated teller machine or any other machine at which money is dispensed to the public; within 100 feet of the entrance to any financial institution which is open for business; within 20 feet of any commercial establishment that is open for business; within 20 feet of any duly permitted outdoor dining area during hours of operation; and within 20 feet of the entrance to any residence or residential building (City of Raleigh, 2011).

The updated ordinances further state that no person shall beg or panhandle while under the influence of alcohol, illegal drug, or prescription medication unless prescribed by a licensed physician (City of Raleigh, 2011). Panhandlers shall not come within 3 feet of the person being approached unless that person has clearly indicated a desire to make a donation; block the path of any person along a sidewalk or street; nor follow the person who has been asked for a donation after that person has either declined the request or walked away (City of Raleigh, 2011). Approaching an individual for the purpose of begging or panhandling in a group of three or more is prohibited. Using profane or abusive language during the request for a donation or after a donation has been refused or using any statements, gestures, or any other form of communication, which a reasonable person would perceive as a threat is a violation of the law (City of Raleigh, 2011). Using false or misleading information, such as stating that the donation is needed to meet a

specific need that does not exist or by indicating that the requestor suffers from a physical

or mental disability when the person making the request does not suffer from that

disability is unlawful (City of Raleigh, 2011).

Appendix E: Interview Guide

Hello. My name is Shirley Elaine Hicks and I am a doctoral candidate at Walden

University. I am conducting dissertation research on homelessness in Wake County, NC.

For this study I will be asking you questions about your views on the services you

receive.

I am glad that you are willing to talk to me about being homeless and the services

available to you or needed in this community. I will be talking to several homeless

individuals this week about homelessness and services to homeless individuals and

families to see if programs are helpful in returning homeless individuals to permanent,

stable housing, and, if not, what is needed.

The interview process will take about one hour. There are no right or wrong

answers to the questions. Honest and frank answers will be the most helpful in learning

about how Wake County can improve its administration of public policies, reduce

homelessness, provide the needed services, and decrease the costs of caring for homeless

individuals and families.

Your comments are confidential. I will not use your name in any description or

summary that I write. I will also record the conversation today to help me make sure my

notes are accurate. I will be the only one who will hear these recordings. The recordings

and notes will be destroyed after 5 years, the required time that the dissertation data must

be maintained. Do I have your permission to record? Let us now go through the consent

form and get your verbal consent. Do you have any questions before we start?

Interview Protocol

Date: _____

Location: _____

Pseudonym: _____

Participant Number: _____

Age ____Gender_____ Race_____ Educational Level _____ Marital status_____

How long have you lived in Wake County? _____

Are you a veteran? Yes _____ No _____

Slept in an emergency shelter: Yes _____ No_____

If yes, how many times over the past three years? _____

If yes, or you still sleeping there: Yes _____ No_____

Applied for a transitional housing program: Yes _____ No_____

If yes, how many times over the past three years? _____

Lived in a transitional housing program: Yes _____ No_____

If yes, how many times over the past three years? _____

If yes, or you still living there: Yes _____ No_____

Interview Questions

1. Can you tell me a little about yourself and where you are living at the moment?

2. Can you tell me about the circumstances that resulted in you not having permanent, stable housing?

3. Can you tell me about your experiences with the people who work in shelters?

4. Can you tell me about your experiences with the people who work with housing programs?

5. Can you tell me about your experiences with the housing services available to you?

6. Has the staff of housing programs ever referred you to any other services? If yes, what service(s)? Can you tell me about your experiences with the staff at those services?

7. Have you received support for any mental health needs? If yes, can you tell me about your experiences with the staff at those services?

8. What other support do you receive? If yes, can you tell me about your experiences with the staff at those services?

9. What do you think could be done differently for people in your situation?

Close:

These are all the questions I have for you today. Do you have any additional comments? Thank you for taking time to talk with us today.

Appendix F: Probes and Prompt Questions

What do you mean by [term or phrase]?

Can you give me an example?

What would you like to see done?

Can you tell me more about that?

Why was that important to you?

Why does that stand out in your memory?

Why does that matter?

How did you feel about that?

How do you feel about a policy like that?

How does that affect you?

Appendix G: Recruitment Flyer

I am seeking homeless men and women in Wake County, NC to volunteer to participate in a study.

- You must have lived in Wake County for a least a year.

- You must be between the ages of 25 and 55 years.

- You have been homeless for at least a year, or four times within the span of 3 years.

- You speak and understand English.

- You must be willing to be audio recorded.

- You must be able to come to South Wilmington Street Center on (date) between the hours of (time).

- Interested individuals will be asked a few questions to ensure you meet the qualifications.

- Those who are recruited for the study will be interviewed. If several volunteers show up at the same time, you may chose to wait your turn or you may set up an appointment time to return for the interview. You will be questioned about your experiences with homelessness and homeless services.

Benefits of participating in the study:

- Those who complete any part of the interview will receive a Visa $10 gift card for participating.

- It is expected that the research findings of this study may help Wake County improve its administration of public policies, reduce homelessness, and decrease the costs of caring for homeless individuals.

Shirley Elaine Hicks

Doctoral Candidate

Walden University

Appendix H: Screening Questions for Participants

Date: _____

First Name of Participant Only: _____

Participant Number: _____

Age: _____

Gender: _____

Race: _____

Marital status: _____

Education Level: _____

Do you speak and understand English? Yes _____No _____

Have you lived in Wake County for at least a year? Yes _____No _____

Have you been homeless for at least 1 year, or 4 times within the span of 3 years?

Yes_____ No _____

Where do you sleep at night? _____

Have you ever slept in an emergency shelter?

If yes, how many times over the past 3 years? _____

Have you ever applied for Housing First?

If yes, how many times over the past 3years? _____

Have you ever lived in a Housing First transitional home?

If yes, how many times over the past 3 years? _____

Have you ever applied for Housing Ready?

If yes, how many times over the past 3 years? _____

Have you ever lived in a Housing Ready transitional home?

If yes, how many times over the past 3 years? _____

Have you ever applied for any other housing program?

If yes, how many times over the past 3 years? _____

Have you ever lived in any other transitional housing program?

If yes, how many times over the past 3 years? _____

For this study I will be asking you questions about being homeless, and the services

available to you, and your views on the services you receive. Will you allow yourself to

be audio recorded for the study? Yes_____ No_____

Appendix I: Mini-Mental Exam

The Mini-Mental Status Examination

First Name of Participant Only: _____

Participant Number: _____

Date of Exam: _____

Orientation to Time

What is today's date? Correct _____ Incorrect _____

What is the month? Correct _____ Incorrect _____

What is the day of the week today? Correct _____ Incorrect _____

What is the year? Correct _____ Incorrect _____

What season is it? Correct _____ Incorrect _____

Orientation to Place

Where are you now? Correct _____ Incorrect _____

What city are we in? Correct _____ Incorrect _____

What county are we in? Correct _____ Incorrect _____

What state are we in? Correct _____ Incorrect _____

 Immediate Recall

I will tell the volunteer that I am now going to test his/her memory. I will then say "ball",

"flag", "tree" clearly and slowly, about 1 second for each. After I have said all 3 words, I

will ask the volunteer to repeat them. Correct _____ Incorrect _____