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Perceptions of Homeless Shelter Staff Workers on Chronic Homeless Individuals

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Walden University

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Jimmy Griffith

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Walden University
2017

Abstract

Perceptions of Homeless Shelter Staff Workers on Chronic Homeless Individuals

by

Jimmy L. D. Griffith

MS, Embry Riddle Aeronautical University, 2013

BS, Southern Illinois University, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

May 2017

Abstract

While researchers have identified the Housing First model of putting homeless persons into permanent housing as the best means of improving the quality of life for chronically homeless individuals, few studies have examined the perceptions of shelter staff workers on the barriers the homeless face in obtaining and maintaining long-term housing. This case study of 2 homeless shelters in New Jersey examined the relationship that fair and just democratic processes play in supporting or undermining Housing First. Data came from New Jersey's annual Point in Time counts of the number of homeless individuals and families and the causes and service needs of the homeless. Government reports were also analyzed, as well as from semi-structured interviews and focus group interviews with a purposive sample of 14 homeless shelter staff workers. The polarities of democracy model as described by Benet helped identify whether democracy was being served rightly and justly within these homeless communities. Information was analyzed by inductive coding and by identifying themes and patterns that emerged from the interviews. The primary finding of this study was that lack of available housing, lack of resources to gain access to housing, and lack of knowledge of resources that are available for housing acquisition and maintenance plays a role in causing individuals to become and remain chronically homeless. Social change implications include policy recommendations to local, state, and federal legislators to increase accountability in the allocation of funding for housing support and the development of a volunteer case management force to meet the service needs of the chronically homeless.

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Dedication

This dissertation is dedicated to my lovely wife and five children: Annie (wife), David, Shara, Daniel, John, and Jubilee. My family provides me with genuine love, care, and focus; it is because of them that I've been passionate about my faith, education, and advancement. My God-given desire is to see each of you prosper and fulfill your assigned purpose from the Lord.

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Chapter 1: Introduction to the Study

Introduction

Homelessness in America remains a significant issue for both victims and legislators. Solving the problem of homelessness has been a challenge for governmental and nongovernmental agencies, nationwide. In order to provide more current solutions for this issue, it is imperative that researchers identify and develop public policies that may positively impact homelessness. As of January 2014, approximately 578,424 people experienced homelessness on any given night, and among those, approximately 40% of these individuals were reported unsheltered (NAEH, 2015).

According to research, the main cause of homelessness in the United States is the lack of affordable housing (NAEH, 2015; U.S. Conference of Mayors, 2007; (HUD, 2014). Although mental illness, substance abuse, and domestic violence play pivotal roles in causes that lead to homelessness, the inability to find affordable housing remains the most common reason as to why homelessness has not been resolved in the United States. The NAEH (2015) reported that in the United States, approximately 84,291 individuals are chronically homeless and, among the total number of homeless individuals, 49,933 are U.S. veterans (HUD, 2014).

Background

The central focus of this research was to identify what homeless shelter staff workers working within Burlington County, New Jersey, perceive as the reason why homeless citizens struggle to obtain and maintain long-term housing; furthermore, my intention with this research was to point out solutions and recommendations to spur

legislative actions that may enable these less fortunate citizens an opportunity to maintain long-term housing. The gap in existing literature was that no researchers had yet explored the perceptions of the homeless shelter staff workers operating under Citizens Serving the Homeless, Burlington County, New Jersey, on the major reasons why chronic homeless individuals fail to obtain and maintain long-term housing.

According to the New Jersey Annual Counts (2014) report, as of January 2014, 13,900 individuals experienced homelessness in the state on any given night. These reported results depict that the nature of homelessness within the state of New Jersey is a serious issue that legislators, governmental officials, nonprofit organizations, and faith-based organizations seek to mitigate and rectify.

In 2014, approximately 12% of New Jersey's homeless resided in Burlington County (New Jersey Annual Counts, 2014). These numbers reflected 1,660 total homeless individuals residing within the county who would receive assistance in the form of emergency shelters, safe havens, transitional housing, and permanent supportive housing (New Jersey Annual Counts, 2014). Of those who were not receiving housing assistance, many were predisposed to unsheltered living, residing under bridges, abandoned buildings, and sofa surfing (New Jersey Annual Counts, 2014).

This study may help solve the homeless dilemma in the United States. Information garnered may be used to advocate for homeless individuals on the political stage and may increase public and private support in this area. Additionally, information from this research may be used to provide new programs that affect social change in the

homeless community at large. Changes in public policy may provide more funding, resources, programs, and case management to help recovering homeless individuals.

Research has supported that emergency shelters, transitional housing, and permanent supportive housing provide a stable environment and produce lasting relationships among homeless individuals (Byrne, Fargo, Montgomery, Munley, & Culhane, 2014). Social services in the form of case management, education, employment search, and substance abuse counseling serve a pivotal role in maintaining motivation for change and development in homeless individuals (Culhane & Byrne, 2010).

Research Problem

The Stewart B. McKinney Act was established for the purpose of addressing the conditions of life of the homeless in America; however, as the years have increased, so have the amounts of homeless individuals (HUD, 2014). With all of the governmental funding and support provided through the McKinney Act and the additional arms of support through nongovernmental agencies, it becomes of increasing concern to identify the major reasons on why chronic homeless individuals fail to obtain and maintain long-term housing.

As previously stated, the major cause of homelessness in America is due to lack of affordable housing (U.S. Conference of Mayors, 2007; HUD, 2014; however, additional conflicts and struggles also pose increasing threats to causing homelessness. Mental illness, poverty, substance abuse, domestic violence, and the like all present viable reasons as to why homelessness remains a critical dilemma within the United States (HUD, 2014).

In order to address many of the needs of homeless men and women, homeless shelters provide a plethora of services. Homeless shelters offer services in the form of temporary and permanent housing, food, clothing, mail pick-up, employment counseling, substance abuse counseling, stress management counseling, domestic violence counseling, and the like (Culhane & Byrne, 2010).

The United States Congress requires states to report unduplicated homeless information to the federal government in exchange for federal funding and support (HUD, 2014). This information provides the government with useful data on patterns within the homeless population, the use of social services, and the appropriations of allocated funding (HUD, 2014). National, state, and local governments have steadily moved towards recording such data via the Homeless Management Information System, but many organizations still rely on organically developed records capture databases (Perl, 2007; HUD, 2014). By consolidating this information and reporting it to the government, these states remain able to receive congressionally allotted funds to support and house homeless people (HUD, 2014)

The state of New Jersey provided intensive training to each one of the 21 counties represented within the state on how to participate in their annual Point in Time count to reflect accurate count information on homelessness affecting the state (Burlington County Point in Time Count of Homeless, 2015). Data collection was via paper surveys, interviews, record collection from the Homeless Management Information System, and continuum of care records. As of 2015, approximately 91% of Burlington County

homeless households were residents within the county, and the remaining 9% came from other counties (Burlington County Point in Time Count of Homeless, 2015).

In Burlington County, approximately 581 homeless households had no children compared to 200 homeless households with children (Burlington County Point in Time Count of Homeless, 2015). Reports supported that disabled homeless persons only consisted of about 29% whereas individuals with no disability were approximately 71% (Burlington County Point in Time Count of Homeless, 2015). Income plays an important factor in homelessness, with 123 households reporting no income and 18 households reporting earned income (Burlington County Point in Time Count of Homeless, 2015).

Among homeless households, most families in Burlington County were homeless for approximately 6 months (Burlington County Point in Time Count of Homeless, 2015). Two hundred thirty-three families reported living in shelters for 1/2 year to 1 year (Burlington County Point in Time Count of Homeless, 2015). Three hundred ninety-one households reported that their cause of homelessness was due to being asked to leave a shared residence; the next major cause was eviction, reported at 91 households (Burlington County Point in Time Count of Homeless, 2015). The information provided expressly demonstrates that homelessness has remained a critical issue and that the current methods of assisting homeless people are not altogether comprehensive enough to enable all chronic homeless members to obtain and maintain long-term housing.

Purpose of the Study

The purpose of this phenomenological case study was to identify what the staff members of Burlington County's conglomerate of nonprofit organizations operating

under Citizens Serving the Homeless perceive as the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing. This qualitative research included interviews in which I as the researcher was the tool and the questions within the research were the instrument by which data were collected. This study may provide legislators and politicians with a clear and comprehensive viewpoint on the struggles presented to homeless shelters in meeting the needs of chronic homeless individuals. Through this study, public policies may be changed and focused on meeting the needs of chronic homeless individuals and providing administrative and operational support to those who work directly with them. Information and data collected within this research may be used to focus government funding and homeless shelter services in areas previously not discovered and may enable a greater number of chronic homeless individuals to obtain long-term housing. Future research from this study may lead to discovering what chronic homeless individuals living in this area perceive as major barriers to obtaining long-term housing and how motivational programs may more fully prepare homeless individuals in maintaining long-term housing.

My goal was to highlight what programs, social services, and systems may be effective at reducing the amount of homeless persons in community shelters and on the streets. Understanding motivational services and their successes and failures in aiding homeless individuals in recovering from mental illness and substance abuse is a great factor in understanding whether or not public policies are giving these citizens the right to participate fully in society.

This research is distinct in that it focuses on the perceptions of the homeless shelter staff members in Burlington County, New Jersey and explores the perceptions of shelter staff workers employed within Burlington County, New Jersey on the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing. Results from this study may engender changes in public policy in regards to homeless shelter set up, services offered, timing and implementation of suggested programs, and greater success rates in reintegrating chronic homeless individuals into normal society.

Research Question

The central research question within this study was as follows: What are the perceptions of shelter staff workers employed within Burlington County New Jersey, on the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing? This question identified critical needs within this community to address the homeless crisis on the local level; furthermore, the research was intended to identify points of view that have not been examined or analyzed within this particular environment.

In asking this fundamental question and identifying the root causes on why homeless individuals cannot maintain long-term housing, I explored whether or not fair and just democratic processes were at work. The polarities of democracy model as described by Benet (2006, 2012, 2013) helped identify whether democracy was being served rightly and justly within these homeless communities.

Theoretical Framework

The theoretical framework for this study was the polarities of democracy model as described by Benet (2006, 2012, 2013). This theory was applicable in that the study addressed diversity and equality in positive social change. This theoretical framework seeks to minimize the negative aspects and maximize the positive aspects of each element of the five polarity pairs: freedom and authority, justice and due process, diversity and equality, human rights and communal obligations, and participation and representation (Benet, 2013).

Benet (2013) developed the polarities of democracy to encourage the continued democratization of society in order to ensure that every citizen is receiving the opportunity to participate, receive human rights, enhance diversity, obtain justice, and experience freedom. The basis of this study was to examine the perceptions of the Burlington County homeless shelter workers. Once the data were collected, this theoretical framework was the lens I used to determine if the challenges and barriers to obtaining and maintaining long-term housing are related to the ineffective leveraging of the polarities of democracy.

Nature of the Study

The specific aspects of the research problem within this study include the perception of the homeless shelter staff workers employed within Burlington County New Jersey, on the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing. This study explored what the homeless shelter staff workers perceive as the greatest difficulties to getting homeless members

established and mobilized in normal societal life; it also highlighted what motivational factors play a pivotal role in those whom they have seen improve their living conditions. Furthermore, the homeless shelter leaders and workers highlighted what they perceived to be external assistance aids that are effective in assisting the homeless communities. Examples of external assistance aids are in the form of General Assistance, Section 8, Temporary Assistance for Needy Families (TANF), Supplemental Nutritional Assistance Programs, emergency shelters, transitional housing, permanent supportive housing, and case management (HUD, 2014).

In order to further analyze the perceptions of the homeless shelter staff workers, this study utilized the polarities of democracy model as defined and developed by Benet (2006, 2012, 2013). This theoretical framework focuses on enhancing the positive aspects of democracy while diminishing the negative aspects and assumes that imbalance within society is due to some misbalance within the polarities of democracy (Benet, 2013). In this study, I have highlighted, when able, those areas where the polarities are not in alignment and attempted to refocus these areas and bring out the positive aspects.

This research is distinct in that it focused on the perceptions of the homeless shelter staff members in Burlington County, New Jersey and explored what they perceive as the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing. Results from this study may engender changes in public policy, in regards to homeless shelter set up, services offered, timing and implementation of suggested programs, and greater success rates in reintegrating chronic homeless individuals into normal society.

Definitions

Homelessness: Homeless individuals are broken into three distinct categories: (a) chronic, (b) transitional, and (c) episodic (Christian, 2015; McAllister, Lennon, & Li, 2011; NAEH, 2014; HUD, 2015); I discuss these in detail in Chapter 2. A homeless individual and/or person is one who lacks a regular form of housing, but instead lives and sleeps in areas not made to be inhabited as a home (HUD, 2014). For example, any individual utilizing a public or private place not designated for housing is considered homeless (Christian, 2015; U.S. Conference of Mayors, 2007; HUD, 2014). The utilization of publicly funded hotels, motels, shelters, and/or safe havens classifies a person as being homeless (Christian, 2015; HUD, 2014). Individuals qualifying for homeless governmental assistance must meet the definition of homelessness and will receive associated homeless assistance through Title I of the Workforce Investment Act of 1998 (Government Printing Office, 2015).

Chronic homelessness: Chronic homeless individuals represent those individuals who remain in a homeless state for 12 months or more continuously or who have been homeless at least four times over a 3-year period (HUD, 2014). Typically, chronic homeless individuals remain in a constant state of unemployment, are embedded within the shelter system, and rely heavily upon the government for housing.

Transitional homelessness: Transitional homeless individuals are those who are homeless due to some type of transition; these individuals are not caught in the long-term shelter system; however, they have need of housing due to some type of unexpected event (Christian, 2015; McAllister et al., 2011; HUD, 2014).

Episodic homelessness: Episodic homeless individuals are those who are temporarily in and out of homeless shelters due to loss of job, health-related issues, and/or substance abuse (HUD, 2014). According to researchers, episodic and chronic homelessness is more deeply linked to mental illness and is often reported to propagate the worse of mental illnesses (Christian, 2015; McAllister et al., 2011). Research has suggested that it is imperative to provide Housing First when able in order to reduce the onsets of additional mental and physical impairments that are engendered through long-term homelessness (McAllister et al., 2011).

Continuums of care (CoCs): CoC groups receive funding through grants provided by both public and private organizations (HUD, 2014). These CoCs provide this funding to organizations who are allotted a certain rate per person in the form of housing and case management with a focus on providing housing and social support (HUD, 2014). Homeless shelter and day shelter providers utilize funding in various means to support the homeless. Support from homeless shelters may be in the form of code blue operations (which acts as an emergency shelter for homeless individuals during extremely cold temperatures), employment search, housing search, health care opportunity education, equal rights education, and motivational services (Christian, 2015; HUD, 2014).

Assumptions

Signal assumptions that are made within this study are that homeless persons do not make enough money within society to obtain long-term housing and this is a central problem to why these members of society struggle repetitively with housing issues. Additionally, I assumed homeless persons tend to struggle with financial budgeting and

life skills that fortify a stable life within society. Lastly, another assumption is that federal funding is not being utilized for the most critically needing homeless. These assumptions are backed with mainstream homeless literature and serve a significant purpose when answering the question of why homeless members are not able to obtain and maintain long-term housing.

Limitations

Compromise of the four elements of trustworthiness may have served as significant limitations. Trustworthiness was essential within this study, understanding that if the same questions were not asked during the interviews it could cause a potential breach in integrity (Lincoln & Guba, 1985). Compromise could be caused by the participants not having access to standardized questions and not understanding the true intent of the original questions. In order to ensure trustworthiness, I utilized the standard questions as prompts to additional questions. These series of questions enabled the semi structured interview process.

Because the interviews involved intense and probing questions, there were possible risks involved. Shelter staff workers may have been at risk with their employers and/or they may have been placed in uncomfortable positions while addressing the questions in general. Other ethical considerations existed in the fact that this work may be published in the future and may make some interviewees uncomfortable. These issues were mitigated by receiving signed consent to interview, record, and publish the words recorded during the study. I also ensured that identifiable information was not published.

Furthermore, emphasis was made on the positive aspects of the process for homeless members in obtaining and maintaining long-term housing.

Scope and Delimitations

The scope of this study involved the perceptions of homeless shelter staff workers employed within Burlington County New Jersey, on the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing. The study focused on causes of homelessness, cycles of homelessness, and the relationship these factors have on maintaining long-term housing.

The key delimitation of this study was found in the fact that only two homeless shelters were explored within this study. The exploration of more homeless shelters spanning various states would result in a more comprehensive perception of homeless shelter staff workers on chronic homeless persons maintaining long-term housing.

Significance

Current research has focused on the perceptions of homeless shelter workers in regards to chronic homelessness (NAEH, 2014; HUD, 2015); however, the perceptions of Burlington County shelter workers had not been researched. The research gap within this study focused on the perceptions of Burlington County shelter staff workers employed within Burlington County New Jersey, on the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing.

Research supported that the leading causes of chronic homelessness are lack of affordable housing, mental illness, substance abuse, and domestic violence (HUD, 2014). Interpreting these data points from the lens of shelter staff workers may provide

researchers with qualitative information on how these filter into the result of homelessness. Shelter staff workers see first-hand the lived experiences, the repetitive cycle of homelessness, and the role the justice system plays in perpetuating that cycle (HUD, 2014).

This study was necessary because Burlington County has a homeless crisis within its community. To solve the homeless crisis is to place this community at a steady state and enable legislators to solve the most complex issues.

Every citizen deserves the opportunity to have life, liberty, and the pursuit of happiness, and this is not feasible without providing each member of society with fair and equitable chances to obtain and maintain long-term housing. Children who are homeless are at a disadvantage and do not have the same educational or career opportunities as those raised in stable households. To provide equitable and affordable housing to these members of society is to place everyone on the same level and guarantee that each child will have the opportunity to lead and succeed in the free world.

Summary

The purpose of this doctoral dissertation was to explore the perception of homeless shelter staff workers employed within Burlington County New Jersey, on the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing. In order to understand the perceptions of shelter staff workers on why homeless persons cannot maintain long-term housing, I chose to explore their perceptions by means of interviews. From these homeless shelters, I selected a total of 14 shelter staff workers for personal interviews and group discussions.

The goal of this was to develop a list of themes and develop a causal relationship between chronic homelessness and the lack of long-term housing. Throughout this study, my focus and goal was to identify and further develop the understanding of what systems positively impact chronic homelessness and what elements hinder maintaining long-term housing.

In Chapter 2 of this dissertation, I provided a well-rounded and macro level assessment of current literature pertaining to chronic homelessness on a local, state, and national level. Furthermore, the literature explored the onset, process, mitigation, and ending of chronic homelessness as viewed through the lens of the polarities of democracy model. Finally, I provided evidence from the literature that highlighted the need for additional research to be conducted in this area of interest.

Chapter 2: Literature Review

Introduction

Homelessness remains a significant battleground for politicians, legislators, and every American citizen; it exists as a dynamic controversy among United States citizens and is often viewed as the result of laziness, lack of motivation, lack of education, and self-willed poverty (Christian, 2015; HUD, 2014). Developing a comprehensive viewpoint on homelessness remains a challenge for politicians and nonpoliticians; identifying the root causes of why chronic homeless individuals remain trapped in the cycle of homelessness is a puzzle.

Understanding the full spectrum of homelessness and the impact it has on society is complicated and ambiguous. From gathering general data on homelessness to identifying the root causes of individual homeless, nothing about this dire condition is simple. Data collection, information gathering, and tracking of homeless persons remains limited in scope and comprehensiveness (Christian, 2015; HUD, 2014).

Tracking of homeless information provides legislators and caregivers the tools and framework to recognize and understand problems that exist within the homeless community (HUD, 2014). These tools and resources provide information on causes of homelessness, time spent homeless, recovery, and limiting factors in aiding the homeless. To resolve the issues of homelessness, it is essential to have databases and trackers that provide real-time information (HUD, 2014).

Although great efforts have been placed in developing systems and capabilities to track national and state level homeless information centrally, many organizations

continue to use organically derived databases and manual tracking systems to monitor the state of homeless (HUD, 2014). The central database for tracking homelessness information is identified as the Homeless Management Information System, and to more comprehensively understand the nature and depth of homelessness in the United States it is essential to have a central system whereby policy makers and legislators may interpret data (NAEH, 2015; HUD, 2014).

Research has suggested that the homeless population remains dominantly male, with the majority of homeless men being African American (NAEH, 2015; HUD, 2014). In women, the predominant age remains below 30 (HUD, 2014). Homelessness is geographically dispersed, covering both urban and rural areas of society, with urban populations ranking far greater. Major causes of homelessness are reported to be primarily due to lack of affordable housing, poverty, mental illness, and/or substance abuse, and homelessness is viewed as the proponent of many adverse mental, physical, and emotional problems (NAEH, 2015; U.S. Conference of Mayors, 2007; HUD, 2014).

Among these adverse mental, physical, and emotional problems are sexually transmitted diseases, tuberculosis, mental illness, HIV, posttraumatic stress disorder (PTSD), and the like (NAEH, 2015; HUD, 2014). NAEH (2015) reported that the cost of allowing homeless individuals to remain unhoused is more expensive on the local, state, and federal levels of government than providing Housing First opportunities (Culhane, 2008; NAEH, 2015). In essence, the cost of emergency hospital visits, police man-hours, arrests, imprisonment, ticket issuance, fines, and hotel stays far exceed the cost of

providing permanent supportive housing to homeless individuals (Byrne et al., 2014; Calgary Homeless Foundation, 2008; Culhane, 2008).

The HUD sponsors and allocates funding to CoC representatives nationwide, which are responsible for dividing and allocating funding to organizations that administer frontline help and support to homeless persons (NAEH, 2015; HUD, 2014). Although these organizations aid and support homeless persons, the most needy and literal homeless individuals continue to suffer and experience neglect. Along with the billions currently spent on homeless communities, researchers suggested that in order to further eliminate homelessness there must be an increase in governmental assistance programs that provide transitional housing, permanent supportive housing, and social services (Byrne et al., 2014; Christian, 2015; NAEH, 2015).

Literature Search Strategy

During this research, I began my initial search by contacting the Walden University Library for information on the topic of homelessness. I utilized the Walden University Library and searched through multiple databases. I searched through the Walden Library for articles by title and also used the option to search multiple databases. The specific databases I used to search for the keywords was the Thoreau Multi-Database, Academic Search Complete, and ProQuest Central. The keywords that I used were *poverty, homeless, homelessness, chronic homelessness, Department of Housing and Urban Development, criminalization of the homeless, homeless acts, homeless rights, homeless tracking, homeless imprisonment, homeless children, homeless adults, homeless policy, substance abuse, substance abuse and homelessness, poverty and homelessness,*

policies on homelessness, legislation on homelessness, future of homelessness, homeless shelter, homeless transitional housing, homelessness and education, homeless effects on children, poverty policies, imprisonment and homelessness, malnutrition and homelessness, post-traumatic stress and homelessness, and funding and homelessness.

After my keyword search, I began to break down common themes and emerging literature. Furthermore, I also utilized Google Scholar and Sage Publications in order to identify other supporting documents prior to engaging in the writing process. By gathering and refining a thorough and comprehensive collection of documents, statistical data, and governmental working documents, I was able to form a detailed outline for the study.

Polarity Management

Polarity management, as defined by Johnson (1996), served as the conceptual framework for this study. The polarities of democracy serves as the theoretical framework of this study (Benet, 2006, 2012, 2013). The polarity management model seeks to manage conflicts that exist between opposing viewpoints and poles while at the same time extracting the positive benefits that exist within these poles (Johnson, 1996). Quintessentially, the polarities management model seeks to mitigate as well as manage the problem that exists within a situation without seeking for a concrete end-all solution to the problem.

Two primary criteria elements exist within the polarities management: (a) there must exist a perpetual problem and/or circumstance, and (b) there must be two separate and distinct views that exist concerning the problem (Johnson, 1996). Johnson (1996)

asserted that the purpose of the polarity management is to develop a strategy to remain in the upper sections of the poles in order to obtain the greatest positives within the poles and to spend the least amount of time experiencing the negative aspects of a pole. The upper levels of a pole represent the positive and/or favorable conditions that exist, while the lower levels represent the negatives and/or consequences that exist in the poles (Johnson, 1996).

Johnson (1996) affirmed that poles that are unmanaged or unregulated exist in a constant state of shifting. Shifting from pole to pole indicates that there is an imbalance. Johnson identified two groups that contribute to the cause and effect relationship of pole shifting: tradition bearers and crusaders. Tradition bearers support one pole while the crusaders support the opposite pole. Tradition bearers and crusaders only see the positive aspects of the pole they support while neglecting to see the negative aspects. Furthermore, both tradition bearers and crusaders fail to see the positive aspects of the pole the other supports (Johnson, 1996).

Polarities of Democracy

Benet (2006) used polarity management as the conceptual framework for the development of his polarities of democracy theory. In polarities of democracy, Benet suggested that in order for society to experience the positive aspects of democracy, there must be a leveraging of the poles to maximize the positives of each pole while minimizing the negatives of each pole. Benet identified that to improve the social conditions there must be a clear understanding of what democracy is and what it represents.

Although the United States advocates for freedom and democracy, Benet (2006, 2012, 2013) asserted that political and social infrastructures exist within society that hinder the patterns and plans of a true democracy. He elaborated that in order to reach the plateau of true democracy, the polarities of democracy model is a worthy tool to test the actions within society. The polarities of democracy theory consists of five pairs of polarities: freedom and authority, justice and due process, diversity and equality, human rights and communal obligations, and participation and representation (Benet, 2006, 2012, 2013).

Benet (2006) identified freedom as the ability to govern one's self. He stated that the positive aspects of freedom include human dignity, safety and security, justice, and equality (Benet, 2006). The negative aspects of freedom include the loss of security and social irresponsibility (Benet, 2006). Benet stated that the definition of authority is the ability to control another's actions. Controlling the actions of others leads to improved living and health conditions, advanced production, and future development when the positive elements of the polarity are activated (Benet, 2006). However, it may also lead to the abuse of power, wasteful spending, covertness, and corruption when the negative elements of the polarity are in motion (Benet, 2006).

Benet (2006) defined justice as the equivalency of fairness and determined that when the positive objectives of justice are discovered it leads to equality, mediation of oppression, and balance of power. The negative aspects of justice lead to the destruction of good values and legalization of unequal practices (Benet, 2006). Benet defined due process as the delivery of justice in a fair and equitable manner according to established

principles of doctrine. The positive and negative aspects of due process are the same as those identified in justice.

Equality is defined as being equal (Benet, 2006). Diversity is defined as being different and/or varied (Benet, 2006). The positive aspects of equality include development of collaboration, communication, cohesion, dissolving of the right of privilege, and removal of poverty subjection. The negative aspects of equality include dissipation of motivation, loss of innovation, and lack of desire for excellence (Benet, 2006). The positive aspects of diversity are similar to equality, placing emphasis on motivation, creativity, and enjoyment of hard work. Among the negative aspects of this pole are race supremacy and economic inequality (Benet, 2006).

The next pair is human rights and communal obligations. Benet (2006) defined human rights as those inalienable rights delivered to all people in order to obtain self-actualization and self-government. The positive aspects of human rights are the benefit of enjoying human rights and the negative aspects of human rights are the result of the lack of human rights (Benet, 2006). Benet defined communal obligation as those rules that society must adhere to in order to develop community cohesion. In essence, communal obligations are community rules to live and play by. The negative aspects of communal obligation are the privatization of rights and exclusion of the rest of society (Benet, 2006).

Finally, the last pair of polarities are participation and representation. The acceptance of group decisions is an outcome of participation. The positive aspects of participation include acceptance and accomplishment of meaningful activity; the negative

aspects of participation include developing an atmosphere of group think, over participation, or mob-like characteristics. The positive aspects of representation include improved relationships, improved motivation and interaction, and effective management of people (Benet, 2012). The negative aspects include weak partnerships, isolation of representatives, and exclusion of minority groups (Benet, 2012). The purpose of the polarities of democracy is to develop a system of checks and balances within society that point to the positive ends of the polarities. The goal is to extract all of the benefits while suppressing the negative aspects of the polarities.

Categories of Homelessness

Chronic Homelessness

Chronic homeless individuals represent those individuals who remain in a homeless state for 12 months or more continuously or have been homeless at least four times over a 3-year period (HUD, 2014). Typically, chronic homeless individuals remain in a constant state of unemployment, are embedded within the shelter system and rely heavily upon the government for housing.

Chronic homeless individuals are those who have no housing support and live in extreme conditions (Linton & Shafer, 2014; HUD, 2015). These extreme living conditions often include abandoned buildings, houses, and bridges (Linton & Shafer, 2014; HUD, 2015). These homeless persons typically have no family housing or financial support and thus suffer in a lonely and solitary environment (Linton & Shafer, 2014; HUD, 2015). To be considered a chronically homeless person, one has to be without

shelter and typically not relying upon governmental assistance or aid for survival or shelter (HUD, 2015).

Research supports that unsheltered individuals are less likely to utilize health services than those who are sheltered (Nyamathi, Leake, & Gelberg, 2000). Furthermore, it has been reported that women who experience unsheltered life are at 3 times the risk for poor physical health than sheltered women and are 12 times at a greater risk for mental illness than sheltered women (Nyamathi et al., 2000). Additionally, women reported to be unsheltered had a greater risk for sexually transmitted diseases, having multiple sex partners, and utilization of drugs; whereas sheltered women were less likely to experience these egregious pains (Nyamathi et al., 2000).

Chronically homeless persons reserve the right to receive assistance in the form of safe havens (HUD, 2015). Additionally, to receive this means of support it must be noted that these individuals suffer from severe mental illness (HUD, 2015). Chronic homelessness is the most deprived and needy category of homelessness. Typically, all forms of social services are available to chronically homeless persons; however, very few take advantage of such services.

Among the types of services offered to chronically homeless individuals are: safe havens, transitional housing, permanent supportive housing, street outreach programs, emergency shelter assistance, rapid rehousing, and services that are utilized to prevent homelessness (HUD, 2015). Chronic homeless persons suffer from a severe disadvantage in society and often do not know where to begin in recovery and/or do not possess a desire to recover (HUD, 2015).

Transitional Homelessness

Transitional homeless individuals are those who are homeless due to some type of transition; these individuals are not caught in the long-term shelter system; however, they have need of housing due to some type of unexpected event (Christian, 2015; McAllister et al., 2011).

Transitional homeless persons are those individuals who may or may not be homeless presently, but whose current conditions predispose them to homelessness at any moment (HUD, 2015). These predispositions may be related in part or entirely to loss of a job, increase of rent, divorce, disability, and/or PTSD (HUD, 2015). Federal funding currently supports a plethora of individuals who are predisposed to homelessness by providing emergency grant monies, transitional assistance programs, section 8, and food support (HUD, 2015). Transitional homeless persons are susceptible to chronic homelessness if permanent solutions are not discovered for their economic pressures (HUD, 2015).

Transitional homeless individuals receive assistance under the HUD (2015) in the form of supportive services, transitional housing, emergency shelter, and homeless prevention programs.

Episodic Homelessness

Episodic homeless individuals are those who are temporarily in and out of homeless shelters due to some type of issue (HUD, 2015). Research suggests that it is imperative to provide Housing First when able in order to reduce the onsets of additional

mental and physical impairments that are engendered through long term homelessness (McAllister et al., 2011).

Episodic homelessness could be due to domestic violence and other life threatening circumstances are those who have become homeless by unexpected events (GPO, 2015; HUD, 2015). These homeless individuals may be represented as a family or a single person. Families that are homeless due to hardship are those who have unreliable housing conditions due to adverse circumstances. Federal regulations provide oversight to such cases and provide a clear depiction of homelessness due to hardship (HUD, 2015). The following is a list of federal regulations and/or policies that support children and families that are homeless due to hardships: (a) Runaway and Homeless Youth Act, (b) Head Start Act, (c) Violence Against Women Act, (d) Public Health Service Act, (e) Food and Nutrition Act, (f) Child Nutrition Act, (g) McKinney-Vento Homeless Assistance Act (HUD, 2015; NAEH, 2015).

Homelessness caused by hardship includes those individuals and families that lack reliable/permanent housing, continue to battle for long term residence, and have the existence of a long-term hardship condition (NAEH, 2015). Long term hardship conditions may be any of the following: mental or physical disabilities, long term substance abuse or addictions, handicaps, subjection to violent conditions, high maintenance disabled children, or hindrances to employment opportunities (Government Printing Office, 2015; HUD, 2015). Hindrances to employment exist in the form of no GED or high-school diploma, language barriers, and criminal history (HUD, 2015).

Perceptions of Homelessness

Having a clear and concise understanding of what homelessness is and what it looks like is integral in combatting the issues of homelessness. Many citizens possess a stereotypical viewpoint of homeless individuals and these stereotypes and biases must be addressed in order to garner support in ending homelessness. A wide majority of individuals perceive that homelessness is due to lack of work ethic, lack of self-control, substance abuse, and lack of drive in society (HUD, 2015; NAEH, 2015). It is quite often thought that homeless men and women have the same democratic rights and liberties as other citizens and therefore their failure in life is due to lack of self will and determination (HUD, 2015; NAEH, 2015). Homeless persons are quite often viewed as individuals who are not willing to think about or plan for the future, they are thought to be individuals who strive to satisfy only immediate needs and have no care for what is to come (HUD, 2015).

These perceptions against the homeless have not altogether gone unnoticed, but have in effect caused what Christian (2015) terms a “culture of poverty” which forms as a “Culture of resistance.” They identify homeless persons not as individuals with no focus, agenda, or purpose, but rather describe a subculture of individuals who often possess their own political structure, ideals, norms, and values who seek to aid and assist each other (Christian, 2015; Wagner, 1993). Furthermore, this culture of resistance spawned by rejection from society has engendered a rejection of the beliefs and systems of common culture, to include: family ideals, employment ideals, and governmental ideals (Christian, 2015). This culture of resistance highlights vast distrust for organizational

structures/shelters, bureaucratic systems, and even governmental assistance, posing that these ties all lead to greater control, supremacy, and exploitation of the homeless and impoverished (Christian, 2015).

Stigmatization remains a critical point of interest in homelessness. Many individuals stigmatize the homeless as being the major cause for their homelessness and further the culture of resistance (HUD, 2015; NAEH, 2015). Placing these stigmas on the homeless in all situations brings about social and economic rejection that make it very difficult for homeless men and women to recover. Because the realities of lack of affordable housing, mental illnesses, and unemployment are not effectively communicated, often homeless people are socially stigmatized unfairly and without balance (Christian, 2015; Phelan, Link, Moore, & Stueve, 1997; U.S. Conference of Mayors, 2007).

History of Homelessness in the United States

The issue of homelessness remains one of the major topics of social concerns within the United States of America. This issue ranks heavy among government officials, policy writers, social service workers, health care professionals, and the vast majority of society (HUD, 2015). Annual point-in-time reports developed by the HUD provide government officials, nonprofit organizations, and society at large with estimates on the status of homelessness in America (HUD, 2014). Approximately 578,424 individuals living within the United States were homeless on any given night (HUD, 2015). Of these individuals, approximately 70% were living in government sponsored shelters and the remaining were located in unsheltered facilities (HUD, 2015).

Research supports that approximately one out of 30 million children suffer from homelessness (HUD, 2015). Furthermore, nearly $\frac{1}{4}$ of homeless persons are represented as children below the age of 18 (HUD, 2014); and 10% of the homeless are between the ages of 18-24. The largest group among homeless persons are 25 and older, and this group represents approximately 66% of all homeless individuals (HUD, 2014).

HUD Point in time estimate for 2014 states that approximately 49,933 veterans are homeless on any given night, but provides evidence that there has been a tremendous decline by 11% from 2013 to 2014 (HUD, 2014). Approximately 8% of homeless veterans are female with the remaining 92% being male. In terms of state numbers, California is responsible for approximately 20% of all homeless persons within the United States, and also rates number one in unsheltered homeless (HUD, 2014). Statistics support that approximately 1 of 5 homeless individuals resided within two areas: New York City or Los Angeles this provides insight that the majority of homeless persons live in urban areas (Christian, 2015; HUD, 2015)

The current state of homelessness, remains dynamic and evolving. The Great Depression marked homelessness with demographics dominated by white, elderly male figures whereas the demographics of today are marked by black males (HUD, 2015). Homelessness has evolved into becoming a national focus in which people of all nationalities, backgrounds, and gender are impacted. The term homeless has been marked with ideas and images of individuals sleeping on street corners, public parks, automobiles, and abandoned facilities. Many view homeless individuals as mentally

degraded, lazy, and worthy of their homelessness (Phelan et al., 1997; Speak & Tiple, 2006).

History: 1970 to 1980

Homelessness takes on many forms and manifestations in the history of the United States, but one of the most overarching ideologies and philosophies of its origin is that homelessness stems from the emptying of mental hospitals and the effects of the Great Depression (Christian, 2015). Mentally ill persons without employment were predisposed to dealing with hazards associated with becoming homeless (HUD, 2014; NAEH, 2015). To address this issue, many private, faith based organizations joined together to incorporate communities of assistance to house and feed the homeless. The idea of homeless shelters stemmed from drop in emergency shelters, soup kitchens, and hygiene houses. Although much work and assistance was placed on housing and helping the homeless, no central entity undertook the drastic task of ending homelessness in America. With much of the unequal, disproportionate injustice taking place many activists took a stand against the city and state officials to legally do something about the homeless epidemic spreading across America.

One of the first known legal cases concerning the states responsibility in responding to the homeless need was *Callahan v. Carey* in which attorney Robert Hayes advocates for the right for all men and women to have shelter in a democratic state (Government Printing Office, 2015). The opinion on this case led to the state authorizing and funding operations to house all homeless men and women who provided evidence of the need for assistance (Government Printing Office, 2015).

History: 1980 to 1990

The 1980s presented more challenges in eradicating homelessness and mitigating the dire effects thereof. During this period the U.S. government implemented tremendous budget cuts in housing and social service operations (National Coalition for the Homeless, 2008). Although efforts were taken to assist in the aiding and helping the homeless the actual obligation was not penned into U.S. law or budget during this period (National Coalition for the Homeless, 2008). Activists and advocacy groups demanded assistance and change in the homeless conditions and pushed the U.S. government to make changes to policy that would favor rescuing the homeless (National Coalition for the Homeless, 2008).

In response to the national outcry against homelessness and the voice of advocacy for the federal government to assume the responsibility of responding to this dire condition, the Homeless Person's Survival Act was put in place in 1986 by Congress. This Act provided a plan and measures that would be taken to address homelessness on a national scale. The Act covered preventive measures, assistance, and solutions that would be offered and provided to the homeless (National Coalition for the Homeless, 2008).

Also during this time was released the Homeless Eligibility Clarification Act of 1986 which would provide additional assistance and a voice of advocacy for homeless individuals (National Coalition for the Homeless, 2008). The legislation would remove the need to provide a permanent housing address requirement for individuals seeking governmental assistance and would provide them with the ability of applying for and receiving governmental funding and assistance (National Coalition for the Homeless,

2008). This Act paved the way for individuals to receive governmental assistance in the form of Supplemental Security Income (SSI), Aid to Families with Dependent Children, Medicare, Medicaid, and Food Stamps (National Coalition for the Homeless, 2008).

By 1987, President Ronald Reagan had signed into law the McKinney-Vento Homeless Assistance Act which allocates funding to legally and obligatorily push the government to aid the homeless and hungry (National Coalition for the Homeless, 2008). This Act spurred a new focus and fuel to eradicating homelessness within the United States that was increasingly being plagued by a growing population of homeless, runaway teens and children (National Coalition for the Homeless, 2008). Furthermore it provided assistance to organizations that were active in fighting homelessness (National Coalition for the Homeless, 2008).

History: 1990 to Present

Methods of ending homelessness from the 1990s until present have been broad, strategic, and innovative in nature. Organizations, both private and public, have joined forces to mitigating and ending homelessness nationwide. The federal government with the help of state and local governments has been effective at reducing the levels of homelessness among veterans as enabled by joint efforts between the HUD and the U.S. Department of Veterans Affairs (VA; NAEH, 2015; HUD, 2015). Strategic planning has played a critical role in coalition efforts, and have been encouraged on the local, state, and national level to end homelessness.

Organizations have agreed that the planning venture as dictated by the NAEH and the Interagency Council on Homelessness (ICH) is the way forward in ending

homelessness (NAEH, 2015; HUD, 2015). These innovative collaborations among agencies take the form of targeted, strategic plans and goals that are both measurable and realistic. Furthermore, not only are local and state levels of government cooperatively working together to end homelessness, but the Federal Government has initiated several overarching bodies to aid with funding and advisory support (NAEH, 2015; HUD, 2015).

The American Recovery and Reinvestment Act (ARRA) of 2009 was implemented in February of 2009 to enhance national employment opportunities while the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was signed into law to prevent homelessness (HUD, 2015). With these two bases: employment and homelessness prevention, President Barak Obama hoped to fund the ending of homelessness and prevent individuals from experiencing homelessness. Furthermore, the Interagency Council on Homelessness stood up as an independent governmental body, standing outside of the purview of the executive branch to be the overseeing body for the 19 federal bodies that seek to eliminate homelessness in America (HUD, 2015). The chief aim of this federal organization is to develop collaboration, cooperation, and partnership with every applicable U.S. agency that is willing to help rid the nation of homelessness (HUD, 2015).

Major Causes of Homelessness

There are major causes to homelessness. Among the causes of homelessness include: failure of HUD programs, redevelopment and gentrification, failure of the VA, lack of education, natural disasters, mental illness, domestic violence, foreclosure, sexual discrimination, and poverty (HUD, 2015, NAEH, 2015). U.S Conference of Mayors

(2007) provides that among 27 United States mayors that the critical reason homelessness exists is due to the lack of affordable housing, poverty, and unemployment. These three elements continue to play a pivotal role in understanding the causes and solutions to the homeless dilemma. Research supports that over the past 10 years affordable rental housing has shrunk, while poverty is at significant increase (National Coalition for Homelessness, 2008).

Research is being conducted on many fronts to determine long term solutions to the housing crisis within America and among these ideals are government sponsored housing for disabled individuals; developing more innovative employment opportunities for individuals, and developing more complexes that support living assistance (NAEH, 2015; HUD, 2015).

Homelessness impacts the world in various ways, spanning our economy, public policy, and government. Economically, we spend a great wage on housing the homeless in emergency and transitional shelters, we invest great amounts of revenue feeding and clothing the homeless, and we spend tons of money on medical and psychiatric services needed by the homeless (NAEH, 2015). Furthermore, in terms of government, police man hours are spent rallying, arresting, booking, and incarcerating the homeless. Some much attention is spent on exploring the effects that homelessness has on the United States, but not very much research is conducted on exploring how the policies and bureaucracy of the country has led to millions experiencing homelessness (NAEH, 2015).

With the advent of more information sharing technologies, it has become easier and simpler to share ideas, current innovations, and data on the homeless at large

(NAEH, 2015; HUD, 2015). Much of the development has been developed and spearheaded by the HUD, the U.S. Department of Health and Human Services, the VA, the National Institution of Health, and other governmental and nongovernmental agencies. These departments work hand in hand with the homeless communities in order to solve the most critical questions that exist in society. Among the documented and reported information is the Annual Homeless Assessment Report as delivered by the HUD (2015). This product delivers information on homeless persons and provides researchers with data points to understand the most critical areas in solving the homeless crisis.

There is a need to solve the issue of chronic homelessness nationwide, as of January 2014, approximately 580,000 people were homeless on any given night (HUD, 2015). Statistical data and information supporting homeless research reveals the dreaded need to identify and mitigate the homeless dilemma. Homeless men and women alike battle the elements and are subjected to many dire environmental risks, to include: PTSD, sexually transmitted diseases, starvation, and substance abuse. Government funded programs provided assistance to these individuals by housing approximately 70% of these individuals in residential programs. The remaining 30% suffered the open air and the issues that come along with such living conditions (HUD, 2015).

The causes of homelessness are numerous; however, according to leading government officials, the major causes of homelessness include: lack of affordable housing, unemployment, presence of violence, and failure of governmental housing projects (Christian, 2015; U.S. Conference of Mayors, 2007). This is by no means the

exhausted list behind the causes of homelessness. In fact, researchers support that substance abuse is a major cause of homelessness. Being addicted to drugs, alcohol, or other forms of substance abuse represents a considerable amount of the homeless population (Patterson, Currie, Rezanoff, & Somers, 2014).

The following is comprehensive list of causes of homelessness provided by the U.S. Conference of Mayors (2007):

- Lack of Affordable Housing
- Low wages
- Family Altercations
- Prison Re-entry
- Poverty
- Aging out of Foster Care
- Mental Illness
- Domestic Violence
- Substance Abuse
- Lack of Employment
- Sexual orientation

Perceptions of Homeless Individuals

While intense research has been conducted on the causes of homelessness, very few researchers have amplified within naturalistic settings as to what homeless persons view as their major causes of homelessness. Petrovich and Cronley (2015) highlighted that among all homeless research only 3 have studies have ever been conducted on a peer reviewed scale that explore homelessness in a naturalistic setting. Quintessentially, the studies of these individuals have highlighted the lives of homeless individuals on their territory, their grounds, and their home, the streets. Petrovich & Cronley (2015) is a phenomenological study aimed at identifying the feelings, perceptions, and thoughts of

actual homeless people living on the streets in Fort-Worth, Texas. The study was conducted by means of interviews in natural settings.

The researchers thought the setting, sociodemographics, and general growth would be a fitting place to conduct a naturalistic study on homelessness (Petrovich & Cronley, 2015). The researchers utilized interviews, surveys, and general discussions to gain data from homeless persons and provided them with small gifts if they were willing to participate in the study (Petrovich & Cronley, 2015). The goal of the study was to ask critical questions in order to determine the causes of homelessness as perceived by the homeless persons themselves.

The consistent theme that arose from this study among all homeless persons was that loss and social isolation was key in their homeless situation (Petrovich & Cronley, 2015). Among other perceptions and feelings, many homeless individuals reported that substance abuse play a pivotal role in causing homelessness (Petrovich & Cronley, 2015). Homeless participants stated that their substance addictions did not afford them to maintain stable employment and thus it did not afford them to maintain long-term housing (Petrovich & Cronley, 2015). Additionally, substance abuse was also a cause for family spurning and rejecting them, leaving no form of moral and social support (Petrovich & Cronley, 2015).

Not only did the study highlight the causes, but it also highlighted the inhibitions that played a role in hindering these homeless individuals from overcoming homelessness (Petrovich & Cronley, 2015). Chief among the claims were that social services were too bureaucratic in nature, representatives generally were rude and unconcerned, and

invasion of privacy caused them to feel threatened (Petrovich & Cronley, 2015). Fundamentally, homeless persons felt that dealing with the social service system made them feel less than human and that the system that was designed to help them were only truly designed to help situation in which they did not fit the mold (Petrovich & Cronley, 2015). For example, individuals often felt that applications were not being completed by social workers, opportunities only served those who had something going for them (e.g. family support, address, identification), and that if they asked for help their children could possibly be in danger with Department of Child Protective Services (DPS) (Petrovich & Cronley, 2015). Therefore, instead of the social system being designed to give a feeling of security and assistance, it became a source of fear and shame to many of the homeless persons being served (Petrovich & Cronley, 2015). Essentially, these dire impacts appear to reveal possible mismanagement of the freedom and authority pole as described in the polarities of democracy. For many homeless individuals the streets became a place of family, support, safety, and security for many of these homeless individuals (Petrovich & Cronley, 2015).

Youth-Onset, Mental Illness, and Substance Use Problems

Various factors associated with youth-onset homelessness plays a critical role in predisposing these youth to such circumstances (Edidin, Ganim, Hunter, Karnik, 2012). Among factors that play a role in youth-onset homelessness is cognitive deficiencies, mental illness, substance abuse, violence, and running away from home (Edidin, Ganim, Hunter, Karnik, 2012). The HUD defined an unaccompanied child as a child that does not have parental guidance and/or governance while they are experiencing homelessness and

this remains a formidable group within the homeless population (Edidin, Ganim, Hunter, Karnik, 2012).

Approximately 2 million youth experience homelessness within the United States during any given night (National Low Income Housing Coalition, 2014). Among the various causes of youth-onset homeless are children who are asked to leave their primary residence, children who escape from their primary residence, and children who are no longer legally allowed to remain in the foster care system (Edidin, Ganim, Hunter, Karnik, 2012). These strategic limitations produce an evolution of crisis within and without the family, thus a revolving cycle of suffering, poverty, and homelessness.

Another factor affecting the onset of homelessness in youth is the severe mental illness category (Edidin, Ganim, Hunter, Karnik, 2012). Serious mental illnesses include bipolar, schizophrenia, and so forth and have tremendous impacts on homeless youth. Severe mental illness not only effects youth, but has a strong grasp on adult homeless individuals, reportedly affecting 33% of all adult homeless versus 4% affecting housed citizens (National Institute of Mental Health, 2015). Additionally, homeless persons are subjected to being affected by severe depression at a rate of 30% whereas housed peers have a predisposition of 14%. Research suggests that homeless persons that will be effected by schizophrenia are likely to experience it prior the age of 25 or is initiated with the onset of youth homelessness (Edidin, Ganim, Hunter, Karnik, 2012).

Homeless youth report that their reasons for utilizing drugs and alcohol are cloaked in dealing with the psychological effects of living with homelessness, attempting

to remain alert/awake when lacking a place to sleep, and mitigating the emotional and mental strain of being homeless (Nyamathi, Hudson, Mutere, et al, 2007).

During a research study conducted within Dallas, Texas, researchers explored a single shelter and gathered quantitative data that highlighted some of the socio-demographic data of members within the shelter (Childress, Reitzel, Santa Maria, et al, 2015). Homeless volunteers participated within the study for the reception of a gift card of \$20 and provided researchers with information (e.g. age, sex, education, race, cause of homelessness, and number of times experiencing homelessness). The study reported that of the 394 participants approximately 72% were male. Of the 72%, approximately 89% were African American. Approximately 30% of these individuals had experienced homelessness prior to the age of 25 and had experienced some form of serious mental illnesses. Among the causal factors of homelessness, researchers reported that 41% were diagnosed with bipolar and 25% were diagnosed with schizophrenia. Among substance abusers, above 25% had issues of cocaine use, approximately 20% possessed issues of alcohol abuse, and 18% struggled with marijuana use (Childress, Reitzel, Santa Maria, et al, 2015). Clearly, youth-onset homelessness has systemic impacts when addressing the issue of homelessness. The connection of youth-homelessness to substance abuse and mental illness remains to be an area of study and exploration.

Institutionalization/Deinstitutionalization

Individuals that have been institutionalized possess a risk of homelessness when they are released from the organizations that previously provided shelter (HUD, 2014, 2015). An example of these institutions are: foster care programs, orphanages, mental

institutions, and prisons. Many orphanages and foster care programs are required to relinquish responsibility for housing teens that reach the age of 18 under the term “age out” (HUD, 2014, 2015). In others words, these teenagers have reached the age of self-responsibility and because of this, many of them lose the only housing available to them. In other scenarios, persons released from mental institutions do not have always have adequate financial and social support from family and community and thus have no housing when released from these institutions. Prisoners who are released from the prison system also suffer from lack of social and financial support when released from prisons and thus often find themselves homeless (HUD, 2014, 2015). In many cases, former prisoners commit minor crimes in order to regain housing and food from the prison system, finding the prison system a means of stability (HUD, 2014, 2015).

State and City Reconstruction

Impoverished persons suffer greatly when cities are redeveloped and reorganized to increase the value of the land (Gilderbloom, Squires, & Wuerstle, 2015). Because states and cities are constantly developing and improving property there is often a conflict as to where the poor members of society are to relocate in the event there is no social programs that aid with the new cost of living and thus many individuals become dislocated and often homeless (Gilderbloom et al., 2015). Gentrification and renovation improves the quality of life to the point that many individuals are not able to afford housing and thus have to seek help and assistance from governmental programs (Gilderbloom et al., 2015).

Many governmental officials, citizens in general, and lawmakers seek to improve the environment by following health guidelines and building codes, while various homeless shelters are interested in providing general shelter safety for the homeless, thus leading to city conflict (Gilderbloom et al., 2015).

Insufficient Veteran Affairs Programs

The VA often fails at accommodating the millions of veterans needs in an ever inflating society (HUD, 2014, 2015). Many veterans are not provided with adequate employment skills, job opportunities, PTSD management, and general health care. Because the VA does not provide them with the much needed assistance many veterans are left homeless (HUD, 2014, 2015). Although assistance is available to many veterans, a chief concern is ensuring that this information is relayed to them via CoC representative and nonprofit organizations.

Educational Deficiencies

Education plays an integral role in developing and producing viable U.S. citizens. A vast amount of homeless persons are educationally deprived, with many not reaching a high school education and/or GED (HUD, 2014, 2015). Because many homeless individuals lack education it becomes very difficult for them to find adequate employment and thus affordable housing. Educational representatives play an integral role in combatting chronic homelessness (Childress, Reitzel, Maria, et al, 2015).

Disasters

Disasters are often a major cause to homelessness. Disasters may be in the form of manmade fires, vandalism, or demolition; they may also be in the form of hurricanes,

tornadoes, or floods (HUD, 2014, 2015). Natural and manmade disasters may displace workers from business and also inhabitants from homes, thus causing a situation of temporary or chronic homelessness. At any rate, any form of displacement may spark a cycle of instability and unemployment, causing homelessness among families (HUD, 2014, 2015).

Criminal History

Criminal background plays a defining role in homelessness. Because many employers conduct background checks, they often find information concerning drug and alcohol abuse, theft, and explicit sexual behaviors (HUD, 2014, 2015). A negative background or criminal history hinders many individuals from obtaining adequate employment and also lends these individuals in being predisposed to poverty and thus homelessness (HUD, 2014, 2015).

Employment

Minimum wage jobs do not afford individuals the ability to possess affordable quality homes. In order to maintain long-term housing many of these individuals must work multiple jobs to survive (HUD, 2014, 2015). The battle for employment remains a critical area of interest and poses tremendous risks for individuals desiring to solidify housing opportunities (HUD, 2014, 2015). Outsourcing, low wages, and work employment examinations all possess the capability of hindering the employment process and thus effect the stabilization of housing. For those individuals receiving General Assistance or TANF, the need to have long term support still remains a critical area. These governmental assistance programs do not support families to an above poverty

level of support, and thus do not provide enough funding to escape homelessness at large (HUD, 2014, 2015).

In addition, the federal government reports that in order for housing to be considered affordable it must be no more than 30% of an individual's income; the majority of homeless persons and/or those whose income levels are at poverty levels do not qualify as being able to afford quality housing (Christian, 2015; NCH, 2008). Fundamentally, those who experience poverty are far below where the government recommends in possessing adequate income. The U.S. Conference of Mayors (2007) reported that employment is not always the cause of homeless, stating that above 15% of homeless individuals are actually employed; the major issue exists in the quantity and quality of affordable housing. Impoverished families are in a constant battle to pay for utilities, health care, food, and shelter and although the number of demanding families requiring housing has increased, the amount of affordable homes has not increased (NCH, 2008).

Extenuating Circumstances

Some homeless situations are engendered by foreclosures, bankruptcy, eviction, and building code scenarios. There are a plethora of reasons why a person may become homeless, to include evading the police (HUD, 2014, 2015). Some individuals known as Gutter Punks seek to keep themselves free from homes of record for various ideological reasons; these persons may also be identified as Urban Survivalists. The population greatest effected by homeless are minority groups (HUD, 2014, 2015). Single male

minorities hold the greatest percentage of homeless persons (HUD, 2014, 2015). Among the major causes of the homelessness includes: mental disability and substance abuse.

Economic Impacts of Dealing with Homelessness

Unsheltered homeless individuals represent approximately 40% of homeless persons within the United States and are the most critically homeless (HUD, 2014, 2015). Unsheltered homeless individuals experience a greater impact of the dire effects of homelessness. For example, unsheltered homeless individuals are known to experience homelessness for much longer times, develop chronic diseases at a greater rate, and incur mental illnesses and medical disorders faster and for longer durations (Petrovich & Cronley, 2015). Over 60% of individuals subjected to unsheltered homelessness are noted to be among chronic homeless individuals; chronic homeless persons are those persons who have been homeless more than 4 times within a year and/or have experienced homelessness for over a year (Petrovich & Cronley, 2015; HUD, 2014, 2015).

Mitigating and Ending Homelessness

Cities and states alike seek to mitigate and eliminate homelessness by means of public policies that shape the way organizations function in society. Much of the assistance provided to homeless men and women take the form of housing first, emergency shelters, transitional housing, permanent supportive housing, food assistance, general assistance, and mental and physical health services (HUD, 2014, 2015).

The NAEH (2000) developed a strategy to end homelessness nationwide within the United States. The idea of ending homelessness was one not previously thought possible; however, NAEH's strategy comprised a systematic and comprehensive

approach to ending homelessness (HUD, 2014, 2015). Within the strategy was a method to spur ideas among local bodies in which local organizations would develop plans and strategic measures that addressed the issue of homelessness in their respective areas (HUD, 2014, 2015). Furthermore, public and private organizations would be encouraged to utilize public services that would alleviate and mitigate homelessness by means of funding through TANF, Section 8, and SSI (HUD, 2014). Additionally, homeless organizations would need to adopt a proven housing first strategy to provide housing to individuals before focusing attention on additional issues. Finally, the strategy supported developing support networks, social services, and a federal system of providing housing and income support (Perl et al., 2015).

Considering the new found agenda of no longer taking care of the symptomatic effects of homelessness, in 2002 the Bush Administration owned the idea of ending homelessness nationally within 10 years. (Perl et al., 2015). Adopting the strategy of the NAEH, the U.S. government, partnering with homeless organizations believed that permanent supportive housing was the tool by which homelessness could be mitigated and eradicated (HUD, 2014, 2015). Permanent supportive housing is a housing situation in which homeless individuals receive housing first coupled with social services that allow homeless participants to receive first hand counseling, case management, mental health counseling, financial and budgetary counseling, and life skills development counseling (Perl et al., 2015).

According to the National Coalition for the Homeless (2008) the optimal environment for recovering homeless persons to survive and thrive is in an environment

that provides high quality supportive services and collaboration. The environment must also be personal, intimate, one on one, and must be able to abound in and out of bounded environments (i.e. time and place), and this tightly mirrors the permanent supportive housing model. Furthermore, the environment must promote positive character and positive relationships. Among these attributes of a high function environment for recovering homeless persons, must also be an element of meaningful activities.

In order to provide youth and adult homeless persons with the greatest opportunity of success and recovery from chronic homelessness the efforts every education system representative, mental health service provider, and every social worker must play their role. Preventing and ending homelessness must be attacked from the standpoint of providing the most critical need first, including immediate housing and food assistance (Childress, Reitzel, Maria, et al, 2015).

Researchers suggest that the earlier an individual is subjected to homelessness, the more prone they are to becoming reliant upon sedatives to cope with life; this research spurs the idea that methods of intervention and mitigation should be enacted at the earliest stages of homelessness to prevent further decay of the situation (Childress, Reitzel, Maria, et al, 2015). Additional risks include: increased risk of serious mental illness, PTSD, and chronic homelessness (Childress, Reitzel, Maria, et al, 2015).

Patterson et al. (2014) argue that Housing First serves homeless persons better than does treatment as usual (TAU). According to their research with 43 homeless adults who suffered with various disorders, those who received housing first had a more positive outcome during the experience of being studied as did those who were being interviewed

who received treatment as usual (Patterson et al., 2014). Giving these individuals housing before dealing with all of the additional ramifications that come along with homelessness proved to engender positive feelings, more esteem, and a sense of stability. This positive environment forged the way for development, growth, and progression into normal society.

Complementing the idea established by the NAEH and the Bush Administration's focus on ending chronic homelessness within 10 years was the newly established HEARTH Act. In 2009, the HEARTH Act redefined the term chronic homeless to reflect a homeless person with a disability (Perl et al., 2015). The HEARTH Act delivered a unique charge to the United States Interagency Council on Homelessness to develop a national strategy to End Homelessness and from this charge was a dissemination of national working groups that focus intently on ending homelessness in every facet of society. From the HEARTH working groups was the development and implementation of their plan to end homelessness, termed, "Opening Doors" (United States Interagency Council on Homelessness USICH, 2010). The goal of Opening Doors is to end homelessness among U.S. veterans within 5 years after implementation and to end national homelessness within 10 years (USICH, 2010).

Opening Doors built upon the strategic plan as defined by the NAEH, integrating and synchronizing both new and former and ideas (USICH, 2010). Among these strategic ideals was the need to develop local and national leadership collaboration, provide opportunities for acceptable and affordable housing, establish economic opportunity,

provide access to affordable health care, and afford homeless advocacy and service organizations with greater tools to support the homeless (Perl et al., 2015).

There are various factors that influence homeless persons in terms of obtaining and maintaining long term housing. Among these various influences are social services, support groups, traumatic losses, and substance abuse (Patterson et al., 2014). Recovery from homelessness in itself remains a very difficult challenge and without proper support it becomes nearly impossible to mitigate its influence and recover the homeless.

Providing adequate social supports and social groups provide homeless individuals with emotional and psychological support necessary to overcome the dire effects of homelessness; furthermore, it provides them with assistance with overcoming drug addictions and various forms of substance abuse (Patterson et al., 2014). These social support networks are designed to assist homeless persons with recovery during times of relapses, housing difficulties, and coping with traumatic losses.

Homeless individuals who suffer from mental illness and/or substance abuse require additional supports to aid them even after being housed. Housing First initiatives serve a relevant cause in meeting the immediate needs of homeless individuals; however, without adequate supportive services, coaching, mentorship, and leadership these individuals will likely return to homelessness (HUD, 2014). For this cause, researchers support a more holistic approach to mitigating and ending homelessness. Essentially, providing interpersonal relationships that engender a motivated mindset to escape and remain free from homelessness, delivering premiere assistance in the form of Housing First and giving follow up training and development all represent that holistic approach

needed by homeless persons. As previously stated, some of these social services include: mental and psychological counseling sessions, employment and vocational counseling, skills development, and traumatic and disorder care (Patterson et al., 2014).

HUD

The HUD allocates tremendous funding for homeless organizations in order to ensure that homeless persons are being provided for and supported through the process of transition and long term homelessness. Since 2010, HUD has been effective at reducing the amount of homeless veterans by approximately 24% and has been instrumental at halting the spread of chronic homelessness by 16% (HUD, 2015). Considering that the strength to combat homelessness relies upon the availability of affordable housing, the HUD has also aided approximately 4 million families in purchasing homes over half of the last decade.

HUD programs are useful in assisting families that are experiencing foreclosures and have aided 26,000 households across the United States to avoid foreclosure within the same time period through the use of the Federal Housing Administration's (FHA) loss mitigation and home retention programs (HUD, 2015). Furthermore, loans have also been an instrumental piece of the work that HUD plays, providing nearly 4,000 loans to Native American families, equaling close to \$700 million over the past year. The assistance and funding are available, but the methodology of eradicating homelessness must be further researched in order to stagnate the growth of chronic homelessness.

According to HUD (2014) budgetary principles, the organization seeks four key principles: (a) driving the economic growth by increasing access to credit and

strengthening FHA, (b) providing opportunity by restoring and increasing assistance to vulnerable families, (c) creating growth and opportunity through key initiatives, (d) ensuring fiscal responsibility and increasing efficiency (HUD, 2015). The aim of these budgetary principles is to ensure that in the framework of budgetary restraints and sequestrations that the organization will be able to efficiently and responsibly fulfill its mission requirements in combatting homelessness.

The organization has laid the ground work for additional programs that assist homeless communities. A noteworthy housing program termed the Homeowners Armed with Knowledge (HAWK) is an initiative to provide first time homeowners with access to counseling and credit in order to the develop a more stable community and aid the FHA (HUD, 2015). This program provides an increase of funding for housing counseling services, delivering approximately \$60 million to accomplish this mission (HUD, 2015).

A driving force within the HUD is the McKinney-Vento Homeless Assistance Act which provides strategic arms in ensuring that every citizen is provided with the equal rights and equal opportunity in obtaining descent housing (HUD, 2015). A step further within this act is the promise that every citizen is provided the right to equal access to public education.

Because lack of education has been identified as a major cause of poverty and homelessness, the government seeks to ensure every citizen has access to the same opportunities in learning and development within society (HUD, 2015). Homeless children already face extreme scrutiny in that they are homeless; many of them are ashamed, embarrassed, and deal with extreme onsets of depression (HUD, 2015). These

feelings and emotions hinder the learning process on the first order of effects and has tremendous impacts in the second and tertiary effects (HUD, 2015). Homeless children have been impacted by lack of transportation, lack of medical examinations required by the school, and lack of educational support in home. These factors play a tremendous role in the cycle of poverty and homelessness. When children are uneducated, they are often more vulnerable to poverty, more likely to engage in risky behaviors, and have an increased chance of abusing substances (HUD, 2015). Utilizing Acts such as the McKinney-Vento Homeless Assistance Act provides a safe-haven for the less fortunate and deprived within our society, restoring a sense of stability and expectation by the vehicle of the public school system.

Housing First

Housing First is a homeless initiative to aid and support homeless individuals experiencing chronic homelessness and have some form of debilitating situation that undermines their ability to maintain long term housing (Patterson et al., 2014). Housing first is viewed by many homeless advocacy groups and researchers as a better means to solving the homeless epidemic in the United States. As a method to bring social, economic, and health balance to homeless persons, various services are offered in the form of social services, mental, and physical health care, and so forth to empowered these individuals to maintain employment and thus long term housing (Patterson et al., 2014).

A 2014 research of 43 homeless individuals over an 18 month period painted a clear picture of the contrast between housing first and treatment as usual. Among these individuals who were studied for the 18 months, the research findings including that

those who were a part of the Housing First initiative had feelings of security, stability, and hope; whereas the individuals studied under treatment as usual reported feelings of instability, lack of vision, and lack of security. Additionally, those who received treatment as usual were subject to continued movement among shelters, transitional housing, and feelings of insecurity (Patterson et al., 2014).

The Institute of Real Estate Management's statement of policy states that their goal is to provide homeless individuals with decent affordable housing nationally (Toner, 2015). Methods and means currently depicted include utilization of Section 8 and the Housing Choice Voucher (U.S. Conference of Mayors, 2007). These housing support organizations provide funding and resources to tenants.

Case Management

Delivering quality services, support, and situational vectors remains a duty and task that many case managers engage in every day. Case Management is broken up into four distinct categories as described by the (De Vet, Van Luijtelaar, Brilleslijper-Kater, Vanderplasschen, & Beijersbergen, Wolf, 2013). The four categories include: Standard Case Management (SCM), Intensive Case Management (ICM), Assertive Community Treatment (ACT), and Critical Time Intervention (CTI). Each of these elements of case management serve a distinctive role in addressing the needs of homeless persons.

Research supports that SCM has been proven to improve the lives of homeless individuals by opening the doors for more reliable living conditions, a significant reduction in those addicted to substances, and overcoming obstacles for obtaining employment (De Vet, Van Luijtelaar, Brilleslijper-Kater, Vanderplasschen, &

Beijersbergen, Wolf, 2013). Furthermore, ACT has been proven to open doors for homeless persons to obtaining a more stable housing situation. Case management acts as the liaison between homeless individuals and the regular world; it bridges the gaps between individuals who do not have enough knowledge of how the world works, it provides a social resource for individuals who may be impaired in some form or fashion, and acts as an advocate for those who are unable to advocate for themselves. CTI serves the goal of providing social services to homeless individuals and granting them knowledge and skillsets to restore their personal and professional relationships (De Vet, Van Luijtelaaar, Brilleslijper-Kater, Vanderplasschen, & Beijersbergen, Wolf, 2013). Finally, ICM is a form of case management whereby individuals receive assistance in intensive and critical care; typically, ICM case managers have a lower case load because of the intensity of their cases ((De Vet, Van Luijtelaaar, Brilleslijper-Kater, Vanderplasschen, & Beijersbergen, Wolf, 2013).

Government Assisted Housing

The single most reported cause for homelessness is the lack of affordable housing. Many actions have been taken to alleviate and mitigate the homelessness problem and if it is to be done there must be planned methodologies to rectify the disconnect between income and affordable housing for homeless persons (HUD, 2014, 2015). Several organizations represent the homeless population in attempting to resolve the issue of lack of affordable housing. Among these homeless organizations fighting for affordable housing are: National Low Income Housing Coalition (NLIHC), National Housing Trust Fund (NHTF), and State Housing Trust Funds (HUD, 2014, 2015).

The NLIHC has a dedicated mission to ensure that those individuals with the lowest incomes in the United States are provided with housing that is affordable and decent (HUD, 2014, 2015). The organization is broken up into policy drivers, field teams, communications teams, and administrative teams that are designed to advocate for affordable housing and ensure that the voice of the homeless is being heard within the United States (HUD, 2014, 2015). Among their goals is the desire to retain all government assisted homes while continuing to expand the territory of government assisted homes to ensure that homeless and low wage persons have decent places of living.

The National Housing Trust Fund, authorized by Congress is an establishment conjoined to the Housing and Economic Recovery Act (HERA) which was authorized and legalized by President George Walker Bush (HUD, 2014, 2015). The aim of the NHTF is to support other federally approved programs and provide funding to rental properties that support low income and homeless persons. Funds endowed by NHTF are dedicated to repairs, preservation, and facility operations and provide support to the greater purpose of keeping individuals off the street (HUD, 2014, 2015). Approximately 90/% of these funds are utilized for rentals and 10% is designated for homeowner programs. Currently the NHTF is not funded and awaiting new awards in order to distribute these allocations to the states (HUD, 2014, 2015).

Motivational Programs

Because many homeless adolescents and teens are predisposed to drugs and alcoholism, many of these individuals have developed a sense that these substances are

acceptable to rely upon to cope with society (HUD, 2014, 2015). Sedatives become the very mechanism to remain alert, relieve depressions, and deal with serious mental illnesses; therefore, attempting to convince them that these substances are destructive in nature can be a tremendous challenge (HUD, 2014, 2015).

Additionally, many homeless persons do not seek out care or do not receive assistance because they are unaware that programs exist to aid them in recovery (Petrovich & Cronley, 2015). Many homeless individuals seek to evade social services and support for fear of losing privacy, dignity, and basic democratic freedoms. Furthermore, experiencing negative communication among these social groups pose a distinctive barrier to homeless men and women seeking help and/or motivation from governmental and nongovernmental agencies (Petrovich & Cronley, 2015).

Housing and Health Care Programs

Affordable health care programs are an absolute essential to the recovery and development of homeless persons (HUD, 2014; NAEH, 2015). Mental illness is rated as one of the premiere causes of homelessness; in like manner, substance abuse is uniquely tied to mental illness and how these two both unite to bring about homelessness (Ottawa Charter for Health Promotion, 1986). It is noteworthy to make mention that several policies have been orchestrated to handle and assist those who are mentally ill, but cannot afford the social and medical services to receive help (Ottawa Charter for Health Promotion, 1986). Among the policies instituted is the Bring America Home Act (BAHA) of 2009 which serves individuals who are handicapped by a life of mental illness and/or substance abuse (Ottawa Charter for Health Promotion, 1986).

Health care continues to rank as one of the premiere policy agendas for activists in aiding the homeless. Without proper housing, health continues to deteriorate at a much faster rate than it would for individuals who have housing. Lack of housing is continually reported as one of the leading causes to health problems and chronic deficiencies (Ottawa Charter for Health Promotion, 1986). If homeless persons lack access to health care, they are in effect lacking access to physical and emotional health, thus reducing their ability to finding reliable employment and also maintaining long-term housing.

Among health care issues, chronic homeless individuals are more susceptible to chronic diseases such as HIV, tuberculosis, schizophrenia, and dental diseases (HUD, 2014). In a study of the perceptions of homeless men and women on their health status, Daiski (2007) reported that the majority of homeless individuals believed that their homelessness was a major cause to their health deficiency and has caused them to accelerate the aging process at a much faster rate than individuals with housing.

Not only do homeless persons suffer because of the lack of physical health care, many lack options of mental and emotional health care, thus forwarding the downward spiral of chronic homelessness (HUD, 2014, 2015). Being subjected to emergency and transitional shelters, homeless person quite often lack the opportunity of privacy, security, and stability within and thus suffer mentally due to these factors (HUD, 2014, 2015). Possessing feelings and emotions of distrust, paranoia, exposure, and fear, many homeless individuals do not trust health care providers, nor social systems designed to help them; these emotional disturbances quite often lead to greater depression, anxiety, fear, and emotional separation, further promoting chronic homelessness (Daiski, 2007).

BAHA

The BAHA of 2009 addresses housing, medical care, low income, and human rights issues that are faced by those who suffer from poverty and homelessness in America (HUD, 2014, 2015). BAHA serves four unique purposes: housing, health care, economic rights, and civil rights. In terms of housing, this Act purposes to end homelessness by providing housing, enhancing the National Housing Trust Fund, increasing the capability of Section 8 for military veterans and U.S. citizens (HUD, 2014, 2015). Furthermore, the Act integrates with several other U.S. governmental and nongovernmental agencies to provide housing such as the HUD, the VA, and so forth. BAHA plays a significant role in strengthening the McKinney-Vento homeless assistance programs (HUD, 2014, 2015).

Additional focus points for BAHA includes providing permanent housing vouchers as an optional use of funding provided by the McKinney-Vento Title V Surplus Federal Property Program (HUD, 2014, 2015). Because the BAHA proposes that permanent sustainable housing and health care are great proponents to combatting chronic homelessness, much attention is given to providing permanent housing, which includes demonstrating for policy that favors the homeless during gentrification (HUD, 2014, 2015). Instead of houses becoming inflated after gentrification, policy writers seek to ensure that there will be no loss of available housing during the aftermath for the homeless.

Extreme efforts have been taken by BAHA to develop homeless assistance programs, provide barriers to foreclosures (i.e. Neighborhood Stabilization Funds),

combat housing discrimination, and provide assistance during transition in the form of Community Development Block Grants (HUD, 2014, 2015). In the health care domain, the BAHA serves to provide universal health assistance to homeless persons suffering from addiction and mental illness. Funding for such programs are engendered through grants such as the Community Mental Health Block Grant and Substance Abuse Prevention and Treatment Block Grants (HUD, 2014, 2015).

Community Mental Health Block Grant

The Community Mental Health Block Grant is a grant provided by the Substance Abuse and Mental Health Services Administration, which provides funding and allocations for adults and children who suffer from severe mental illness and/or serious emotional disturbances (HUD, 2014, 2015). The goal of this program is to provide free mental and emotional professional health care in order to aid individuals in maintaining a balanced mind and life. Homeless persons are significantly supported via this program by having access to these services (HUD, 2014, 2015).

The NAEH serves the homeless community by advocating the cause of homeless men and women in the presence of governmental officials (NAEH, 2014; HUD, 2015). The chief aim of this organization is to spurn policy changes that will positively benefit the community and end homelessness. This organization provides accurate and timely data analysis to government officials in order to provide lawmakers with adequate data on select issues. Together with the assistance of various other community governmental and nongovernmental agencies the NAEH combats written policies and legislation in

order to further the cause mitigating the stress and strain that homelessness has on the nation (HUD, 2014, 2015).

National Association for the Education of Homeless Children and Youth

(NAEHCY)

NAEHCY serves homeless children and youth by orchestrating and advocating policy changes that enable them to receive education (HUD, 2014, 2015). Written policy serves to strengthen the McKinney-Vento Act through gathered and collected data affecting the homeless. Examples of the programs and advocacy provided by the NAEHCY include establishing Congressional hearing sessions whereby recipients of their aid stand before Congress to speak on lived experiences, successes, and failures (HUD, 2014, 2015). Furthermore, their voice has been an instrument for forwarding the works of the Higher Education Action which promotes financial assistance for school (HUD, 2014, 2015).

The NAEHCY hosts conferences and classes and provides scholarships to homeless children and youth and fight for equal rights among the homeless population (HUD, 2014, 2015). Efforts provided by the NAEHCY has been instrumental in swaying the resources of the USDA in providing homeless youth and children with food assistance and programs (HUD, 2014, 2015). The social works of this organization include advocacy, building relationships, and administrating education opportunities.

According to the NAEHCY approximately 1.5 million children are experiencing homelessness within the United States each year (HUD, 2014, 2015). The goal of the NAEHCY is to ensure that each child has access to the best education possible from

elementary through higher education (HUD, 2014, 2015). According to their statistics 1,360,000 students enrolled in school in 2013-2014 were reported homeless and among adults who have experienced homelessness, over 2/3 have not received a high school diploma or received GED (NAEHCY, 2013; HUD, 2014, 2015).

The National Coalition for the Homeless (NCH) provides up to date and relevant information concerning the criminalization of the poor (HUD, 2014, 2015). This organization serves the homeless community by advocating their rights to receive assistance from the general public, nonprofit organizations, and governmental organizations (HUD, 2014, 2015). As it stands approximately 31 cities have outlawed feeding the poor in public areas and has deemed it a criminal offense for anyone who provides assistance for the homeless in these areas (HUD, 2014, 2015). The various reasoning behind criminalizing food sharing includes: (a) the homeless are enabled to remain homeless as long as people provide them with food, (b) public areas become contaminated and dirty because of lack of clean-up, (c) residents become deterred from utilizing public facilities that are occupied by the homeless, and (d) traffic becomes backed up when serving the homeless in public arenas (Gilderbloom et al., 2015; HUD, 2014, 2015).

Cities have been effective in deterring and eliminating food sharing with homeless by taking steps to implement restrictions on public property, by requiring permits to provide food sharing in public areas, establishing limited amount of permits within a certain period of time, and efforts to remove the homeless further from public

areas through principles termed, “Not In My Back Yard (NIMBY) (Gilderbloom et al., 2015).

Many lawmakers support tax payers and voters in the fight to keep homeless shelters and homeless individuals out of their communities (HUD, 2014, 2015). Those rejecting the establishment of homeless shelters in their communities typically report that these shelters degrade the property value of the area due to lack of good physical conditioning of the buildings; further they argue that many of these facilities are overcrowded, posing various threats to the environment (HUD, 2014, 2015). Spread of disease is also a concern, considering with homeless shelters there exists a lack of privacy and transport of communicative diseases (Donley & Wright, 2012; Gilderbloom et al., 2015). All of these factors pose a threat to property value of the land, housing, and businesses within the area.

The National Coalition for the Homeless combats many of these policies and legislative efforts by providing information to policy makers and educating the general public on these policy movements (HUD, 2014, 2015). The reports provided update policy makers on the local, state, and national levels of government. Understanding that approximately 1 of 6 American’s go hungry each night, the NCH persistently works to provide detailed content to defeat the perspectives of policy makers seeking to remove food sharing practices within the United States (HUD, 2014, 2015). Individuals who battle poverty and hunger are reported to develop various medical conditions which include cardiovascular disease, high blood pressure, diabetes, gastric ulcers, etc. and according to the NCH it is our responsibility to serve and assist these individuals.

The U.S. Conference of Mayors plays an integral role in the development of social and policy changes that affect the homeless population (HUD, 2014, 2015). This collaboration is a nonpartisan league of mayors who seek to change policy in urban and suburban areas of U.S. cities with populations of more than 30,000 people. The role of the U.S. Conference of Mayors is to: a) “promote the development of effective national urban/suburban policy, b) Strengthen federal-city relationships, c) Ensure that federal policy meets urban needs, d) Provide mayor with leadership and management tools, e) Create a forum in which mayors can share ideas and information” (U.S. Conference of Mayors, 2015). One notable product produced by the U.S. Conference of Mayors is the Hunger and Homeless Survey which highlights 25 of the cities within the league of the U.S. Conference of Mayors.

The Homeless and Hunger Survey describe the homeless conditions and hunger conditions most notable within these cities and the changes that have occurred from the previous year. According to U.S. Conference of Mayors (2015) the homeless populations has grown by 1% over the last year. Furthermore, the total number of homeless families has increased by a total of 3% over the last year. The information outlined in this survey clearly identify that according to the city mayors the major causes of homelessness are due to: (a) lack of affordable housing, (b) Unemployment, (c) Poverty, (d) Mental illness, (e) Lack of needed services, (f) Substance Abuse (U.S. Conference of Mayors, 2015). This comprehensive team of mayors utilizes data, statistics, and findings to report to state legislators and Congress in order to reshape legislation that supports the eradication and mitigation of homelessness (U.S. Conference of Mayors, 2015).

Public Policies Impacting Homelessness

Many public policies and legislations have shaped the conditional environment of homeless men and women in the United States. These policies and laws range from funding homeless shelters to establishing freedom of democracy in education for homeless children (HUD, 2014, 2015). The policies that are represented in the section identify the underlining mandates that have created the environment in which homeless men and women live in today. The understanding, perceptions, and ideologies that exist in the combat of chronic homelessness is ever changing and evolving in our contemporary democratic state, and as such policies and legislation reflect this dynamic environment (HUD, 2014, 2015).

This McKinney-Vento Act, formally known as the McKinney Act, provides homeless shelters with grant funding and support needed to support homeless men and women who qualify (HUD, 2014, 2015). The Act was initiated by the federal government after realizing that the battle against homelessness was not only a state and local issue, but a national issue that had to be confronted and battled with government support (HUD, 2014, 2015). President Ronald Reagan passed and signed this law into effect on July 22, 1987, providing states with an instrument and vehicle to solve the issue of homelessness. The Act instituted CoC programs that are designed to allocate funds on state and local levels to deal with the issues of homelessness first hand (HUD, 2014, 2015).

Initially the Act did not provide adequate and comprehensive depth in its structure and policy, negating the needs of children and at risk youth; but afterward was renamed and redesigned to incorporate every homelessness need (HUD, 2014, 2015). The Act

initiated and implemented the Interagency Council on Homelessness and provides protections in various areas. The Act allocates funding to assist homeless persons, special needs situations, U.S. veterans, and so forth. in the process of reintegration and acceptance in normal society (HUD, 2014, 2015).

The Act has also been instrumental in advocating democratic rights for the education of homeless children in that it provides protections for children who are suffering from household hardships (HUD, 2014, 2015). Children are protected in various ways by this Act: (a) children that are living in areas outside of school districts are allowed to attend schools, (b) children that are living in hotels, campsites, etc. are allowed to attend school without permanent address, (c) children are allotted free lunch and a free ride to and from school, regardless of their school district, and (d) parents of homeless children are provided first-hand knowledge of their rights under the purview of this Act (HUD, 2014, 2015).

No Child Left Behind Act (NCLB) of 2001

The NCLB Act of 2001 is a policy and law enacted that standardizes education and education opportunities for all children, regardless of race social class (HUD, 2014, 2015). The federal government instituted this policy in order to standardize the way students learn and progress within the United States; furthermore, it provides protections for student minorities and students with disabilities. This Act advocates for the need of homeless children to be able to learn on the same scale, standard, and measurement as do other children (HUD, 2014, 2015).

HEARTH Act

The HEARTH Act of 2009 is a modification and reauthorization of the McKinney-Vento Act of 1987 (HUD, 2014, 2015). The HEARTH Act was passed and signed into law by President Barack Obama as a continuation and improvement of the former Act. The HEARTH Act consolidates HUD's grants, redefined various lexicon and terminology utilized by HUD in defining chronic homelessness, enacted the Rural Housing Stability Assistance Program, emphasizes preventive methods versus reactive methods in combatting homelessness (HUD, 2014, 2015).

Section 8 of the Housing Act of 1937

Section 8, also known as the Housing Choice Voucher Program is a government rental assistance program that partners with low-income, low-wage individuals and grants them financial assistance to pay a portion of their rent (U.S. Conference of Mayors, 2007; HUD, 2014). Approximately 4 million people within the United States receive assistance from Section 8. This program is overseen and funded by the HUD (U.S. Conference of Mayors, 2007; HUD, 2014).

HUD – VA Supportive Housing (HUD-VASH)

HUD-VASH is a joint effort between the HUD and the Veterans Affairs Supportive Housing in an effort to provide veterans with permanent supportive housing. The goal is to move every veteran off the streets into a permanent home. HUD provides financial vouchers that may be utilized by veterans to occupy privately owned homes (HUD, 2014, 2015). The VA also provides social and health services to these veterans in an effort to keep veterans off the streets and healthy. This effort is a dynamic relationship

between two governmental powers for the cause of mitigating the effects of homelessness and eradicating the cause of homeless among veterans (HUD, 2014, 2015).

ARRA of 2009

The ARRA of 2009 served manifold purposes and was instituted to boost the economy during the great recession (HUD, 2014, 2015). Also termed, the Stimulus, this Act was designed to aid the country and to keep it from further economic deterioration. The ARRA served the homeless community in several ways: (a) allotted \$70 million in the education recovery of homeless children, (b) allocated \$1.5 billion for homeless individuals requiring rental assistance, and (c) allocated approximately \$100 million in food assistance and homeless shelter support. The ARRA was established and enacted by the 111 Congress of the United States in February of 2009 and was purposed to provide jobs and recover a declining U.S. economy. In totality, the Stimulus provided approximately \$831 billion to such needs and priorities and delivered oversight to endangered existing programs, such as: unemployment benefits, education, and infrastructure development (HUD, 2014, 2015).

Criminalization of the Homeless

Many research and legislative efforts are conducted to highlight the problems caused by homelessness without covering the foundations of the issues that have propelled homelessness into what it has become today (Brooks, 2001; HUD, 2014, 2015). Local and state governments across the United States have harnessed information, statistics, and data that has been used to criminalize homelessness and/or criminalize poverty. Providing rules and regulations that prohibit the use of public space, food

sharing, and panhandling all forward the agenda of governments that seek to criminalize homelessness (HUD, 2014, 2015).

The National Law Center on Homelessness & Poverty (NLCHP; 2014) condemned the United States for the criminalization of the poor. The organization stated, “criminally punishing people simply for having no legal place to be is cruel, inhuman and degrading treatment to which homeless people across the country are subjected every day (NLCHP, 2014).” This is the perception of not only individuals within the United States concerning the way the U.S. government treats the homeless and impoverished; but it is also a shared ideology with members of the international community, including the United Nations (HUD, 2014, 2015). Various laws and policies have been enacted that criminalize homeless men and women and those who help them within the United States; from sleeping in abandoned buildings, vehicles, and land to laws that ban food sharing. The death of Jerome Murdough in an overheated prison cell has marked the cruel and unreasonable criminalization of homeless men and women and it has alarmed members all around the world to produce policy that rebuts and refutes laws that criminalize the homeless without reasonable cause.

Criminalizing the poor has been enforced by implementing policies and laws that restrict sleeping, living, camping, or panhandling in public places. These policies and laws are backed by fines and incarceration that are beyond the ability of homeless persons to pay and this causes a stir among human rights activists (HUD, 2014, 2015).

Costs of Dealing with Homelessness

For many municipalities the idea of avoiding the issue of dealing with the homeless population seems to be a cheaper route than solving the problem; however, extensive research supports the idea that confronting the issue of homelessness is far cheaper and cost effective than avoiding it (HUD, 2014, 2015). Furthermore, the utilization of shelters has been viewed a more cost effective method of handling the masses of homeless men and women, but research supports that providing the homeless with permanent supportive housing is in fact a better method in solving this dilemma (Byrne et al., 2014).

There are extreme costs associated with the issue of homelessness, from the amount of funding spent on emergency health care, emergency housing, food assistance, mental and emotional services, police involvement, imprisonment, and hospitalization, the costs of homelessness are strategic and far reaching.

According to the HUD (2014, 2015), the cost of chronic homelessness to taxpayers is approximately \$40,000 per homeless individual. Quintessentially, to leave homeless men, women, and families is a far more expensive alternative than housing these individuals. Some states have attempted to develop methods and means to resolve many of the issues pertaining to this community by writing public policies that afford them with fair democratic opportunities (HUD, 2014, 2015).

Among the legislation that has been developed to aid and assist homelessness is the Homeless Bill of Rights as depicted by the following states: Illinois, Rhode Island, and Connecticut (Homelessness & the Right to Rest Act, 2015). These Bill of Rights

perpetuate that the homeless individuals reserve the democratic freedom and right to have access medical assistance, employment, and the rights to participate in electoral endeavors. These policies afford more opportunities to the homeless by directly stating that these individuals have the freedom to participate in society and freedom to occupy any territory as nonhomeless citizens (Homelessness & the Right to Rest Act, 2015).

Health Care and Hospitalization

Research supports that homeless men and women spend approximately 4 days longer during hospitalizations than nonhomeless persons (HUD, 2014, 2015). Health care issues predominantly resident in homeless persons include: psychiatric, psychological, drug abuse and other chronic illnesses that require more time, assets, resources to handle. Tackling the issue of alcohol and substance abuse in a controlled versus noncontrolled environment provides insight to why aiding homeless men and women is more difficult to resolve (HUD, 2014, 2015).

The need to address substance abuse issues remain at an all-time high when addressing homelessness. Homeless youth are reported to abuse substances at a much higher rate than individuals that are housed; a clinical research study suggested that approximately three fourths of homeless youths identified as having a substance abuse disorder (Nyamathi, Hudson, Mutere, et al, 2007).

Police Involvement and Incarceration

According to the Canadian Homeless Research Network (2012) homelessness and incarceration exists in a bidirectional relationship. Simply put, those who are homeless are exposed to imprisonment at a far greater rate than those who are not homeless and

those who are released from prison without a home to reside in are likely to return to prison. Homeless individuals spend a far greater amount of time in prison than those who are not homeless leading to local, state, and national funding to provide prison shelter, meals, and logistical burdens on the government (HUD, 2014, 2015).

Many of the factors leading to imprisonment are menial, but in the end cost the government a fortune (HUD, 2014, 2015). As an example, individuals are arrested and/or ticketed for loitering, panhandling, and sleeping in unauthorized places, but are not capable of paying the fines. Issuing tickets, improper use of officer time, and incarcerations promulgate inefficient use of taxpayer dollars.

Homeless Shelters

A study conducted in British Columbia (Eberle et al., 2001) reported that the costs of housing homeless persons within shelters is far greater than housing them in permanent supportive housing. For example, the study reports that the monthly costs of housing a homeless person in an apartment is approximately \$700 versus \$1,900 per month in a shelter. Additionally, housing a homeless person in a prison weighs in at \$4933 versus \$10,900 in a hospital. The HUD reported that it costs more to house a homeless person in an emergency shelter than to provide them with transitional or permanent housing (HUD, 2014, 2015).

Issues with homeless shelters altogether still are far more reaching than this. Many homeless men and women prefer to live on the streets instead of living temporarily in homeless shelters (HUD, 2014, 2015). The reasons behind the rejection of homeless shelters are extremely wide and deep. According to Donley and Wright (2012),

unsheltered and/or street homeless persons often reject and resist homeless shelters for a number of reasons. Unsheltered homeless persons represent approximately 37% of all homeless individuals and among these homeless persons are those who have determined to never be found in homeless shelters (Donley & Wright, 2012).

Among the various reasons as to why many unsheltered homeless persons refuse to utilize homeless shelters is found in the very fact that many of these homeless individuals do not want to obtain sicknesses they do not already have (HUD, 2014, 2015). Studies show that within homeless shelters there exists an increased risk for disease. Because many of these diseases are communicative, aware unsheltered homeless individuals often refuse to reside in a homeless shelter (Donley & Wright, 2012).

Another reason as to why unsheltered homeless individuals often reject homeless shelters is due to the fact that many of these individuals are attached to their loved ones, pets, etc. and are not willing to be separated from them. Homeless shelters often are broken up into male and female sections and restrict animals and this provides reason for many homeless persons to resist these environments (Donley & Wright, 2012). Furthermore, being restricted from coming and going as desired also inhibits street homeless individuals from committing to these environments. Many homeless individuals with children are aware that if they are not capable of providing solid and stable living conditions for their children, they are in danger of losing their children; thus many of them do not trust homeless shelters or social services, fearing they may lose their children in the process of receiving governmental help and assistance (Donley & Wright, 2012). Finally, many homeless shelters are out of space and do not offer use of their shelters in a

consistent manner; therefore, many unsheltered homeless individuals lose hope and desire for attempting to reside within these shelters.

Feelings and Perceptions of the Recovered Homeless.

There are various stages and/or themes described by homeless individuals in terms of obtaining and maintaining long term housing. Among these various thoughts, feelings, and perceptions are the sense of stability and security that are often described by homeless persons who obtain housing (HUD, 2014, 2015). Additional thoughts and themes that emerge from recovering homeless persons is the adjustment to living in a home versus on the street; moving from survival mode in obtaining housing to a more particular selection process of selecting a home; and developing creative and germane activities to occupy the day versus minimal survival (Patterson et al., 2014)

To most housed persons the thought of living in a new home is one of good feelings, security, stability, and excitement; however, for many homeless individuals, adapting to a new way of living may be extremely stressful (HUD, 2014, 2015). Many homeless individuals report that moving from a street life to a home life is quite dramatic and different, and challenges their personal identity of who and what they perceive themselves to be (Patterson et al., 2014). Furthermore, many homeless individuals seek to bring their street friends, partners, etc. with them into their homes in order to maintain some sense of belonging and normalcy into their new homes.

Being used to simply surviving and adapting to the streets, many newly housed homeless people battle boredom and a lack of vision for what to do in their day to day lives. Often these times of isolation and alone time give these individuals the opportunity

to experience emotional and psychological discomforts and pain. Furthermore, posttraumatic stresses, anxieties, fears, and so on are able to capture their emotional and psychological capacities (Patterson et al., 2014). Quintessentially, there are many subtle and nonperceived barriers that exist for homeless persons obtaining and maintaining long-term housing. Because of all of these feeling and associations, many of these individuals prefer to remain on the street in environments they are used to and in some cases this may hinder the progress for motivation to be housed long-term.

Summary

In this literature review, I examined the major causes of homelessness and the stresses placed upon society because of its existence. I also examined the relationship between chronic homelessness and the problem with obtaining and maintaining long term housing. Classifications and definitions were shown to provide a clear depiction of the terms associated with homelessness and to provide readers with insight into the homeless community. Furthermore, I provided evidence of the research conducted by other scholars on the relationship of homelessness and obtaining and maintaining long term housing and the dire impacts that homelessness spawns upon men, women, and children.

Lastly, I used the polarities of democracy model to analyze the results of the study. The polarities of democracy enabled me to highlight the polarities that exist within democratic society and provide researchers, legislators, and decision makers with a baseline on whether true democracy is being exercised. The next chapter will help to identify the gap on what shelter staff workers within Burlington County, New Jersey,

perceive as the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing.

Chapter 3: Research Method

Introduction

The fundamental purpose of this study was to identify the perceptions of homeless shelter staff workers employed within Burlington County, New Jersey, on the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing. In Chapter 2, I outlined the major causes, potential mitigations, and the process of ending homelessness. I identified how results from this study may suggest changes in public policy that may better leverage the polarities of democracy and thus strengthen democratic rights. Additionally, I exposed the lack of research and lack of resources to end homelessness in Chapter 2. In this chapter, I identify the Citizens Serving the Homeless organization and the staff working within these homeless shelters who provided their perceptions on the major reasons why chronic homeless individuals cannot obtain and maintain long-term housing. The polarities of democracy model provided a lens through which to determine if fair and equitable democratic processes exist within these homeless structures to mitigate and end homeless suffering.

In this chapter, I outline the research methods associated with the study and the research process. During the first portion of this section, I have highlighted the set-up of the case study, research questions, theoretical propositions, and design and rationale. During the next section, I expound upon my role as the principal researcher, information gatherer, and organizer for the study. Additionally, I portray the details on site selection, participant selection, instruments utilized, types of data gathered, and the method of data collection. Further, I explain limits, threats to reliability, and shortfalls that may exist

within this study and the data garnered. Finally, I discuss potential ethics violations that could have existed during this study and the methods and measures I used to thwart such issues.

Research Design

Research Question

The essential focus of this multisite case study was to identify the relationship between chronic homelessness and the struggle to obtain and maintain long-term housing. The central intention of this study was to answer the following research question: What do shelter staff members working within Burlington County, New Jersey, perceive as the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing?

Key Concepts

The five key concepts within this study are homelessness, chronic homelessness, transitional homelessness, episodic homelessness, and CoC. During this study, I refer to the following definitions and terms:

Homelessness. A homeless individual and/or person is one who lacks a regular form of housing, but instead lives and sleeps in areas not made to be inhabited as a home. For example, any individual utilizing a public or private place not designated for housing is considered homeless (Christian, 2015; U.S. Conference of Mayors, 2007; HUD, 2014, 2015). The utilization of publicly funded hotels, motels, shelters, and/or safe havens classifies a person as being homeless (Christian, 2015; HUD, 2014, 2015). Homeless

individuals are broken into three distinct categories: (a) chronic, (b) transitional, and (c) episodic (Christian, 2015; McAllister et al., 2011; NAEH, 2014; HUD, 2015).

Chronic homelessness. Chronic homeless individuals represent those individuals who remain in a homeless state for an extended period of time (HUD, 2014, 2015).

Typically, chronic homeless individuals remain in a constant state of unemployment, are embedded within the shelter system, and rely heavily upon the government for housing.

Episodic homelessness. Episodic homeless individuals are those who are temporarily in and out of homeless shelters due to some type of issue (i.e., loss of job, health-related issues, and/or substance abuse; HUD, 2014, 2015).

According to researchers, episodic and chronic homelessness is more deeply linked to mental illness and is often reported to propagate the worse of mental illnesses (Christian, 2015; McAllister et al., 2011; HUD, 2014, 2015). Research suggested that it is imperative to provide Housing First when able in order to reduce the onsets of additional mental and physical impairments that are engendered through long-term homelessness (McAllister et al., 2011; HUD, 2014, 2015).

Transitional homelessness. Transitional homeless individuals are those who are homeless due to some type of transition. These individuals are not caught in the long-term shelter system; however, they have need of housing due to some type of unexpected event (Christian, 2015; McAllister et al., 2011; HUD, 2014, 2015).

Continuums of care. Continuums of care (CoCs) groups receive funding through grants provided by both public and private organizations. These CoCs provide this funding to organizations who are allotted a certain rate per person in the form of housing

and case management with a focus on providing housing and social support (HUD, 2014, 2015). Homeless shelters and day shelter providers utilize funding in various means to support homeless people. Support from homeless shelters may be in the form of code blue operations (which acts as an emergency shelter for homeless individuals during extremely cold temperatures), employment search, housing search, health care opportunity education, equal rights education, and motivational services. (Christian, 2015).

Theoretical Propositions

Yin (2009) identified that in order to produce a quality case study, a researcher must also develop well-grounded observations. The theoretical proposition of this study was that those who suffer from chronic homelessness do so based upon the fact that there is a significant lack of affordable housing available within the United States.

Furthermore, the theoretical proposition states that where there are imbalances in wealth and poverty, individuals tend to be locked in an unforgiving cycle of homelessness.

Additionally, those who are reared in homelessness or experience chronic homelessness as an adult are essentially placed in a disadvantaged state and are more prone to perpetuating homelessness.

Research Design and Rationale

This qualitative research used a multisite case study methodology; each site was under the umbrella of Citizens Serving the Homeless. I determined to use a qualitative approach in order to identify the feelings, ideals, and perceptions of those who are most intimately involved within the homeless community. Intentionally, I focused on the

feelings and perceptions of shelter staff workers and employers in order to identify shared views and perspectives on why chronic homeless individuals struggle to obtain and maintain long-term housing. Creswell (2007) highlighted that identifying patterns within shared groups provides evidence that exists within a common phenomenon. The point of this research design and rationale was to identify shared views and beliefs on this phenomenon and bring to the surface information that may serve as evidence on the homeless crisis.

Qualitative research methods include site visits, observations, information gathering, conducting interviews, and various fieldwork exercises (Creswell, 2007). Qualitative research includes gathering, refining, and disseminating information in the most suitable manner; within a qualitative research study, the researcher selects a population to study and develops a planned sample size. After the planning and population pool is selected, the researcher begins field work, which includes conducting interviews, reviewing interview data, conducting site visits, and site observations. After all data are collected, the researcher refines and vets this information to be compiled within the study (Creswell, 2007; Yin, 2009).

For this study, I used the case study method of research. Case studies utilize methods that engender empirical evidence through observations, interviews, site visits, information gathering, fieldwork, document reviews, and analysis (Yin, 2009). Furthermore, comparing evidence within this case study from multiple sites provided this research with in-depth, cross-sectional empirical evidence. This multisite case study provided information from multiple shelters and provided a platform for analysis of

similarities and differences of perspectives. By utilizing this method of cross-sectional review, a researcher is able to induce replication logic that enables the researcher to make plausible inferences for future cases (Yin, 2009) and transfer its use across the domain of relevance (Creswell, 2007; Yin, 2009).

During the onset of this research study, I intended to explore the perspectives of homeless members. The focus of exploring the perspectives of homeless members was to identify what they personally believe to be the root causes of their current conditions in combatting chronic homelessness and maintaining long-term housing; however, after further investigation, it became apparent that such a study could cause ethical breaches that could possibly induce past stresses and set-backs. Furthermore, I utilized a survey approach that would ask a plethora of questions on the issue of the cycle of homelessness and discovered that such research had been conducted in various locations, but had not led to overarching solutions to why chronic homeless individuals could not maintain long-term housing. Finally, I honed down on the chronic homeless issue in Burlington County, with a fundamental focus on the leadership and staff working within the homeless community shelters and identifying their perspectives through a phenomenological case study approach (Creswell, 2007). Quintessentially, the case study approach was the best choice for this study and allowed for flexibility, inquisition, and exploration within the multisite environment.

Role of the Researcher

During this multisite case study, I took on the role of an observer, data collector, and interviewer. As observer, my focus was to visit as many homeless shelters in the

Burlington County, New Jersey area as possible and familiarize myself with the social programs, housing programs, and health programs available to the homeless community. As a data collector, I assimilated with the various nonprofit organizations providing assistance to the homeless with the chief organization operating as Citizens Serving the Homeless. Citizens Serving the Homeless is a premiere organization collaborating and cooperating with five local homeless shelter providers. Primary data were collected on numbers of homeless members receiving funding, supportive services, and shelter. Additionally, I garnered insight and situational awareness on the intricacies and anomalies that exist within every organization on how their processes work, how grants are obtained, how funding is allocated via CoC, and stressors that exist in receiving municipal support and assistance in finding space to house homeless people.

In the role of interviewer, I conducted objective and comprehensive interviews to the homeless shelter staff leaders, managers, and staff on their perceptions and refined and vetted their information among the cross-sectional units. Because I possessed no preconceived ideas and/or biases, there was no need to take care in curtailing my own beliefs. The information garnered on the major causes as to why chronic homeless individuals struggle to maintain long-term housing is for the enlightenment and insight of myself and all who will read this dissertation.

Methodology

Defining the Case

During this research study, I elected to utilize the comparative case study model and garnered information from two organizations, Citizens Serving the Homeless and the

Christian Caring Center. In comparative case studies, researchers combine information from multiple arenas and break down the similarities and differences to develop theoretical predictions that may be applied toward the particular case at large or additional cases (Yin, 2009).

In this particular case, my goal was to determine the perceptions of shelter staff workers employed within Burlington County, New Jersey, on the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing. As previously stated, these direct links shared by multiple sites reflect replication logic that allows for predictions in other similar situations and/or cases (Yin, 2009).

Case Selection

Case studies serve a much needed purpose in that they allow the researcher to analyze and explore a particular phenomenon from various viewpoints (Yin, 2009). In this multisite case study, the cases were based upon homeless shelters within Burlington County, New Jersey. The targeted population for this research was shelter staff workers in the form of employers, employees, and stakeholders who possess intimate knowledge and experience in the homeless shelter environment.

The homeless shelter sites explored and investigated for this research were Citizens Serving the Homeless and the Christian Caring Center. Of these two sites, seven individuals were selected from each site to be interviewed and to participate in a focus group session to highlight their perceptions and views on chronic homelessness and maintaining long term housing.

Sampling Procedure

For this research study, I utilized purposive sampling in order to select a pool of unbiased participants. According to Yin (2009) purposive sampling serves as a good method to be used for case studies. Citizens Serving the Homeless is a coalition of nonprofit organizations, joined with a mission to develop and build a premier homeless shelter to serve all the citizens of Burlington County. This network and team of professionals agreed to participate in this study voluntarily in order to address their concerns and limitations in serving and empowering the chronic homeless members of society.

Primary recruitment was garnered from the leadership of these various organizations. I sent out requests to the leadership of these organizations, soliciting their participation in interviews. As an incentive for participating in this study, the organizations will be given permission to utilize this research study as a marketing and/or advocacy tool for their future endeavors.

In order to ensure adequacy in research, the sample size for this study was $N = 14$, or 5 persons per homeless shelter. Duplicative answers and/or similarities serve as a means of identifying redundancy and saturation (Patton, 2002).

The individuals selected to participate in the interview process for this study had to meet certain criteria. Individuals participating in this study had to meet these standards: (a) must be 18 years or older, (b) must be an employer, employee, or exist as a board member for one of the homeless organizations, and (c) must have a current working knowledge of the homeless community.

Data Collection

Accuracy in data collections plays an integral role in ensuring that data is both reliable and credible. Creswell (2007) provides insight that data should be garnered via observations, interviews, and data analysis. Having data gathered and analyzed by these means ensure credibility of the researcher and reliability of the data in use. For the purpose of this study, I utilize all three of these methods in order to ensure that data was inherited and implied in the manner desired and determined.

Document reviews. An integral element of data collection is the utilization of open source information available to public. Document reviews provide researchers with viable resources that are available for information gathering, investigation, and data comparison (Patton, 2002). For this study, document reviews were in the form of reviewing annual point in time counts for Burlington County, reviewing newspaper articles reflecting the current state of homelessness, and the impacts that the shelter sites have served in the local community.

Individual reviews. Interviews serve a significant purpose in data collection and synchronization for a comprehensive understanding of a topic (Yin, 2009). During this study I utilized personal interviews in order to gain a complete understanding of the homeless shelter environment and to garner perspectives of the shelter staff workers.

Individual interview protocol. The focus of the individual interviews was to develop a knowledge management relationship with the leaders of the homeless shelter staff workers and to collect information on issues pertaining to chronic homelessness. Each interview was approximately 60 minutes in length and the types of questions that

were asked during the interviews were open-ended questions that provide the interviewees with an opportunity to comprehensively express their own viewpoints and their own perceptions on the important issues pertaining to resolving the issue of chronic homelessness. Among the protocol requirements, the following demographic information was gathered before interviewees participated: name, race, age, marital status, date of birth, residency, and additional contact information. The protocol followed a systematic review of questions that highlighted the interviewee's experiences in the homeless shelter system, major issues chronic homeless individuals possess, and critical barriers that hinder homeless individuals from obtaining and maintaining long term housing.

Focus group interviews. The role of the focus group interviews during this study was to identify, integrate, and synchronize concurrent data that expresses the shared views of multiple individuals on the issue of chronic homelessness. Data that expresses the shared views of a particular pool may be vital to research (Patton, 2002). Furthermore, shared views, perceptions, and ideas lend to a more credible and reliable form of data collection and research as a whole.

Focus group interviews protocol. The focus groups were organized in the same manner as the individual interviews. Groups were garnered and put in place based upon the site they were identified from. Demographic data was also gathered and compiled to recognize and identify any biases that might exist in data collection and interpretation. Each focus group consisted of four to seven individuals and the interviews and lasted between 30 and 60 minutes in the shelter site environment to ensure comfort of mind and familiarity of environment. In order to ensure that each person was satisfied with their

answers to the provided questions, I provided each interviewee with the opportunity to read and validate the written transcripts.

Data Management Plan

In order to effectively manage documents during this study, I utilize various forms of data management. Among the choices of management options, I utilized Microsoft Word and Microsoft Excel for written documents. I also used a voice recorder for managing the interview data. For compiling and centrally controlling all of the information, I utilized my personal laptop computer along with my backup hard-drive to safely secure the information.

In order to codify the information, each interview was housed in a separate folder on my laptop and/or the backup storage option. Because the field notes play an integral role in qualitative research (Patton, 2002), I separated the data based upon similarities, differences, and anomalies to ensure adequate perceptions are represented independently.

In order to ensure that ambiguities were kept to a minimum and/or eliminated in information analysis, I analyzed each case independently before combining the information of other sites. Each case possessed information and data garnered from individual and group interviews and the findings identified from such.

Data Analysis Plan

Data utilized for this study includes individual and group interviews, document reviews, and scholarly journals. The goal of the document reviews and scholarly journals was to identify information that animated the current situation and reality of homeless men and women; furthermore, the goal was to integrate findings from the scholarly

community with the perceptions and thoughts of those who work each day within the homeless shelter environment. Within this search of document reviews was the purpose of collecting evidence that relayed the major issues that chronic homelessness presents to homeless individuals on maintaining long term housing and to compare this information with what the interviewed community perceived as the major causes. For example, many scholars and researchers report that one of the major barriers to maintaining long term housing is the lack of affordable housing (NAEH, 2015; U.S. Conference of Mayors, 2007; HUD, 2014); therefore, these documents reviews were compared and contrasted with the perceptions of Burlington County homeless shelter staff workers. A few perceptions that I predicted would surface as similarities and truths were as follows:

- Poverty and low wages present a problem in obtaining housing
- Lack of affordable housing is a major barrier to obtaining long term housing
- Lack of availability in social services negatively affect obtaining housing
- Extensive bureaucratic processes hinder the housing process
- Mental illnesses hinder the facilitation of obtaining housing
- Substance abuse and addiction lead to the loss of housing
- Economic imbalance plays a role in restricting housing

In order to codify and identify similarities and differences found within this research project, I to utilized MS Word, MS Excel, and NVivo. These three technological tools enabled me to conduct searches, display data in a comprehensive and appealing fashion. Being able to utilize different folders for different interviews served a great deal in being

able to analyze information quickly and efficiently. Collecting field notes, interviews, and recordings in a one stop repository served me well when codifying data.

Trustworthiness

Trustworthiness is concerned with how the operations of the research are conducted. For case study methodologies, it is critically important to have a construct that aids instead of hinders the research (Yin, 2009). In order to ensure that the trustworthiness was on target, I utilized definitions and key terminology that identify exactly the point of discussion and unravels any ambiguity in semantics. Lincoln and Guba (1985) state that trustworthiness is composed of four key aspects: credibility, transferability, dependability, and confirmability. Ensuring that each key aspect is addressed provided that the research was comprehensive and objective.

Credibility

In order to maintain credibility during this study, the focus was to identify each participant's original viewpoints (Lincoln & Guba, 1985). Original viewpoints as well as internal validity becomes tainted when researchers attempt to make their own prognostications and predictions instead of allowing the results to be organically manifested (Yin, 2009). In order to maintain credibility instead of making predictions of the relationships that exist between chronic homelessness and maintaining long-term housing, my goal was to identify emerging perceptions shared among individuals and groups. Aggregating and garnering these themes, perceptions, and ideals allowed for organic themes to evolve into apparent truths (Lincoln & Guba, 1985).

Transferability

Transferability is in essence the ability to transfer the findings that exist in research (Lincoln & Guba, 1985). In order to ensure that data, information, and research findings may be transferred and generalized in settings other than the ones described in this setting, my purpose was to utilize the multisite case study methodology. Providing relevant, refined, and vetted information afforded external validity within this study.

Dependability

Dependability is fundamentally the result of a product producing the same result ever time. Dependability is garnered by utilizing the same research techniques and methods to collect and analyze data (Lincoln & Guba, 1985). In this study, the goal of obtaining and maintaining dependability was to minimize ambiguities, errors, and deficiencies (Lincoln & Guba, 1985). In order to ensure dependability within this study, each system and step was carefully documented, tracked, and replicated for each interview at each site. Additionally, to ensure that data was dependable, I provided the interviewee with the opportunity to review, reflect, and make changes to the data recorded for use in this study.

Confirmability

Creswell (2007) brings to light that within every case study, researchers should aim to establish a systematic protocol that may be repeated to reduce errors. Confirmability serves a signal purpose in that it aids the researcher in minimized personal prejudices and biases when in the process of data collection (Lincoln & Guba, 1985). Following confirmability protocol aided me in reducing my personal biases within this

research and ensured that only the thoughts, feelings, and perceptions of the interviewees were reflected and recorded. In order to reduce my personal biases within this field, I spent approximately 1 year immersing myself among homeless shelter staff and operations.

Developing a comprehensive understanding of their views and ideas on why chronic homelessness remains an integral struggle has served to eliminate many of my personal views and superficial ideas on the subject. These peer debriefings have served to engender more complete thoughts on the subject of chronic homelessness. Furthermore, in order to more completely represent facts and not personal biases, I researched various cases in which chronic homelessness studies reflect the exact opposite of my personal beliefs.

Ethical Considerations

In order to remain within the ethical acceptable levels, I remained in compliance with Walden University Institutional Review Board (IRB) requirements. The IRB refutes and rejects any interviews conducted before approval and this is what I intend to uphold until approval is granted. The IRB approval number for this study is: 12-27-16-0417157

Additionally, in order to ensure that further ethical compliance, I determined to provide every interviewee with a copy of their information. The interviewees were provided a written consent form that authorized me to use their information for publication in this work. Furthermore, each person was provided an opt-out option at any time. To keep information protected, data was stored on my personal hard-drive, password protected, and secured in my office.

Summary

This multisite case study identifies the perceptions of shelter staff workers employed within Burlington County New Jersey, on the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing. During this study, the focus was to discover the relationship between chronic homelessness and the struggle to obtain and maintain long-term housing. In choosing research methods and options, I elected to utilize the case study because it presented the opportunity to explore multiple individuals in diverse settings on the topic of chronic homelessness. This option lent itself to more reliable and transferable data.

The method of data collection for this case study was via individual and group interviews as well as open source and scholarly document reviews. After data was collected it was analyzed via single case analysis and then cross case analysis. During data analysis I looked for themes, patterns, and differences and express them in a codified system. In order to maintain credibility and accuracy during this study, I followed the guidelines as defined by the IRB.

Chapter 4: Results

Introduction

The purpose of this dissertation was to identify the perceptions of shelter staff workers employed within Burlington County, New Jersey, on the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing. I conducted the research by using the lens of the polarities of democracy model as a theoretical framework. The perceptions, thoughts, and ideas regarding this study were ascertained from shelter staff workers employed within Burlington County, New Jersey. Citizens Serving the Homeless is a conglomerate of five nonprofit organizations that service approximately 2,400 homeless individuals in the region.

In this chapter, I provide insight on how I conducted my research study. Additionally, I give information on data collection procedures and perspective data garnered from shelter staff workers employed within Burlington County, New Jersey. In this chapter, I explore shelter staff workers' perceptions within Burlington County, New Jersey. I begin by providing historical information and demographic information for the research site. The next area highlights the codified themes and overall analysis of the information gathered.

Setting

Data from this research was garnered from shelter staff workers of Citizens Serving the Homeless and the Christian Caring Center in Burlington County, New Jersey, via interviews and focus groups. Each interview was conducted in secure and quiet offices in the Citizens Serving the Homeless building. Fourteen individuals were selected

for the study, composed of equal representation from the Citizens Serving the Homeless staff and the Christian Caring Center. The staff of Citizens Serving the Homeless also worked within other nonprofit organizations, but provided their expertise during planning or outreach programs. The requirements for participation was a minimum of 5 years in the Burlington County area, being at least 18 years of age, and being affiliated as a worker and/or board member within the homeless shelter environment.

I further utilized annual Point in Time counts, council of mayor's reports, governmental articles, peer-reviewed journals, and local governmental information available to the public. Each participant was provided full access to the study materials and was provided the option to opt-out at any time during the study. Over a 1-week period, I met with the interviewees at the Citizens Serving the Homeless building. Each interview lasted approximately 25 to 30 minutes in length and I audio recorded the data.

Substantial information was garnered from the focus group interviews. The focus group brought in various members from the Citizens Serving the Homeless community who worked in various capacities. The focus group took place in the Citizens Serving the Homeless conference room. A total of 14 participants were involved in the focus group. The focus group lasted for approximately 1 hour. The focus began with an introduction of myself to the participants and afterward I discussed the purpose of the interviews. Second, I began by providing information regarding the factual conditions of the homeless in the area. Third, I asked the participants to provide information on how they became involved with ministering to the homeless. The audio device was set up in the

conference room and all participants were aware. Furthermore, I took notes of the answers provided by the participants.

Demographics

The participants of this research study were residents of Burlington County, New Jersey. Of the 14 participants, 12 were women, and two were men. All participants identified as shelter staff workers employed within Burlington County, New Jersey. The average time in the community for the participants was approximately 17.3 years. The median time the participants had lived within the community was approximately 14 years, and the average age of each participant was 50 years. Table 1 provides a snapshot of the demographics of the participants.

Table 1

Citizens Serving the Homeless Participant Demographics

Participant ID	Gender	Age	Employment	Years in Community
A01-MS	Female	49	Case Manager	30
A02-BG	Female	54	Case Manager	25
A03-OL	Female	45	Accountant	9
A04-JL	Female	39	Administration	7
A05-RS	Female	40	Case Manager	5
A06-KJ	Female	42	Counsellor	25
A07-KO	Female	55	Counsellor	22
A08-RD	Female	48	Plans/Programs	14
A09-WE	Male	47	Pastor/Retired	6
A10-SJ	Female	44	Case Manager	8
A11-JM	Male	72	Shelter Owner	35
A12-DB	Female	70	Shelter Owner	35
A13-KP	Female	67	Case manager	11
A14-MP	Female	44	Board President	20

Data Collection

This research involved obtaining data to answer the following research question: What are the perceptions of shelter staff workers employed within Burlington County, New Jersey, on the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing? The theoretical preposition for this

research is that shelter staff workers within Burlington County may perceive that chronic homeless members may experience the negative aspects of representation versus participation as well as the negative aspects of diversity and equality.

I stored all collected information on my laptop computer, secured it with encryption, and kept it in my personal office. The data were stored in multiple file documents within my computer. The data were stored within a folder on my computer called "Citizens Serving the Homeless Interviews." I stored the transcription data within separate file locations to keep from confusing the data. The articles, web reports, peer-reviewed journals, PIT counts, and other governmental data were stored in a different location on my computer titled "dissertation research information." To gain further critical information and breakdown, the information was placed within NVivo 10.

Data Analysis

After all of the interviews were transcribed, the information was placed into NVivo 10. I utilized NVivo to review each question from all 14 interviewees. I reviewed each answer searching for similarities and/or differences in order to develop a trend of significance. Another element that I searched for line by line was consistency among answers and responses. After reviewing all of the questions and identifying consistency, similarities, and/or differences, I began to lump all of the responses into three themed categories. NVivo 10 made it possible to quickly spot consistency in the themes.

Codes, Categories, and Themes

The resulted coding was developed from free coding the interviews and focus group interviews. In the research, I utilized theoretical propositions and the research

question to determine any significant themes that would emerge during the research. Furthermore, along with the research question, I also utilized the interview questions within the research study to garner specific and pointed responses from participants. During this research, I found germane information that was applicable to various questions asked during the interviews.

Table 2

Citizens Serving the Homeless Emergent Themes

Theme	Subtheme	Indicators	# of participant references	# of participant statements
Barriers to Education	School attendance	Lack of education contributes to lack of opportunity for employment.	8/14	20
	Job Education	Lack of job search education inhibits job finds.	7/14	15
	Will to learn	Learning to learn is a must in our society	8/14	14
Affordable Housing	Lack of affordable housing	Inflated housing markets contribute to unaffordable housing. 2 jobs barely enough.	12/14	49
	Lack of Resources	Lack of resources for down payments, identification cards, and credit.	9/14	40
Motivation	Lack of Motivation	Complacency and lack of drive to change current condition	8/14	22
	Mentality of Entitlement	Feeling of being entitled to available resources, food, and clothing	12/14	15
	Dependency on Government	Dependency on the welfare system halts drive for education, employment, and household improvement	9/14	21

(table continues)

Theme	Subtheme	Indicators	# of participant references	# of participant statements
Mental Stability	Substance Abuse	Dependencies on medications, alcohol, and illegal drugs impair decision making	13/14	52
	Mental Illness	Mental illnesses impair judgment, dependability, and job sustainment	12/14	40
Desire for Social Change	Desire for improved government assistance	Participants want more support from legislators and policy makers	10/14	53
	Desire for increased social involvement	Participants want more community involvement to meet needs of homeless	7/14	49

Evidence of Trustworthiness

In order to maintain credibility, transferability, dependability, and conformability of the information collected, several measures were carefully followed. First, in order to ensure that credibility of the data was maintained, each interviewee was provided the transcript of their interview to assess for needed corrections. Second, the utilization of the same protocol for each study, asking the same questions, and providing in-depth descriptions of the questions provided for adequate and positive transferability of the study. In order to guarantee dependability of the research, I followed the same interview protocol listed for each session. Finally, conformability of the study was obtained by utilization of the committee review process and providing in-depth post briefing

discussion. Post interview/briefing discussion ensured that my personal assumptions, ideas, thoughts, and perceptions were not being reflected in the study.

Results

Barriers to Education

For this section I assigned the theme barriers to education and provided subthemes that emerged during the research. Subgroups within the theme barriers to education included school attendance, job education, and the will to learn. All 14 participants identified at least one example in which lack of education played a role in the causes of chronic homelessness.

School attendance. Many of the participants within this study expressed that lack of education constantly contributes to the delinquency and deficiency experienced by homeless individuals. Participant A04 expressed that many homeless individuals are high school drops and very few graduate college. Along with the level of education, is a challenge to assist their homeless children with garnering a solid education. Among the challenges are having a stable housing environment to provide the children with a foundation for school attendance.

Participant A07 stated: “It’s hard for a homeless family to provide solid education if they don’t know where they will be sleeping every night. Additionally, even with all of the policy changes in recent years it is still difficult for homeless families to register at schools and get jobs without a proper home address.

Job education. Several participants stated that homeless individuals are not always in tune with how hiring works in the modern age. Many of them go into the local

markets looking for paper applications, but are told to apply online. Participant A09 expressed: “it is almost impossible for a homeless person to get a job without the knowledge of how computers work or how to use the internet to get a job.”

Will to learn. Two participants stated that in order for homeless individuals to keep up with society they must have a will to learn. Participant A015 stated: “homeless individuals must learn to learn in order to keep up with society. Every day is important in the life of a homeless person or family and any day that goes by that they refuse to learn to learn cripples their family’s ability to progress.”

Affordable Housing

All participants provided particular examples that related to affordable housing being a major cause on why chronic homeless individuals struggle to maintain long-term housing. Subgroups within affordable housing included lack of available housing in the area, lack of resources to gain access to housing, and lack of knowledge to resources that are available for housing. For example, Participant A05 explained: “A lot of homeless individuals are homeless due to the fact that they do not have down payments for housing, do not have access to resources that are available to obtain permanent supportive housing, and/or housing itself is too expensive for them to afford in Burlington County.”

Lack of affordable housing. Participant A09 also expressed: “The housing market in the state of New Jersey is extremely expensive and to simply afford a place to live, many people need at least two jobs.” Participant A03 stated: “it is difficult for many of the homeless individuals to maintain long-term housing because after paying for rent and utilities, it still remains a challenge for them to obtain daycare and in some instances

it is difficult to have assistance for food because their pay may disqualify them from food stamps, TANF, and other resources for various reasons.”

Lack of resources. Participant A08 stated: “Many people just don’t know what’s available to them and for those who find out what’s available they often disqualify for different reasons. For example, you may make too much money for permanent supportive housing or you may make too little money for permanent supportive housing. In many cases, the situation has to be just right for a person to receive the help they need and deserve.”

Motivation

Many individuals provided strong perspectives on lack of affordable housing and education, but not as many brought in the perspective of motivation. Two participants viewed motivation as central to causes of chronic homelessness in Burlington County New Jersey.

Feelings of entitlement. Participant A11 stated: “Many homeless individuals that I have assisted have often had a feeling of entitlement. Some of them expect to receive free meals, free clothes, and free housing and if it’s not to their liking they will let you know.”

Dependency on the government. Participant A14 stated that she perceived many of the struggles that homeless individual’s experiences are similar to the struggles of their parents and grandparents. She termed the homeless conditions as generational barriers that come from dependency upon the governments programs (i.e. Welfare, Medicaid, Food Stamps, and vouchers).

Mental Stability

Several participants stated that it is absolutely necessary to possess mental alertness and mental stability in overcoming chronic homelessness. Mental instability can come from various places; however, several participants advised that substance abuse and mental illness play major roles in degrading the mental stability of homeless individuals.

Substance abuse. Participant A06 stated: “Dependency upon drugs and alcohol severely contribute to many individuals being chronically homeless. For example, a person who is addicted to prescription drugs, illegal substances, and/or alcohol may often choose their substance over working, paying their rent, and/or going to school.”

Participant A03 also stated:

For many homeless individuals, it is a cycle. They may do well for any period of time in terms of working well, paying their bills, and making the right decisions. Many of the homeless just slip and fall right back into their former problems causing the cycles to repeat and that’s where case managers really step up and help to get them back on their feet again.

Mental illness. Several participants highlighted that mental illness significantly contributes to homelessness. Some mental illnesses impair human judgment, generate feelings of distrust and paranoia, and ultimately degrades an individual’s decision making. Participant A01 stated: “Not every person that has bad judgment is because they are bad people or addicted to drugs, sometimes it’s simply because of a clinically diagnosed mental illness. Unfortunately for some homeless individuals they are never diagnosed but are living on the streets because of their mental deficiencies.

Participant A09 gave an example of how mental illness contributes to homelessness:

Someone who is mentally ill or homeless may be functioning well for a season but then all of a sudden just choose not to go to work because they don't want to. Furthermore, they may also become aggressively paranoid that individuals are trying to hurt them for no particular reason.

Desire for Social Change

All 14 of the participants expressed tremendous desire to see social change in the community. Some of the participants expressed that nimbyism plays a tremendous role in why it is difficult to service the homeless community and that in order to assist the chronic homeless they would need the support from legislators and policy makers to implement new social programs.

Desire for Improved Governmental Assistance

Several participants stated that resources that would be useful are often tied up with government officials and freeholders. Participant A14 stated, "it is difficult to provide shelter support to chronic homeless individuals when the funding being provided to the state is not being allocated to those who service the most needy members of society." Participant A08 also concluded:

We have a strong desire to build micro-housing units in Burlington County, however, it is difficult to get support from the government in receiving zoning approvals, advocacy from freeholders, and resource assistance from legislators. It is difficult to combat chronic homelessness without the support we need.

Desire for Increased Social Involvement

The participants within the study expressed that they would like to see more involvement from the community in assisting chronic homeless individuals with resources, counseling, and housing. For example, Participant A04 provided: “we need more collaborative efforts from community leaders, to include, churches, day shelters, libraries, and medical clinics in servicing those who have needs and providing them with the training and assistance necessary to improve their conditions.” Participant A05 also shared:

In order to have a strong impact on getting the chronically homeless off the streets, it is important that we provide...various levels of resources, both educational and social to teach them what they need to do. As case managers...we are the frontline individuals that help them to believe in themselves again and recover from situations that they have found themselves in, but we also need other organizations to step help who are not looking for a profit, but simply want to help.

Relations of the Themes to the Research Question

The Burlington County case provided evidence in various elements that chronic homeless individuals are not provided adequate resources, opportunity, and education in helping to maintain and sustain long term housing. Although the financial and social resources exist within the communities in general, the allocated resources are not applied in particular to the agencies who service the most needing.

Shelter staff workers within Burlington County expressed tremendous frustration in not receiving assistance from government officials to obtain the necessary support and assistance required to end homelessness in the county. Although the resources and assistance exist, the gap exists in getting the resources where they need to be. Assumptions that have been made are that there are deficiencies in channels of communications between policy makers and shelters that service the homeless. The deficiencies exist in lack of interest in servicing the homeless, lack of motivation of chronic homeless individuals in educating themselves, and lack of affordable housing options within the chronic homeless areas of interest.

Summary

This chapter reviewed the results garnered from the research conducted in the conglomerate of organizations housed under the Citizens Serving the Homeless organization on why chronic homeless individuals struggle to maintain long-term housing in Burlington County, New Jersey. The chapter began with the plan for research and then went into a break-down of the analysis of procedures that would be followed. Furthermore, the themes that were discovered through the coding process engendered clarity for analysis. Additionally, I provided detailed case study information garnered from Citizens Serving the Homeless and generated an analysis of the data. The same process was completed for each participant within the study which addressed the research question from this research study. In the following chapter the interpretation of the findings were detailed along with the social change connections that are needed to be discovered with evolving research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this dissertation was to understand the perceptions of shelter staff workers employed within Burlington County, New Jersey, on the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing. Throughout the literature, researchers expressed that lack of affordable housing was a major reason why chronic homeless individuals struggle to maintain long-term housing. However, after investigating shelter staff workers from Burlington County, New Jersey, it became clear that lack of affordable housing was not the only reason chronic homeless individual's struggled. Chronic homelessness within Burlington County was related to lack of affordable housing, lack of resources, lack of social support, mental illness, and substance abuse.

With the understanding of the various struggles experienced by homeless individuals, I utilized individual interviews along with focus groups to collect the perceptions, ideas, and thoughts of shelter staff workers who work with homeless individuals every day. The use of a case study allowed me to work with and interview various organizations operating under the umbrella of Citizens Serving the Homeless to collect real-time information in a structure system. The results of this study can be utilized to inform theories and provide a basis for future studies.

In this chapter, I provide an analysis of the findings presented in the previous chapter. Additionally, this chapter delivers a comprehensive explanation of the social change implications relevant to the findings. Furthermore, I provide recommendations for

future research studies. Finally, I provide a conclusive summary of the chapter and the total research.

Interpretation of the Findings

Comparison of Findings with the Literature

The analysis of the information garnered during this research provide insight on what homeless shelter staff workers working within Burlington County, New Jersey perceive as the reason why homeless citizens struggle to obtain and maintain long-term housing. The overarching theme that emerged is that there is a lack of affordable housing available to meet the needs of the chronic homeless. Additionally, there are various facilitators of chronic homelessness and barriers to recovery from chronic homelessness, among which are lack of affordable housing, lack of resources, substance abuse, mental illness, and lack of education and job knowledge.

Multiple participants expressed that education inequality posed a significant hindrance to homeless individuals obtaining and maintaining long-term housing. There was also extreme consensus that chronic homeless individuals are at a deficit because they quite often do not have access to the intellectual knowledge, information technology, and modern modes of receiving job opportunities.

The results of this study present that chronically homeless individuals within Burlington County, New Jersey, are not receiving adequate resources and/or support to enable them to recover from chronic homelessness. Funding for programs are encased within a CoC that aids those who are not the homeless individuals in most need;

furthermore, government and state funding is perceived as not being allocated to the organizations who work with and support the chronic homeless individuals.

Participants statements provided evidence that chronic homeless individuals are often overlooked, are caught within a bureaucratic battle for resources, and are often lost in the methods and best practices for receiving institutional support. Participants expressed that within their communities, it was likely that they would not receive equal resources to meet the greatest demands of the homeless, but would likely have to rely upon charitable organizations and churches to provide assistance in getting homeless individuals off the streets and providing shelter during the coldest months of the year.

Shelter staff workers and leaders of Burlington County nonprofits expressed that, when it came to funding programs that aided and assisted in chronic homelessness, invisible barriers existed in obtaining funding, property, and accommodations needed to service this underprivileged community. Additional points of interest participants expressed were that elected officials expressed interest in solving the chronic homeless dilemma; however, indirect choices displayed that the elected officials were not truly willing to go the extra mile in solving the chronic homelessness issues. These contradictions in approach led to a conglomeration of both ambiguity and distrust for elected officials in helping to solve this problem.

Various participants expressed that lack of affordable housing and lack of resources played a major role in why chronic homeless individuals struggled to maintain long-term housing. Many of the same participants did not want to readily place the blame on elected officials or lack of focus by officials on where HUD allocations should be

dispensed. The findings of this research provide a solid basis upon which generalizations may be made regarding the major causes to and facilitators of why chronic homeless individuals living within Burlington County, New Jersey struggle to maintain long-term housing. The problems facing chronic homeless individuals in Burlington County appears to be a recurring cycle of lack of affordable housing, lack of resources, mental illness, and substance abuse. The next section provides implications that may be drawn upon from the findings of this research.

The information gathered during the data collection process confirmed much of the information garnered from available literature regarding chronic homeless causes, solutions, and social inequalities. Various patterns were discovered that supported the same themes highlighted in the literature. The findings of this research solidify the reality that chronic homeless individuals face a reality of lack of social resources and housing availability due to lack of education and cognitive stability.

Literature and Collected Data Connections

Lack of affordable housing. One of the central theoretical implications garnered from the literature on chronic homelessness was that lack of affordable housing remains a constant in every arena (NAEH, 2015; U.S. Conference of Mayors, 2007; HUD, 2014). Each participant in this study also reflected the same truth, stating that lack of affordable housing was a central barrier for chronic homeless individuals. While the top causes of chronic homelessness varied, one consistent item was that every shelter staff member drew upon the reality that lack of affordable housing was a major cause.

One of the most disturbing findings from this research concerning lack of affordable housing was that the shelter organizations were finding difficulty in gaining access to available land and buildings due to zoning issues. Various members expressed that they were not receiving the level of assistance they required from elected officials to stand up new operations or convert older operations to meet the needs of chronic homeless individuals locally. Various members complained that it was a daily contest to receive assistance in zoning, obtaining grant funding, and garnering advocacy from elected officials to build in certain areas. These data were consistent with collected data from NAEH (2015), U.S. Conference of Mayors (2007), and HUD (2014). It is probable that the continued separation of the homeless from society plays a great role in hindering the development of chronic homeless individuals.

Mental illness and substance abuse. Harding (2008) provided that mental illness and substance abuse are major causes to chronic homelessness. Thus, I had expected that much of the input provided by the staff workers employed with Burlington County would reflect the same perceptions and ideas. Many of the participants referenced that mental illness and substance abuse both play an integral role in the causes of chronic homelessness. For example, some participants expressed that it did not matter if housing was provided to a mentally ill chronically homeless individual because he or she would likely want to go back to the woods and shelters. Many staff workers pointed to shelters, soup kitchens, and human service organizations to provide chronic homeless individuals with the resources they need.

Comparison of Findings with the Polarities of Democracy Theory

The polarities of democracy (2006) served as the theoretical framework for this research study and provided for the analysis and interpretation of the findings delivered by shelter staff workers employed within Burlington County, New Jersey. In regards to the polarity pairs, a failure to effectively leverage the participation and representation pair may logically explain the lack of resources that exist in the lives of chronically homeless individuals in regards to funding, advocacy, and mental solidarity. Furthermore, the failure to effectively manage the diversity and equality pair may explain the lack of affordable housing available to chronic homeless individuals.

The diversity and equality polarity. Many participants within this study echoed the negative aspects of diversity and equality as identified by Benet (2006). Benet identified that, in situations where there exists inequality, the results tend to be detrimental to society and to individuals. The findings that surfaced during this study expressly relate; the chronic homeless individuals live in a society that does not equally balance power, money, and resources. Figure 1 identifies the polarity model that expresses the positives and negative aspects of the polarities of democracy.

Equality	Positives	Positives	Diversity
	Increased Housing Opportunity	Increased education opportunity	
	Increased social support	Increased work opportunity	
	Even distribution of resources	Self Interest	
	Negatives	Negatives	
	Housing Inequality	Housing Disparity	
	Decreased social support	Financial Disparity	
	System of Poverty	Degraded Quality of Life	

Figure 1. A diagram of the equality and diversity polarity map.

The participation and representation polarity. During this research study, several major themes surfaced that pointed to elected officials not providing the funding and resource support needed to assist the chronically homeless people. Several participants expressed that fighting through legislative walls inhibited successful building ventures to house the homeless individuals. The statements provided by these shelter staff workers supported Benet (2012), who stated the negative aspects of the participation and representation polarity.

The results of this study indicated that there does exist a system that elevates the negative aspects of this polarity. With the control of land, funding, and zoning power in the hand of elected officials and policy makers, it becomes difficult for organizational

leaders who service the chronic homeless to receive adequate support. Furthermore, with the unequal balance of power it becomes extremely difficult to hold elected officials accountable for the appropriate allocations of funding and resources. With the battle against nimbyism (not in my backyard), shelter staff workers tend to lose faith in the effectiveness of community leaders advocating for the chronic homeless cause. Figure 2 displays the participation and representation polarity model.

Participation	Positives	Positives	Representation
	Increased Collaborative Decision Making	Increased Participation	
	Increased Social Support	Increased Social Interaction	
	Increased Community Involvement	Increased Democratic Practices	
	Negatives	Negatives	
	Lack of Social Support	Lack of trust	
	Loss of Faith in the Political System	Abandonment of Community Participation	
	Lack of Confidence in the Democratic Process	Oppression of Chronic Homeless	

Figure 2. A diagram of the representation and participation polarity map.

The justice and due process polarity. In order to have a strong functioning democratic society, it is imperative that there exist justice and due process. Failure to

effectively leverage justice and due process will be catastrophic to a society. Many individuals who participated within this study expressed that chronic homeless individuals often refuse to seek out assistance from the government and nonprofit organizations because they feel that they will be exploited. It can be deduced from these statements and others that unless justice and due process are adequately managed it may impeded some chronic homeless individuals from receiving assistance.

Chronic homeless individuals who experienced loss of privacy and loss of possessions due to involvement with governmental agencies likely experienced the negative aspects of justice and due process. It is evidenced by shelter staff workers that some of these chronic homeless would naturally be disinterested in participating in the system and may also be averse to asking for help in recovering from chronic homelessness. Thus, when chronic homeless individuals reject the assistance of governmental agencies it leads to more negative impacts. Figure 3 provides examples.

Justice	Positives	Positives	Due Process
	Equal Distribution of Resources	Protection of Human Rights	
	Increased Governmental Trust	Increased Governmental Cooperation	
	Increased Safety	Increased Respect for Case Management	
	Negatives	Negatives	
	Lack of Resources	Misconduct	
	Lack of Accountability	System of Corruption and Unfairness	
	Loss of Family and Possessions	Increased Fear of Government	

Figure 3. A diagram of the justice and due process polarity.

Additional democratic polarities. In order to improve democratic society, Benet (2006) highlights that every polarity is significant and is required to be managed appropriately. During this study all of the polarities were not used; however, there may still be significant findings in their utilization. Not many participants referred to the polarities of human rights and communal obligations; however, these polarities may still play a role in identifying discontinuities in the community. Furthermore, in regards to the freedom and authority polarity some additional elements may be found by using these.

Polarities management. Polarities management is essential to developing a solid democratic society. There are various factors and elements that play a role in leveraging the polarities, and when these balancing mechanisms are not in place society become

lopsided and out of control. Johnson (1996) identified two very important elements in polarity management, namely duration and intensity. He expressed that when the duration of a polarity has been mismanaged for too long the individuals living on the downside become myopically focused on the other pole that they may forget the negative aspects of the current pole. Additionally, in terms of the intensity, when the negative aspects of the pole have impacted members of a society to drastically they in turn will seek to obtain the positive aspects at all costs without forethought of any consequences. With this understanding, it becomes expressly apparent that the balancing of the polarities are essential.

Limitations of the Study

The goal of this study was to identify the perceptions of shelter staff workers employed within Burlington County, New Jersey, on the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing. With the collection of interviews and human error there exists limitations. One major limitation is found in the fact that not every person feels comfortable providing uncensored information and thus may answer questions in a manner they feel comfortable with. There is no guaranteed way to determine that every statement, idea, or bit of information provided is completely truthful and accurate, so this exists as a limitation.

Recommendations

The scope of chronic homelessness is extremely deep and in order to truly solve the problem of chronic homelessness there must be future studies that garner data on additional causes of homelessness and best practices to solve it. Among the

recommended studies, research on motivation of chronic homeless individuals will aid shelter staff workers in identifying and providing motivation for chronically homeless individuals.

There is a dire need to perform case studies that explore the allocation of government funding to nonprofit organizations servicing the homeless. Among these studies, identifying how much funding is being provided to the homeless individuals most in need; pinpointing the types of roadblocks that hinder allocations of resources, property acquisition, and collaboration with policy makers.

Additional information that must be studied and applied is the pursuit of best practices on employing chronic homeless individuals, the possibility of homeless tent cities, and the development of micro-housing communities to provide cheap and affordable housing for the most needy in society.

Finally, I desire for this research to be utilized in other areas to identify the ideas, perceptions, and thoughts of other shelter staff communities to develop the best tactics, techniques, procedures, and best practices in solving the chronic homeless crisis. It will be absolutely critical to identify the correlations between chronic homelessness and lack of affordable housing. This approach will help to identify the major stumbling blocks and road blocks that exist in ministering to the chronic homeless.

Implications

The goal of this research was to identify the perceptions of shelter staff workers employed within Burlington County, New Jersey on the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing. Some

fundamental social change implications that I suggest from this research is derived from the inputs provided by shelter staff workers employed within Burlington County, New Jersey.

Shelter staff workers employed within Burlington County voiced that governmental funding is not being provided to the most needing institutions and that many chronic individuals are suffering as a result. One social change implication that I suggest is that CoC's should hire third-party agency to investigate where funds are allocated on a quarterly, semi-annual, or annual basis to determine if these organizations are servicing the neediest homeless individuals. Identifying weak points on allocations may provide a greater opportunity to reach the chronically homeless and provide additional funds to organizations that are engaged with the neediest communities.

Additionally, to ensure that the voice of homeless shelters are being heard, it may be useful to develop governmental entities that are specifically designed to investigate waste, complaints, and misallocation of funding. This suggested policy change on the local, state, and government level may lend itself to identifying, addressing, and solving problems that are often overlooked by the government at large and may aid in providing funding to organizations that service the neediest homeless. Providing the voice of advocacy on the legislative level may provide representation and a voice of equality for the chronically homeless. Furthermore, advocating for additional resources, building projects, and increase numbers of case managers may aid in the development of the Housing First model to aid the chronically homeless.

Another suggested social change is the increased mobilization of a voluntary case manager force via influential nonprofit organizations. Shelter staff workers reported that chronic homeless individuals are in desperate need of case managers to help in the recovery process. The use of nonprofit organizations and their staff may provide the answer to employing a case manager force. Providing voluntary organizations with free case management training, certification, and funding may produce a plethora of shelter staff workers and case managers who aid in the recovery of chronic homeless individuals for a fraction of the cost.

Conclusion

Chronic homelessness is not consistent with a democratic society. Chronic homelessness and the inequalities that surface as a result thereof suggest that there are many battles that must be fought, policies that must be changes, and purviews that must be redirected in the paths of justice and equality. The victims of chronic homelessness are subject to education deficiency, housing inequality, and a life of dysfunction. Chronic homeless prevents intelligent children from accomplishing incredible goals and having a clear path to the finish line.

Individuals experiencing chronic homeless are left with disappointment in the government designed for the people. These individuals lose confidence in the systems designed to make all men free. Today there are many individuals suffering from chronic homelessness who living under the oppressions of injustice are losing faith and hope.

There is work that must be done to fight for equality, there is work required to place every citizen in a place of stability, and there is work that must be done to provide

renewed hope and lasting expectancy to this generation. States, cities, and counties must be reshaped and refocused to remember that liberty and justice is for all. The development and growth of society is dependent upon legislators, policymakers, nonprofit organizations, and the entire democratic team in solving the issue of chronic homelessness.

References

- Aguirre, A., Jr., & Brooks, J. (2001). City redevelopment policies and the criminalization of homelessness: a narrative case study. *Research in Urban Sociology*, 6, 75-106.
- Benet, W. J. (2006). *The polarity management model of workplace democracy* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Full Text database, UMI Publishing. (Order No. NR15724).
- Benet, W. (2012). *The polarities of democracy: A theoretical framework for building a healthy, sustainable, and just world*. Unpublished manuscript. Social Economy Centre, Adult Education and Community Development Program of the University of Toronto, Canada.
- Benet, W. (2013). Managing the polarities of democracy: A theoretical framework for positive social change. *Journal of Social Change*, 5(1), 26-39.
doi:10.5590/JOSC.2013.05.1.03
- Byrne, T., Fargo, J. D., Montgomery, A. E., Munley, E., & Culhane, D. P. (2014). The relationship between community investment in permanent supportive housing and chronic homelessness. *Social Service Review*, 88, 234–263.
- Calgary Homeless Foundation. (2008). *Report on the cost of homelessness in the City of Calgary*. Calgary, Canada: Calgary Homeless Foundation.
- Canadian Homelessness Research Network. (2012). Canadian definition of homelessness. Retrieved from www.homelesshub.ca/CHRNhomelessdefinition/
- Childress, S. Reitzel, L., Santa Maria, D. (2015). Mental Illness and Substance Use Problems. (2015). Retrieved from

<https://mdanderson.influent.utsystem.edu/en/publications/mental-illness-and-substance-use-problems-in-relation-to-homeless>

Creswell, J.W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage Publications Inc.

Culhane, D. (2008). The cost of homelessness: A perspective from the United States. *European Journal of Homelessness*, 2(1), 97-114.

Culhane, D. & Byrne, T. (2010). *Ending chronic homelessness: Cost-effective opportunities for interagency collaboration*. Philadelphia, PA: University of Pennsylvania, Penn School of Social Policy and Practice.

Culhane, D., Parker, W., Poppe, B., Gross, B., & Sykes, E. (2007). Accountability, cost-effectiveness, and program performance: Progress since 1998.

Daiski, I. (2007). Perspectives of homeless people on their health and health needs priorities. *Journal of Advanced Nursing*, 58, 273-281.

De Vet, R., Van Luijckelaar, M. J., Brilleslijper-Kater, S. N., Vanderplasschen, W., Beijersbergen, M. D., & Wolf, J. R. (2013). Effectiveness of case management for homeless persons: a systematic review. *American Journal of Public Health*, 103(10), e13-e26.

Department of Housing and Urban Development. (2014). Annual Point in Time Count.

Retrieved from

https://www.hudexchange.info/resources/documents/2012AHAR_PITestimates.pdf.

Donley, A. M., & Wright, J. D. (2012). Safer outside: A qualitative exploration of

- homeless people's resistance to homeless shelters. *Journal of Forensic Psychology Practice*, 12, 288–306.
- Eberle, M., Kraus, D., Pomeroy, S., & Hulchanski, D. (2001). Homelessness - Causes & Effects: The Costs of Homelessness in British Columbia. Victoria, BC: Ministry.
- Eddin, J. P., Ganim, Z., Hunter, S. J., & Karnik, N. S. (2012). The mental and physical health of homeless youth: a literature review. *Child Psychiatry & Human Development*, 43(3).
- Frankish, J., Hwang, S., & Quantz, D. (2008). The Relationship between Homelessness and Health: An Overview of Research in Canada. In J. D. Hulchanski et al. (Eds.), *Finding home: Policy options for addressing homelessness in Canada* (e-book), Chapter 2.1. Toronto, ON: Cities Centre, University of Toronto.
- Gilderbloom, J. I., Squires, G. D., & Wuerstle, M. (2013). Emergency homeless shelters in North America: An inventory and guide for future practice. *Housing & Society*, 40, 1–37. Retrieved November 12, 2013 from EBSCO Online Database SocINDEX with Full Text.
- Government Printing Office. (2015). 42 U.S.C 11302 General Definition of Homeless Individuals. Retrieved from <http://www.gpo.gov/fdsys/granule/USCODE-2010-title42/USCODE-2010-title42-chap119-subchapI-sec11302>.
- Toner, M. (2015). Homelessness & the Right to Rest Act. Retrieved from <http://connection.ebscohost.com/c/articles/103683399/homelessness-right-rest-act>
- Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.

- Linton, K. F., & Shafer, M. S. (2014). Factors associated with the health service utilization of unsheltered, chronically homeless adults. *Social Work in Public Health, 29*(1), 73-80a
- McAllister, W., Lennon, M. C., & Li, K. (2011). Rethinking research on forming typologies of homelessness. *American Journal of Public Health, 101*(4), 596-601.
- Monarch Housing. (2014). New Jersey Point in Time Count. Retrieved from <http://monarchhousing.org/wp-content/uploads/njcounts16/2016PITReportStatewide.pdf>
- National Alliance to End Homelessness. (2015). Snapshot of Homelessness. Available at http://www.endhomelessness.org/pages/snapshot_of_homelessness.
- National Coalition for the Homeless. (2008). McKinney-Vento Act. Fact Sheet #18. Available at: <http://www.nationalhomeless.org/publications/facts/McKinney.pdf>.
- National Institute of Mental Health. (2015). Retrieved from <https://www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-mental-health-nimh>.
- National Law Center for Homelessness & Poverty. (2014). Retrieved from <https://www.nlchp.org/>
- National Low Income Housing. (2014). Retrieved from <http://nlihc.org/oor/2014>
- Nyamathi, A. M., Leake, B., & Gelberg, L. (2000). Sheltered versus nonsheltered homeless women differences in health, behavior, victimization, and utilization of care. *Journal of General Internal Medicine, 15*(8), 565-572
- Petrovich, James C., and Courtney C. Cronley. "Deep in the heart of Texas: A phenomenological exploration of unsheltered homelessness." *American Journal*

of Orthopsychiatry 85.4 (2015): 315.

Phelan, J., Link, B., Moore, R. & Stueve, A. (1997). The stigma of homelessness: The impact of the label "homeless" on attitudes towards poor persons. *Social Psychology Quarterly*, 60, 323-337. Salit S.A., Kuhn E.M., Hartz A.J., Vu J.M., Mosso A.L. Hospitalization costs associated with homelessness in New York City. *New England Journal of Medicine* 1998; 338: 1734-1740. Toronto, ON: Cities Centre, University of Toronto.

Patton, M. (2002). *Qualitative Research & Evaluation Methods*. Retrieved from <http://us.sagepub.com/en-us/nam/author/michael-quinn-patton>

Speak, S., & Tiple, G. (2006). Perceptions, Persecution and Pity: The Limitations of Interventions for Homelessness in Developing Countries. *International Journal of Urban & Regional Research*, 30(1), 172-188

U.S. Conference of Mayors. (2007). *Status report on hunger and homelessness*. Washington, D.C.: Author (see p. 187 in the APA Manual).

U.S. Interagency Council on Homelessness. (2015). Retrieved from <https://www.usich.gov/>

Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.). Thousand Oaks, CA: Sage Publishing

Appendix A: Individual Interview Protocol

Individual Interview Protocol**Pre-Interview Questionnaire****Name:****Date of Birth:****Street Address:****Apt#:****City:****Zip Code:****Years Lived in Community:****Political Affiliations:****Organizational Affiliations:****Education Level:****Occupation:****Marital Status:****Interview Location:****Interview Time:**

Appendix B: Individual Interview Questions

Interview Questions

Part 1 Community Profile

1. Please describe your connection with and role within the community.
2. Please describe the demographics, education, and background of people in the community:
 - a. What are your feelings concerning them?
 - b. How do you think they perceive the community or feel about it?
3. Do you feel that homeless individuals within the community have equal access to _____ as do none homeless individuals?
4. Who are the major leaders and/or role players within the community?
 - a. How did they become leaders
5. What do you feel are the major issues facing the homeless in this community?
 - a. What are the two major reasons why you feel homelessness has not ended in this region?
 - b. What role do you think the homeless themselves play in not recovering from homelessness?
6. Have there been any efforts by the organizations that make of the Continuum of Care to improve any of the problems you identified?

Part 2 Identified Social Issues

Social Issue Prompt: Homeless individuals living in Burlington County compared to non-homeless individuals in the same area show the following:

Give examples of housing conditions, wealth inequality, education inequality, environmental injustice, and criminal injustice.

7. What steps can be taken in order to aid the homeless in the issues they currently face in your community?

8. What chance of success do you feel there will be for any effort that is implemented in your community?

9. What organizations can you reach out to in order to solve some of the roadblocks that the homeless shelters have in meeting the needs of the homeless?

10. What political officials can you reach out too in order to aid you or other homeless organizations in overcoming economic or logistical issues in helping the homeless?

Appendix C: Focus Group Interview Protocol

Greetings, first of all I would like to thank each and every one of you for taking the time to discuss the issue of chronic homelessness in Burlington County, New Jersey. My name is Jimmy Griffith and I'm a doctoral student at Walden University. I am conducting research for my dissertation to determine the perceptions of shelter staff workers employed within Burlington County NJ, on the major barriers to and facilitators of chronic homeless individuals obtaining and maintaining long-term housing. First of all, I will start with providing you with relevant background information pertaining to chronic homelessness as well as some of the key problems that I've identified within my study of homelessness.

Before we commence, please allow me to provide you with a few rules that will enable maximum productivity:

1. First, I would like to make it known that it will be important for you to speak loud and clear because I will be recording the session in order to ensure accuracy in representation.
2. Second, please do not use your name when making statements. Each of you will be provided with a Pseudonym that will mask your real identity, but will represent who you are. The ultimate goal for this to maintain your confidentiality and protect your privacy. No mention of your name, department or institution will be utilized to guarantee maximum protection. Also, this is a non-attribution forum, so please do not mention anyone's comments after this meeting concludes.

3. During the 1 to 2 hour period of this interview, I will ask you questions concerning the homeless shelter set up, perceptions on chronic homelessness, and the way forward. I will act as a facilitator of the discussion, so please be open and candid with one another. Please speak directly to one another as I will be recording your comments.
4. It is important that every view is represented. With that, I'm concerned with every person's maximum participation. It is important that we cover viewpoints that are well received and viewpoints that are not well received. Please speak up and represent your viewpoints. Also, if I ask you to hold on for a second while you are attempting to speak it is not to be rude, it is to make sure that I'm getting responses from everyone for maximum participation.
5. If for any reason you feel uncomfortable with the group, the setting, the questions, or any other factor you are always welcome to exit without any penalty.
6. Please be open and honest about your responses. Open and honest feedback will enable improved reliability for the study. Also please be reminded that I'm the only person authorized to review the transcripts and information and both your privacy and confidentiality will be secured.

7. Finally, if you have any questions, comments, or concerns you are welcome to present them to me during or after the interview.

If it is OK with everyone, at this time we will begin video and audio recording right now.

During today's discussion we are going to attempt to identify the following:

1. What resources exist within the community to address the needs of the homeless?
2. What have members within the community done or attempted to do in order to address the issue of chronic homelessness?
3. What are some of the major issues as to why these attempts have succeeded or failed?
4. What are examples of employment opportunities in the community for homeless individuals?
5. What are examples of employment training and/or job seeking opportunities for homeless individuals?
6. What are some examples of homeless shelter assistance in the community?
7. What hindrances have been identified in establishing homeless shelter initiatives in the community?

Appendix D: Focus Group Interview Guiding Questions

1. Do you really care about the quality of life for chronic homeless individuals in the American community?
 - a. Why or Why Not?
 - b. Do the people in the community care about the chronic homeless in the community?
 - i. How do you know?
 - c. Is it beneficial to have mutual support and trust in the community?
2. Are you aware of any serious problems that are facing the chronic homeless in your community?
 - a. Why are these problems continuing?
 - b. Who is responsible for the cause of these problems?
 - c. What will it take to put an end to these problems?
 - d. Are the problems solvable?
 - e. Is motivation a factor?