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Unsheltered Homelessness on Oahu, Hawaii

Erik Gray
Walden University

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Walden University

College of Social and Behavioral Sciences

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Erik Gray

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Walden University
2020

Abstract

Unsheltered Homelessness on Oahu, Hawaii

by

Erik Gray

MSW, Hawaii Pacific University, 2016

BA, University of Hawaii, 2013

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Work

Walden University

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Abstract

According to a recent national estimate of homelessness in the United States, between 2016 and 2017, the number of people experiencing homelessness increased by 0.7 %. This study was focused on the issue of unsheltered homelessness in the context of Oahu, Hawaii. There is a gap within the available scholarly literature that directly addresses the unsheltered homeless populations and why it is that they are unsheltered rather than living in a shelter or utilizing other transitional services. Using the generic qualitative approach and a purposive sampling method, 12 service provider professionals who work directly with the unsheltered homeless on the island of Oahu were interviewed regarding their perspectives concerning why the unsheltered homeless populations remain unsheltered and the strengths, weaknesses, and effectiveness of the intervention systems available to assist them. Data analysis for this research consisted of the identification and subsequent exploration of patterns and themes rendered from the interview processes navigated. Findings from this study suggest that unsheltered homelessness on Oahu consists largely of individuals with mental illness, and/or substance abuse problems. Multiple service providers stated that there are adequate services available to serve the unsheltered homeless, but some report that these services are often underfunded and understaffed. Service providers from a variety of separate agencies expressed a desire for a better-informed public and political leadership concerning what the issues of the homeless are. There is a shared belief among many service providers that there is a need to advocate for more long-term solutions to the growing problems of homelessness.

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Dedication

This work is dedicated to the unsheltered homeless, a diverse and often resilient population.

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I would like to acknowledge my family for supporting me through the past decade of this academic journey and for allowing me the time necessary to engage in this process. My wife, Cherylyn Gray, has been a consistent beacon of support and encouragement, and my daughter, Nova Gray, has been a source of pride that I will always gratefully cherish. I must also acknowledge my father, James Gray, and mother, Theresa Wagner. My parents have been a source of direction by which I can proudly set my compass. Finally, I would not have undertaken this endeavor without my father's influence in my life. This achievement rightfully belongs to him. I am humbled by the academic opportunities that I have received and the unyielding kindness that my family has shown me.

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Chapter 1: Introduction to the Study

Introduction

The preamble of the National Association of Social Workers and Associated Social Service Providers (NASW) describes the primary mission of social workers and associated social service providers as the enhancement of well-being and the delivery of basic human needs to those who may be vulnerable, oppressed, or living in poverty (Reamer, 1998). According to a recent national estimate of homelessness in the United States, between 2016 and 2017, the number of people experiencing homelessness increased by 0.7% (Henry, Watt, Rosenthal, & Shivja, 2017; U.S. Department of Housing and Development [HUD], 2017). The largest increases in that time were unaccompanied children and young adults (14.3%), individuals experiencing chronic homeless (12.2%), and those counted as unsheltered (9.4 %)(Henry, Watt, Rosenthal, & Shivja, 2017; U.S. Department of Housing and Development [HUD], 2017). Due to the growing numbers of this vulnerable, oppressed, and poverty-stricken subgroup, more research is necessary to understand why these numbers are growing and ways in which service providers may improve intervention strategies to assist the homeless population. It is possible that a greater understanding of the service provider's perspective could offer valuable insights concerning these rising numbers.

In this qualitative inquiry, I explored the perceptions of service providers on Oahu, Hawaii who serve the unsheltered homeless regarding the strengths, weaknesses, and effectiveness of the intervention services and programs available to assist the unsheltered homeless population and why it is that this subgroup remains unsheltered.

Through better informing service providers, researchers, and advocates, the findings of this study have the potential to improve the quality of the services available to the unsheltered population. The findings of this study may also contribute to the process of the ever-evolving engagement and intervention strategies for those who would use them.

Background

HUD defined the unsheltered homeless as, people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground (as cited in Henry, Cortes, & Morris, 2013, p. 2).

People considered chronically homeless and unsheltered have a significantly greater morbidity and at significantly younger ages than others with greater housing stability in society (Linton & Shafer, 2014). The reason for the heightened morbidity among unsheltered homeless is often the physical and psychological impairments accrued through a homeless lifestyle (Linton & Shafer, 2014).

According to data released by HUD (2017) in January 2017, there were 553,742 counted homeless in the United States; 360,867 of those numbers were people counted living in emergency shelters and transitional housing and 192,875 were those living in unsheltered locations (Henry et al., 2017). These numbers indicate that roughly 35% of the homeless population in the United States, either through shelter unavailability or by choice, remain unsheltered (Henry et al., 2017; HUD, 2017). This unsheltered subgroup

of the homeless population is at a significantly higher risk of morbidity and death (Linton & Shafer, 2014).

This unsheltered group often has a history of cycling through various shelters and treatment programs because of reoccurring symptoms and conditions, such as: drug or alcohol relapse, chronic psychological symptoms, and/or a general dissatisfaction with services that are available (Hopper, Jost, Hay, Welber, & Haugland, 1997). Unsheltered individuals are more likely to have medical problems due to exposure of the elements, poor hygiene, malnourishment, and drug or alcohol use (Gelberg & Linn, 1989). Despite these heightened physiological and psychological problems, research suggests that homeless people are less likely to utilize available health services than others in the community (Gelberg, Linn, Usatine, & Smith, 1990).

The Hawaiian governor's Coordinator on Homelessness, Scott Morishige, had the following to say concerning the significance of this problem on the island of Oahu, in the state of Hawaii: "Hawaii has the highest rate of homelessness per capita among the 50 states, with an estimated 465 homeless individuals per 100,000. The alarming increase in unsheltered individuals and families over the past 2 years is particularly significant on Oahu (as cited in Morishige, 2015, p. 1)."

Despite the large numbers of unsheltered homeless, the majority of research on the homeless is derived from data collected from sheltered homeless people (Levitt, Culhane, DiGenova, O'Quinn, & Bainbridge, 2009). This indicates a gap within the available scholarly literature that directly addresses the unsheltered homeless populations and why it is that they are unsheltered rather than living in a shelter or utilizing other

transitional services. Although Oahu has one of the largest per-capita unsheltered homeless populations in the United States (Morishige, 2015), there is little scholarly research that has been conducted on this issue.

Two relevant works exploring homelessness on Oahu are McDonnell's (2014) article, "Houseless Versus Homeless Exploratory Study of Native Hawaiian Beach Dwellers on Oahu's West Coast," and Tang's (2014) article "Reworking Homelessness: Dignity and Power at Two Oahu Shelters." In this study, I expanded on these previous works by looking further than the beach dwellers of West Oahu or the sheltered homeless living in the homeless shelters and to the unsheltered homeless subgroup on Oahu through the perspectives of the service providers who serve them. The findings of this study will help fill the gap in the scholarly literature concerning unsheltered homelessness, the service providers' perspectives concerning this phenomenon, and the service systems in place to assist. More data concerning this distinct population will be beneficial for scholars, practitioners, and care providers working to learn about, assist, or advocate for the unsheltered homeless population on Oahu.

Problem Statement

Individuals who remain unsheltered for long periods of time and who are often contending with multiple physiological and psychological factors, such as medical problems, substance abuse issues, and mental health conditions, have been considered the most difficult homeless group to engage in services and find sustainable intervention strategies for (Dickson-Gomez, et al., 2007; Jost, Levitt, & Porcu, 2011; Rowe et al., 2002). There are only a few extant studies that are specific to the unsheltered homeless

population on Oahu, and these studies do not address the effectiveness of the available intervention services and programs in place or why it is that this subgroup of the homeless population remains unsheltered (see McDonnell, 2014; Tang, 2014). More research is needed to expand on these previous works and advance the knowledge of the unsheltered homeless on Oahu and the intervention systems available to assist them.

Purpose Statement

The purpose of this generic qualitative inquiry was to explore the perceptions of social workers and associated social service providers who work with the unsheltered homeless on Oahu, Hawaii concerning the strengths, weaknesses, and effectiveness of the intervention services available and the service providers' perceptions concerning why these homeless individuals are unsheltered. Specifically, I collected data from service providers (i.e., social workers, medical professionals, administrators, and case managers) from nonprofit agencies who work directly with the unsheltered homeless population on Oahu.

With a clearer understanding of the perceptions of the social service providers concerning the strengths, weaknesses, and effectiveness of the services in place to assist the unsheltered homeless, researchers, advocates, and service providers may perhaps create more effective service strategies. There is little scholarly research about the unsheltered homeless on Oahu, and by filling this gap in the scholarly literature, it is possible the findings of this study will be used to devise and improve intervention strategies to engage and assist the unsheltered homeless population.

Research Questions

RQ1: What are the perceptions of service providers on Oahu, Hawaii who serve the unsheltered homeless concerning why these homeless individuals are unsheltered?

RQ2: What are the perceptions of service providers on Oahu, Hawaii who serve the unsheltered homeless concerning the strengths, weaknesses, and effectiveness of the intervention services and programs available to assist the unsheltered homeless population?

Theoretical Framework

Research design may be understood to be a search for what is happening and why it is happening (De Vaus, 2001). These two basic components may be separated into two forms of research: descriptive research and explanatory research (De Vaus, 2001). In this study, I used systems theory as my theoretical framework.

The role of theory in social research is to explore and describe relationships between the individual, social behavior, and society in the search of correlation, causality, and prediction (De Vaus, 2001). The basic tenants of a research theory and its design are the initial proposition that defines the theory and seeks to clarify an observation (De Vaus, 2001). However, even when a theory has been corroborated and survived attempts to disprove it, the theory will still be provisional (De Vaus, 2001). Due to the nature and ambiguity of confirmation, it is possible that even after substantial testing and predictions enforce a theory, the best a theory can state is that it has not yet been disproven (De Vaus,

2001). Not being disproven does not render something unquestionably true (Cook, Campbell, & Day, 1979).

Systems theory is the interdisciplinary study of systems, how they operate both independently and in relation to other systems, and how each component affects the whole (Von Bertalanffy, 1969). In order to comprehend an organized whole, both its parts and the relationships between these parts must be understood (Von Bertalanffy, 1972).

In context of the unsheltered homeless of Oahu, the systems are the unsheltered homeless individuals and the communities in which they congregate, the communities in which these congregations exist, and the service providers that offer the services designed to assist the homeless populations, such as shelters, nonprofit agencies, government programs, and various community resources. Systems theory was directly in line with the purpose of this study because it helped to describe the complex relationships between the unsheltered homeless and the services in place to assist them. Through the perspectives of the service providers that offer these services and work directly with this population, a better comprehension of these systems may emerge. In this study, I explored the workings and perceptions of service providers from government and nonprofit community agencies that serve the homeless on Oahu. Jost et al. (2011) found that because the unsheltered homeless are resistant to seeking or accepting help, finding pathways to engagement with social service providers is one of the main challenges in assisting them. Providing permanent housing solutions for the homeless reduces the demand for community services, hospitalizations, and time (Culhane, Metraux, &

Hadley, 2001; Metraux et al., 2003). Through a clearer understanding of the systems in place and how these systems work together to serve the unsheltered homeless on Oahu, more efficient and effective systems and service strategies may be created to engage and assist this population

Nature of the Study

The generic qualitative approach seeks to understand how people construct, interpret, and derive meaning from their experiences (Merriam, 2002). Through a highly inductive use of open codes, categories, and thematic analysis, this approach aims to provide a rich description of the specific phenomenon being investigated (Lim, 2011). Using the generic qualitative approach and a purposive sampling method, I interviewed a sample of 12 service provider professionals who work directly with the unsheltered homeless on the island of Oahu in regard to their perceptions concerning why the unsheltered homeless population remains unsheltered and the strengths, weaknesses, and effectiveness of the intervention services available to assist the unsheltered homeless population.

In this study, I collected data from social workers, administrators, medical professionals, and case managers from a total of 10 separate government and community nonprofit agencies who work directly with the unsheltered homeless population on Oahu. I interviewed 12, credible, nonprofit service providers who had extensive experience working with the unsheltered populations. To safeguard against any ethical concerns, the identities of all agencies and participants were kept confidential and anonymous in the publication of this work.

I chose participants who were able and willing to provide data through virtue of their professional experiences (see Bernard, 2017; Lewis & Sheppard, 2006). Ritchie, Lewis, and Elam (2003) noted that a qualitative research sample size should be small because phenomena only need appear once to be recognized and accounted for. A point of diminishing return occurs when no new evidence occurs by increasing the sample size, and Crabtree and DiCicco-Bloom (2006) referred to this process as data saturation. The point of saturation is achieved when the data begins to repeat and the collection of more data does not render new information (Mason, 2010). Guest, Brunce, and Johnson (2006) asserted that data saturation generally occurs during the first 12 interviews, and that few new phenomena are likely to emerge beyond those first 12 interviews.

Qualitative data analysis software provides researchers the tools needed to transcribe, interpret, and complete analysis, and this is useful for presenting the data and results (Towne, 2018). Computer-assisted qualitative data analysis software (QDAS) is used in a variety of social sciences, medical, educational, and legal forms of qualitative research (Towne, 2018). MAXQDA is a QDAS that was released in 1989 and has a long history of assisting users with qualitative data analysis (Towne, 2018). It is used by thousands and provides powerful, innovative, and easy to use analytical tools (Towne, 2018). MAXQDA is used to analyze interviews, reports, tables, surveys, focus groups, videos, audio files, literature, and much more (Towne, 2018). This is leading software that provides proven results (Towne, 2018).

Definitions

The following terms are key constructs that are used throughout this study and may be considered to have multiple meanings.

Unsheltered homelessness: The HUD defined the unsheltered homeless as, people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. (as cited in Henry et al., 2013, p. 2).

Service provider: Both the agencies and the agents who specifically provide services for the unsheltered homeless population.

Transitional shelter or housing intervention services: The services that the service providers deliver to the unsheltered homeless to assist the population transition from a state of unsheltered homelessness to that of sheltered homelessness, such as living in a homeless shelter, a housing program like Section 8 or any other transitional program that assists the homeless to find affordable, sustainable housing solutions.

Assumptions

One assumption that was critical to the meaningfulness of this study and believed but not necessarily true was that many unsheltered homeless could potentially have a higher quality of life if they have access to affordable, stable housing. In this study, I did not question whether services are necessary or useful to assist the unsheltered homeless toward a stable home but instead assumed that at least some of the unsheltered homeless population would benefit from having access to services that assist them to transition

towards stable housing. This assumption was based on a body of research that suggests that the unsheltered homeless have a greater morbidity rate than those with housing stability in society due to physiological and psychological impairments accrued through a homeless lifestyle (Linton & Shafer, 2014) and that the unsheltered homeless are more likely to have medical problems due to exposure to the elements, poor hygiene, malnourishment, and drug or alcohol use (Gelberg & Linn, 1989). This assumption was necessary in the context of this study because much of the emphasis is on the service providers who serve the unsheltered homeless and those service providers' perceptions regarding the services that exist to assist the unsheltered homelessness.

Scope and Delimitations

The specific aspects of the research problem addressed in this study were the symptomatic issues that accompany an unsheltered homeless lifestyle on Oahu, Hawaii and the potential which the intervention strategies that exist may offer the unsheltered from the perspective of the service providers who render those services. In this study, I sought to gain the service providers' insights into the context of the service systems that exist and the strengths and weaknesses that comprise this paradigm.

Boundaries of the Study

Although general information concerning sheltered and unsheltered homelessness were explored to define the problem and issues, the boundaries of this study are both geographical and population specific. Only service providers on Oahu, Hawaii were interviewed and only in regard to their perceptions concerning the unsheltered homeless subgroup of the homeless population specifically on Oahu. The sheltered homeless

population will be largely excluded in the data collection and analysis of this study as they are a separate subgroup within the homeless category. However, these 2 distinct groups do have a variance of crossover that will be examined because the transition from unsheltered to sheltered homeless is a monumental step within the process to housing, and these steps do not necessarily happen in a linear fashion. Hopper et al. (1997) suggested that the unsheltered group often has a history of cycling through various shelters and treatment programs because of reoccurring symptoms and conditions, such as drug or alcohol relapse, chronic psychological symptoms, and/or a general dissatisfaction with services that are available.

The unsheltered homeless population of Oahu, Hawaii are considered a vulnerable and at-risk population. As such, there are ethical concerns involved when interviewing this population directly. I did not have any direct contact with the unsheltered homeless in this study to avoid any potential harm to this vulnerable population. However, being that the focus of this study was the intervention service systems in place and their strengths, weaknesses, and effectiveness from the perspective of the service providers who comprise this system, data regarding this population was obtained and analyzed without direct contact with the unsheltered homeless population.

Potential Transferability

There is little information about unsheltered homelessness on Oahu, Hawaii in academic journals. The findings of this study help to fill that gap within the available scholarly literature. In addition to the advancement of knowledge on the phenomenon of unsheltered homeless on Oahu, this study may be useful to service providers, policy

makers, and advocates from all disciplines who serve the unsheltered homeless. In addition, the findings of this study offer potential for a broad array of applications; some examples being the creation of more effective and efficient services and informing future research on homelessness, unsheltered homeless, or chronic homelessness of any variety both on Oahu and other areas worldwide. The findings of this study may be used alone or in tandem with other research as a means of example, comparison, or contrast.

Limitations

Several limitations of this study arise from the consideration that unsheltered homelessness is a term used to describe a phenomenon but that it does not adequately describe the individuals it categorizes. The issues of providing this population with services are complex and should be considered on an individual basis. However, due to the inaccessibility of the unsheltered homeless, living in a “public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground,” (as cited in Henry et al., 2013, p. 2), quantitative research is difficult, and qualitative, indirect approaches, such as this study, yield results through analyzing the experiences and perspectives of the service providers who serve the population directly.

The study was subject to any biases held by the participants selected for the interview process. To protect against potential bias, data from 12 service providers were collected from a variety of disciplines, including social workers, case managers, medical professionals, program managers, and administrators from agencies who directly serve the unsheltered homeless population on Oahu. Guest et al. (2006) asserted that data

saturation generally occurs during the first 12 interviews, and that few new phenomena are likely to emerge beyond those first 12 interviews.

Significance

The Hawaiian governor's Coordinator on Homelessness, Scott Morishige, said the following concerning the significance of unsheltered homelessness on Oahu: "Hawaii has the highest rate of homelessness per capita among the 50 states, with an estimated 465 homeless individuals per 100,000. The alarming increase in unsheltered individuals and families over the past two years is particularly significant on Oahu (as cited in Morishige, 2015, p. 1). Furthermore, it has been shown that because the unsheltered homeless are resistant to seeking or accepting help, finding pathways to engagement with social service providers is one of the main challenges in assisting them (Jost et al., 2011).

The findings of this study have the potential to advance the knowledge of unsheltered homelessness specifically on the island of Oahu, Hawaii. In this study, I made the original contribution of gathering and analyzing data to consider this issue from the perspectives of the service providers who directly serve the unsheltered homeless on Oahu. The service providers' perceptions regarding why this population remain unsheltered, the strengths and weaknesses of the current service systems, and what could be done by service providers to develop more effective services were considered.

The findings of this study may lead to positive social change in that the more that is known concerning the unsheltered homeless and the service systems that serve them, the more efficiently service providers may be able to engage with them and construct intervention strategies to assist them. Through better informing service providers,

researchers, and advocates, the findings of this study have the potential to improve the quality of the services available to the unsheltered population.

Summary

To summarize, in this study, I examined the topic of unsheltered homelessness specifically on the island of Oahu, Hawaii and the services available to assist this population. Because the unsheltered homeless are a vulnerable population, data were gathered indirectly through the medium of the service providers who serve them. Using systems theory, the generic qualitative approach (see Merriam, 2009), and a purposive sampling method, I interviewed a sample of 12 service provider professionals who work directly with the unsheltered homeless on Oahu in regard to their perceptions concerning why the unsheltered homeless population remains unsheltered and the strengths, weaknesses, and effectiveness of the intervention services available to assist them. I chose participants who were able and willing to provide data through virtue of their professional experiences (see Bernard, 2017; Lewis & Sheppard, 2006). I selected 12 qualified participants who were employed at credible agencies that serve the homeless on Oahu, Hawaii.

In Chapter 2 of this study, I provide an exhaustive review of the current literature, beginning with a concise synopsis of the topic that establishes the relevance of unsheltered homelessness and the service systems in place to assist them.

Chapter 2: Literature Review

Introduction

It is difficult to conceptualize the full breadth of homelessness in the United States. The topic is controversial among legislators, service providers, and the public. Homelessness is often considered the result of laziness, drug or alcohol addiction, lack of motivation, lack of education, self-willed poverty, or any combination of these factors among the homeless population. Tracking the homeless provides legislators and service providers with the tools necessary to understand the many problems that homelessness encompasses, such as the causes of homelessness, intervention strategies navigated, and the successes or failures of the service systems in place; however, tracking of the homeless and gathering data concerning their condition is limited (Henry et al., 2017; HUD, 2017).

Homelessness is a problem that exists in both urban and rural areas, and some major causes are reportedly a lack of affordable housing, substance abuse, poverty, and limiting mental or physical conditions (National Conference on Ending Homelessness, 2015). Researchers have suggested that in order to combat homelessness, there must be more governmental programs that offer social services, such as transitional housing, or permanent housing solutions (Byrne, Fargo Montgomery, Munley, & Culhane, 2014).

Homeless individuals can be separated into two main subgroups: sheltered and unsheltered. The sheltered subgroup are homeless individuals who are currently living in a shelter or transitional housing program, and the unsheltered subgroup are homeless individuals who are living in places not meant for human habitation, such as cars, under

bridges, or homeless encampments (Henry et al., 2017; HUD, 2017). Across the nation, the living conditions of the unsheltered homeless vary greatly; some reside in sprawling tent cities and others live in squats, alleyways, or under bridges and overpasses (Henry et al., 2017; HUD, 2017). Unsheltered homeless encampments may consist of hundreds of individuals or one single person and the conditions differ at each (Chamard, 2010).

People considered chronically homeless and unsheltered have a significantly higher morbidity than others with greater housing stability in society (Linton & Shafer, 2014). The unsheltered subgroup of the homeless comprises approximately 35% of the total homeless population in the United States (Henry et al., 2017; HUD, 2017).

Individuals who remain unsheltered for long periods of time are often contending with multiple physiological and psychological factors (Henry et al., 2017; HUD, 2017). The unsheltered subgroup of the homeless have been considered the most difficult homeless group to engage in services and create sustainable intervention strategies for (Dickson-Gomez, et al., 2007; Jost et al., 2011; Rowe et al., 2002). The benefits of having a home range from psychological well-being and esteem to physiological health advantages due to the stability and comfort a home provides (Christian, Clapham, Thomas, & Abrams, 2012).

Although Oahu, Hawaii has one of the largest per capita, unsheltered homeless populations in the United States (Morishige, 2015), there has been little scholarly research conducted on this population and the various reasons that they remain unsheltered rather than utilizing the intervention systems in place, such as transitional or assistive housing programs. There are few studies that are specific to the unsheltered

homeless population on Oahu, and these studies do not address the perceptions of the service providers regarding the effectiveness of the available intervention services and programs in place (see McDonnell, 2014; Tang, 2014). More research is needed to advance the knowledge of the unsheltered homeless on Oahu and the intervention systems available to assist them.

In this literature review, I explore the topics of unsheltered homelessness and the service systems that offer assistance to the homeless both on a national scale and in the context of Oahu, Hawaii. In this review, I examine studies related to the topic of unsheltered homelessness and discuss methodologies appropriate to the scope of this study, ways in which other researchers have approached this or similar phenomenon, and the rationale behind the key concepts involved. The literature review also serves as a vehicle from which the theoretical foundation of this study is described and analyzed. The theoretical foundation and the available scholarly literature are the framework on which this study was conducted.

Literature Search Strategy

I conducted an exhaustive review of the extant literature regarding unsheltered homelessness and the service strategies designed to intervene. The following databases were accessed:

- The Educational Resources Information Center is an academic resource that is maintained by the U.S. Department of Education and lists citations and abstracts for over a million journal and non journal sources. The Educational Resources

Information Center contains educational journals, articles, books, research syntheses, and various other related resources (CITE).

- Google Scholar is a widely used database that offers a variety of peer-reviewed articles, books, reports and other resources (CITE).
- PsychINFO is the American Psychological Associations resource for abstracts, scholarly journals, books, and dissertations. Containing over 3 million citations, it is the largest database available for peer-reviewed literature in the disciplines of mental health and behavioral science (apa.org).
- SAGE Journals offers peer-reviewed content in psychology, political science, social science, and much more (journals.sagepub.com).
- SocINDEX features materials on the subjects of sociology, criminal justice, and social work. SocINDEX is considered one of the most comprehensive sociology research databases available (ebSCO.com).
- Social Work Abstracts is a database produced by the NASW that provides abstracts for journals related to the social work profession, including theory, practice, areas of service, and social issues (nawspress.org).

I searched each database using the following key search terms: *unsheltered homeless, homelessness on Oahu, homelessness in Hawaii, homeless intervention strategies, service providers and homelessness, social services on Oahu, and social services in Hawaii*. Each key term was used in each database to generate the largest and most diverse possible results. Few articles concerning unsheltered homelessness and the service systems available to this population were found and fewer still that addressed

these topics on the Hawaiian Islands or Oahu specifically. This shortage of data was mitigated by exhausting all resources that could be found in the available databases.

Theoretical Foundation

Theoretical approaches in the context of social work or social services are often employed to explore human behavior and create practice models and intervention strategies. Systems theory describes human behavior in the context of its intersectionality of influences from interrelated systems (Bertalanffy, 1969).

Systems theory was first published in Bertalanffy's (1969) general systems theory. Systems theory is the study of systems, how they operate independently and in relation to other systems, and how each component affects the whole (Bertalanffy, 1969). Systems theory is used in a variety of disciplines, including social work, cybernetics, and biology (Bertalanffy, 1969). Although the applications differ in each of the disciplines that it has been appropriated in, all systems theories are similar in that they adhere to the concept of the whole being comprised of interrelated parts that affect one another (Bertalanffy, 1969).

Several seminal figures of systems theory in the context of social work and sociology are Talcott Parsons, Robert Merton, and Ludwig von Bertalanffy. Parsons was a 32-year-professor at Harvard University who contributed much to the field of sociological theory (Parsons, 1964). Parsons (1964) was an educator and scholar of sociology whose work social system describes systematic determinates of behavior. Merton is a sociologist whose theories on functional analysis have contributed greatly to systems theory (Leheman, 1966). Merton (1968) noted that through conceiving of society

as a whole, it becomes natural to understand this system as being composed of various interrelated parts whose operations have an impact on the whole. Functionalism is the analysis of social phenomena and their effect on other phenomenon as well as on the socio-cultural whole, a concept that is at the root of systems theory (Leheman, 1966). Von Bertalanffy is often credited with the proposition of systems theory in the 1940s (Bertalanffy, 1969) Von Bertalanffy (1969) was a biologist who asserted that a system is a complexity that is comprised of interacting elements that have an effect on one another and on the whole of the system.

All of these ideas revolve around the central notion that the sum is a product of its individual parts and that both the sum and the parts affect one another. Systems theory is used to create a holistic understanding of individuals within the context of a greater social environment (Bertalanffy, 1969). Systems theory is applied to phenomenon where multiple systems inextricably interact and influence each other as well as in scenarios where contextual understandings of behavior help to form the most suitable practice interventions (Bertalanffy, 1969).

Systems theory relates to this study in that one of the fundamental aspects of social work or social services is to help clients navigate the systems that affect their lives. This requires a competent comprehension of how subsystems are connected and how they influence one another. In context of the unsheltered homeless of Oahu, the systems are the unsheltered homeless individuals, the communities in which they congregate, the greater social communities in which these congregations exist, and the service providers that offer the services designed to assist the homeless populations, such as shelters,

nonprofit agencies, government programs, and various community resources. Systems theory is directly in line with the purpose of this study because it helps to describe the complex relationships between the unsheltered homeless and the services in place to assist them. Through a better understanding of the systems that exist, it is possible that the systems may be improved upon or new systems and interventions strategies created. The study of the perceptions of these systems by the service providers who comprise them is a useful tool when trying to understand the strengths and weaknesses within the current paradigm. The use of systems theory assisted me in exploring the following questions in the context of the unsheltered homeless of Oahu: What are the main components of the services network available for homeless participants? How do these various agencies, organizations, and government entities work together/interact to render services? What are the strengths and weaknesses of these systems?

Key Variables and Concepts in Homelessness Research

Related Studies

Early studies on homelessness were comprised of ethnographic research conducted by researchers who lived in urban settings among the homeless subjects they studied (Harper, 1982). A conclusion of these early studies was that homelessness was closely related to local context (Miles, 2008). Today, there is a large amount of research available on the subject of homelessness; however, much of the research available focuses on the scope and descriptions of homeless populations rather than the delivery of services and the intervention strategies being implemented to assist the homeless population (Miles, 2008). In consideration of the services and intervention strategies

available, a related study concluded that in many shelters and homeless service agencies, homelessness is viewed less as a circumstance or condition and more the result of individual flaws (Donley & Wright, 2012). From this perspective, the homeless are viewed as broken and in need of repair rather than victims of a series of unfortunate circumstances (Donley & Wright, 2012).

This ideology of self-sufficiency places the burden of responsibility for homelessness on the needy individuals experiencing the phenomenon rather than potentially broken or ineffective institutions or larger social, political, and economic factors (Donley & Wright, 2012). This perspective, often referred to as the medicalization of homelessness, has been described as an insufficient explanation for a social problem that obstructs efforts to target the more fundamental social inequalities of homelessness at its foundations (Wasserman & Clair, 2014). The result of the medicalization of homelessness is that many homeless opt out of social services and instead choose to create an existence outside of the service sector rather than be subject to the service systems in place (Hoffman & Coffey, 2008).

A Description of Unsheltered Homelessness

According to data released by HUD, in January 2017, there were 553,742 counted homeless in the United States, with 360,867 people counted as living in emergency shelters and transitional housing and 192,875 were those living in unsheltered locations (Henry et al., 2017). The numbers indicate that roughly 35% of the homeless population in the United States, either through shelter unavailability or by choice, remains

unsheltered (Henry et al., 2017). These numbers indicate that this unsheltered subgroup of the homeless is at a significantly higher risk of morbidity and death.

A related study also found that people considered chronically homeless and unsheltered have a significantly greater morbidity and at significantly younger ages than others with housing stability in society (Linton & Shafer, 2014). Linton and Shafer (2014) sampled 260 unsheltered, chronically homeless individuals and concluded that the reason for this heightened morbidity was because of the physical and psychological impairments accrued through a homeless lifestyle.

Another study assessed the physical health and substance abuse issues between sheltered and unsheltered homeless adults, and found that unsheltered individuals were more likely to have medical problems due to exposure of the elements and poor hygiene, malnourishment, and drug or alcohol use (Gelberg & Linn, 1989). Yet, despite these heightened physiological and psychological problems, research indicates that homeless people are less likely to utilize available health services than others in the community (Gelberg, Linn, Usatine, & Smith, 1990).

Qualitative interviews conducted with 20 long term unsheltered homeless produced five main themes. The unsheltered homeless who were interviewed displayed a readiness to transition to housing, the belief that housing options could provide positive change, readiness to adapt to new circumstances and benefits, and a knowledge of the importance of understanding that there are supports in place to assist them (Jost, Levitt, & Porcu, 2011). Despite this readiness to transition, the number one listed commonality among the unsheltered homeless polled were negative perceptions regarding the available

homeless services in place, and a resistance to services (Jost, Levitt, & Porcu, 2011). Due to these negative perceptions, there is a large population of unsheltered homeless who are not utilizing services, and are instead electing to live off the services grid in places not meant for human habitation (Jost, Levitt, & Porcu, 2011).

Applewhite suggests that some of the obstacles of service delivery which are known to create resistance to services on the part of the unsheltered are, a lack of knowledge about the services in place, past denial of services, unsympathetic staff, waiting for services, and the frustrations involved with applying for services (Applewhite, 1997). Culhane, Metraux, and Hadley (2001), and Metraux, Marcus, and Culhane (2003) provided research which has shown that providing permanent housing solutions for the homeless reduces the demand for community services, hospitalizations, and time.

A Gap in the Knowledge of Unsheltered Homelessness

Despite the large numbers of unsheltered homeless, the majority of research on the homeless is derived from data collected from sheltered homeless people (Levitt, Culhane, DiGenova, O'Quinn, & Bainbridge, 2009). This indicates a gap within the available scholarly literature which directly addresses the unsheltered homeless populations, and why it is that they are unsheltered rather than living in a shelter or utilizing other transitional services. Although Oahu has one of the largest per-capita unsheltered homeless populations in the United States (Morishige, 2015), there is little scholarly research which has been conducted on this issue. More data concerning this distinct population would be beneficial for scholars, practitioners, and service providers

working to learn about, assist, or advocate for the unsheltered population on Oahu.

Through improved understanding of the systems in place and how these systems work together to serve the unsheltered homeless on Oahu, it is possible that more effective systems and service strategies may be created to assist this population.

Service Providers on Oahu

There are many service providers on the island of Oahu, the following three service providers were chosen for example as each are credible, active agencies which offer a variety of services and programs that assist the unsheltered homeless on Oahu. In the context of the unsheltered homeless of Oahu, these examples are umbrella agencies which both manage and fund a large portion of the services which are available to this distinct population. The following information was taken directly from the web sites of each agency described.

The Aloha United Way

The Aloha United Way (AUW) is a nonprofit agency. The agency generates and distributes funds primarily through government grants, and donation. The AUW assists the community on Oahu through collaborative work and partnership with other nonprofit agencies in an attempt to address issues within the community and provide lasting solutions and sustainable change (AUW, 2019).

The Aloha United Way has been serving the community of Oahu since 1919 when it was established under the Honolulu Chamber of Commerce. The agency was initially formed to create a more efficient way to raise funds for charitable causes and institutions. The AUW has a long history of service, and it has experienced many changes

during its 100 years of existence. The AUW's most recent evolution was to shift its focus from fund raising to inspiring collective and collaborative community / agency efforts toward creating and providing solutions. The mission of the AUW is to bring resources, organizations and people together to advance the health, education and financial stability of the people of the Hawaiian community (AUW, 2019).

The Honolulu Community Action Program

The Honolulu Community Action Programs (HCAP) mission statement is to providing opportunities and inspiration which may assist low-income individuals or families to achieve self-sufficiency (About HCAP, 2017). The Honolulu Community Action Program, Inc. (HCAP) is a nonprofit agency which delivers human services to impoverished people of Oahu. HCAP was established in 1965 and is a Community Action Agency which works towards serving the community of Oahu's needs (About HCAP, 2017).

The main philosophy and vision of HCAP is that everyone, regardless of socioeconomic status or cultural background, should have the opportunity to contribute to the well being and prosperity of society. HCAP works to reduce the conditions and symptoms of poverty through the promotion of opportunities which serve to allow the economically challenged greater social and economic mobility (About HCAP, 2017). HCAP makes its contributions through a variety of programs and services which combat the stressful symptom of poverty such as social, emotional and economic issues. HCAP offers programs and services in the areas of early childhood development, employment

assistance, education, economic development, emergency, crisis and transitional programs, and community development and advocacy (About HCAP, 2017).

HCAP is one agency in Community Services Network comprised of over 1,100 nonprofit agencies throughout the United States. These Community Action Agencies were largely initiated through the Economic Opportunity Act of 1964. The Promise of Community Action is as follows: “Community Action changes people’s lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other” (About HCAP, 2017, p. 1).

Partners in Care

Partners in Care are a coalition of representatives from organizations such as: nonprofit homeless providers, government stakeholders, private businesses, community advocates, public housing agencies, hospitals, universities, affordable housing developers, law enforcement, and homeless and formerly homeless persons. Partners in care is based on Oahu and functions as a planning, coordinating, and advocacy alliance which develop recommendations for programs and services which serve Oahu’s homeless populations. Partners in Care also assist with the development of new programs, and the expansion of existing programs (Partners in Care, 2017).

The mission of Partners in Care is to eliminate homelessness through community participation, and the coordination of integrated responses (Partners in Care, 2017). It’s main objectives are: to construct and maintain community based supports for Oahu’s homeless, to develop a continuum of services which ensures that the homeless are treated

with respect, to assist and facilitate in community planning and evaluation which efficiently utilizes resources, to advocate for policy creation and long term approaches which may solve homelessness, and to collaborate with other agencies and groups in Hawaii (Partners in Care, 2017).

Each of these agencies serves the homeless and unsheltered of Oahu in a variety of ways. Each offer expansive programs and services designed to assist the homeless sheltered and unsheltered find appropriate intervention solutions which may help them transition to shelters or housing.

Summary and Conclusions

Major themes in the literature suggest that there are large numbers of unsheltered homeless who are not utilizing services available (Gelberg, Linn, Usatine, & Smith, 1990). This subgroup of the homeless population is at a higher risk for morbidity and death due to their exposure to the elements, and homeless lifestyle (Linton, & Shafer, 2014), and they are the least known subgroup of the homeless classification (Levitt, Culhane, DiGenova, O'Quinn, & Bainbridge, 2009). Oahu, Hawaii has the largest per capita unsheltered homeless population in the United States (Morishige, 2015).

There is little information in the available scholarly literature about unsheltered homelessness, and considerably less about unsheltered homelessness on the island of Oahu (McDonell, 2014; Tang, 2014). It is unknown why this unsheltered population remains unsheltered, or what the perceptions of the service providers who serve them are. There are gaps in the literature concerning unsheltered homelessness, and how to best assist this population.

This study seeks to help fill a gap within the current literature regarding unsheltered homelessness on Oahu, Hawaii. Built on systems theory, a generic qualitative inquiry was utilized to interview 12 service providers regarding why they believe the unsheltered on Oahu remain unsheltered rather than utilizing the available shelters or intervention services; and their perceptions concerning the strengths, weaknesses, and effectiveness of the services available. The information rendered from the interviews was coded and analyzed, and seeks to expand the knowledge of social work and human services on Oahu and elsewhere about the service providers perspective of unsheltered homelessness, and the intervention services available. It is possible that with a clear understanding of the service provider's perspective about unsheltered homelessness and the service systems available to assist them, improved intervention strategies may be designed and implemented. Chapter 3 explores the methodology of this research.

Chapter 3: Methods

Introduction

In this generic qualitative inquiry, I explored the perceptions of service providers who work with the unsheltered homeless on Oahu, Hawaii concerning the strengths, weaknesses, and effectiveness of the intervention services available as well as why this population remains unsheltered. Using the purposive sampling method and individual interviews, data collected from service providers was analyzed and expressed using QDAS. QDAS provides researchers with tools to transcribe, code, interpret, and complete analysis and is useful for presenting the data and results (Towne, 2018). In this chapter, I outline the methods of this study and describe the research design and rationale, role of the researcher, methodology, study sample, instrumentation, procedures for recruitment, ethical concerns, data collection and analysis, and issues of trustworthiness.

Research Design and Rationale

Research Questions

The research questions guiding this study were:

RQ1: What are the perceptions of service providers on Oahu, Hawaii who serve the unsheltered homeless concerning why these homeless individuals are unsheltered?

RQ2: What are the perceptions of service providers on Oahu, Hawaii who serve the unsheltered homeless concerning the strengths, weaknesses, and effectiveness of the intervention services and programs available to assist the unsheltered homeless population?

There was a gap in the available literature that describes the perspectives of the service providers on Oahu, Hawaii concerning unsheltered homelessness on Oahu and the interventional services available to the unsheltered homeless population (see McDonell, 2014; Tang, 2014). It was my intent with this study to help to inform that gap and potentially inform and/or assist service providers, researchers, and advocates who serve the unsheltered homeless population on Oahu.

The generic qualitative approach may stand alone as a researcher's articulated approach (Merriam, 2009). As with all qualitative research, the generic approach seeks to understand how subjects construct, interpret, or make meaning from their experiences (Merriam, 2002). Merriam (2009) postulated that the generic qualitative approach is a theoretically interpretive process that focuses on "how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences" (p.23). The methods used for generic qualitative studies are considered highly inductive, with the use of open codes, categories, and thematic analysis being the main focus (Lim, 2011).

In this study, I used a generic qualitative approach with a purposive sampling method to select participants and conduct individual interviews to gather data. The qualitative approach is an excellent vehicle for this study because I intended to understand how service providers perceive and interpret their experiences in regard to the unsheltered homeless on Oahu.

Role of the Researcher

While conducting this generic qualitative inquiry, I assumed the role of interviewer, data collector, and data analyst. As the interviewer, I first familiarized myself with the service providers that offer services to the unsheltered homeless of Oahu. In my role as the interviewer, I conducted objective interviews with 12 service providers from agencies who serve the unsheltered homeless on Oahu. During the interview stage of this research, I collected data concerning the perceptions of the service providers about how these service systems function independently and in tandem, and how effectively these systems assist the unsheltered. In my role as the data analyst, I then coded the data collected and utilized a qualitative data analysis software (i.e., MAXQDAS) to form a cross-sectional analysis to describe the service providers' perspectives regarding how these agencies serve the unsheltered homeless and why some unsheltered are not actively utilizing services.

Although I had no preconceived ideas and/or biases concerning unsheltered homelessness, the unsheltered homeless themselves, the service providers who serve the unsheltered, or the services that are in place to assist them, there is always the potential for bias. Personal beliefs regarding homelessness, social responsibility, social services, and other such topics had the potential to sway me in one fashion or another. To safeguard against such bias, I successfully maintained a strict adherence to the objective and transparent gathering of the data and in all processes of my interpretations of the rendered data. Along with the study conclusions, all raw data gathered from the data

collection phase are presented in the final draft of this research. As such, fellow scholars have the option to verify or replicate the content.

To ensure the highest ethical standards, I obtained a thorough informed consent from each participant. There were no conflicts of any kind that arose during the interview process of this research.

Methodology

Participant Selection Logic

Ritchie et al. (2003) noted that the qualitative research sample size should be small because phenomena only need appear once to be recognized and accounted for. A point of diminishing return occurs when no new evidence occurs by increasing the sample size, and Crabtree and DiCicco-Bloom (2006) referred to this process as data saturation. The point of saturation is achieved when the data begins to repeat and the collection of more data does not render new information (Mason, 2010). Guest et al. (2006) asserted that data saturation generally occurs during the first 12 interviews and that few new phenomena are likely to emerge beyond those first 12 interviews. It must be acknowledged that even when saturation was achieved, it could not account for the perceptions of all service providers on Oahu, Hawaii. Although Oahu is a small community and the saturation point was appropriate for the scope of this research and its query, it is probable that there are perceptions and opinions that are not represented in this work.

The purposive sampling technique is the intentional selection of a participant due to the specific qualities that the participant possesses (Lewis & Shepard 2006). The

purposive sampling method is a nonrandom technique that does not require underlying theories or a set amount of participants (Lewis & Shepard 2006). In this method, the researcher selects what needs to be known or explored, then selects subjects who are able and willing to volunteer information based on their knowledge and experiences (Bernard, 2017; Lewis & Shepard 2006).

I employed a purposive sampling method and chose participants who were able and willing to provide data through virtue of their professional experiences (see Bernard, 2017; Lewis & Sheppard, 2006). I interviewed 12 service providers in total from 10 credible, nonprofit agencies who possessed intimate knowledge and experiences with unsheltered homelessness on Oahu, Hawaii.

Procedures for Recruitment

I recruited my subjects through non disruptive e-mails (see Appendix A) and telephone calls in which I explained the study and purpose of the research and asked for their participation. I gathered my contact information from public listings, such as agency web pages and the Oahu telephone directory. Subjects were contracted through appropriate professional channels. Being that I interviewed service providers who advocate for the homeless, my research questions were unobtrusive, benign, and designed in a way to expand the knowledge base for researchers and service providers who assist the unsheltered homeless, and the results could potentially provide data that could improve services, gaining participants was not a difficult feat. Because specific unsheltered individuals were not discussed directly, there was no danger of ethical concerns regarding direct contact with a vulnerable population.

The criterion for the selection process was:

- Adult social worker, case worker, or social worker administrator;
- Has worked in a capacity that serves the unsheltered homeless of Oahu, Hawaii;
- Been in this position for least 1 year;
- An individual that is able and willing to participate and provides informed consent; and
- An individual that will allow the interview to be recorded either by digital recorder, secured telephone recording application, or e-mail correspondence (depending on the participant's selection of interview setting) for reasons of transcription and data analysis.

To remove any ethical concerns, I interviewed the subjects in a neutral location of the participant's choosing. Ten participants chose to conduct the interview via e-mail correspondence, and two chose to conduct the interview face-to-face at their agency offices. The identities of the interviewees were all kept confidential and remained anonymous in the drafts and ultimate publication of this study. Rather than naming the participants, they were represented by numbers 1 through 12. Data analysis allowed for the cross reference of the 12 individual perspectives. To safeguard against potential ethical concerns, the participants and the agencies they work for remained confidential and were kept anonymous in the drafting and publication of this study.

This system of recruitment and alphanumeric labeling was in alignment with the theoretical foundations of this study because systems theory allowed me to contextualize

and study the individual service provider agents (i.e., social workers and associated social service providers, case managers, administrators, etc.) who work for these agencies (expressed as 1, 2, 3, 4) as well as how these individuals and agencies function together in symbiotic fashion to serve the unsheltered community.

Data Collection

I gathered data by means of individual interviews. I conducted my interviews via e-mail correspondence or face-to-face at a neutral place of the interviewee's choosing. E-mail interviews included the participants' own, written responses in totality. In the case of the two face-to-face interviews that were conducted, I used transcription and wrote the participants' responses verbatim at the time of the interview. I verified that my transcripts were correct at the conclusion of each interview. I also made note of any nonverbal cues or responses that I observed during the face-to-face interviews as well as any thoughts or ideas I had while conducting the interviews. I created a summary transcription for all interviews during the coding phase of data analysis.

Some researchers theorize that in-person and telephone interviews yield a different experience and a difference in data; however, others have demonstrated that there is not a difference in data collected through telephone and in-person interviews (Sturges and Hanrahan, 2004). In a 2004 study that was designed to assess the perceptions of visitors and correctional officers of county jail inmates, Sturges and Hanrahan (2004) used both telephone and face-to-face interviews. The authors hypothesized that the two interview methods would yield different results because, for example, face-to-face interviews potentially allow the researcher to gather and analyze

nonverbal responses and explore open-ended questions more thoroughly; however, comparison of the interview transcripts showed no significant differences between the two interview methods. The authors concluded that telephone interviews can be a productive means to gather data in qualitative research (Sturges & Hanrahan, 2004).

E-mail interviews are also a valid means of gathering data. Researchers have suggested that computer-mediated methods allow the researcher to include participants who may be excluded due to distance, scheduling difficulties, physical or emotional issues, and participants' desire for anonymity (Cook, 2012). This was certainly a consideration during my study because social workers, medical professionals, administrators, and case managers work long days and are often on call. Finding time for an interview would have likely been a challenge for many qualified professionals. By including an e-mail interview option for this study, I was able to gain participation from a wide variety of service professionals from different agencies who provided rich and detailed data. I would not have been able to secure such a qualified and eclectic participant pool without the inclusion of the e-mail correspondence interview option.

In this study, I found that interviews conducted via e-mail correspondence (in the context of the subject matter and data being collected for this study) yielded rich, reliable data, similar to the data that was gathered from the in-person interviews for this same study. Both methods were used and, as such, a comparison can be made. The interview questions were the same in each instance (i.e., e-mail correspondence vs. face-to-face interviews), and the responses were similar. The face-to-face method did not result in

greater or more detailed responses. In fact, the data gained from both methods are indistinguishable from one another when transcribed and coded.

In a recent e-mail interview study, Cook (2012) noted that participation retention was high, and participants reported satisfaction with the process. The e-mail format allowed for heightened reflexivity in terms of responses and the generation of data, leading Cook to conclude that in-depth, e-mail interviews can generate rich data by utilizing a process that the participants themselves become personally invested in. Furthermore, e-mail interviewing permits isolated or stigmatized participants the opportunity to participate, whereas they may otherwise be overlooked (McCoyd & Kerson, 2006).

In context of this study, the e-mail method provided the participant a sense of anonymity and security. It may be argued that with the pressure of the formal face-to-face or verbal (phone) interaction removed, the participant might comment more freely and openly about the subject matter. Also, the e-mail format allows the participants to have more time to reflect on the interview questions and both think about what they are writing and better articulate their thoughts.

A true verbatim transcription captures everything that occurs during an interview, such as: fillers, ambient noises, non-verbal utterances, silences, etc. And a summary transcription captures the spoken word, and the interviewer's perspective of the interview. The summary transcription creates a synthesis of the interview and its process. Transcription is a fundamental aspect of rigor in qualitative research as the process establishes trustworthiness of the instrument (Poland, 1995). Furthermore, inappropriate

or poor-quality transcripts may negatively affect the analysis process (McLellan, MacQueen, & Neidig, 2003). Although there is no universal transcription format, some practical considerations assist researchers with the ability to systematically organize and analyze text / data (McLellan, MacQueen, & Neidig, 2003).

For my purposes, I took detailed notes as I was conducting the interviews. I transcribed the interviews verbatim in the presence of the participant and then verified that I had their responses correctly recorded. I then made summaries of the interviews using MAXQDAS. From this method, I was able to generate accurate transcripts of the verbal statements. In addition to this verbatim and summary transcript record, I have detailed notes of my perceptions of the interviews and their processes as they occurred, and also my thought processes as I organized and analyzed the data rendered.

To protect the confidentiality of my participants, and the integrity of this study, I have stored the interview transcripts inside of a safe, which is inside of my locked home office. I will keep these data for 5 years after the dissertation's publication in ProQuest. When five years have passed from the date of publication, I will shred the documents and dispose of them appropriately.

In the event that recruitment were to result in too few participants, I was prepared respectfully expand my query of agencies and individuals until the participant requirement for this study of 12 interviews was met. Initially I planned to recruit from just 3 agencies; however, I was unable to procure four participants from each of those three agencies. I wrote to my committee chair and the Institutional Review Board (IRB) and requested that I be allowed to expand my search to include other agencies on Oahu,

Hawaii which provide services to the unsheltered homeless. I was granted approval, and was able to secure 12 participants from a total of 10 separate agencies.

At the conclusion of each interview, either via e-mail correspondence or face to face, I gave the participant my telephone number and e-mail should they have any questions or concerns that they would like to address at a later time, or should the participant choose to retract his or her statements before publication. I have also saved a contact email address for each participant, and will e-mail the results of this study to each once finalized. I will ask for delivery confirmation. Once confirmation is received, I will note the receipt in my research journal, and then I will shred and dispose of the participant's names and contact information to protect their anonymity.

Data Analysis

Once the interviews were completed and transcribed, I reflected on the information and process in the context of the interview questions (see Interview Protocol in Appendix C) and phenomenon being explored. I coded the interviews using an open coding technique and a comparison of data sources (transcripts, interview notes, and audit trails). I utilized MAXQDAS to organize, code, analyze, and present the data. In qualitative research, coding allows the researcher to transition between data collection and data analysis. A code is a word or short phrase which symbolizes a specific attribute of a language based or visual phenomenon/data (Saldana, 2014). The coding process involves a continuous iterative process from which patterns emerge from the data such as new ideas or themes, which may produce new knowledge or information.

For the purposes of this study, the theoretical framework of systems theory was applied to the coding. I have been researching service providers and service provider agencies who directly serve the unsheltered homeless on Oahu, Hawaii. System theory allows me to contextualize and study the service provider agents (social workers and associated social service providers, case managers, administrators, etc.) who work for these agencies, as well as the agencies themselves, and how these agencies function together as a whole to serve the unsheltered community. Systems theory allows me the infrastructure to cross reference what I've learned of the service providers perspectives about the systems of the unsheltered populations, such as: unsheltered homeless in the context of individuals, part of greater unsheltered homeless systems (encampments of individuals, families, or larger groups), and those systems in contrast with the greater social systems of the general Oahu community. By coding my interviews through the lens of systems theory, and inputting that data into MAXQDAS, I was able to see an overview of the service system, and unsheltered phenomenon, and how these systems function together.

After coding, categories and themes were identified and refined. I was looking for patterns and relationships that exist within the transcripts. For those that were identified, synthesis and theory generation then followed.

Qualitative data analysis software (QDAS) is used for a variety of social sciences, medical, educational, and legal forms of qualitative research. QDAS assists researchers with the transcription, interpretation, and analysis of the data. QDAS is also very useful for presenting the data and results, as well as tying the qualitative research to theory

(Towne, 2018). MAXQDA is a QDAS which was released in 1989 and has an established history of helping researchers with qualitative data analysis. It is widely used, and provides powerful, innovative, and easy to use analytical tools. MAXQDA is used to analyze interviews, reports, tables, surveys, focus groups, videos, audio files, literature, and much more. This is leading software which provides proven results (Towne, 2018). I utilized MAXQDA to move beyond coding of the data towards analysis, comparison / contrast, and synthesis. This software allowed me to generate matrices, and tables to organize and present the data.

The synthesis of these efforts categorized the perspectives of 12 service providers, from 10 credible, nonprofit agencies regarding their thoughts and experiences concerning the strengths, weaknesses and effectiveness of the services available to the unsheltered homeless on Oahu, Hawaii; and their perceptions concerning the reasons that some unsheltered are not actively utilizing the intervention services in place. Data rendered was rigorously explored and analyzed. It is the intent of this research to increase understanding about the service providers perspectives so that the systems in place may be analyzed, and potentially improved upon. Because this study aims to collect and categorize the service provider's perspectives concerning the service systems available, any discrepant cases were useful data in the comparison and analysis stages of this research. However, there were few discrepancies.

Issues of Trustworthiness

Qualitative research must establish trustworthiness both in the participant selection and interview processes, and when expressing interpretive findings (Denzen &

Lincoln, 1994). Denzin and Lincoln (1994) describe four factors which may be used to establish the trustworthiness of findings generated from qualitative research: credibility, transferability, dependability, and confirmability.

Credibility

Credibility within the context of qualitative research is the confidence that the reader has concerning the findings of the study (Bowen, 2005). Credibility of the interviewees was achieved through confirmation of the participants' experience working with the unsheltered homeless, and the triangulation which occurred during data analysis with the other participants of this research, and other similar research done in different areas.

The qualitative researcher is looking for a point of diminishing return when gathering more data does not render new information (Ritchie, Lewis, & Elam, 2003). Once the diminishing point of return becomes apparent, data collection reaches a point of saturation. The achievement of saturation is that point in which gathering new data no longer adds new information concerning the subject matter being studied (Glaser & Strauss, 1967). It must be acknowledged that even though saturation was achieved among the participants of this study, saturation cannot account for all of the perspectives of the service providers who serve the unsheltered homeless of Oahu, Hawaii. Although Oahu is a small community, an island subject to the finite boundaries of its borders, there are a wide variety of factors which may influence perspective, such as: personal and / or professional experiences, culture, religious affiliations, political philosophies, and more.

However, this research was conducted properly and in a professional manner, and it has the potential to provide useful data in the context of the research questions being pursued.

Transferability

Transferability signifies the researches ability to be applied by other researchers in their own studies (Bowen, 2005). Appropriate strategies to establish transferability of this research have been employed. These strategies include true verbatim transcripts, and labeling which does not reveal the participants identity. Additionally, through the use of purposive sampling, variation in participant selection was managed to interview only those service providers who work directly with the unsheltered homeless.

Dependability

Dependability is gauged by the stability of data findings over time, and the ability to be confirmed in relation to the subsequent findings, and interpretations (Denzin & Lincoln, 1994). The dependability of this research relies on the academic rigors applied. Through a process of comparison and contrast, such as triangulation with the available data represented within this studies literature review, this study both reflects what is known, and provides new knowledge concerning the perspectives of the service providers who serve the unsheltered homeless on Oahu.

Confirmability

Confirmability may be defined as the degree to which findings or results may be corroborated or confirmed by others (Guba, 1981). This study may be confirmed through a process of replication by which any scholar could recreate the results or build upon the generated data. Although the perspectives of the service providers who serve the

unsheltered are subject to a wide range of variables such as: personal and/ or professional experiences, culture, religious affiliations, political philosophies, and more, the point of saturation achieved in the data should be verifiable and able to be replicated due to the narrowly defined research query, the geographic confines of the sample base, and the distinct nature of the focus of this research, the unsheltered homeless of Oahu.

Ethical Procedures

There are no ethical concerns in this study as there are no minors or vulnerable populations who were contacted or involved. Furthermore, being that the participants are confidential and anonymous in the publication of this work, referred to only by an a numeric label, there is no risk that the participants involvement in this study could lead to disclosure of views about their professional work that could potentially get them fired or passed over for promotion at the agency they work. Furthermore, there are no ethical concerns regarding the agencies from which the clients are employed, as the agencies themselves will be anonymous.

There were no questions of personal activities or issues which might obligate a referral, incriminate the participant, or distress the subject in any way. The only questions involved in this research regarded the participants perspectives on the strengths, weaknesses, and effectiveness of the service systems available to the unsheltered homeless on Oahu, Hawaii; and the participants perspectives concerning why the unsheltered homeless remain unsheltered. This research was respectfully and professionally conducted in such a manner that neither the agencies involved, nor the participant's identities will be exposed.

Before contacting any potential participants regarding involvement in this study, ethical approval was obtained from the Institutional Review Board (IRB). The IRB approval number for this research is 08-29-19-0686333. This research proposal was first submitted to the URR, and then Form A for the IRB was completed and submitted to obtain preliminary feedback. IRB approval was granted, and data collection of this study began once the proposal had been defended and approved by the full Walden University committee.

To protect the anonymity of my participants, and the integrity of this study, all interview transcripts are stored inside of a safe, which is inside of my locked home office. I will keep these data for 5 years after the dissertation's publication in ProQuest. When 5 years have passed from the date of publication, I will shred any documents in my possession and dispose of them appropriately.

Summary

This generic qualitative inquiry seeks to explore the perceptions of service providers who work with the unsheltered homeless on Oahu, Hawaii concerning the strengths, weaknesses, and effectiveness of the intervention services available, as well as the service providers perceptions concerning why this population remains unsheltered. Data collected from 12 service providers which serve the unsheltered homeless was collected through the medium of individual interviews.

System theory was used to guide this research; to contextualize and study the service provider agents, as well as the agencies themselves, and how these systems function together as a whole to serve the unsheltered community.

The generic qualitative approach was employed because this research seeks to understand how service providers interpret, construct, and make meaning from these systems (Merriam, 2009). The data rendered from the individual interviews was then coded and analyzed to identify consensus or anomaly regarding the strengths and weaknesses of the services in place, how these services work together, and how effective it is believed that they are. The generic qualitative approach was particularly useful for this research because it offered a rich description of the subject being studied, and the methods are highly inductive, involving the use of open codes, categories and thematic analysis (Lim, 2011); these are useful tools when studying the perspective of subjects using data rendered from individual interviews.

The preamble of the NASW describes the primary mission of social workers and associated social service providers as the delivery of basic human needs to those who may be vulnerable or oppressed, and the enhancement of well-being for human beings (Reamer, 1998). The findings of this research may lead to positive social change in that the more that is known about the unsheltered homeless population of Oahu, the more efficiently service providers may be able to engage with this vulnerable population and if needed, more effectively construct intervention strategies to assist them. Chapter 4 explores the findings of this research.

Chapter 4: Results

Introduction

Homelessness is a problem that exists in both urban and rural areas, and some of the reported major causes are a lack of affordable housing, substance abuse, poverty, and limiting mental or physical conditions (National Alliance to End Homelessness, 2015). Researchers have suggested that in order to combat homelessness, there must be more governmental programs that offer social services, such as transitional housing, or permanent housing solutions (Byrne et al., 2014). The purpose of this study was to examine the perceptions of service providers who serve the unsheltered homeless on the island of Oahu, Hawaii concerning their thoughts and experiences with the unsheltered homeless of Oahu and the services in place to assist the unsheltered homeless. To conduct this research, I employed a generic qualitative approach (see Merriam, 2009) and used a purposive sampling method to select my participants. A sample of 12 service provider professionals who worked directly with the unsheltered homeless on the island of Oahu were interviewed. I focused specifically on their perceptions concerning the unsheltered homeless population and the strengths, weaknesses, and effectiveness of the intervention services available on Oahu to assist them.

In this chapter, I describe how I conducted my research study. I detail my data collection and analysis procedures as well as explore the perceptions of service providers who work with the unsheltered homeless on Oahu, Hawaii. The results are presented along with the codified themes and analysis of the data collected.

Setting

I gathered data for this study from interviewing service providers on Oahu, Hawaii who work with the unsheltered homeless population on the island. The focus of this study was their perspectives concerning the unsheltered homeless and the services available on Oahu to assist them. I also reviewed local Oahu Point in Time data, government reports, academic journals, and local community agency data and information.

I conducted 12 interviews in total. Ritchie et al. (2003) noted that the qualitative research sample size should be small because phenomena only need appear once to be recognized and accounted for. A point of diminishing return occurs when no new evidence occurs by increasing the sample size, and Crabtree and DiCicco-Bloom (2006) referred to this process as data saturation. The point of saturation is achieved when the data begins to repeat and the collection of more data does not render new information (Mason, 2010). Guest et al. (2006) asserted that data saturation generally occurs during the first 12 interviews and that few new phenomena are likely to emerge beyond those first 12 interviews.

Ten of the 12 interviews were conducted via e-mail correspondence (due mainly to scheduling and availability; see discussion of methodology in Chapter 3), and two of the interviews were conducted face-to-face at a neutral place of the interviewees' choosing. The 12 participants represent 10 different agencies on Oahu that work with the unsheltered homeless population in various capacities.

E-mail interviews are a valid means of gathering data. Researchers have suggested that computer-mediated methods allow the researcher to include participants who may be excluded due to distance, scheduling difficulties, physical or emotional issues, and participants' desire for anonymity (Cook, 2012; see also discussion in Chapter 3). This was certainly a consideration during my study because social workers, medical professionals, administrators, and case managers work long days and are often on call. Finding time for an interview would have likely been a challenge for many qualified professionals. By including an e-mail interview option for this study, I was able to gain participation from a wide variety of service professionals from different agencies who provided rich and detailed data.

Although the identities of the agencies are not relevant to this research and are not named, it is appropriate to make known that they were comprised of well-known state, federal, and community nonprofit agencies that offer a wide array of programs and services to both the sheltered and unsheltered homeless populations on Oahu. Each participant provided their informed consent to participate in the study and was given detailed information about the study in advance. The requirements for participation in this study were that the participant be over the age of 18 years old, have worked in some capacity with the unsheltered homeless for at least 1 year, and be willing and able to be interviewed.

Over a 2-month-period of time between October 1, 2019 and December 1, 2019, I interviewed 12 participants from a total of 10 government or community nonprofit agencies. The interviews all began with an introduction from me and a discussion of the

purpose of the interviews. The research questions and purpose of the interviews were explained in writing through e-mail correspondence to 10 of the participants and verbally during the two face-to-face interviews. All participants were given a chance to ask questions, and I verified that the participants understood the study and informed consent through satisfactory feedback from each subject.

I gathered sufficient information to achieve the point of data saturation from the interview process. To record the interviews, detailed notes were kept during the face-to-face interviews of the participant's verbal and nonverbal cues as well as my thoughts and reflections during and after the interview process. The participants' responses were clear from the e-mail correspondence. Each participant answered the questions with careful consideration, and I identified themes during data analysis that describe the perceptions of the service providers who were interviewed. The many commonalities in the experiences, thoughts, and perspectives of the service providers concerning the unsheltered homeless on Oahu and the services in place to assist them, despite the fact that they were from 10 different agencies, suggests the trustworthiness of the results and that they may be considered conclusive.

Demographics

The participants of this research were comprised of residents of Oahu, Hawaii who had worked in some capacity to serve the unsheltered homeless population for at least 1 year. The median length of experience working with the homeless among the participants was approximately 12.6 years. Seven male and five female participants were selected from 10 different service provider agencies that included state, federal, and local

community nonprofit agencies. The participants' titles and responsibilities within their respective agencies included: administrators (i.e., directors/program managers), social workers, medical professionals (i.e., medical doctor or RNs), and case managers (see Table 1).

Table 1

Participant Demographics

Participant label	Gender	Employment	Years of experience
1	Male	Program manager	9
2	Female	Social worker	1
3	Female	Director/RN	12
4	Male	Consultant	15
5	Female	Social worker	5
6	Male	Program manager	6
7	Female	Social worker	7
8	Male	Case manager	20
9	Male	Program manager	10
10	Male	Case manager	27
11	Female	Social worker	15
12	Male	Medical Doctor Psychiatry	25

Data Collection

This purpose of this study was to collect data to answer the following research questions:

RQ1: What are the perceptions of service providers on Oahu, Hawaii who serve the unsheltered homeless concerning why these homeless individuals are unsheltered?

RQ2: What are the perceptions of service providers on Oahu, Hawaii who serve the unsheltered homeless concerning the strengths, weaknesses, and effectiveness of the intervention services and programs available to assist the unsheltered homeless population?

The theoretical preposition for asking the service providers about their perceptions regarding the unsheltered and the services in place to assist them was that the service providers work directly with the homeless populations and were likely to have a good understanding of both the homeless populations and the services available to them. By interviewing service providers from different agencies who also served in different roles, it was possible that a comprehensive depiction of the phenomenon may be assessed. This assessment could assist practitioners, academics, and service providers with data that could contribute to the efforts of creating effective and efficient services.

Data for this research consisted of e-mail interviews and correspondence, face-to-face interviews and transcripts, governmental data, articles, reports, academic journals, Point in Time (PIT) counts, and statistics. All data collected for this research are stored

on a dedicated, password-protected, external hard drive kept in my private home study, which remains locked whenever I am not personally in the room.

Data Analysis

After the interviews were collected and organized, I then input the data into a computer-assisted QDAS named MAXQDA. Computer-assisted data analysis software is used in a variety of social sciences, medical, educational, and legal forms of qualitative research (Towne, 2018). MAXQDA is a QDAS that was released in 1989 and has a long history of assisting users with qualitative data analysis, being used by thousands to provide powerful, innovative, and easy-to-use analytical tools (Towne, 2018). MAXQDA is used to analyze interviews, reports, tables, surveys, focus groups, videos, audio files, literature, and much more (Towne, 2018). This is leading software that provides proven results (Towne, 2018).

I utilized MAXQDA to review and categorize each response from each of the 12 participants. I searched for similarities and themes within the responses that could show commonality or trends among the participants (See Appendix P). Using MAXQDA allowed me to organize my data into codes, categories, and themes and translate that data into a variety of comprehensive visual displays, such as color-coded charts, graphs and tables, which helped me to analyze and interpret the data. MAXQDA was an excellent tool to filter and arrange the data collected from the participants. As similarities, differences, and consistent trends began to become apparent, the data were organized into categories. I arranged the data from analyzing the amount of code rendered from each individual participant and each interview question asked, then grouping the highest

averages of responses into categories. These categories were assembled through a process of coding. A code is a word or short phrase that symbolizes a specific attribute of a language-based or visual phenomenon/data (Saldana, 2014). The coding process consists of a continuous iterative process from which patterns emerge from the data, such as new ideas or themes (Saldana, 2014). Being that this was a contained research endeavor with a focus of only two research questions and 12 participants, the coding was straight forward and intuitive. The following eight initial codes were identified:

- Demographics,
- Point in time,
- Service availability,
- Access to services,
- Service effectiveness,
- Knowledge of services,
- Unsheltered communities, and
- Outreach.

Beyond these initial codes, the following six, additional, emergent codes presented themselves during data analysis:

- Freedom,
- Mental health,
- Substance abuse,
- PIT inaccuracy,
- Community awareness, and

- Long-term solutions.

The codes were derived from the theoretical framework, the research questions, and the interview questions. I used the framework and research questions to devise the interview questions to achieve specific responses from the participants. Doing so allowed me to compare and contrast the responses of each participant against one another, to identify codes, categories, and themes; and to create new data. There were seven main categories which emerged when I began to group the codes into like clusters. The emergent categories were:

- Differences between sheltered and unsheltered,
- Why the unsheltered are not utilizing services,
- Why the unsheltered remain unsheltered,
- Programs and services,
- Strengths and weaknesses of the services available,
- Adequacy of services, and
- Possible improvements to services.

After grouping the codes into categories and reviewing the data, several themes emerged to answer the Research Questions of: What are the perceptions of service providers on Oahu, Hawaii who serve the unsheltered homeless concerning why these homeless individuals are unsheltered? What are the perceptions of service providers on Oahu, Hawaii who serve the unsheltered homeless concerning the strengths, weaknesses, and effectiveness of the intervention services and programs available to assist the unsheltered homeless population? The themes that emerged were:

- Unsheltered homeless choose independence,
- Unsheltered homeless choose not to utilize services due to shelter rules,
- Substance abuse and mental illness are factors in remaining unsheltered,
- Adequate programs and services are in place
 - Services are readily available / more resources are needed for service providers
 - There are adequate services
- Need for a better educated public concerning the issues and needs of the homeless.

Evidence of Trustworthiness

To maintain credibility, dependability, transferability, and confirmability of the data gathered, the following security measures were carefully followed. First, 10 of the 12 participants wrote their own responses, and the two who elected to have face-to-face interviews confirmed the accuracy of the written transcripts at the time of the interview. In this way, credibility of all information gathered was confirmed by the participating contributor (Bowen, 2005; Denzin & Lincoln, 1994). Second, consistent protocol was applied to all interviews to ensure dependability and transferability, using an interview protocol/ questionnaire protocol (Bowen, 2005). Each participant was given the same questions and the same opportunities to answer the questions in as much detail as possible. Confirmability of this research was rendered from the committee review process and post briefing processes which ensure that personal assumptions, thoughts, perceptions, and ideas are not being reflected (Guba, 1981).

Results

To review my results, I coded the interview responses of all the participants and then analyzed the data with MAZQDA, data analysis software. I created an overview of the participants' responses, and then extracted and analyzed the data for each participant, and the places where there was significant commonality among participants' responses. I further utilized MAXQDA to create some visual representations of the coding and analysis processes navigated, which helped me to code, categorize, and identify themes. Saldana notes that themes are an outcome of coding, categorization and analytic reflection (Saldana, 2014). After coding, categories and themes were identified and refined. I was looking for any patterns and/ or relationships that exist within. For those that were identified, synthesis and theory generation then followed.

Unsheltered Homeless Choose Independence

Service providers were aware of the two classifications of homeless: sheltered and unsheltered. Participants defined this demographic as: homeless who are not living in a shelter or other assistance program. Participant 1 noted, "The unsheltered aren't staying in a public shelter." Participant 12 commented, "The unsheltered are those who are not living in a shelter." Other demographic defining comments included, Participant 3, "The unsheltered prefer to be unsheltered because they have more freedom." Participant 6 indicated, "There is not much of a difference inside of the city, but there are differences between urban and country unsheltered homeless."

Service providers noted that the unsheltered are those who are not utilizing services. Participant 3 further indicated that the unsheltered "prefer" to be unsheltered. It

could be concluded from the rendered responses that the unsheltered homeless aren't utilizing services by choice. There were no responses which suggested that there were any portion of the unsheltered homeless on Oahu who need emergency or transitional housing services, but do not have access.

Unsheltered Homeless Choose not to Utilize Services Due to Shelter Rules

Participants expanded on the differences between sheltered and unsheltered homeless and responded that the demographic of homeless that are considered unsheltered are not utilizing services because they do not want to comply with the rules and policies of the shelter services available. Participant 7 indicated, "Personal choice, barriers such as pets, unable to navigate the system or resistance to the process, or lifestyle choice." Participant 12 wrote, "The individual does not want to comply with the rules of the assistance program." Other responses cited substance abuse issues and/or mental illness as factors for why the unsheltered homeless populations are not utilizing services.

Building on the first theme of independence, this theme adds traction to the notion that some unsheltered are choosing not to utilize services because they prefer to be independent. It was identified that the unsheltered may opt out of shelter services due to the rules that exist within the shelter, such as: curfew, mandatory sobriety, behavioral policies, no smoking policies, no animal or pet policies, and many more. Either because the unsheltered individual does not want to comply with such policies, or is unable to because of addiction, mental illness, owning a pet, or other such individual barricades to

services, it is known that some unsheltered choose to be independent rather than rely on shelter or other emergency and transitional housing programs.

Substance Abuse and Mental Illness are Factors in Remaining Unsheltered

Concerning why the unsheltered remain living in places not meant for human habitation, there were two major subthemes among responders: substance abuse and mental illness. Six respondents referenced mental illness and three of those respondents also noted substance abuse. Participant 2 wrote, “Substance use may be an issue, psychosis, or cognitive impairment interfering with their decision making ability.”

Other significant reasons mentioned were pets which were owned by the unsheltered and could not accompany them into a shelter service, and a resistance to the rules and policies of the shelter services, such as: curfews, hygiene, and behavior. Participant 6 stated, “Substance abuse issues, mental health problems, animals that are not allowed in shelters, inability to abide by rules of behavior, and a few that are so disenfranchised that they have given up.”

There was substantial congruence among the service providers polled that the unsheltered homeless choose to reject emergency and transitional housing and instead opt to live independently. Substance abuse and mental illness were cited as primary reasons why some unsheltered choose to live independent from social services available to assist them.

Adequate Programs and Services are in Place

Service providers responded unanimously that there are an adequate amount of programs and services. Participant 6 stated, “Many – IHS, various outreach agencies,

mobile facilities which partner with medical providers, and much more.” Participant 7 wrote, “There are tons of programs or services for the unsheltered, and there are multiple shelters (with vacancies on most nights)’ multiple feeding sites, available minor issue medical care in many locations, and a 24 hour site for all services.” When the service providers responses concerning the adequacy of services is examined in relation to the previous themes of independence, choice, and mental illness/sobriety issues, the main theme that the unsheltered homeless on Oahu are homeless by choice due to a combination of factors, primarily cited as having to do with mental illness and/or addiction issues is reinforced. There is consensus among the service providers who participated that Oahu is an island with adequate resources to meet the needs of the unsheltered homeless. It could be concluded that the issue is not limited resources, but rather a lack of interest on the part of the unsheltered themselves.

Services are Readily Available/ More Resources are Needed for Service Providers

Service providers responded that the strengths of the services are that they are readily available, and that there are adequate and competent service providers readily available. There were many options available to the unsheltered listed by the service providers who participated. These options were noted as being both accessible and providing a wide array of assistance and services access education opportunities for the unsheltered homeless. Participant 2 wrote: “Strength is that services are provided and helpful. Weakness is that they are often underfunded and understaffed.” Participant 10 reinforced the statement of Participant 2, and said, “Not a lot of support from state/federal government. Services are often run on limited budget, but there is strength in the service

providers' willingness and efforts to help those who are most vulnerable." Consistent mentions of weaknesses within the services paradigm on Oahu were the need for more funding and more staff.

There are Adequate Services

Service providers who responded to the question of adequacy of services agreed that service providers do a good job with both educating the unsheltered homeless populations about services, and providing those services. The theme that emerged in this category was a lack of resources. Participants 1, 6, 8, 9, and 10 all made comments which suggested that the service providers do the best that they can with the limited resources available. Participant 6 said, "Not because of a lack of effort, but because of a lack of resources, and a lack of focused movement to provide long term solutions."

Apparent in the theme of adequacy of services are the reinforcing concepts of available, competent services for the unsheltered, and a weakness of a lack of resources/funding. However, it must also be recognized that although this theme of a lack of resources is consistent in the data, also consistent is the availability and competency of resources which are available to assist the unsheltered homeless on Oahu. It would seem that there are adequate services available, but that there is always a need for improvements.

Need for a Better Educated Public Concerning the Issues and Needs of the Homeless

The main improvements stated were: A better informed public and legislation concerning the issues of unsheltered homelessness, more efforts toward long term solutions, more funding for affordable housing, more efforts to address mental illness,

and the reintegration of the involuntary institutionalization for mentally ill who are incapable of managing their lives and may be a danger to self or others, and better collaboration between service agencies which assist the homeless population. Participant 1 wrote, “There needs to be a better informed public and legislators about the real issues of homelessness, and there needs to be efforts made toward long term solutions, rather than temporary fixes.” Participant 9 stated, “Build more affordable housing and allow the institutionalization of mentally ill that are a danger to themselves or are incapable of managing their lives.”

It could be concluded from these responses that service providers believe that a portion of the problem in terms of services which may assist the unsheltered to transition into a temporary or full time home, is that there needs to be some consideration about moving to more long term solutions. Some suggestions were: more affordable housing, the reintegration of state funded mental health institutions, and more collaborative efforts between agencies. There is considerable consensus that the public and legislators are could be better educated about the issues and needs of the homeless of Oahu.

Overall Results Summary

The service providers of Oahu, Hawaii who participated provided substantial, qualitative evidence which answers the research questions, why aren't the unsheltered homeless utilizing the available services? And, what is the service provider's perspective regarding the strengths, weaknesses, and effectiveness of the intervention services and programs available to assist the unsheltered homeless population?

Service providers of Oahu who work with the unsheltered, and were interviewed for this research expressed that the unsheltered population are a diverse population that lives outside of the emergency or transitional housing services. Several providers noted that this population does often receive other services, such as food stamps or Medicaid health insurance. Several service providers stated that they do not feel there is a lack of education regarding services available, and that it is largely the unsheltered homeless individual's choice to remain unsheltered.

Service providers who participated in this study primarily stated that they believe the reasons that many unsheltered choose to live unsheltered are mental health issues and substance abuse issues. Other reasons stated were that many unsheltered do not wish to comply with rules or policies of the shelter services available, have a pet that they cannot take with them into the shelter, or prefer the sense of community and independence they experience living in an unsheltered encampment. Participant 12 wrote, "Usually it has to do with not wanting to comply with the numerous rules. Substance abuse and legal issues often keep them from going there. Safety is often a concern. Location and accessibility (e.g. transportation) often are reasons. Occasionally there is a patient who has been banned from certain shelters because of past infractions and problems."

Service providers stated that the strengths of the services available to the unsheltered homeless population on Oahu are that there are an abundance of emergency or transitional shelter services readily available, and these services can assist the unsheltered individual with a variety of useful services, such as: community services

education, medical care, food bank and governmental subsidy program application assistance, financial assistance, job training and job placement.

Service providers stated that the weaknesses of the available services are a lack of funding /lack of capable staff at the service agencies, and a lack of public and legislator awareness concerning the issues of homelessness. Deficiencies exist in options for affordable housing, or long term solutions which could remedy the problems of homelessness both sheltered and unsheltered.

Summary

In this chapter, I reviewed results that were gathered from interviews conducted with 12 service providers on Oahu, Hawaii who serve the unsheltered homeless population. This chapter included the research plan, the analysis tools, procedures, and visual matrices of the results collected. I detailed the process by which the codes and themes were extracted from the data, and the analysis of the data to produce results. The same process for gaining participants and then interviewing them was reproduced for each participant. I reviewed individual data for each participant, and explored the data both from an individual lens, and cross referenced with the data from the others interviewed to show consensus. In Chapter 5, interpretations of the findings of this study will be explored and discussed in the context of progressive social evolution, and positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to gather and analyze perceptions of service providers on the island of Oahu, Hawaii who serve the unsheltered homeless population regarding their thoughts, ideas, and experiences concerning unsheltered homelessness and the services in place to serve the unsheltered homeless populations on Oahu. There was little preexisting research on the unsheltered homeless on Oahu. In an effort to fill that gap in knowledge, in this study, I sought to increase the knowledge concerning unsheltered homelessness on Oahu via the insights and perceptions of the service providers who assist them.

Participant responses suggested that unsheltered homelessness on Oahu consists largely of individuals with mental illness and/or substance abuse problems. The findings suggest that there are adequate services available to serve the unsheltered homeless; however, these services are underfunded and understaffed.

I used interviews with service providers who work directly with the unsheltered homeless to collect their perceptions and ideas of both the problems of unsheltered homelessness on Oahu and the services in place which serve this population. The use of a generic qualitative inquiry allowed me to structure the process and gather and analyze the data in an organized, methodical fashion. The results of this study may be used to inform academics, practitioners, or any interested parties who wish to understand more about unsheltered homelessness and the services in place to assist that population on Oahu, Hawaii.

In this chapter, I provide analysis on the findings presented in Chapter 4. In Chapter 5, I provide recommendations for future research and explore some tactical efforts for program and service improvement as described by the service providers who participated in this study. Finally, I detail a conclusive summary of the total research endeavor and survey the implications for social change.

Interpretation of the Findings

My analysis of the information gathered during this study provides insight on to the perceptions of service providers who work with the unsheltered homeless on Oahu, Hawaii concerning their thoughts and experience regarding the unsheltered population and the services available to assist them. Little has been published about unsheltered homelessness on Oahu, Hawaii. Several themes emerged from the analysis of this data that are consistent with the findings of other similar studies concerning unsheltered homelessness surveyed from other areas, such as mental illness, substance abuse, and lack of sufficient education or job opportunities. The themes of this study were: (a) the unsheltered homeless choose independence, (b) the unsheltered homeless choose not to use services due to the shelter rules, (c) substance abuse and mental illness are factors in remaining unsheltered, and (d) there are adequate programs and services in place to assist the unsheltered homeless of Oahu. The strengths of the services available are that they are readily available with competent service providers working to serve the unsheltered homeless community on Oahu. The weaknesses identified by the service providers were an undereducated public concerning the issues and needs of the unsheltered of Oahu and a lack of resources available to service providers.

The unsheltered homeless population on Oahu is known by service providers to contain large numbers of mentally ill and/or individuals with substance abuse issues. Participant 11 wrote the following describing the unsheltered, “Many are middle aged, mentally ill, substance users, most often males. They are found in the urban cores of the state, such as Honolulu and the outlying areas of the Leeward and Windward coast.” Participant 12 noted that the unsheltered homeless of Oahu are, “Very diverse. Many have psychological issues or substance abuse problems.”

There are some well-known barriers to services and recovery for the unsheltered homeless population. Some of these barriers are mental illness, an individual’s lack of ability to manage their life, chronic substance abuse issues, lack of affordable housing, lack of employment opportunities, lack of education, language issues in instances of immigrants or migrant workers, pet ownership, and a variety of individual personal problems that may prevent the unsheltered homeless from complying with the rules of the various shelter services.

The results of this study suggest that the unsheltered homeless populations on the island of Oahu, Hawaii have access to adequate shelter and transitional services if they choose to use them. Participant 12 noted that the largest programs are in downtown. There are many community clinics which provide outpatient treatment and services.

Several participants noted that the programs and services available could always be better funded and better staffed. However, despite these budget and staffing issues, the participants interviewed also stated that the services available on Oahu were sufficient but were not being utilized to the extent of their potential. The unsheltered homeless have

the choice of whether they would like to participate in the services and programs available, and many of them opt out, choosing to live on their own or in one of the homeless encampments around the island.

It must be acknowledged that Oahu is a tropical island that has a mild, temperate climate. The temperature stays comfortably between 65 and 95 all year round. There are many areas that are out of the public eye and easily accessible by the homeless. In addition, there are beach showers and public bathrooms all over the island at public parks and beaches. These factors, coupled with the relaxed and friendly culture of the Hawaiian Islands, makes being unsheltered on Oahu manageable for some and far less dangerous than areas with high crime rate or extreme weather; accommodating amenities and weather conditions most likely play a factor in the large numbers of unsheltered homeless on Oahu.

The data gathered during this study mirrors and confirms much of the existing research available concerning unsheltered homelessness in other areas. I identified various themes that seemed to be universal among homeless studies done nationwide, such as mental illness, substance abuse, lack of affordable housing, lack of job opportunity, and lack of education. The findings of this study may be used to increase the knowledge base about unsheltered homelessness on Oahu and to echo and affirm the growing knowledge base about unsheltered homelessness in general.

Limitations of the Study

There were limitations of this study that must be acknowledged. Twelve participants for this study were enough to achieve data saturation and provide sufficient

information to analyze and present; however, 12 participants does not necessarily equate to a consensus on the issues explored among all service providers on Oahu. Another limitation was that the data gathered are that of the service providers' perceptions rather than firsthand accounts of the unsheltered homeless themselves. The unsheltered homeless are a vulnerable population, and direct interviews could cause unnecessary hardship or risk. Also important to consider is that unsheltered homelessness is a term used to describe a phenomenon, but it does not adequately describe the individuals it categorizes. The issues of providing this population with services are complex and should be considered on an individual basis. However, due to the inaccessibility of the unsheltered homeless, living in a "public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground," (as cited in Henry et al., 2013, p. 2), quantitative research is difficult, and qualitative, indirect approaches, such as this study, yield results through analyzing the experiences and perspectives of the service providers who serve the population directly. Interviewing service providers is a useful alternative that minimizes any risk to the unsheltered homeless while still producing useful results.

Recommendations

Service providers of Oahu who work with the unsheltered and who were interviewed for this study expressed that the unsheltered population are a diverse population that lives outside of the emergency or transitional housing services. Participant 12 wrote,

The unsheltered patients tend to be harder to track and to engage in regular treatment. They are usually more unstable psychiatrically. They have a greater need for services in general and a broader spectrum of medical problems. Shelters often help to connect them to needed services and medical care.

Several providers noted that this population does often receive other services, such as food stamps or Medicaid health insurance. Several service providers stated that they do not feel there is a lack of education regarding services available and that it is largely the unsheltered homeless individual's choice to remain unsheltered.

Service providers who participated in this study primarily stated that they believe the reasons that many unsheltered choose to live unsheltered are mental health and substance abuse issues. Other reasons stated were that many unsheltered do not wish to comply with rules or policies of the shelter services available, have a pet that they cannot take with them into the shelter, or prefer the sense of community and independence they experience living in an unsheltered encampment. In addition, the weather conditions on Oahu and the facilities available (i.e., ample public bathrooms and showers) make the choice an acceptable one for many unsheltered homeless.

Service providers stated that the strengths of the services available to the unsheltered homeless population on Oahu are that there are an abundance of emergency or transitional shelter services readily available, and these services can assist the unsheltered individual with a variety of useful services, such as community services education, medical care, food bank and governmental subsidy program application assistance, financial assistance, job training, and job placement.

Service providers stated that the weaknesses of the available services are a lack of funding/lack of capable staff at the service agencies as well as a lack of public and legislator awareness concerning the issues of homelessness. Deficiencies exist in options for affordable housing or long-term solutions that could remedy the problems of homelessness, both sheltered and unsheltered. Participant 12 noted,

Increased outreach with a broader range of services would help since it is often difficult to get the homeless to come to the services. Improved accessibility and transportation could help. The “not in my backyard” thinking seems to keep a lot of the services in outlying areas.

Participant 1 wrote, “There needs to be a better informed public and legislators about the real issues of homelessness, and there needs to be efforts made toward long term solutions, rather than temporary fixes.” Participant 5 echoed the statement of Participant 1, saying, “A better informed public and legislators would help.”

One theme among participants signifying a commonality among service provider opinion was that a better-informed public about the issues of homelessness could assist with the problem. There should be more efforts made to study the homeless populations of Oahu and present the resulting knowledge to the public and the political leadership who have the ability to take action. With more research and knowledge about this population, service providers, legislators, and agencies, both government and secular, will be better equipped to serve the homeless and provide avenues of support and more options for the chronically homeless.

Implications

Another theme among those participants interviewed was the issue of mental illness among the unsheltered and chronically homeless individuals on Oahu. Participant 8 stated, “We need to address mental illness more.” Participant 9 furthered that thought, and in response to managing the issue of mental illness among the unsheltered wrote, “We need to build more affordable housing and allow the institutionalization of mentally ill that are a danger to themselves, or are incapable of managing their lives.” The majority of participants interviewed conveyed a belief that the majority of unsheltered homeless have mental or behavioral health issues, substance abuse issues, or a combination of both. The Hawaiian governor’s Coordinator on Homelessness, Scott Morishige (2015), said the following concerning the significance of unsheltered homelessness on Oahu: “Hawaii has the highest rate of homelessness per capita among the 50 states, with an estimated 465 homeless individuals per 100,000. The alarming increase in unsheltered individuals and families over the past 2 years is particularly significant on Oahu.” Furthermore, because the unsheltered homeless are resistant to seeking or accepting help, finding pathways to engagement with social service providers is one of the main challenges in assisting them (Jost et al., 2011).

The findings of this study may lead to positive social change in that the more that is known concerning the unsheltered homeless and the service systems that serve them, the more efficiently service providers may be able to engage with the unsheltered homeless and construct intervention strategies to assist them. Through better informing

service providers, researchers, and advocates, this study has the potential to improve the quality of the services available to the unsheltered population.

Conclusion

Researchers have suggested that there are large numbers of unsheltered homeless who are not utilizing services available (Gelberg et al., 1990). Oahu, Hawaii has the largest per capita unsheltered homeless population in the United States (Morishige, 2015). This subgroup of the homeless population is at a higher risk for morbidity and death due to their exposure to the elements and homeless lifestyle (Linton & Shafer, 2014), and they are the least known subgroup of the homeless classification (Levitt et al., 2009). The findings from this study suggest that unsheltered homeless on Oahu consist largely of individuals with mental illness and/or substance abuse problems. Multiple service providers stated that there are adequate services available to serve the unsheltered homeless. Participants noted that these services are underfunded and understaffed, but they have competent and knowledgeable staff that is able to help and do so every day. Service providers from a variety of separate agencies expressed a desire for a better-informed public and political leadership concerning what the issues of the homeless are. There is a shared belief among service providers that if the problem were better understood, this would increase community compassion and propel community leaders to advocate for more long-term solutions to the growing problems of homelessness.

The preamble of the NASW states that the primary mission of the social work profession is the enhancement of well-being for human beings and the delivery of basic human needs to those who may be vulnerable or oppressed (Reamer, 1998). Social

workers promote social justice and social change through a set of core values: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (Reamer, 1998). The findings of this study may lead to positive social change in that the more that is known concerning this understudied population, the more efficiently service providers may be able to engage with the unsheltered homeless and, if needed, more effectively construct intervention strategies to assist them. Through the findings of this study, it is my hope that better engagement and intervention strategies may be constructed for those who would use them.

References

- Honolulu Community Action Programs. (2017). About HCAP. Retrieved from <http://www.hcapweb.org/about-hcap/>
- Aloha United Way. (2019). Retrieved from <https://www.auw.org/about-us>
- Applewhite, S. L. (1997) Homeless veterans: Perspectives on social service use. *Social Work, 42*, 19-30. Retrieved from <https://academic.oup.com/sw>
- B. F., & DiCicco-Bloom, B. (2006). The qualitative research interview. *Medical Education, 40*(4), 314–318. <https://doi.org/10.1111/j.1365-2929.2006.02418.x>
- Bernard, H. R. (2017). *Research methods in anthropology: Qualitative and quantitative approaches*. Rowman & Littlefield.
- Von Bertalanffy, L. (1969). *General system theory: Foundations, development, applications*. Harmondsworth, England: Penguin, Braziller.
- Bowen, G. A. (2005). Preparing a qualitative research-based dissertation: Lessons learned. *The Qualitative Report, 10*(2), 208-222.
- 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.
- Chamard, S. (2010). *Homeless encampments. Problem-oriented guides for police* (Problem-Specific Guides Series, No. 56). Washington, DC: US Department of Justice, Office of Community Oriented Policing Services.
- Christian, J., Clapham, D., Thomas, S., & Abrams, D. (2012). The relationship between

well-being, future planning and intentions to utilise intervention programmes: what can be learned from homeless service users? *International Journal of Housing Policy*, 12(2), 159-182.

Cook, C. (2012). Email interviewing: generating data with a vulnerable population. *Journal of Advanced Nursing*, 68(6), 1330-1339.

Cook, T. D., Campbell, D. T., & Day, A. (1979). *Quasi-experimentation: Design & analysis issues for field settings* (Vol. 351). Boston, MA: Houghton Mifflin.

Culhane, D. P., Metraux, S., & Hadley, T. (2001). The impact of supportive housing for homeless people with severe mental illness on the utilization of the public health, corrections, and emergency shelter systems: The New York-New York Initiative. *Housing Policy Debate*, 13(1), 107-163.

Daidsen, A. S. (2013). Phenomenological approaches in psychology and health sciences. *Qualitative Research in Psychology*, 10(3), 318-339. Retrieved from <https://www.tandfonline.com/loi/uqrp20>

De Vaus, D. A., & de Vaus, D. (2001). *Research design in social research*. Sage.

Denzin, N. K., & Lincoln, Y. S. (1994). *Handbook of qualitative research*. Thousand Oaks, CA: Sage Publications.

Dickson-Gomez, J., Convey, M., Jilario, H., Corbett, A. M. & Weeks, M. (2007). Unofficial policy: Access to housing, housing information and social services among homeless drug users in Hartford, Connecticut. *Substance Abuse Treatment, Prevention, and Policy*, 2(8), 1-3. Retrieved from <https://substanceabusepolicy.biomedcentral.com/>

- 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*(4), 288-306.
- Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1-4.
- Finlay, L. (2012). Debating phenomenological methods. In *Hermeneutic phenomenology in education* (pp. 17-37). Rotterdam, Netherlands SensePublishers.
- Gelberg, L. & Linn, L. (1989). Assessing the physical health of homeless adults. *Journal of the American Medical Association, 262*, 1973-1279. Retrieved from <https://jamanetwork.com/journals/jama>
- Gelberg, L., Linn, L. S., Usatine, R. P., & Smith, M. H. (1990). Health, homelessness, and poverty: A study of clinic users. *Archives of Internal Medicine, 150*(11), 2325-2330. <https://doi.org/10.1001/archinte.1990.00390220069014>
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldire.
- Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *29*(2), 75.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough?: An experiment with data saturation and variability. *Field Methods, 18*(1), 59–82. <https://doi.org/10.1177/1525822X05279903>
- Harper, D. (1982). *A good company*. Chicago, IL: University of Chicago Press.

- Henry, M., Cortes, A., & Morris, S. (2013). *The 2013 Annual Homeless Assessment Report (AHAR) to Congress*. Washington, DC: The U.S. Department of Housing and Urban Development. Retrieved from https://works.bepress.com/dennis_culhane/?paginate=1&page=2&page_size=25
- Henry, M., Watt, R., Rosenthal, L., & Shivji, A. (2017, November 7). CoC homeless populations and subpopulations reports. Retrieved from <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>
- Henry, M., Mahathey, A., Morill, T., Robinson, A., Shivji, A., & Watt, R. (2018). *The 2018 Annual Homeless Assessment Report (AHAR) to Congress*. U.S. Department of Housing and Urban Development.
- Hoffman, L., & Coffey, B. (2008). Dignity and indignation: How people experiencing homelessness view services and providers. *The Social Science Journal*, 45, 207–222.
- Hopper, K., Jost, J., Hay, T., Welber, S., & Haugland, G. (1997). Homelessness, severe mental illness, and the institutional circuit. *Psychiatric Services*, 48(5) 659-665. <http://doi.org/10.1176/ps.48.5.659>
- U.S. Department of Housing and Urban Development. (2017, November 7). HUD Continuum of care homeless populations and subpopulations reports. Retrieved from <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

- Lehman, H. (1966) R. K. Merton's concepts of function and functionalism. *Inquiry*, 9(1-4), 274-283. <https://doi.org/10.1080/00201746608601462>
- Jost, J. J., Levitt, A. J., & Porcu, L. (2011). Street to home: The experiences of long-term unsheltered homeless individuals in an outreach and housing placement program. *Qualitative Social Work*, 10(2), 244-263. <https://doi.org/10.1177/1473325010369025>
- Levitt, A. J., Culhane, D. P., DeGenova, J., O'Quinn, P., & Bainbridge, J. (2009). Health and social characteristics of homeless adults in Manhattan who were chronically or not chronically unsheltered. *Psychiatric Services*, 60(7), 978–981. <https://doi.org/10.1176/ps.2009.60.7.978>
- Lewis, J. L., & Sheppard, S. R. (2006). Culture and communication: Can landscape visualization improve forest management consultation with indigenous communities? *Landscape and Urban Planning*, 77(3), 291-313. <https://doi.org/10.1016/j.landurbplan.2005.04.004>
- Lim, J. H. (2011). Qualitative methods in adult development and learning: Theoretical traditions, current practices, and emerging horizons. *The Oxford handbook of reciprocal adult development and learning* (2nd ed., pp. 39–60). New York, NY: Oxford University Press.
- 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), 73-80. <https://doi.org/10.1080/19371918.2011.619934>

- Mason, M. (2010, August). Sample size and saturation in PhD studies using qualitative interviews. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research, 11*(3). <https://doi.org/10.17169/fqs-11.3.1428>
- McCoyd, J. L., & Kerson, T. S. (2006). Conducting intensive interviews using email: A serendipitous comparative opportunity. *Qualitative Social Work, 5*(3), 389-406.
- McDonell, M. (2014). *Houseless versus homeless: An exploratory study of Native Hawaiian beach dwellers on Oahu's west coast* (Doctoral dissertation). Retrieved from ProQuest Dissertations. (UMI No. 3680382)
- McLellan, E., MacQueen, K. M., & Neidig, J. L. (2003). Beyond the qualitative interview: Data preparation and transcription. *Field Methods, 15*(1), 63-84.
- Merriam, S. B. (2002). Basic interpretive qualitative research. In S. B. Merriam (Ed.), *Qualitative research in practice* (pp. 37–39). San Francisco, CA: Jossey-Bass.
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.
- Metraux, S., Marcus, S. C., & Culhane, D. P. (2003). The New York-New York housing initiative and use of public shelters by persons with severe mental illness. *Psychiatric Services, 54*(1), 67-71. <https://doi.org/10.1176/appi.ps.54.1.67>
- Miles, B. (2008). The social construction of deviant behavior in homeless and runaway youth: Implications for practice. *Child and Adolescent Social Work Journal, 25*(5), 425-441.

- Morishige, S. (2015, October 16). David Y. Ige. Retrieved from <http://governor.hawaii.gov/newsroom/governors-office-news-release-governor-ige-signs-emergency-proclamation-to-address-homelessness-statewide/>
- National Alliance to End Homelessness. (2015). Snapshot of homelessness. Retrieved from http://www.endhomelessness.org/pages/snapshot_of_homelessness.
- Parsons, T. (1964). *The social system*. New York, NY: The Free Press.
- Partners in Care Oahu. (2016). Retrieved from <http://www.partnersincareoahu.org/sites/default/files/2017%20Statewide%20PIT%20Report%20-%20Full%20Report%20-%20FINAL.pdf>
- Partners in Care Oahu. (2017). Retrieved from <https://cchnl.maps.arcgis.com/apps/MapSeries/index.html?appid=dcab74dbc60943bca887109b204fc345>
- Poland, B. D. (1995). Transcription quality as an aspect of rigor in qualitative research. *Qualitative Inquiry*, 1(3), 290-310.
- Reamer, F. G. (1998). *Ethical standards in social work*. Washington, DC: NASW Press.
- Ritchie, J., Lewis, J., & Elam, G. (2003). Designing and selecting samples. In J. Ritchie & J. Lewis (Eds.), *Qualitative research practice: A guide for social science students and researchers* (pp. 77–108). London, England: Sage. Retrieved from <https://epdf.tips/qualitative-research-practice-a-guide-for-social-science-students-and-researcher.html>
- Rowe, M., Fisk, D., Frey, J., & Davidson, L. (2002). Engaging persons with substance use disorders: Lessons from homeless outreach. *Administration and Policy in*

Mental Health and Mental Health Services Research, 29(3), 263-273.

<https://doi.org/10.1023/A:1015147710813>

Saldaña, J. (2014). *The coding manual for qualitative researchers*. Sage.

Sturges, J. E., & Hanrahan, K. J. (2004). Comparing telephone and face-to-face qualitative interviewing: a research note. *Qualitative Research*, 4(1), 107-118.

Tang, L. C. (2014). *Reworking homelessness: Dignity and power at two Oahu shelters* (Master's thesis).

Towne, R. (2018, April 09). Top 16 qualitative data analysis software in 2018. Retrieved from <https://www.predictiveanalyticstoday.com/top-qualitative-data-analysis-software/>

Von Bertalanffy, L. (1972). The history and status of general systems theory. *Academy of Management Journal*, 15(4), 407-426. <https://doi.org/10.5465/255139>

Wasserman, J. A., & Clair, J. M. (2014). Homelessness, medicalization of. *The Wiley Blackwell Encyclopedia of Health, Illness, Behavior, and Society*, 1176-1180. <https://doi.org/10.1002/9781118410868>.

Appendix: Interview Protocol

1. How long have you worked in the social work field and how long have you worked to support homeless individuals?
2. Sheltered homeless are those living in emergency shelters, churches, or other places designed to provide relief shelter. Unsheltered homeless are those who are not utilizing such services, and instead living in cars, abandoned buildings, homeless encampments, and other places not meant for habitation. Focusing just on the unsheltered populations, how long have you worked with the unsheltered homeless?
3. In what capacity do you serve the unsheltered homeless?
4. What are your thoughts and perceptions regarding the differences between sheltered and unsheltered homeless on Oahu?
 - a. The Point-In-Time (PIT) Homeless Count is a requirement of the U.S. Department of Housing and Urban Development (HUD) for the Honolulu Continuum of Care (CoC), and is a count of sheltered and unsheltered homeless persons on a single night in January. In 2018 the PIT on Oahu registered a 9% decrease in the number of homeless individuals, from 4,959 in 2017, to 4,495 in 2018. In your experience, are these numbers to be accurate? Why/ Why not?
5. Please describe your experiences working with the unsheltered homeless population?
6. What are some characteristics of the unsheltered homeless population on-

-Oahu (demographics, age, culture, etc.)?

7. Where are the locations in which this population congregates?
8. To your knowledge, what programs or services are available to the unsheltered homeless on Oahu?
9. In your experience, why are some unsheltered homeless individuals not utilizing shelter services by choice?
10. Do you believe that this under utilization may be attributed to a lack of services, or a lack of knowledge concerning services?
11. In cases where the unsheltered individual knows about shelter services, and has access to shelter services, why do you believe such an individual is not utilizing the services in place?
12. What do such programs or services provide to the unsheltered homeless of Oahu?
13. What are your perceptions regarding the strengths and weaknesses of the services in place?
14. Do these programs and services adequately address the needs of the unsheltered homeless on Oahu? Why / Why not?
15. In your professional experience, do unsheltered homeless individuals get, want , or need support from others going through their same experience?
16. Do unsheltered homeless individuals find support in communities or encampments for unsheltered homeless?
17. How do you think these different communities provide support?

18. Is there a way that social workers and other social service providers could work with encampments or congregations? Has this been tried before?
19. What could be done to improve the effectiveness and efficiency of the current services available?
20. Would you like to add anything else that I have not asked you about here?