

6-2015

The Impact of Social Support on the Length of Homelessness

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THE IMPACT OF SOCIAL SUPPORT ON THE
LENGTH OF HOMELESSNESS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Carmen Teresa Macias

June 2015

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ABSTRACT

Homelessness is a multifaceted social problem that affects thousands of people every single day throughout the United States. In recent years, research has begun to look at the impact of social support on the lives of those that are homeless. To further explore this topic, this study examines the impact of social support on the length of time someone is homeless, in search of notable correlations. This study was completed using a quantitative research approach and a sample of 54 homeless individuals. Participants were recruited from two leading homeless service agencies in the City of Riverside and asked to complete an anonymous questionnaire composed of a demographic section, questions on their unique homeless situation, length of time homeless and current social support. Results of this study found that there is no significant difference between formal and informal forms of social support and the presence of any can be associated with experiencing fewer episodes of homelessness. Future research should continue to explore the intricacy of this social problem and conduct larger scale comprehensive studies that can provide a better insight into the impact of social support. Existing research and this study show that the availability of social support in the lives of those that are homeless can have positive outcomes in the improvement of their situation.

ACKNOWLEDGMENTS

First and foremost, I would like thank God for allowing me to complete this journey. Every time that I doubted myself and questioned how I could possibly make it through this program, you gave me the strength to keep going. Thank you God for giving me the confidence to believe in myself and the strength to chase after my dream. You have blessed me with this opportunity and with your guidance I will continue to pursue my passion.

To my beautiful daughter Camila, thank you for coming into my life and making me a better person. You are the love of my life and my biggest inspiration. I aspire to make you proud of having me as your mother. You are an amazing little girl and I cannot wait to see what the future has in store for us. I am so blessed God chose me to be your mom.

To my wonderful parents Ana and Jose, thank you for supporting me in everything that I do. Your unconditional love and encouragement have made this journey possible. Thank you for believing in me, for your patience and your sacrifice. I am honored to have you as my parents.

Finally, thank you to my amazing friends and co-workers who have encouraged me through this journey. Thank you for your support, for believing in me and for being there when I needed others to lean on.

DEDICATION

This thesis is dedicated to all those individuals and families experiencing homelessness. A special thank you, to those who took the time to participate in this study and for sharing your story with me. Your struggles do not go unnoticed and I am forever honored to have met each of you.

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CHAPTER ONE

INTRODUCTION

This chapter will address the severity of homelessness as a national problem emphasizing the effect that social support has on this population. A policy and practical context of the issue will be discussed along with the purpose of the study and its significance for social work practice. This research has been conducted to add to the already existing data on this topic and provide knowledge to the social work profession in working with this population.

Problem Statement

The issue of homelessness continues to be a pervasive problem in the United States. Recent research has begun to utilize the term “new homeless” to describe the current population experiencing this issue which includes “young adults, the elderly, families, women and children” (Anderson & Rayens, 2004, p. 12; La Gory, Fitzpatrick, & Ritchey, 2001, p. 634; Pescosolido & Rubin, 2000, p. 69). Other literature has referred to the homeless population as,

young men lacking education or job history, middle-aged men who have lost jobs due to the recession and are unable to pay rent or home mortgages, people with more than one job earning so little that they are unable to afford high rents, those disabled by substance abuse, mental

health or physical illness, others who have lost their homes to fires, evictions or condemnation and people from broken relationships and families (Hertzberg, 1992, p. 150-151).

These descriptions give light to the seriousness of this problem and how it affects those from all walks of life.

In their Annual Homeless Assessment Report to Congress, the U.S. Department of Housing and Urban Development (HUD) (2013) estimated that on a single night in January 2013, there were 610,042 people experiencing homelessness in the United States, 109,132 of them disabled and 57,849 veterans. The same report states that nearly 23% of all homeless people were children under the age of 18, 10% were between the ages of 18 and 24 and 67% were 25 years or older. The report also noted that in this year, "California alone accounted for more than 22% of the nation's homeless population" (Annual Homeless Assessment Report to Congress, 2013, p. 1-8). The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that "co-occurring mental and substance use disorder rates are high among people who experience homelessness; these individuals face complex physical, social, and psychological challenges to recovery" (The Substance Abuse and Mental Health Administration, 2013). The State of Homelessness in America Report (2013) which examined the trends in homelessness between 2011 and 2012 states that "between 2010 and 2011, the national poverty rate increased from 15.3% to 15.9%" (State of Homelessness in

America Report, 2013, p. 3). This represents an almost five percent increase in the number of persons living in poverty; as “more than 48 million people were living in poverty in 2011” (State of Homelessness in America Report, 2013, p. 3). Although those living in poverty are not all homeless, this alarming figure shows the multitude of people who are at risk of such problems.

As a national problem, several attempts have been made and continue to be made to try and eradicate homelessness. For decades researchers have looked into the various components of this social problem like mental health, substance abuse, affordable housing, unemployment and other elements in hopes of gaining a better understanding. A specific area that has gained research momentum in the last decades is the concept of social support and homelessness. As an attempt to gain and contribute to the profession of social work and the already existing information on this topic, this research focused on the impact that social support has on the length of time someone is homeless.

Policy Context

The issue of homelessness was not always viewed as a federal problem; for decades government officials believed that this issue could be handled at a state and local level through grass-root attempts. It wasn't until 1987 when President Ronald Reagan signed the McKinney-Vento Homeless Assistance Act into law that the issue of homelessness became outlined as a solidified national problem requiring federal assistance (U.S. Department of

Housing and Urban Development, 2014). Not only did this act allow for federal funding to be given to programs to help those in need but it also established a federal definition for the word homeless. Since 2009 this definition along with other aspects of the McKinney-Vento Act have been amended by the Homeless Emergency Assistance and Rapid Transition Housing (HEARTH Act). As of 2012 the final rule on the definition for the word homeless is:

An individual or family lacking fixed, regular, and adequate nighttime residence or whose primary nighttime residence is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings like cars, parks or abandoned buildings, etc...; as well as shelters, and transitional housing including hotels and motels paid for by the government or charitable organizations (McKinney-Vento Act as amended by the HEARTH Act, 2012, p. 75995).

The definition also includes, “an individual or family who are imminently losing their housing within fourteen days due to an eviction or lack of resources to continue living at their current residency and obtain new permanent housing.” Unaccompanied youth and families with children are considered homeless if they have “lacked permanent housing for a long term period with persistent instability and is expected to continue due to any chronic disabilities, physical health or mental health conditions, substance addiction, histories of domestic

violence or childhood abuse, or multiple barriers to gain employment” (McKinney-Vento Act as amended by the HEARTH Act, 2012, p. 75995).

The HEARTH Act also amended the definition for “chronically homeless” which refers to an “individual with a disability who has either been homeless for one year or more or has had at least four episodes of homelessness in the last three years.” A disability includes “mental health disorders, substance use disorders, developmental conditions, and chronic medical conditions” (Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program; Interim Final Rule, 2012, p. 54).

To add to the efforts of ending homelessness the original HEARTH Act of 2009 included the Continuum of Care Program which gives funding to non-profit organizations as well as state and local governments to implement programs like supportive housing, shelter plus care and moderate rehabilitation single room occupancy (SRO) at local geographical areas to better serve those in need and minimize the trauma and dislocation caused by homelessness (U.S. Department of Housing and Urban Development, 2014). Furthermore, cities throughout the United States have developed and are adhering to specific ten year plans to end homelessness in their geographical areas, some cities even committing to ending homelessness among Veterans within five years (U.S. Department of Housing and Urban Development, 2014).

Although the government has taken substantial strides at addressing the issue of homelessness with the McKinney-Vento Act, the HEARTH Act,

and programs within the Continuum of Care, thousands of people in the United States are still in need of permanent housing. While federal funding is crucial to ending homelessness, ongoing efforts at an individual and community level by professionals such as social workers can help make a difference in the lives of those experiencing homelessness. Current local initiatives have facilitated the issue by helping those in need and although not eradicating the entire problem these efforts have allowed social workers to become part of the solution.

Practice Context

Like the grass-root efforts that initiated the development of the McKinney-Vento Homeless Act, social workers continue to be a part of the efforts to eradicate the problem of homelessness. With the availability of federally funded programs and charitable organizations to help those in need, social workers serve as catalysts for the connection of resources and implementation of appropriate interventions. Social workers aid those at risk of being homeless through prevention methods, helping clients obtain stable housing and serving as support systems for those who transition out of homelessness to successfully maintain their housing. But even with the notable strides towards eradicating this problem, thousands of people are still homeless and social workers continue to struggle, unable to end homelessness among all of their clients. The need for additional resources,

interventions, and best approaches are in demand and can facilitate some current issues facing social workers and agencies in America.

Homelessness is a social problem that fully encompasses the core values for the profession of social work. As stated in the National Association of Social Workers (NASW) Code of Ethics, social workers should embrace and partake in service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence (NASW, 2008). Each of these core values plays an important role when working with the homeless population and in comparison to the purpose of this study the fourth value which recognizes the importance of human relationships clearly incorporates the practical context within the profession. By adhering to this value, social workers understand that relationships between and among people are an important vehicle for change as well as strengthening relationships among people in an effort to promote, restore, maintain and enhance the wellbeing of individuals, families, social groups, organizations, and communities (NASW, 2008). Understanding the importance of social support and human relationships in the lives of those experiencing homelessness can facilitate the role of social workers working with this population.

Purpose of the Study

This study examined if social support has any impact on the length of time someone is homeless. This study also analyzed what forms of social support an adult homeless individual has in their life and compared it to the

length of time they have been homeless to explore any positive or negative correlations. Insight into the concept of social support and its connection for someone successfully exiting homelessness was also identified.

This study was conducted using a quantitative method to allow for larger numbers of people to be surveyed. While this method did not allow for an in depth personal experience from participants as a qualitative approach would, it did allow for a larger number of homeless individuals from two social service agencies to partake in the study. Participants were recruited from two social service agencies which included the Riverside Access Center, a drop-in resource center for homeless individuals and Path of Life Ministries a homeless shelter located in the City of Riverside. Recruiting participants from two different social service agencies provided a representative sample with a higher likelihood of generalizable data. The diversity of social service agencies allowed for individuals experiencing homelessness due to different reasons and with different length histories to partake in the study.

Participants who agreed to participate in this study completed an anonymous survey. Basic demographical information was gathered, along with questions on social support from a reliable testing instrument and information about their specific homeless situation. The study was available to all homeless adults willing to participate regardless of gender and age.

Significance of the Project for Social Work

Homelessness is a multifaceted national problem that continues to grow and affect thousands each day. This study contributes to the existing research on the topic of social support and the impact it has on the transition out of homelessness.

On a federal (macro) level it is imperative that new solutions and any contributing factors to this problem continue to surface. The National Alliance to End Homelessness provides insight into one way that homelessness affects everybody, by stating that “the cost of homelessness can be quite high; hospitalizations, medical treatments, incarcerations, police interventions, and emergency shelter expenses can add up quickly, making homelessness expensive for taxpayers.” A study in the *New England Journal of Medicine* stated that “homeless people spent an average of four days longer per hospital visit than comparable non-homeless people costing approximately \$2,414 extra per hospitalization” (Salit, Kuhn, Hartz, Vu & Mosso, 1998, p. 1738). This is a notable figure considering that “homelessness can cause and be the result of serious health care issues, including addictions, psychological disorders, HIV/AIDS, and other illnesses that require long-term, consistent care” and can “inhibit proper health care for some of these conditions resulting in more intensive and costly medical care” (National Alliance to End Homelessness, 2013).

This study also contributes to social work practice on an individual level (micro) by giving insight into how better to serve this vulnerable population. In an attempt to better serve the homeless, researchers Olivet, McGraw, Graandin, and Bassuck (2010) described the experience of an 11 multi-agency federal program called Collaborative Initiative to Help End Chronic Homelessness (CICH) and found that social workers became central clinicians of the multi-disciplinary teams and not only provided services to clients but also provided “consultation, support, and training to other staff on clinical issues affecting their clients” (Olivet, McGraw, Grandin, & Bassuk, 2010, p. 231). In the analysis of their study, Olivet and his team show that social workers have the ability to impact homelessness from multiple perspectives not only helping clients but others professionals as well.

Enhancing knowledge on the issue of homelessness, specifically on the effects of social support, can allow social workers to better understand this problem, thus alleviating the financial hardship on tax payers, helping other professionals with service delivery and more importantly, alleviating homelessness among their clients. The results from this study aid in multiple phases of the generalist intervention model by allowing social workers to better assess, plan and implement treatment options, utilizing the concept of social support as one of their considering factors.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter establishes a definition for social support and the specific dimensions utilized in this study. This is followed by a discussion of the impact that social support has as a positive component for those who are homeless to access social services. This is followed by a discussion on what happens when social support is not present and moves forward with the impact of utilizing social support as a treatment and intervention component when working with the homeless. Last, this chapter discusses the theoretical conceptualization guiding this study.

Social Support Definition

Existing research provides multiple definitions and classifications for the concept of social support. This study will utilize Bates and Toro's typology (1999) which states that "social supports are interactions in which one individual or group provides another individual with a sense of connection, resources, and/ or affirmation" (Bates & Toro, 1999, p. 139). The same typology reflects on previous research and describes several dimensions of social support. For this study only one dimension was utilized, functional measures which includes:

- Tangible support: material aid like money
 - Advice/Appraisal support: information or assistance to provide constructive suggestions, feedback and advice
 - Self-esteem support: positive feelings generated about one's self through the interaction and or comparison with others
 - Emotional support: the availability of others to provide one with the feeling that he/she is accepted, cared for or loved
 - Belongingness support: the availability of others to serve as companions and engage in routine activities
- (Cohen & Hoberman, 1983, p. 117; Cohen & Willis, 1985, p. 348; Leavy, 1983, p. 17)

Social Support Aids Connection to Social Services

Research findings suggest that “homeless people with more intact social supports will be better able and more likely to access health and social services, which can result in improvement in other aspects of their life such as mental health, physical health and housing” (Lam & Rosenheck, 1999, p. 26). Research also shows that “homeless individuals with higher levels of perceived social support have lower levels of depressive symptoms and are more likely to connect to services and resources that can help them get back on their feet” (Irwin, LaGlory, Ritchey, & Fitzpatrick, 2008, p. 1941). Zlotnick et al. (2003) found that “case management and social service agency contacts are significant predictors of exiting homelessness” (Zlotnick & Robertson,

2003, p. 593). These findings demonstrate the importance of social support as a catalyst for accessing social services that can help exit someone out of homelessness.

When Social Support Fails

Solarz and Bogat (1990) provide a detailed description of the relationship between homelessness and social support by stating that, alienated from relatives and friends after histories of mental illness, involvement in crime, or family disruption, individuals with limited economic resources easily exhaust the mainstays of informal support and can no longer stay with those on whom they have formerly depended. Once they enter the shelter system, the homeless may become geographically distant from their community and personal support further eroding their social support networks (Solarz & Bogat, 1990, p. 80).

Findings have shown “that people without a supportive network of friends and relatives are vulnerable to a host of psychological and physical problems because they lack something essential that is available only through inter-personal relationships”, which can lead to a deeper entrenchment into homelessness (Carton, Young, & Kelly, 2009, p. 157). Bates and Toro (1999) explain that people “with more time being homeless regardless of age and other background variables perceive less support available to them.” These same authors hypothesized that “it appears plausible that a long history of

homelessness can decrease sources of social support and that lack of social support puts individuals at risk for subsequent homelessness” (Bates & Toro, 1999, p. 151).

In addition, “those who have been homeless for longer periods of time are generally more distressed due to the increasing physical and psychological toll placed on them and their already low psychological and social resources” (Irwin, LaGlory, Ritchey, & Fitzpatrick, 2008, p. 1937).

Another study which focused on social support and service use among homeless persons with serious mental illness, conducted by Lam and Roseheck (1999), found that the long-term homeless with more severe mental illnesses are more isolated and have less social support than those who are recently homeless and less mentally disturbed (Lam & Rosenheck, 1999, p. 22).

Social Support during Treatment and Interventions

Enhancing the understanding of people who are homeless and their social support networks can be an important “step toward developing appropriate services for this population” (Solarz & Bogat, 1990, p. 81). A study conducted to test support networks in relation to duration of homelessness suggests that for individuals experiencing a shorter length period of homelessness, “family supports need to be re-established and family members should be included in treatment planning and coordination of care” (Eyrich, Pollio, & North, 2003, p. 230). In contrast for those who have

experienced longer term homelessness, “services may need to focus on re-establishing friendship networks and developing positive relationships with social service systems” (Eyrich, Pollio, & North, 2003, p. 230).

Although higher levels of social support are optimal, research shows that the presence of at least one supporter and even the mere perception of having social support can be helpful and considered sufficient support to reduce distress (Solarz & Bogat, 1990, p. 94). In a study of the homeless in United States the author states that “the longer time spent homeless, the more difficult it is to escape from its conditions, and more resources are needed to return to society’s mainstream” which is why early intervention can be imperative to saving money and human resources (Hertzberg, 1992, p. 158-159).

Finally, social support has also been proven to serve as a coping mechanism to cope with stressful life events such as homelessness. A research study using a multidimensional scale of perceived social support states that “although social support may be directly helpful in all circumstances, it may be particularly effective as a buffer during times of stress” (Zimmet, Dahlem, Zimet, Gordon, & Farley, 1988, p. 31).

Theoretical Conceptualization

Human beings have an innate desire for social interaction, constantly seeking interaction with others and the environment. Such desires may become more prevalent under times of despair such as homelessness.

Becoming close to others who are in the same situation to feel a sense of belonging or attempting to reconnect with family and friends for a sense of security may lessen the stress that life altering situations bring. This study was guided by two theories: Attachment Theory by John Bowlby which focuses on human connections and the Ecological Systems Theory by Urie Bronfenbrenner which focuses on human interactions with others and the environment.

Attachment Theory

Attachment theory proposes that there is a universal human need to form close bonds with others; “human beings of all ages are found to be at their happiest and are able to express their best attributes when they feel that standing behind them, there are one or more trusted persons who will come to their aid should difficulties arise” (Bowlby, 1973, p. 359). With his theory, Bowlby reinforces the importance of social support as a key component when dealing with difficult times. Having social support during a stressful event like homelessness can allow a person to better deal with the situation.

It is important to remember the importance of human attachments as an innate human desire and whether positive or negative, connections between individuals will exist. In a study conducted to test two theories (general alienation and replacement), researchers state that the process of entering “homelessness may involve alienation from previously established supports and the reliability of existing relationships may degenerate as the length of

homelessness increases” (Eyrich, Pollio, & North, 2003, p. 224). In becoming homeless individuals experience a shift among their social support networks, as length of homelessness increases the availability of reliable networks decreases deepening an individual’s homeless state.

Ecological Systems Theory

Ecological Systems theory emphasizes that “homelessness is not a person-based problem” but rather a multifaceted problem that deals with person and environmental transactions “between individuals and multiple levels of social contexts” (Toro, Trickett, Wall, & Salem, 1991, p. 1208). Noting the importance of the effects of social networks, service availability and living conditions on the individual can help professionals to develop appropriate interventions and understand that environmental factors such as social support are a key component in someone’s life.

Hertzberg (1992) states that,

a person usually becomes homeless after a traumatic event like illness, loss of job, housing, etc... He or she usually assumes that this event will be short lived thus become discouraged when it is not. Daily basic needs of food and shelter must be addressed, job hunting becomes unsuccessful and affordable housing is nowhere to be found. This “temporary” traumatic event that caused homelessness has now become a time-consuming, unproductive routine; self-esteem begins to decline while shame and guilt take over. Shame keeps people from

calling on their already weakened support systems, thus alienation deepens with anger and frustration turned inward and manifested into depression, substance abuse or another route leading that person to join the long-term homeless and fall into a downward spiral of survival (Hertzberg, 1992, p. 155).

Environmental factors can be the driving force behind the homelessness of somebody as the initiator of this event and as a continuing factor leading individuals to a deeper entrenchment.

Attachment theory states the importance of and innate desire for human relationships. Homelessness can hinder the ability to fulfill such desires by alienating people from forming proper social support networks. Ecological systems theory demonstrates that outside forces like human relationships can affect an individual in a positive or negative way. In congruence with the alienation and replacement theories; homelessness can interrupt the development of human relationships. Solutions can be derived from such theories by developing interventions that enhance connections between the social support networks of those who are homeless, restraining alienation and replacement of social supports from occurring.

Summary

Although notable attempts continue to be made by professionals to address issues of mental health, substance abuse and housing options, the findings on social support demonstrate the importance of maintaining social

support ties and re-establishing them when working with the homeless population. Social support affects someone's life in multiple ways and more importantly it can assist in the transition and maintenance out of homelessness. The topics discussed in this literature review and the multi-agency sample used for this study sets it apart from previous studies of the same topic. Like other studies, emphasis on social support is given to prevent an entrenchment into deeper homelessness by those who are currently in need of stable housing.

CHAPTER THREE

METHODS

Introduction

This chapter will discuss the methods used in the design, sampling, and collection of data for this study. A quantitative research study was carried out to test if social support has an impact on the length of time someone is homeless. The demographical questionnaire and instrument used to gather the data will be explained. The strengths and limitations of the instrument used will also be presented. Finally this chapter will also address the procedures for collecting the data, the protection of human subjects and data analysis for this study.

Study Design

The purpose of this study was to test if social support has an impact on the amount of time an individual is homeless. Information on an individuals' current social support system(s) and current homeless status were evaluated to determine any correlations.

The research method utilized for this study was a quantitative survey format. The survey included a demographics section and an instrument with structured questions to test the type of social support in the participants' life. The research design utilized in this study was chosen to allow for a larger number of participants compared to a more limited number that a qualitative

approach utilizing personal interviews would. A larger number of participants allowed for more diverse data. This approach also allowed for precise numerical data to be collected.

There are three major limitations to this study. The primary limitation is that a structured survey did not allow for detailed personal descriptions of the participant's life. The participants lacked the opportunity to expand on their experiences and the impact that social support has in their lives and their homeless situation. The researcher lacked the ability to probe the participants and gather more in-depth information. A second limitation of this study is that data was only collected from homeless individuals in social service settings from which they are receiving services. The connection to services of these individuals may serve as a component of a diminished length of time spent homeless compared to non-service connected homeless individuals. The third limitation of this study comes from the survey format that it utilized; ambiguous responses to questions and/or unanswered questions can lead to a gap in the collected data.

The research question that this study aimed at answering is: What is the impact of social support on the length of time someone is homeless? The hypotheses are: individuals with social support in their lives will experience shorter episodes of homelessness and individuals with lack of social support in their lives will experience longer episodes of homelessness.

Sampling

The sample used for this study was a non-probability availability sample. Participants for this study were recruited from two social service agencies that provide services to homeless individuals. The two participating agencies in this study were: the Riverside Access Center, a resource/ drop-in center and Path of Life Ministries, a homeless shelter. In order to participate in this study individuals had to be currently homeless and over the age of 18 years old. Participants were recruited through flyers at the agencies mentioned above.

Participant recruitment from two social service agencies allowed for a more diverse sample. Each of these agencies provides services to different subsections within the homeless population which allowed for data to be obtained from individuals with different amounts and types of social support in their lives and distinct histories of homelessness.

Data Collection and Instruments

Data for this study was collected using a two-part survey. The first part of the survey (Appendix A) included basic demographic data along with questions on the specific homeless condition of each individual. The questions gathered information on age measured at an interval level, gender, marital status, race/ethnicity, where the individual slept the night before the study, current homeless status, episodes of homelessness, reason for homelessness and living situation prior to becoming homeless, all measured at a nominal

level. The length of time a participant has been homeless was also collected as the dependent variable which was measured at an interval level.

The second part of the survey collected data on social support using an instrument created by the researcher specifically for this study (Appendix B). Social support, the independent variable in this study was measured at a nominal level. The questionnaire on social support was composed of five multiple choice questions aimed at identifying the functional social support in each of the participant's lives as defined in chapter two of this study. The first question asked participants about tangible social support such as food or clothing. The second question asked about advice/appraisal support such as advice or information. The third question asked about self-esteem support, such as who makes the participant feel good about themselves. The fourth question asked about emotional support measuring who makes the participant feel accepted, cared for and/or loved. The fifth question asked about belongingness social support and measured who participants turn to for companionship (Cohen & Hoberman, 1983, p. 117; Cohen & Willis, 1985, p. 348; Leavy, 1983, p. 17). Participants were asked to pick one response for each question that best described their relationships with people at the time of taking the survey. The response options for each question were: A) Family, B) Friends, C) Social Service Agency(s) or Government and D) Other- giving participants the opportunity to hand write a response not provided by the

researcher. At the end of this portion of the survey, participants were provided an area to write any additional comments.

The instrument used in this study was specific to the definition of social support utilized by the researcher and was created in consultation with this study's faculty advisor. The strengths of this instrument were that it was short and written in clear and basic language which allowed it to be quickly completed by participants. The demographics portion of the survey allowed the researcher to gather data on each participant's specific homeless situation like the amount of time that they have been homeless and the reason for their homelessness. Providing a more comprehensive view of each participant's unique situation.

There were three major limitations to the instrument utilized in this study, specific to the social support questionnaire provided. The first limitation of the instrument utilized in this study is that this instrument was created by the researcher and has never been tested for reliability before. A second limitation to this instrument is that it only measures functional social support, excluding other definitions and components of social support. The third limitation of the instrument utilized in this study is that it did not provide participants with the option of choosing "all of the above" or "none of the above" as a response, confining their responses to a single entity of social support.

Procedures

Participants for this study were solicited through the use of flyers (Appendix C) posted at two social service agencies: The Riverside Access Center and Path of Life Ministries. The solicitation for data collection took place during the months of July 2014 and September 2014. Prospective participants and participating individuals were able to contact the researcher through a telephone number listed on each flyer and the front desk staff at each agency about questions regarding this study.

To solicit participants the researcher visited each agency on different specified dates, after approval was obtained from each agency's administrators. The researcher visited the Riverside Access Center on July 15th, 2014, July 18th, 2014 and July 22nd, 2014 from 9am-12pm. Individuals interested in partaking in the study were invited to step into a private conference room at the Riverside Access Center in where the researcher provided them with an informed consent, a survey and a writing tool. At the end of completing the survey participants were given a debriefing statement and could help themselves to pastries and coffee as a thank you for their participation. A total of 52 surveys were collected from the three days at the Riverside Access Center.

The researcher attended the second social service agency: Path of Life Ministries on September 9th, 2014 from 9am-10am. Participants individually met with the researcher in the agency's multipurpose room. Participants were

provided an informed consent, a survey and a writing tool. After completing the survey, participants were provided with a debriefing statement and a hygiene packet as a thank you for their participation. A total of 6 surveys were completed from Path of Life Ministries homeless shelter.

At both locations participants were allowed to take the survey and complete it at their own pace and provided with a secure location for them to drop it off once completed. However, all participants of this study chose to complete the survey at one of the two agencies upon receiving it. The researcher was available for questions and for assistance reading the survey to participants if necessary. All participants were given the ability to refuse to participate or to withdraw from participating at any time.

Protection of Human Subjects

In compliance with the Institutional Review Board (IRB), the information provided by participants remained confidential. Study participants were not asked to provide their names; all other identifying information such as gender, age and race was kept confidential. Participants were provided an informed consent letter (Appendix D) to anonymously mark their agreement to participate in the study and a debriefing statement (Appendix E) at the completion of the survey. Only the researcher had access to the data collected, which was kept in a locked file cabinet at the researchers' home for the duration of the study and destroyed after its completion.

Data Analysis

The data for this study was analyzed using quantitative procedures using the statistical data analysis software program, SPSS. All variables were given numerical values and coded by name and label. Frequencies were run for all demographical variables. Crosstabs were used to describe the connection between the different variables of social support and the number of homeless episodes a participant has experienced. Multiple Independent sample t-tests were used to determine the significance between length of time homeless and forms of social support. Qualitative procedures were utilized to analyze any responses provided in the “Additional Comments” section of the survey. A two-column table that included the participant survey number and written comment was used to organize the comments given. Each comment was analyzed to identify any themes, categories, patterns and relationships.

Summary

This chapter covered the methodology utilized to test the impact of social support on the length of time someone is homeless. Overviews of the quantitative study design along with its strengths and major limitations of the instrument utilized were explained. The procedures for the collection of data and the confidentiality of participants were also discussed. Finally, the analysis of the information gathered in this quantitative study was also described.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents and discusses the quantitative results of the data collected in this study. The demographics characteristics of the participants of this study will be described, including age, gender and race. Information on the participant's unique homeless situation and length of homelessness will also be analyzed. Lastly, information on the different forms of social support in the participant's life will be discussed and their relationship to length and episodes of homelessness.

Presentation of the Findings

A total of 52 surveys were collected from the three days at the Riverside Access Center, 23 were collected on July 15th, a total of 16 on July 18th and a total of 13 on July 22nd. However, four of the surveys collected from this agency were excluded from the study. Two surveys were excluded due to the participants not being homeless during the time of the study, another participant did not provide consent to take part in the study and the fourth provided unclear responses that could not be analyzed. Therefore, a total of 48 surveys out of the 52 collected from the three days at the Riverside Access Center were utilized for data analysis. All six surveys collected from Path of Life Ministries on September 9th, 2014 were utilized in the data sample. The

total sample that was used in this study was a total of 54 participants. From the sample size of 54 surveys, 13 participants provided “Additional Comments” that were analyzed using a qualitative approach.

Descriptive Frequencies

Within this sample, each of the 54 participants (100%) indicated that they were currently homeless during their participation in this study. In relation to age, two participants did not disclose this information. Figure 1 illustrates that the mean age for the sample was 43.27, with a standard deviation of 14.131 for the 52 participants that provided information on their age.

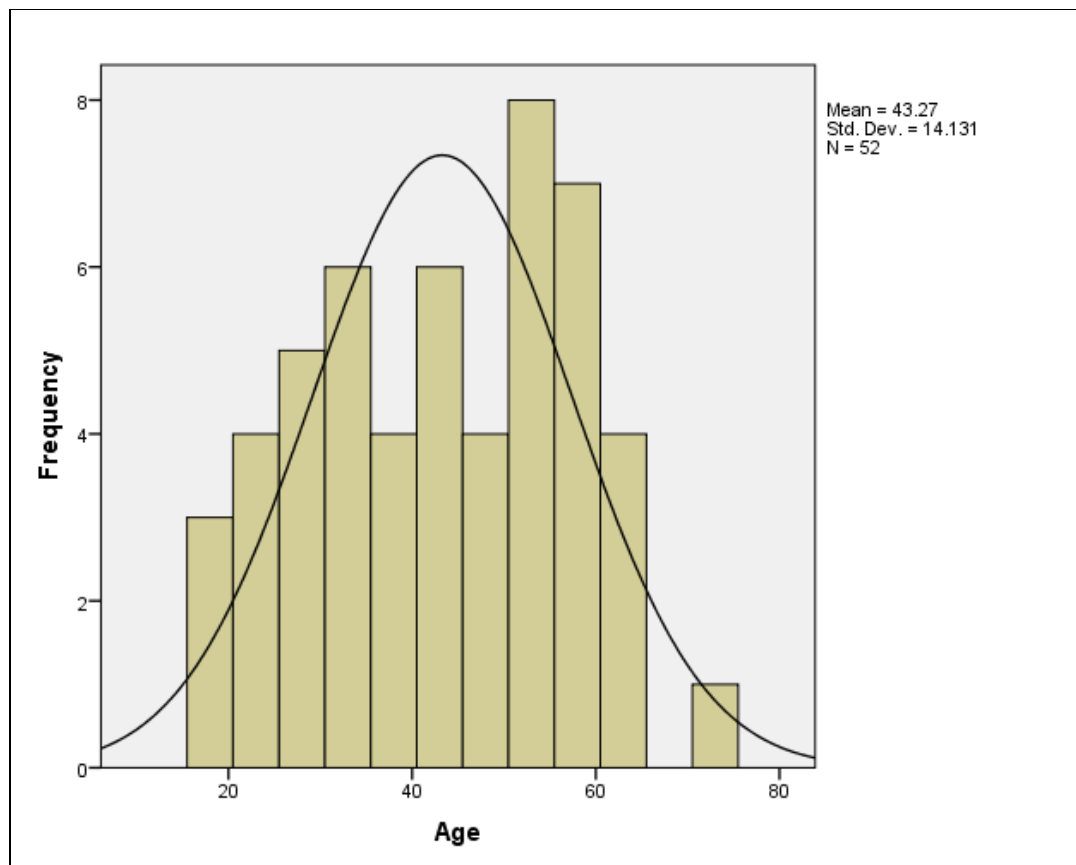


Figure 1. Age

When it comes to gender of the participants in this study, there were three individuals that did not answer this question. For the 51 participants that responded to this question, 31 (60.8%) were male and 20 (39.2%) were female (Table 1).

Table 1. Gender

	Participants (N = 51)	Percent
Male	31	60.8
Female	20	39.2
Total	51	100.0

Participants of this study were asked about their ethnicity and whether they identify as Hispanic or Non-Hispanic. Out of 54 participants, six did not provide a response. Seven participants (14.6%) identified as being Hispanic, while forty-one (85.4%) identified as being Non-Hispanic. Furthermore, participants were also asked to identify their race (Table 2). Twenty-six participants (53.1%) identified themselves as being White. Twelve participants (24.5%) identified as being Black/African American. Four participants (8.2%) identified as American Indian/Alaskan Native. Three participants (6.1%) identified as being Asian while four participants (8.2%) responded being of an “other” race not listed. Out of 54 participants, five chose not to provide a response to this question.

Table 2. Race

	Participants (N = 49)	Percent
White	26	53.1
Black/African American	12	24.5
American Indian/ Alaskan Native	4	8.2
Asian	3	6.1
Other	4	8.2
Total	49	100.0

In this portion of the survey participants were also asked to identify their marital status. Twenty-six participants (50%) responded that they were single during the time they participated in the study. Ten participants (19.2%) indicated that they were married, while eleven participants (21.2%) indicated that they were divorced. Three participants (5.8%) indicated that they were widowed. Two participants (3.8%) responded by marking other, with one participant indicating in writing that they were engaged. Two participants chose not to respond to this question.

To further understand the unique homeless situation of each individual, participants were asked to identify where they slept the night before participating in this survey. Twenty-seven participants (50.9%) reported that the night before participating in this study they slept at an emergency homeless shelter. Twenty-three participants (43.4%) reported that he night before this study they sleep in a place not designed or ordinarily used as

regular sleeping accommodation for human beings like the street, a car, parks, abandoned buildings, etc... Two participants (3.8%) reported that they spent the night with friends. One participant (1.9%) indicated in writing that they spent the previous night at Motel 6. One participant did not respond to this question.

Participants were further asked to identify what circumstance(s) caused their homelessness (Table 3). All fifty-four participants provided a response to this question with twenty of them indicating more than one circumstance for their homelessness. Eleven participants indicated two circumstances for their current situation, six participants indicated a mixture of three and three participants indicated a mixture of four different circumstances for their homelessness. There was a total of 85 responses provided for this question by the fifty-four participants who participated in this study. Seventeen participants (20%) indicated that a change in income caused their homelessness. This is congruent with the sixteen participants (18.8%) that indicated that their homelessness was due to job loss/layoff. Fourteen participants (16.5%) acknowledge other reasons not provided by the researcher as a reason for their homelessness. Two participants indicated in writing that relocation from another state caused their homelessness, whereas two other participants wrote that the death of their husbands was the reason for their homelessness. Nine individuals (10.6%) stated that an eviction caused them to be homeless,

while five people (5.9%) indicated that release from jail/prison was the reason for their situation.

Table 3. Circumstance(s) for Homelessness

	Participants (N = 54)	Percent
Release from hospital	2	2.4
Release from jail/prison	5	5.9
Drugs/ Alcohol	4	4.7
Change in income	17	20.0
Health problems/ Injury	5	5.9
Lost job/ Layoff	16	18.8
Domestic violence	3	3.5
Eviction	9	10.6
Family asked you to leave residence	8	9.4
Friends asked you to leave residence	2	2.4
Other	14	16.5
Total	85	100.0

Furthermore, participants were asked about their living situation prior to becoming homeless (Table 4). The vast majority of participants (60%) indicated that prior to becoming homeless they were living in a room, apartment, or house that they rented or owned. Thirteen participants (21.7%) indicated that they were staying or living in a family member's room, apartment or house prior to becoming homeless. Five participants (8.3%) indicated that prior to becoming homeless they were staying or living in a friend's room,

apartment, or house. Two participants (3.3%) indicated that they were living at a hotel or motel paid for without the assistance from a social service agency or emergency shelter voucher prior to entering homelessness. Out of 54 participants, four people indicated more than one living situation before becoming homeless, resulting in a total of 60 responses provided for this question.

Table 4. Prior Living Situation

	Participants (N = 54)	Percent
Room, apartment or house	36	60.0
Living with family	13	21.7
Living with friends	5	8.3
Psychiatric hospital	1	1.7
Substance abuse treatment	1	1.7
Hotel or motel	2	3.3
Jail or prison	1	1.7
Other	1	1.7
Total	60	100.0

Out of 54 participants, 51 participants provided a response for the length of time that they have been homeless. All of the responses provided were converted to months. Figure 2 illustrates that the mean length of homelessness for this sample was 28.08 months, with a standard deviation of 50.014. A total of four participants (7.8%) indicated that they had been

homeless less than one month, while one participant (2%) indicated that they had been homeless for 228 months (19 years) during the time of this study.

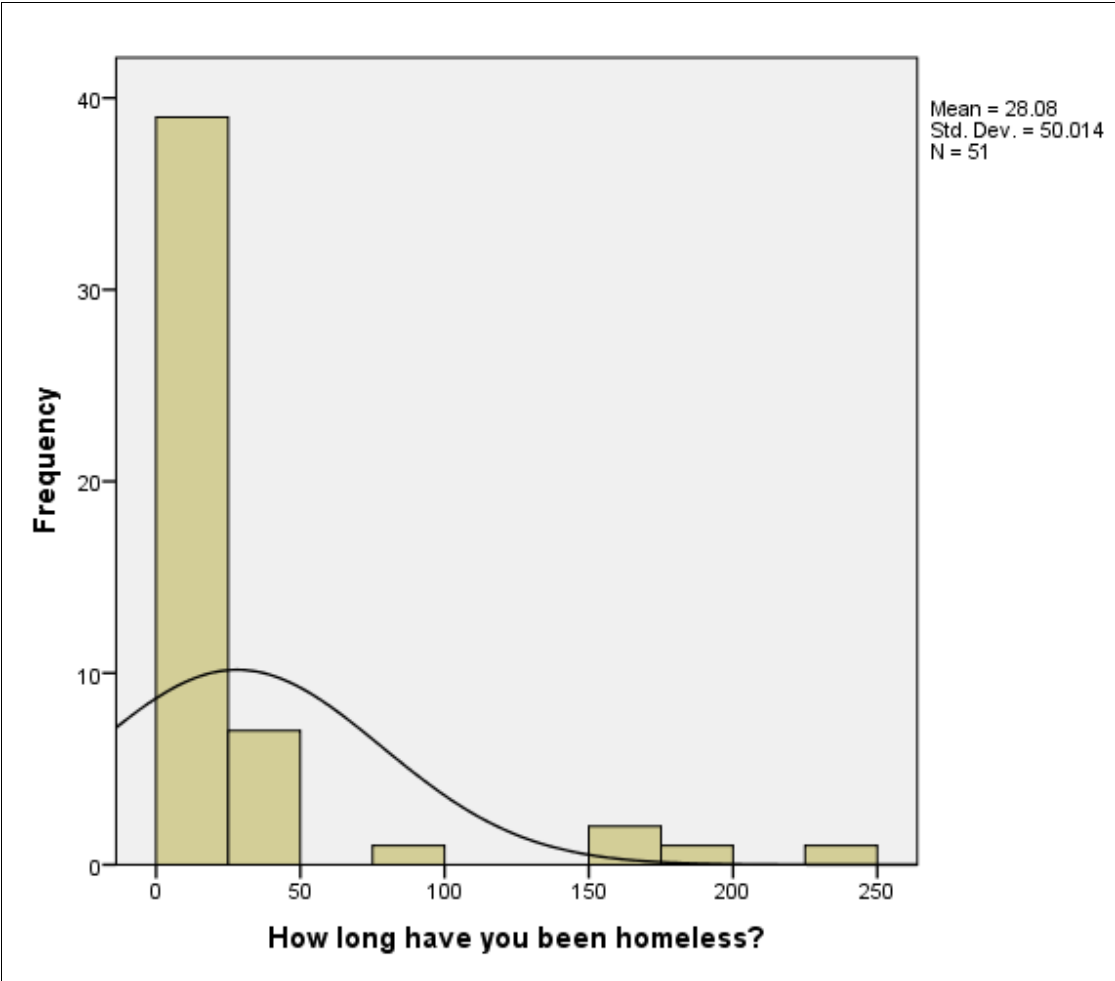


Figure 2. Length of Homelessness

To further analyze the extent of the participant's homelessness, individuals were asked how many episodes of homelessness they have had in the past three years. Thirty-four participants (66.7%) responded that they have experienced three episodes or less within the past three years. Whereas,

seventeen participants (33.3%) indicated experiencing four or more episodes of homelessness in the past three years. Three participants did not provide a response to this question.

The second portion of the survey utilized in this study asked participants about their current relationships with other people during their participation in this study. They were asked questions on five different aspects of social support. The first question aimed to gather information on tangible support by asking participants to identify the people in their life they can count on to help them with material items like food, clothing or money. The majority of participants (38.2%) indicated that they can turn to social service agency(s) or the government for material items. Twelve participants (15.8%) indicated that they can count on family to help them with these items while eight others (10.5%) indicated being able to count on friends. Fourteen participants (18.4%) responded to this question by choosing "other." Four of the participants that marked "other" indicated in writing that they can count on religious affiliations to assist them with these items while another four participants indicated that there is nobody currently in their life that they can turn to for tangible social support.

The second question collected information on advice/appraisal social support by asking participants who they can turn to for advice or information. Alike the first question, the majority of participants (32.9%) indicated that they can turn to social service agency(s) or government professionals to provide

them with advice or information. Fifteen participants (21.4%) indicated that they can turn to family, while twelve participants (17.1%) responded that they can turn to friends. Ten participants (14.3%) responded to this question by marking “other.” Out of the ten participants that marked “other,” four participants indicated in writing that they can turn to religious affiliations for advice or information while four others indicated that they cannot turn to anybody. One participant did not respond to this question.

In the third question participants were asked about self-esteem social support and asked to identify who in their life can make them feel good about themselves. Twenty-three participants (28.4%) indicated that people in their family can make them feel good about themselves. Nineteen participants (23.5%) indicated that their friends are the ones to make them feel good about themselves and seven participants (8.6%) stated that social service agency(s) or government professionals are the ones to provide them with this type of social support. Fifteen participants (18.5%) responded to this question by marking “other,” with three of them indicating in writing that their significant other makes them feel good about themselves. Six participants wrote that their religious affiliations provide them with self-esteem support while three participants indicated that there is nobody in their life that provides them with this type of support.

Next, participants were asked about emotional social support by asking who in their life can make them feel accepted, cared for and/or loved.

Twenty-four participants (32.4%) indicated that the members of their family provide them with emotional support. Nineteen participants (25.7%) indicated that they turn to friends. Five participants (6.8%) responded that social service agency(s) or government professionals make them feel accepted, cared for and/or loved. While thirteen participants (17.6%) responded to this question by marking “other”, with four participants indicating in writing that their religious affiliations provide them with this support. Three participants wrote that they depend on themselves for acceptance, care and love. The same number of participants identified turning to their significant other while two participants indicated that there is nobody in their life to provide them with this type of support.

Last, participants were asked about belongingness social support by asking who they can count on for companionship. Twenty-two participants (29.7%) indicated that they can count on friends for companionship, whereas nineteen participants (25.7%) indicated counting on family. Four participants (5.4%) responded that social service agency(s) or government professionals provide them with companionship. While thirteen participants (17.6%) responded to this question by marking “other”, with nearly half of them indicating in writing that they count on their significant other for companionship (6 participants). One participant wrote that they count on their pet cat to keep them company, while three participants wrote that they do not count on anybody in their life for companionship.

Bivariate Findings

The hypotheses of this study were: individuals with social support in their lives will experience shorter episodes of homelessness and individuals with lack of social support in their lives will experience longer episodes of homelessness. Crosstabs were completed to demonstrate relationships between the number of episodes experienced by participants in the last three years and categorical values for the five questions asked on social support. Table 5, illustrates a crosstab between episodes of homelessness and sources of tangible support. Seventeen participants with three or less episodes of homelessness reported that they receive tangible sources of social support from a social service agency(s) or government. Ten participants with the same number of episodes indicated to receive such support from family and/or friends. Only one participant indicated to receive support from both informal and formal sources. For participants that indicated that they have experienced four or more episodes of homelessness, seven indicated that they receive tangible support from social service agency(s) or government, while five indicated to obtain it from either family and/or friends. Four participants indicated to receive tangible support from both informal and formal sources. Overall, most participants reported to obtain the tangible social support from a social service agency(s) or government.

Table 5. Comparing Episodes of Homelessness and Tangible Social Support

		Tangible Social Support					Total
		SSA/ GOV	Family &/or Friends	SSA/GOV, Family and Friends	Nobody	Other	
How many episodes of homelessness in the past 3 years?	3 or less	17	10	1	2	4	34
	4 or more	7	5	3	1	1	17
	Total	24	15	4	3	5	51

Displayed in Table 6, is a crosstab between episodes of homelessness and advice/ appraisal social support systems. When looking at participants with three or less episodes of homelessness, thirteen participants reported that they receive advice/ appraisal social support from social service agency(s) or government professionals. Fifteen participants indicated to receive such support from family and/or friends and three participants indicated to receive it from all three sources. For participants that indicated that they have experienced four or more episodes of homelessness, four indicated that they receive such support from social service agency(s) or government professionals, while six indicated family and/or friends. Only two participants indicated to this support from all three sources. Generally, most participants indicated that they can turn to either social service agency(s)/ government professionals or family and friends whenever they need advice or information.

Table 6. Comparing Episodes of Homelessness and Advice/Appraisal Social Support

		Advice/ Appraisal Social Support					Total
		SSA/ GOV	Family & Friends	SSA/GOV, Family and Friends	Nobody	Other	
How many episodes of homelessness in the past 3 years?	3 or less	13	15	3	1	2	34
	4 or more	4	6	2	3	2	17
Total		17	21	5	4	4	51

Table 7 represents a crosstab between episodes of homelessness and sources for self-esteem social support. For participants who reported three or less episodes of homelessness in the last three years, the majority indicated that their family and/or friends make them feel good about themselves. Whereas, only three participants reported receiving this type of support from social service agency(s)/ government professionals. Furthermore, only two participants indicated that they can count on both informal and formal support systems to provide them with this type of social support. For participants with four or more episodes, the majority indicated to obtain this support from family and/or friends with only two indicating to receive it from formal systems. The majority of participants regardless of homeless episodes indicated that their family and/or friends provide them with self-esteem support.

Table 7. Comparing Episodes of Homelessness and Self-Esteem Social Support

		Self-Esteem Social Support					Total
		SSA/ GOV	Family & Friends	SSA/GOV, Family and Friends	Nobody	Other	
How many episodes of homelessness in the past 3 years?	3 or less	3	21	2	1	7	34
	4 or more	2	11	0	2	2	17
Total		5	32	2	3	9	51

A crosstab illustrating the relationship between episodes of homelessness and emotional social support (Table 8) was also done. Twenty-six participants who have experienced three or less episodes of homelessness in the last three years indicated that their family and/or friends make them feel accepted, cared for and/or loved. Zero participants indicated to obtain such support solely from social service agency(s)/ government professionals. However, two participants marked that both informal and formal support systems provide them with emotional social support. For participants who have experienced four or more episodes, the majority of participants reported that family and/or friends provide them with this support. While only one participant felt that they receive emotional support from professionals. Overall, the majority of participants indicated that they obtain emotional support from their family and/or friends in their life during the time of this study.

Table 8. Comparing Episodes of Homelessness and Emotional Social Support

		Emotional Social Support					Total
		SSA/ GOV	Family & Friends	SSA/GOV, Family and Friends	Nobody	Other	
How many episodes of homelessness in the past 3 years?	3 or less	0	26	2	1	5	34
	4 or more	1	11	1	1	3	17
Total		1	37	3	2	8	51

Last, a crosstab to demonstrate the relationship between episodes of homelessness and belongingness social support was completed (Table 9). The vast majority of participants who have experienced three or less episodes in the past three years reported that they can count on family and/or friends for companionship. Only one participant reported to rely on social service agency(s)/ government professionals for this type of support. However, one participant reported that they could count on both their informal and formal support systems for companionship. When looking at participants who have experienced four or more episodes of homelessness in the past three years, ten indicated that they can count on family and/ or friends for this form of support. Zero participants reported to count on professionals for companionship, while two people indicated that they can rely on both informal and formal support systems to provide them with belongingness support.

Table 9. Comparing Episodes of Homelessness and Belongingness Social Support

		Belongingness Social Support					Total
		SSA/ GOV	Family & Friends	SSA/GOV, Family and Friends	Nobody	Other	
How many episodes of homelessness in the past 3 years?	3 or less	1	25	1	1	6	34
	4 or more	0	10	1	2	4	17
	Total	1	35	2	3	10	51

To further test the hypotheses for this study, a variation of independent sample t-tests were completed for each of the five social support questions provided in this survey and length of homelessness. No statistical significant were found in any of tests conducted. T-tests completed for this study were compared at a 0.05 level of significance.

First, independent sample t-tests were completed between length of homelessness, having social support and not having social support. No statistical significances were found as only a very limited number of participants indicated to have no social support in their life. Levels of significance were notably higher in relation to 0.05.

Independent sample t-tests were also completed to determine associations between length of homelessness, having a combination of social support (Informal and formal) and having no social support. The most notable

results in relation to this study was for self-esteem social support. In where participants with both informal and formal forms of social support ($M = 9.00$, $SD = 12.72$, $N = 2$) were found to be homeless for less number of months compared to those participants with no self-esteem forms of support ($M = 15.00$, $SD = 18.24$, $N = 3$), $t(3) = -.396$, $p = .719$. Because the sample size for this t-test is significantly low, we can attest that the results for this test were the result of chance and no real statistical significance exists.

Last, Independent sample t-tests were done to identify any statistical significance between length of homelessness, having social support solely from social service agency(s)/ government and having social support solely from family and/ or friends. No statistical significance were found in relation to 0.05.

Additional Comments

The social support instrument utilized in this study provided participants the opportunity to write any additional comments that they had. From the 54 surveys used for this study, only 13 participants provided comments. Each comment was analyzed and compared to identify themes and categories applicable to the study.

Four of the comments gathered identified positive social supports in the lives of the participants. Participant 45 wrote, "My husband and children help in these areas" (Participant 45, personal communication, July 22, 2014). In this comment the participant is referring to her husband and children as providing

the different types of social support asked about in the survey. Another participant wrote, "My wife is my soul mate" (Participant 52, personal communication, September 9, 2014) in this case this participant identified their wife as their only social support system in their life. Other participants gave insight into their thoughts about positive social support from social service providers and/or Government. Participant 18 stated, "Generally 80% of government/ social services staff are excellent in their attempts to aid and assist the needed" (Participant 18, personal communication, July 15, 2014). Similarly participant 34 stated, "Very well appreciated for good works in the programs and their ability to help one another" (Participant 34, personal communication, July 18, 2014).

On the other hand other participants made note of the lack of social support in their life. Participant 19 wrote, "When I lost my job due to illnesses my family disappeared" (Participant 19, personal communication, July 15, 2014) while participant 43 wrote, "My family doesn't understand what it's like to be homeless, they are all professional I messed up my degree by going to jail" (Participant 43, personal communication, July 22, 2014).

Some comments gave insight into personal reasons that participants feel that they are currently homeless such as Participant 44 who wrote, "My situation (on and off) seems from what has been diagnosed as ICD (Impulsive Control Disorder) in short I have a bad temper and have a hard time dealing with certain situations in my life!" (Participant 44, personal communication,

July 22, 2014). Comparably Participant 20 wrote, “My case is not typical, my ex-wife falsely accused me of domestic violence, I used all my resources to fight in court, I had to step down from work because it interfered in my custody battle, I had \$16,000 dollars and it was all used up” (Participant 20, personal communication, July 15, 2014). Both participants gave insight into their unique stories and what has caused them to become homeless.

Other participants provided insight on what they feel is needed for their unique homeless situation to change such as Participant 14 who wrote, “Finding a permanent full-time job will change my life completely. I have no background issues and I have what I believe is good work history so changing my situation is just a matter of time” (Participant 14, personal communication, July 15, 2014). While Participant 51 wrote, “What is need is less restrictions on obtaining housing” (Participant 51, personal communication, September 9, 2014) to express their view on what would improve the homeless conditions of others including themselves.

Summary

This chapter provided a presentation of the quantitative findings of this study. A presentation of the sample size and its demographics was provided along with a description on the homeless circumstances of participants. Information on the different forms of social support in the lives of participants was presented along with the bivariate statistical analysis completed to determine notable correlations with length and episodes of homelessness.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter discusses and analyses the data obtained in this study. A discussion of the hypotheses will also be presented. This chapter will also explain the limitations of the study and recommendations for social work practice, policy and research. Lastly, a conclusion for the entire study will be provided and its connection to existing research on the topic of social support and homelessness.

Discussion

The purpose of this study was to examine the relationship between social support and the amount of time someone has been homeless. A sample size of 54 surveys was used for the analysis of data. All surveys were completed by adult homeless individuals from two social service agencies in the City of Riverside. Out of the utilized sample, 57% were male and 37% were female, three participants (5.6%) did not disclose their gender. In relation to race, there was multiple representation from the various categories. However, the majority of participants (53.1%) reported to be White.

The majority of participants indicated that the night prior to participating in this study they spent the night at an emergency homeless shelter (50%), while 42.6% of participants reported that they spent the night at a place not

designed or ordinarily used as a regular sleeping accommodation for human beings like the street, a car, a park, an abandoned building, etc... When asked about the circumstances that led to their homelessness 20% of participants indicated that they became homeless as a result of a change in their income. Which is congruent with the 18.8% of participants who reported that their homelessness was due to employment loss/ layoff. The majority of participants (60%) indicated that prior to becoming homeless they were living in a room, apartment, or house that they were renting or owned. In contrast, 21.7% of participants indicated that before becoming homeless they were living with family, while 8.3% indicated to be living with friends.

To analyze the dependent variable of this study participants were asked about the amount of time that they had been homeless. The responses for length of time varied, with some participants indicating to be homeless for less than a month whereas one participant responded to be homeless for 19 years. To distinguish between possible chronically homeless individuals and non-chronically homeless individuals, participants were asked about the number of episodes they had experienced in the last three years. The majority of participants (66.7%) reported three or less episodes while 33.3% reported four or more.

In analyzing the different forms of social support, the majority of participants felt that they could count on social service agency(s)/ government to provide them with tangible and advice/ appraisal social support. While the

majority of participants indicated that they could turn to family members to make them feel good about themselves and to make them feel accepted, cared for and/or loved. On the other hand, most participants indicated that they could turn to friends for companionship.

The hypotheses for this study were tested through the completion of crosstabs between the number of homeless episodes experienced by participants in the last three years and the presence of social support in their life. Over half of participants who reported to have any form or combination of informal and/or formal forms of social support in their life have experienced three or less episodes of homelessness. Consequently, the major finding of this study is that there is no significant difference between formal and informal forms of social support and the presence of any can be associated with experiencing less episodes of homelessness. Because the number of participants who reported to have no social support systems in their life was very small, the data of this study is congruent with the majority of participants reporting high levels of support and experiencing shorter lengths and episodes of homelessness.

An additional finding of this study is that over half of participants indicated to count on social service agency(s) / government for tangible items and advice or information. This is significant as it demonstrates that formal support systems can have an impact on this vulnerable population and that homeless individuals turn to professionals to provide them with information,

resources and guidance that could improve their current situation. It is also important to note that the majority of participants indicated to turn to family and/or friends for self-esteem, emotional and belongingness social support. This is an important finding to consider in relation to the negative effects that lack of support from family and/or friends could have on the psychological wellbeing of someone experiencing homelessness. The results from this study contribute to direct social work practice by increasing the knowledge of the topic of social support as a major considering factor when assessing, planning and implementing treatment options with homeless individuals and families.

Limitations

There were several limitations that were present in this study. The primary limitation is the size of the sample. There were a total of 58 surveys collected however only 54 were used for data examination. The small size of the sample does not make the results generalizable to the homeless population in the country. Having a small sample was also difficult when completing bivariate analysis testing, as no statistical significances were found.

Second, recruiting participants from only social service settings could have affected a large number of respondents to indicate social service agency(s)/ government professionals as a support system. Results from this study could have been different if participants were also recruited from local places in the community where homeless individuals are found and are not

service-connected. Sole recruitment from social service agencies could also be associated with the majority of participants indicating shorter lengths and episodes of homelessness.

Last, it would have been beneficial for the researcher to have added other response options for the social support portion of the survey such as, “all of the above” or “none of the above”. The limited response options could have compelled participants to pick from the given options instead of considering alternative selections. By providing “all of the above” or “none of the above” the data from this study could have provided different results.

Recommendations for Social Work Practice, Policy and Research

Homelessness is a multifaceted problem that affects thousands of people in the United States. Referring back to the definition of social support presented in chapter two, which states that social supports are interactions in which one individual or group provides another individual with a sense of connection, resources, and/or affirmations (Bates & Toro, 1999, p. 139). It is important for social workers to recognize the importance of this topic as they through a client/ professional relationship can fulfill each of those roles for someone experiencing homelessness. Furthermore, in connection to social work practice, research has found that social support aids in linking homeless individuals to social services (Lam & Rosenheck, 1999, p. 26) which can be the first step in ending their homelessness.

As awareness and federal funding for this social problem continues to grow, social workers more than ever can play a crucial role in the lives of individuals and families experiencing homelessness. Social workers serve as catalysts for connecting others with resources and implementing needed interventions to help someone improve their current situation. Social workers play an imperative part in many of the federally funding programs currently in place to help those that are homeless and can bring firsthand knowledge on what is needed at a policy/federal level to help improve this social problem.

This study contributes to the existing research on the topic of social support and the impact that it can have on a successful transition out of homelessness as well as the negative consequences of not having it. It is important that future research continues to explore the intricacy of this social problem and includes communities nationwide to gather larger sample sizes. It is also recommended that future research be conducted using qualitative designs in order to provide a better description and insight into the impact of social support in the lives of those experiencing homelessness. Early intervention methods focusing on social support can shorten someone's length of homelessness, keeping them from becoming chronically homeless and becoming fully entrenched into this distressing situation.

Conclusions

In recent years the issue of homelessness has taken a forefront with the federal government and local service providers. The complexity of this

social problem continues to affect thousands of people in the United States. Consequently, more than ever micro level interventions are needed to help those that are homeless. In recent years an area that has gained much momentum in direct client practice is the topic of social support. This study examined the effects of social support on the length of homelessness through the implementation of a quantitative research design in hopes of finding correlations between the two. The results of this study demonstrate great potential in the fight against homelessness by revealing that there is no significant difference between formal and informal forms of social support and that the presence of any can be associated with experiencing less episodes of homelessness. Careful consideration of available support systems for those experiencing homelessness can be crucial in improving their situation. This is an important contribution to the profession of social work as it gives insight into serving this vulnerable population and those at risk of this problem.

APPENDIX A
DEMOGRAPHIC QUESTIONS

Demographic Questions

Any information obtained will be kept confidential

DOB: _____ Age: _____

Gender: M F

Marital Status: Single Married Divorced Widowed Other _____

Ethnicity (Please check one)

Hispanic

Non-Hispanic

Race (Check all that apply)

American Indian/Alaskan Native:

Asian:

Black/African American:

Native Hawaiian/Pacific Islander:

White:

Other: _____

Where did you sleep last night?

Non-housing (street, park, car, etc...):

Emergency Shelter:

Transition Housing for homeless persons:

Psychiatric Facility:

Substance Abuse Treatment Facility:

Hospital:

Jail/Prison

With family:

With friends:

Rental housing:

Other: _____

Are you currently homeless?

Yes No

How long have you been homeless? _____

How many episodes of homelessness have you had in the past three (3) years?

3 or less 4 or more

What circumstance(s) caused your homelessness?

- Release from hospital
 - Release from jail/prison
 - Drugs/Alcohol
 - Change in Income
 - Health Problems/ Injury
 - Lost Job/Layoff
 - Domestic Violence
 - Eviction
 - Family asked you to leave residence
 - Friends asked you to leave residence
 - Other _____
-

What was your living situation prior to becoming homeless? (Please check only one)

- Room, apartment, or house that you rent/own
- Transitional housing for homeless persons
- Staying or living in a family member's room, apartment, or house
- Staying or living in a friend's room, apartment, or house
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Hotel or motel paid for without emergency shelter voucher
- Hospital (non-psychiatric)
- Foster care home or foster care group home
- Jail, prison, or juvenile detention facility
- Other - Please explain: _____

Developed by: Carmen Macias

APPENDIX B
SOCIAL SUPPORT QUESTIONNAIRE

Social Support Questionnaire

Instructions:

The following questions are about your relationships with other people in your life right now. Please choose the best answer that applies to you and pick only *one* response for each question.

1. I can count on _____ to help me with material items like food, clothing or money.
 - A. Family
 - B. Friends
 - C. Social Service Agency(s) or Government
 - D. Other: _____

2. I can turn to _____ whenever I need advice or information.
 - A. Family
 - B. Friends
 - C. Social Service Agency(s) or Government Professionals
 - D. Other: _____

3. _____ make me feel good about myself.
 - A. Family
 - B. Friends
 - C. Social Service Agency(s) or Government Professionals
 - D. Other: _____

4. _____ make me feel accepted, cared for and/ or loved.
 - A. Family
 - B. Friends
 - C. Social Service Agency(s) or Government Professionals
 - D. Other: _____

5. I can count on _____ for companionship.
 - A. Family
 - B. Friends
 - C. Social Service Agency(s) or Government Professionals
 - D. Other: _____

Additional Comments:

Developed by: Carmen Macias

APPENDIX C

FLYER

Graduate Student

Carmen Macias

Is looking for individuals over the age of 18 who are currently experiencing homelessness to participate in a research study about

**“THE IMPACT OF SOCIAL SUPPORT ON THE
LENGTH OF HOMELESSNESS”**

HOW: By taking a 15 minute survey

WHERE: At the Riverside Access Center

WHEN: July 15th, July 18th & July 22nd

TIME: 9 AM-12 PM



Participants of the study and their answers will be kept confidential

Refreshments will be provided

For questions and concerns please contact:

Carmen Macias at (951) 313-2276

This study has been approved by the Department of Social Work, Institutional Review Board Sub-Committee of the California State University, San Bernardino

APPENDIX D
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate the impact of social support on the length of homelessness. This study is being conducted by Carmen Macias under the supervision of Dr. Rosemary McCaslin, Professor of Social Work, California State University, San Bernardino. This study has been approved by the School of Social Work Subcommittee of the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of this research is to investigate the impact of social support on the length of time someone is homeless.

DESCRIPTION: Participants are being asked to complete a survey questionnaire which includes demographic information and a social support scale.

PARTICIPATION: Your participation in this research is completely voluntary, you can refuse to participate or withdraw from participation at any time. You may skip or not answer questions you do not wish to answer. No agency will know if you participated or not.

CONFIDENTIAL: Responses to this survey will be kept confidential. The information will be kept in a locked file cabinet to protect the confidentiality of participants.

DURATION: Participation in this study should take approximately 15 minutes of your time.

RISKS: There are no foreseeable risks associated with your participation in this study.

BENEFITS: Your participation in this study will not result in any direct benefits. However, your participation may help improve homeless services.

CONTACT: If you have any questions regarding this study or research subjects' rights, you may contact the research advisor Dr. Rosemary McCaslin at (909) 537-5507 or by email at rmccasli@csusb.edu

RESULTS: Results for this study can be obtained after September 2015. A full copy will be available at the John M. Pfau Library located at California State University, San Bernardino-5500 University Pkwy San Bernardino, CA 92407.

CONFIRMATION STATEMENT: By placing an X in the box I acknowledge that I must be 18 years of age or older to participate in this study, have read and understand the consent document and agree to participate.

Place an X here: Date: _____

APPENDIX E
DEBRIEFING STATEMENT

Study of the Impact of Social Support on the Length of Homelessness

Debriefing Statement

This study you have just completed was designed to investigate the impact of social support on the length of time someone is homeless. It is hoped that the results of this study will increase the knowledge of this topic. The research data will be collected through the questionnaires you have just completed. All the data collected will be kept confidential.

Thank you for your participation in this study conducted by Carmen Macias, Master of Social Work student at California State University, San Bernardino. If you have any questions about the study, please feel free to contact Professor, Dr. Rosemary McCaslin at (909) 537-5507 or by email at rmccasli@csusb.edu. The results of this study will be available after September 2015 at the John M. Pfau Library located at California State University, San Bernardino- 5500 University Pkwy San Bernardino, CA 92407. Thank you for not discussing the contents of this questionnaire with anybody else.

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