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THROUGH THE EYES OF THE HOMELESS:

A STUDY ON SERVICE UTILIZATION

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Cecelia Denise Hernandez

June 2010

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by  
Cecelia Denise Hernandez

June 2010

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## ABSTRACT

This study examined the causes, reasons for not using services, and needs among people experiencing homelessness in the City of Riverside. The study used a qualitative design for collecting data. Face-to-face interviews with 22 homeless individuals were conducted in the City of Riverside. The study found economic conditions to be the primary factor contributing to homelessness. Results of the study found self-determination, lack of trust in services and individuals providing services, and a belief that services provided would not meet their needs to be influential in the participant's refusal of services. The most significant needs identified by the participants were showers, employment, and food, a place to live, and clean clothing or a place to launder their clothes. The findings of the study suggested that the causes, reasons, and barriers for lack of service utilization, as well as the needs of those experiencing homelessness be considered in delivering effective services to this population.

## ACKNOWLEDGMENTS

I would like to thank and acknowledge Judith V. Johnston, for her encouragement, support, guidance, wisdom, and faith in me, which helped make my journey of higher education much easier to travel.

I would also like to thank and acknowledge Janet C. Chang, my research advisor, for all her support, expertise, guidance, and encouragement throughout the research process.

## DEDICATION

This research is dedicated to the homeless people in the streets of Riverside, California. Thank you for sharing your experience with me and allowing me to see through your eyes.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

Prior to the 1970's, homelessness was seen as only affecting a small portion of the population. Thus, only small comprehensive public efforts were made to address the problem. However, homelessness, becoming more visible in the 1970's, was seen as a persistent social problem (Mizrahi & Davis, 2008). Although there has been a significant revitalization in our national response to provide services over the last two decades to address homelessness, it continues to be a persistent social problem in the United States (Leginski, 2007).

In spite of the national response in the U.S., in January, 2005, according to Homeless Counts by the National Alliance to End Homelessness (NAEH, 2007), it was estimated, there were 744,313 homeless at that point in time in the U.S. California was found to have one of the highest rates of homelessness per capita, with 170,270 homeless (NAEH, 2007). Furthermore, Riverside County, according to The 2007 Riverside County Homeless Count (2007), estimated 4508 homeless, including 1733

adults and children who were sheltered and 2775 adults and children in the streets. The last national count performed in 1996, conducted by the Urban Institute and sponsored by the U.S. Interagency Council on Homelessness, estimated the actual number of homeless per year between 2.3 and 5.5 million. This estimate was based on the premise people move in and out of homelessness throughout the year (Urban Institute 2000, as cited in NAEH, 2007).

In 2001, then President Bush challenged the 100 largest cities to end homelessness. The challenge was extended by the U.S. Conference of Mayors to other cities to create "A 10-Year Strategy to End Homelessness". As a result over 300 cities, counties, and states have completed or are currently working on completing "A 10-Year Strategy to End Homelessness" (The Institute for Urban Research and Development, 2007).

In 2007, Riverside accepted this challenge and created a 10-year strategy to end homelessness (The Institute for Urban Research and Development, 2007) and increased their services offered to the homeless. As of December, 2009, there have been many services offered in Riverside County. The City of Riverside (2009) offers

shelter services for single adults, families with children, single women with children, and throwaway, runaway and homeless youth. Mental health services further offer shelter for those with mental illnesses, as have substance abuse programs, domestic violence shelters and programs, and U.S. Veteran services. There have been a number of faith-based organizations that provide food, including hot meals, bagged food, and groceries to the homeless. Other resources available include medical, legal, transportation, public benefits, and organizations where the homeless can obtain clothing.

However, many services continue to be underutilized and there is a large portion of homeless individuals who are not receiving services (Acosta & Toro, 2000). These individuals are in danger of becoming chronically homeless, and would potentially be among those in the future needing more intensive services (Corporation for Supportive Housing, 2009).

It is important to understand this problem further so that solutions may be found to help reduce the growing number of homeless and those that become chronically homeless. While the cost to society would decrease, the

quality of life and recovery of the homeless population would increase.

### Policy Context

The increase of homelessness in the U.S. led to the official U.S. policy, the McKinney Vento Homeless Assistance Act of 1987. Consequently, the Stewart B. McKinney Homeless Assistance Act of 1990 authorized Projects for Assistance in Transitioning from Homelessness, known as the PATH Program. PATH provides services for people with serious mental illness, experiencing homelessness or at risk of becoming homeless (Substance Abuse and Mental Health Services Administration, 2009).

Furthermore, in 1999, the State of California passed AB34, which provided 10 million dollars to fund pilot programs through mental health departments. Due to the success of the effort, funding was increased greatly to expand the existing pilot programs and create additional programs statewide. In November of 2004, Proposition 63, the Mental Health Services Act, approved by California voters, added hundreds of millions of dollars to the community mental health system each year, which includes people with serious mental illness who are homeless,

insufficiently housed, or returning to communities from jail (Corporation for Supportive Housing, 2009).

In 2001, AB334 further expanded the AB34 program, requiring outreach for early intervention with the mentally ill homeless (HomeBase/Legal and Technical Services Advancing Solutions to Homelessness, 2006).

### Practice Context

According to Leginski (2007), over the past two decades, most of the progress made addressing homelessness has been due to our response in knowledge from research and evaluation efforts, and our experiences in addressing the multiple needs of homeless individuals. Our current system of service is designed so people experiencing homelessness receive services delivered within a network of agencies, policies, and funding, that adapt continually to effectively meet the service needs of defined groups of persons experiencing or at risk of homelessness (Leginski, 2007; Burt & Spellman, 2007).

However, many services available to the homeless target the subgroup of mentally ill individuals. According to the National Coalition for the Homeless (2003) and the National Policy and Advocacy Council on Homelessness (n.d.), (as cited in Leginski, 2007) many

not represented in this subgroup are excluded from services. This practice, with regards to the effective policies suggests a barrier to many other homeless people seeking services. Furthermore, Lamb and Bachrach (2001) found that many who are mentally ill deny having a mental illness because becoming part of the mental health system is equivalent to admitting failure and having a defect.

According to the NAEH (2007), a majority of people who became chronically homeless interact with multiple service systems, yet are insufficiently served by the service systems they interact with. These systems include emergency shelters, emergency rooms, hospitals, and police departments. In turn, these systems providing services to prevent homelessness are adversely affected by chronic homelessness.

This system of service, according to Leginski (2007), has no legislation, explicit theory, values, or principles that define it. Given our current system of service, Leginski states, "we must understand the nature of the population being served, offer appropriate services delivered by capable providers, and work within a network of agencies, policies, and funding that ideally presents no barriers to progress" (p. 1-8).

With regards to these "musts", it is important to study the homeless population's utilization of services with regards to needs, barriers, and satisfaction of services delivered by providers.

#### Purpose of the Study

The purpose of this study was to examine utilization of services among the homeless population. This study was a qualitative study consisting of face-to-face interviews with 22 homeless individuals. According to Grinnell and Unrau (2008), the qualitative research is subjective and is based on the interpreted perspective. Furthermore, Grinnell and Unrau state, the only way to get subjective data is to ask the participants themselves. Research data requiring the participants to answer within the confines of a survey would create problems with the study being subjective and would limit their responses.

This study utilized a quota Sampling. The purpose of utilizing quota sampling is to ensure that the data is diverse in gender and ethnicity (Grinnell & Unrau, 2008). Therefore, this study limited participation to a certain number of participants within genders and ethnicities.



Furthermore, this study sought to identify the causes of homelessness and to identify the needs of the homeless individuals themselves. It is important to assess the needs of the homeless themselves in order for practitioners to provide services, which appropriately meet their needs. If social services reflect the needs of homeless individuals, they may be more likely to utilize services and feel more empowered and motivated for change. Kryda and Compton (2007) state, if homeless people do not feel that proper services are being offered, outreach cannot be effective.

In addressing the initial causes and immediate needs of the homeless, current knowledge about services offered from the homeless perspective is very limited (Acosta & Toro, 2000; Kryda & Compton, 2007). There is a large portion of homeless individuals that do not receive services. Osborne (2002) found in a study of ninety-seven homeless individuals that those who identified most highly with being homeless used fewer services, were more self-reliant, and were less likely to transition off of the streets.

In understanding the causes of homelessness and their identified needs, prevention of chronic

homelessness could also be made possible and the period of time individuals are homeless could be decreased. In assessing homeless individuals, by identifying appropriate needs, these individuals could be assisted appropriately thereby facilitating their exit from homelessness. This study also looked at satisfaction of services and the barriers homeless people perceived in obtaining the services they felt were most beneficial to their needs.

#### Significance of the Project for Social Work

The findings of this study will be a service to scholars by offering a way to understand the needs of the homeless, and will add to the current research with the homeless. Specifically, it identified causes of homelessness and the needs of the homeless. The findings of the study will help Social Workers in assessing, planning and providing appropriate treatment, services, and resources that aid in prevention and increase temporary homelessness rather than chronic homelessness.

Similarly, the results could benefit social work practice. Treatment services provided could be better tailored to meet the needs of the homeless, thereby

decreasing the need for continued services that are not currently meeting the needs of the homeless. Homeless individuals who do not feel that their needs are going to be met often refuse services (Kryda & Compton, 2007).

Finally, the results and findings of this study could potentially lead to changes in policy and practice within agencies providing services to the homeless that are seeking to minimize barriers and increase satisfaction in obtaining services among the homeless population.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

The content of this chapter will present current literature that pertains to utilization of services among the homeless. Specifically, literature regarding characteristics and demographics, causes, needs and barriers will be presented. Finally, empowerment theory will be presented as the theory guiding conceptualization of this study.

#### Characteristics and Demographics

A review of the literature shows that much of the research literature is focused on the characteristics and demographics of homeless individuals. However, many of the studies were confined to specific agencies providing the services, and are limited to that particular subgroup of the homeless population (Folsom et al., 2005; Shinn et al., 2007; Goldstein et al., 2008).

One such study (Folsom et al., 2005) used quantitative data from the County of San Diego's Adult Mental Health Services database from a 1-year period (1999-2000), and focused on characteristics of patients

who were homeless. They compared the results with patients who were not homeless. The study found homeless patients were more likely to be younger, male, African American or Caucasian, have substance use disorders, lack Medi-Cal insurance, have a lower GAF score, and less likely to be married or employed than those not homeless. Education did not differ between the groups.

Another study interviewed 61 housed and 79 homeless adults aged 55 and older (Shinn, Gottlieb, Wett, & Bahl 2007). The researchers sought to identify predictors of becoming homeless. Results showed adults who were housed were more likely to be female, Black, and widowed, compared to the homeless individuals, who were more likely to be male and to have never married. The homeless adults were found to be higher educated and, reported higher incomes at their longest job than those who were housed. Health, disability, and stressful events, when compared with the housed individuals did not play a role in predicting homelessness.

Shinn et al. (2007) found that the strongest predictor was social capital. Those housed were more likely to have children or institutional ties who would house them. While there was not a difference in regards

to economic capital, the individuals who were housed had public housing rents tied to income.

Canton et al. (2005) in a qualitative study, examined risk factors for long-term homelessness among newly homeless men and women admitted to shelters in New York City during 2001 and 2002. The results showed that older aged adults and an arrest history were among the strongest predictors of a longer duration of homelessness. Furthermore, younger participants who had better psychosocial adjustment, earned income, recent or current employment, adequate family support, no current drug treatment, and no arrest history were the strongest predictors of a shorter duration of homelessness. The study also found functioning and coping skills are better indicators of one's ability to more quickly exit homelessness than are psychopathology or diagnosed mental illness or substance use disorder.

These results are useful because they identify characteristics, which should be used to tailor individual treatment approaches accordingly. This study validates the premise that services provided should be tailored toward the individual needs of the homeless.

Kaplan, Sadock, and Grebb (1994), in their book Kaplan and Sadock's Synopsis of Psychiatry, discuss characteristics of the homeless mentally ill as being divided into three subgroups: street people, the episodic homeless, and the situational homeless. Street people are described as usually having "schizophrenia or substance abuse or both, a history of psychiatric hospitalization, and a variety of health problems" (p. 204). Episodic homeless are described as those that are, "usually younger than street people and are likely to be regarded as difficult patients, with personality disorders, substance abuse and mood disorders" (p. 204). These individuals sporadically use a wide range of mental health services. The situational homeless are described as generally having "problems in regard to situational stress more than to their psychopathology" (p. 204).

#### Causes of Homelessness

Causes of homelessness appear to mirror characteristics of the homeless. Researchers often refer to 2 groups of homeless people (Sommer, 2000; Hoch & Slayton, 1989; Rossi, 1989). The "old" homeless typically were a homogenous group described as older, males, single

and alcoholic type of the skid row era (Hoch & Slayton, 1989).

The "new" homeless are of a fairly heterogeneous group. However, they tend to share similar characteristics. According to Sommer (2000), "new" homeless people are extremely poor, exhibit high rates of personal disabilities, and have a tendency to be socially estranged.

Historically, the causes of homelessness were reflected by researchers (Schutt & Garrette, 1992) as being more of a lifestyle choice. This may be a reflection on the group of the "old" homeless, as previously described.

More recently, the theories on causes of homelessness generally are divided into two categories (Sommer, 2000). The first category identifies causes related to individual defects or personal disabilities, which justifies the national effort to provide services to the mentally ill population. The second category identifies societal or structural conditions. These conditions Sommer presents, can be attributed to changing job markets, increasing poverty and a widening income gap, and changes in the housing market.



One study (Lamb & Bachrach, 2001) proposes the ramifications of deinstitutionalization have led to an increase in homelessness among the mentally ill population.

The National Coalition for the Homeless (NCH, 2009) supports the findings of Sommer (2000) and rejects the notion that deinstitutionalization is a cause of homelessness. They report, there are two trends largely responsible for the rise of homelessness over the past 20-25 years. These trends are due to a growing shortage of affordable rental housing and a simultaneous increase in poverty.

In consideration of these trends, they list foreclosures, poverty, eroding work opportunities, a decline in public assistance, lack of affordable housing and the limited scale of housing assistance programs and other factors, which include lack of affordable health care, domestic violence, mental illness, and addiction disorders as causes of homelessness.

#### Needs and Barriers

While the needs of the homeless appear to be reflected in the amount of services that are available to

the homeless with regards to mental health services, other research support the need for affordable and supportive housing (NCH, 2009; Shinn et al., 2007).

Conversely, in a qualitative study involving a probability sample of 301 homeless people in Buffalo, New York (Acosta & Toro, 2000), they found physical safety, further education, and transportation to be the top 3 needs of the homeless interviewed. These needs ranked significantly higher than food and housing needs. The study suggests that a discrepancy between the participants perceived needs and those of what service agencies may be providing is a possible reason for underutilization of services.

In a literature review (Bhui, Shanahan, & Harding, 2006) of service users, the authors found that little attention was given to the views of homeless mentally ill with respect to being active agents in their care. They found a significant gap in knowledge of the efficacy of service as perceived by homeless people who are mentally ill.

However, in addition to limited treatment capacity, lack of client resources, and client resistance, Page (2007) found that participants in a quantitative study of

255 mental health supervisors or designees had difficulties when trying to transfer client care from street-based services to traditional community mental health centers or organizations. Furthermore, inadequacy on behalf of service providers and organizations were found to be among the barriers associated with service utilization.

Kryda and Compton (2008), in a qualitative study, involving chronically homeless individuals, identified a lack of trust of outreach workers and a lack of confidence in available services as the most common themes in refusal of services. It was found that the mistrust led the participants to believe services currently available were not compatible with their needs. Additionally, they found that participants believed shelters were unsafe and available services offered only short-term solutions, compared to the long-term solutions they were seeking.

Other themes identified by homeless people in regards to services and providers (Hoffman & Coffey, 2008) identified feeling they were treated as numbers and children as opposed to being fully recognized adults or respected as equal citizens. Because of these

experiences, many individuals chose not to utilize services in order to maintain a sense of dignity and self-respect.

### Theory Guiding Conceptualization

The theory guiding conceptualization for this research project was the Empowerment Theory. Hepworth, Rooney, and Larsen (2002) define empowerment as:

enabling groups or communities to gain or regain the capacity to interact with the environment in ways that enhance resources to meet their needs, contribute to their well-being and potential, give their life satisfaction, and provide control over their lives to the extent possible. (p. 438)

This study sought to gain research on utilization of services or lack thereof from members of the homeless population themselves. Speer (2000) found that individuals were more willing to participate in services when they have a sense of empowerment. It is important to acknowledge the causes of homelessness, needs, and barriers to services subjectively in order for homeless individuals to feel a sense of empowerment and self-determination.

Furthermore, the National Association of Social Work states the primary mission of the social work profession is "to enhance human well-being and help meet the basic needs of people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (2008, p. 1). In addition, it states, "Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems" (p. 1).

#### Summary

In summary, this chapter examined literature pertaining to utilization of services among the homeless population. The focus of literature was directed at characteristics and demographics, causes, and needs and barriers from providers of services and subjective views and experiences of the homeless. Finally, literature which provides the theoretical conceptualization for this project was discussed.

## CHAPTER THREE

### METHODS

#### Introduction

The contents of this chapter present the methods used for this study. Specific emphasis will be given to the study's design, sampling, data collection and interview instrument, procedures, protection of human subjects, and qualitative data analysis.

#### Study Design

The purpose of this study was to examine utilization of services among the homeless population. This study employed open-ended questions that sought to identify the causes of homelessness, the needs of homeless individuals, and the barriers and satisfaction of services according to the homeless themselves.

This study used a qualitative design for collecting data. Face-to-face interviews with 22 homeless individuals were conducted in the City of Riverside. This design allowed the researcher to obtain a subjective view on homeless persons. This design was more effective in allowing the homeless individuals to express their views on the causes, needs, and barriers they have faced in

utilizing services with regards to their homelessness. As previously stated, a quantitative design would have limited the participant's responses to a predetermined set of data, thereby limiting the subjective views of the participants. However, due to the amount of participants that were interviewed, and the confinement of participants within the city, this study is not necessarily a representative of all homeless individuals in the City of Riverside or countywide.

#### Sampling

The sampling this study used was convenience sampling, whereas the researcher made contact with 22 adult homeless individuals (18 years or older) in public places such as parks, shopping centers, and on the streets within the City of Riverside. Sampling criteria for the purpose of this study included only those individuals who had been homeless for 3 months or longer and did not have a permanent or temporary residence where they were sleeping. Thus, all participants were sleeping in the outdoors. Additionally, the researcher utilized quota sampling so the research represented diversity in gender and ethnicity within the study. The researcher

interviewed 15 men and 7 women, and included 10 participants who identify as White, 7 Hispanic individuals, 3 African Americans, 1 participant of Native American ethnicity, and 1 Asian participant. These numbers reflect statistics on ethnic make up as identified by the County of Riverside Department of Public Social Services Homeless Programs Unit (2007). However, for the purpose of this study, the category of "other" was deferred to the Native American or Asian ethnicities. Due to the small sample of participants, the number of participants, within each ethnicity, was established by the closest proximity to the actual statistics as identified by the County of Riverside Department of Public Social Services Homeless Programs Unit (2007).

#### Data Collection and Instruments

The researcher of this study conducted face-to-face interviews using an interview guide comprised of approximately 19 questions, 10 through 28 (Appendix A). Demographic information, questions 1 through 9, including age, gender, ethnicity, marital status, education, income, source of income, length of homelessness, and



where they were sleeping was collected separately, prior to presenting the questions from the interview schedule. The questions were open-ended and participants were encouraged to elaborate on them to solicit the most comprehensive information from them.

Additionally, the sequence of the questions, were constructed in such a way as to encourage the participants to build on their personal experiences. The questions the researcher gathered information on pertained to the circumstances that led to their homelessness, services they used and their experience with the services, barriers they experienced in receiving services, services that were most needed by them, and skills and coping strategies that were helpful to them since they became homeless. The researcher also collected data concerning veteran status, mental illness and drug and alcohol problems.

#### Procedures

The homeless participants were recruited during daylight hours (7:00 a.m. - 4:00 p.m.) from January 15 through March 12, 2010. The participants were recruited and interviewed in public places such as parks, shopping

centers, and on the streets in the City of Riverside. Upon establishing homelessness among individuals by self-report and meeting the criteria previously stated above, the individuals were invited to participate in the study. Participants were given an informed consent form. The interviews took approximately 25-30 minutes to complete and were administered by the researcher. Upon completion, participants were given \$10.00 as compensation for their time, a list of resources in the area, and a debriefing statement.

#### Protection of Human Subjects

The researcher took appropriate measures to ensure the protection of participants in the study. All participants were interviewed on a voluntary basis. Participants were presented with an informed consent, to which they placed an X in the appropriate box to sign their consent to participate as well as to be audio taped. Participants were informed of the purpose of the study, confidentiality, and that their participation was voluntary and they could stop at any time or refuse to answer any questions they felt uncomfortable with. Furthermore, they were informed about who the study was

being done by, who supervised the study, IRB approval, and what they would receive for participation. At no time were the participants identified by name, but rather a number was assigned to each interview that corresponded with a matching number assigned to the demographics collected from each participant. This precaution served to protect the confidentiality of the participants. All data was stored in tape and computer in such a way that the researcher had sole access to it. Upon completion of research all data was destroyed.

All participants, as outlined in the informed consent, were told they could discontinue the interview at any time without penalty. All participants, as well as those who declined to be interviewed, were given a list of homeless services and resources within the City of Riverside.

#### Data Analysis

This study utilized qualitative data analysis techniques. The data gathered from the interviews on audio tape were transcribed verbatim. A coding method was developed for the purpose of organizing the data. As suggested by Grinnell and Unrau (2008), the researcher

started by looking at small units of data. The similarities and differences were identified between the units to formulate themes and patterns within the interviews of the participants. Furthermore, this study utilized descriptive statistics, frequency distribution, and measures of variability to describe the characteristics of the sample.

#### Summary

In summary, this chapter presented the methodology that was used in this study. This study used a qualitative design, as well as convenience and quota sampling. Face-to-face interviews were conducted using an interview guide. Also presented were the procedures that were used and the appropriate measures the researcher employed to protect the subjects that were interviewed. Finally, data analysis for qualitative research which pertains to this study was discussed.

## CHAPTER FOUR

### RESULTS

#### Introduction

In this chapter, demographics and characteristics representing the homeless individuals interviewed in this study will be presented. Major findings, regarding causes, needs and barriers, which effect service utilization among the homeless population, will be presented as well.

#### Presentation of the Findings

##### Demographics

The sample population included twenty-two homeless individuals who completed the interview. Of this sample, 15 men, representing 68.1%, and 7 women, representing 31.8%, were interviewed. The participants were of a diverse ethnic population which, included 45.5% of White ethnicity (10 participants), 31.8% Hispanic or Latino (7 participants), 13.6% African Americans (3 participants), and 4.5% (1 participant), who identified as Native American and Asian respectively. As previously stated, these numbers closely reflect statistics on ethnic make up, as well as gender make up, as identified by the

County of Riverside Department of Public Social Services  
Homeless Programs Unit (2007).

The median age of participants was 44 years old. The youngest participant was 30 years old and the oldest participant was 60 years old. The study included 6 participants between 30-39 years of age, 9 participants between 40-49 years of age, 6 participants between 50-59 years of age, and 1 participant, 60 years old.

Over 45% of the participants (10 participants) were single. Another 27% (6 participants) were currently married, and another 27% (6 participants) were divorced. Of the participants interviewed, 9 participants (41%) were not high school graduates, 4 participants (18%) were high school graduates, 5 participants (23%) had completed some college, 3 participants (14%) were college graduates, and 1 participant (5%) had completed a master degree program.

Participants were asked if they had family in the area and if they had contact with them. Most of the participants (73%) responded that they did have family in the area. Of these participants, 63% responded that they had contact with family members and 38% reported having no contact with family members.

When participants were asked if they were a Veteran, 7 participants (32%) were veterans. Participants were asked if they were ever diagnosed with a mental illness. Four participants, (18%), stated they had been diagnosed with a mental illness. Participants were asked if they had a problem with drugs or alcohol. Nine participants, 41%, stated they had a problem with drugs or alcohol.

The participants reported various sources of income. Nine percent (2 participants) received Social Security benefits, 5% (1 participant) received VA benefits, 5% (1 participant) reported working 1 day a week for a local church, 9% (2 participants) reported working approximately 3 days a month at various handyman jobs obtained from soliciting work outside a local hardware store, and 5% (1 participant) reported singing on the street for tips outside local taverns as income. Over 36% (8 participants) reported food stamps as income, 32% (7 participants) reported recycling as a means of generating income and, 27% (6 participants) identified panhandling as a source of income.

The range of length of homelessness among the participants was between 5 months and 20 years. Nine percent (2 participants) had been homeless for less than

1 year. The majority of participants (45%) interviewed had been homeless between 1-4 years, with 10 participants. Three participants, 14%, had been homeless between 5-9 years. Six participants, 27% reported being homeless between 10-12 years, and 1 participant, 5% had been homeless for 20 years.

The majority of participants (82%) reported having a regular location where they slept. Nearly 41% reported sleeping at an encampment, either under a freeway bridge or by the Santa Ana River bottom which runs through Riverside. Five participants reported sleeping in shopping centers, behind or in front of businesses, and 4 participants reported having a regular sleeping location on church properties. The remainder, 4 participants reported not having a regular location where they slept. These participants reported sleeping anywhere they could find a place, such as a park, bus stop bench, or behind a building within the area they were currently in for the day.

#### Causes of Homelessness

Homeless participants were asked of their circumstances that contributed to their homelessness. Most participants (91%) identified economic conditions to



be a primary factor contributing to their homelessness, including lack of employment, an increase in costs regarding housing, and a lack of financial resources. Over 45% of all participants (10 participants) had been housed prior to losing employment. One participant, a 51-year-old white male claimed, "I lost my job...I couldn't find quick enough employment. I stayed in my car for a while, at some friend's house...I got a job cleaning houses that were getting ready to be sold, and then, I lost that job and became completely homeless" (I3, personal interview, January 2010). Another participant, a 60-year-old white female, who identified lack of financial resources as preventing her from obtaining housing said, "I haven't received my V.A. benefits. I haven't received anything. I had a neck injury and had been on Social Security Disability...my income from that ran out, and I didn't have the money for a place" (I11, personal interview, February 2010).

Another cause of homelessness identified by participants was problems with alcohol or drugs. Five participants (23%) identified this as their primary reason for being homeless. One participant, a 43-year-old African American female, stated, "My mother put me out

because I was on drugs" (I13, personal interview, February 2010). Another participant, a 32 year old Hispanic male, explaining the extent of his circumstances regarding his drinking said, "Alcohol, I lose my home, I lose my job, I lose my family" (I17, personal interview, March 2010).

Two participants (9%) responded that homelessness was a personal choice. Both participants had been homeless for long periods of time. The first participant, a 43-year-old Native American, who had been homeless for 20 years stated, "In 2002, I got hit. The homeless people, the one's that stop all the traffic, It was homeless people that I wake up to when I wake up at the hospital. Sometimes, I don't stay in California. I go all over, from many states." Furthermore, he stated, "When I first got run over, I stayed at the river bottom for three and a half years. These people here, they are my people. You see, I stay where I feel peace" (I9, personal interview, January 2010). The second participant, a 55-year-old African American, stated, "I worked at Edison, I was in the military too...and it kept me like this (holds palms of hands close together), and I wanta be like this (spreads arms out), so, that's what led me,

freedom. I'm free to move now, and that's what I need" (I10, personal interview, February 2010).

One participant identified his mental illness as being the primary cause of homelessness. This participant, a 55-year-old African American, stated, "It wasn't that I didn't have the finances for it. It was that my mental stability...things that were hurting me, and my feelings and stuff, made me rather be homeless than have a home" (I14, personal interview, February, 2010).

Half of the participants (50%) identified problems with family support as further contributing to their homelessness. One participant, a 30-year-old White female living in an encampment said, "I lost my job, it was the only job I've ever had. My parents, we don't get along, so I could never go home" (I4, personal interview, January 2010). Another participant, a 39-year-old Hispanic female, stated, "I was working and my grandfather passed away, but, my mother wanted me to quit my job and help take care of my grandmother. My dad and I don't get along, so they ended up firing me" (I6, personal interview, January 2010).

The great majority of participants (77%) responded they were currently utilizing services that were provided by local churches. One participant, a 49-year-old White female stated, "The church people...they treat you better...bring us things we need, like sleeping bags, and warm clothes, and food." (I5, personal interview, January 2010). Another participant, a 40-year-old White male who was sleeping in an encampment claimed, "The churches, they've been real good...we get flooded out and they're here to help us, give us tents and stuff" (I7, personal interview, January 2010). Regarding all other social services, the majority of participants (59%) were not using any social services. Seven participants (32%) were receiving food stamps only, 1 participant (5%) was utilizing counseling services, and 1 participant (5%) was receiving medical health benefits.

#### Past Utilization of Services

When participants were asked about past utilization of services, the majority of participants (77%) reported using shelters at some point during their homelessness. Four participants (18%) reported that they had never received any social services at all.

Participants were asked how they found out about services. The great majority of participants (74%) responded that they had found out about service available to the homeless from other homeless people. Another 21% stated they had had previous experience in receiving services, such as with food stamps. The rest (5%) of the participants stated they were told about services by outreach workers.

#### Reasons for Lack of Service Utilization

Participants were asked about their reasons for the lack of service utilization among homeless people who are sleeping in the outdoors. The most common responses pertaining to refusal of services were self-determination, lack of trust in services, and the individuals providing services, and a belief that services being offered did not meet their needs.

#### Self-determination

In regards to self-determination, 17 participants (77%) believed that in receiving services, they would have to give up autonomy and control over their daily lives. One participant, a 56-year-old White male, who had been homeless for 10 years, and was living under a freeway bridge, referring to shelters noted, "Shelters

are wonderful for showers and food, but, I feel like I'm kidnapped. You do what they want you to do when they want you to do it, I don't need that" (I8, personal interview, January 2010). Another participant, a 33-year-old White male living in an encampment said, "It's like prison. They want to know exactly what you're doing. You basically don't have no freedom. You can't really do what you want to. They tell you when it's time to do everything" (I2, personal interview, January 2010).

#### Lack of Trust

Twelve participants (55%) expressed a number of opinions regarding their lack of trust in services and the individuals providing services. Many of the participants identified city outreach workers when they discussed their mistrust. A particularly striking sentiment was that respondents felt that the outreach workers were too aggressive in their attempts to get them to receive services, which, led to mistrust and a refusal of services. One participant, a 39-year-old Hispanic female who had been homeless for 6 years and lived in an encampment, explained that when outreach workers went to check their camps, "they come out here to help people but, why you gonna go down there and then carry a

bat?...what's the purpose of that?" She further claimed, "It's just, either take our services or you're screwed. I just don't understand them, with the bat and stuff. Yeah, they're there to help you, but if you don't accept their help then they just call the cops" (I6, personal interview, January 2010). Another participant, a 57-year-old White male who had been living in an encampment for 2 years, stated, "A lot of homeless won't talk to others because they don't trust them, like the one's that come down for outreach, they bring the cops with them and then the homeless get harassed" (I1, personal interview, January 2010). The same participant claimed, "A normal person can put out a blanket and take a nap and enjoy the day in the park, but if a homeless person does it, the police will give you a ticket for camping in the park" (I1, personal interview, January 2010). An African American man who had been homeless for 10 years claimed, "They start coming down on me. Like, you're going to the hospital, your going to the Veterans. Don't do that, don't come on me like you gonna grab me, do something to me. I know how to live, so don't do that shit" (I10, personal interview, February 2010).

## Unmet Needs

Eleven participants (50%) expressed their belief that services were not beneficial in meeting their needs, which led to a refusal of services. One participant, a 51-year-old White male, stated, "The people I know, that have done it (received services), it get's them off the streets for a while, but if you don't have unemployment, or a job, you end up back at the same place again" (I3, personal interview, January 2010). Another participant, a 32-year-old Hispanic male who had been homeless for over 3 years and who had never used services, gave a similar answer, "Too many people, they go to the shelter, I'm confused. They go to the shelter, tell you they want to find you a job, and I see many people for too many months... and they don't get off the streets" (I17, personal interview, March 2010). A 55-year-old African American male, stated "I've backed away from them. I've tried a couple of places and it goes nowhere. Why should I be standing around getting all this wishful, hopefulness kind of thing, and nothing going?" (I10, personal interview, February 2010).



## Identified Needs

Participants were asked what they needed most on a daily basis. Two participants were not included in the percentages regarding needs due to their response of not needing anything. The most significant needs identified by the participants were showers, employment and food, a place to live, and clean clothing or a place to launder their clothes. The majority of participants (55%) identified showers as what they were in need of. A 53-year-old White male, who had been homeless for 8 months, and was in the process of trying to find employment, stated, "Showers, you know, I have to do whatever I can to get me a shower everyday, or at least wash up good. To find work, that's part of it. You gotta be clean, with a clean change of clothes" (I12, personal interview, February 2010). Another participant, a 33-year-old White male, responded, "If I could take a shower, I would just feel better. You can't go anywhere and just take a shower unless you stay there" (I2, personal interview, January 2010).

Seven participants (35%) identified employment as unavailable or lacking. A 43-year-old Native American stated, "A lot of homeless are willing to work, but,

there just aren't any jobs" (I9, personal interview, January 2010). A 34-year-old Hispanic male said, "Work, everyday I look for job, but I don't find it" (I20, personal interview, March, 2010). Another participant, a 33-year-old White male who had been homeless for less than two years claimed, "It's been real hard, jobs are few and far between right now" (I2, personal interview, January 2010).

Housing was identified by 30% (6 participants) as a service that was lacking. One participant, a 57-year-old White male, responded, "Housing. You know, nobody likes to live in a tent for two years straight" (I1, personal interview, January 2010). Another participant, a 33-year-old Asian Female, asked, "who wants to be out here, without TV, without carpet...who wants to be out here in filth?" (I15, personal interview, February 2010).

Three participants (15%) identified laundry facilities for the homeless as lacking. A 30-year-old White female, who had been homeless for 10 years, said, "Yeah, showers and laundry, you can't really stay cleaned up out here" (I4, personal interview, January 2010).

When participants were asked if they had ever been denied services, 45.5% (10 participants) responded that

they had and 54.5% (12 participants) claimed they had never been denied services. Of the participants who had been denied services, there were two themes that emerged. Participants were denied services because they did not meet the qualifications for obtaining services. They were also denied services because they lacked identification or a mailing address.

One participant, a 46-year-old White male, who did not meet the qualifications to obtain services at a drop in facility that provided services such as food, showers, and laundry facilities, responded, "You have to be mentally ill, then you can take a shower there and stuff. I probably could fake it, go get SSI you know, I probably could, but I'm not there yet" (I22, personal interview, March 2010). A 55-year-old African American male, who had been homeless for 3 years, stated he was denied because, "I wasn't a felon or an addict" (I14, personal interview, February 2010). Another participant, a 51-year-old White male claimed, "They want you to say you're crazy, or that you're a total dope addict. I mean, you have to tell them that you're like a fucken loser, even when your not" (I3, personal interview, January 2010). Conversely, a 53-year-old White male stated, "They turned me down for

food stamps because I had a drug offense" (I12, personal interview, February 2010).

Other participants responded that they were denied services because of rigid requirements. One participant, a 43-year-old African American stated, "Food stamps, they want too much information...without any ID, if a person's homeless, and they don't have a place to stay, they should be able to at least get food stamps, but they can't, I can't" (I13, personal interview, February 2010). Another participant, a 49 year-old, White female claimed, "I can't get food stamps because I don't have an address" (I5, personal interview, January 2010).

Of the participants who said they had never been denied services, the most common response was that they did not seek out services. A 56-year-old, White male responded with, "No, but, I don't really go asking for them" (I8, personal interview, January 2010). Another participant, a 32-year-old Hispanic male, stated, "Nobody ever said no, I don't ask" (I17, personal interview, March 2010). Three participants had dogs and knew that they would not be able to take their pets with them, which led to them not asking for services at shelters.

## Barriers to Service Utilization

Participants were asked if there were any barriers that limited them to receiving services. Six participants (27%) voiced that they did not want any services, and couldn't identify any barriers that limited them from receiving services. One participant, a 45-year-old Hispanic male stated, "Nothing, I don't need services" (I21, personal interview, March 2010). Several participants gave similar answers. The common themes that were identified by participants were rigid requirements and no transportation.

Twelve participants (55%) identified rigid requirements as a barrier to receiving services. Of these, 6 participants did not have identification. In explaining the rigid requirements regarding identification a 55-year-old, African American male stated, "You need your birth certificate to get a Social Security card. You need your Social Security card to get an ID, that's my barrier for almost anything" (I14, personal interview, February 2010). Another participant, a 55 year old-African-American claimed, "There's pressure on receiving services, too many requirements, if you don't meet one of their many requirements, you get turned

away" (I10, personal interview, February 2010). Another participant, a 51-year-old White male stated, "They're going by policy, and they want to make sure that you fit their policy" (I3, personal interview, January 2010). Other participants thought that people providing services wanted too much personal information and perceived it as a barrier to seeking services. A 33-year-old Asian female who entered a shelter with 19 staples in her foot stated, "I felt that they were intruding on my personal business, asking personal questions that they didn't need to know...it was raining out, my foot was hurting real, real, real bad and I needed to lie down" (I15, personal interview, February 2010).

Five Participants (23%) identified lack of transportation as being a barrier. A 60-year-old, White female explained, "Transportation, just trying to get around, and with my stuff...It's hard to get back and forth anywhere" (I11, personal interview, February 2010). Another participant, a 43 year old, Hispanic female, stated, "I don't have any way to get around. I stay close; it's too hard to get places" (I11, personal interview, February 2010).

Participants were asked if they had any values or beliefs that encourage or discourage them from seeking services. The majority of participants (55%) answered within the theme of believing they were self-sufficient and did not need services. A 56-year-old, White male, who had been homeless for 10 years claimed, "The things I really need, the medical service, I'll take that, and I'll go get a shower, but most of the services, I just don't really think I need them...I've been out here for a long time and I haven't needed much that I can't get on my own" (I8, personal interview, January 2010). Another participant, a 43-year-old, Native American, homeless for 20 years stated, "If I'm not crippled, I don't see any reason why I have to go and get services...as long as I'm healthy, I can go out there and make my living" (I9, personal interview, January 2010). Homeless participants who had been homeless for a shorter amount of time responded similarly. A 34-year-old Hispanic male, homeless for 2 years, claimed, "I can work, that's why I recycle. I can buy my food, anything I need" (I20, personal interview, March 2010).

### Suggestions for Change

When participants were asked if they could change services in some way, there were three themes that arose. First, 6 participants (27%) expressed that they would provide services where they could maintain their self determination and receive needed services at the same time. Participants believed they would use more services if this type of service was available. A 46 year-old-white male stated, "I'd get a big warehouse, like they have at the shelter, only anybody can come in any day and shower, have a drink of water, maybe some juice, and a sandwich, all day, everyday. Furthermore, he added, "a place that provides services for any homeless person, without any other criteria having to be met" (I22, personal interview, March 2010).

Secondly, 5 participants (23%) responded they would provide more permanent housing. They believed that having a more permanent residence would allow them to succeed where shelters only provided temporary relief. One participant a 53-year-old White male responded, "getting some of these empty places around here with some beds in them. Some people aren't so healthy. They can't be doing the shelter thing...they need more permanent housing"



(I12, personal interview, February, 2010). A 39-year-old, Hispanic female stated, "There are a lot of empty homes...why can't they set people up in rooms...so they can get back on their feet and get a job?" (I6, personal interview, January 2010).

Finally, 5 participants (27%) expressed that they would want employment services available to them. A 32-year-old Hispanic male, responded, "If they had some kind of program, job for everybody, where those that just wanted to work could get services, there wouldn't be so many people homeless" (I17, personal interview, March 2010).

#### Helpful Homeless Skills

Participants were asked what they have found to be their most helpful skills they have learned since becoming homeless. The majority of participants (55%) identified communication skills as being helpful to them. One participant, a 46-year-old White male, stated, "People skills, communication skills. We all live around each other and it's important to get along together and not take our frustrations out on anyone" (I22, personal interview, March 2010). Another participant, a 43-year-old African American female responded,

"Communication skills, I talk to a lot of people, communicate with all different races. You have to have respect and a little street knowledge to go with it" (I13, personal interview, February 2010). Many participants (45%) identified learning how to be self-sufficient since being on the streets. A 30-year-old, White Female, claimed, "Just learning to survive, like canning and stuff. If you really need something, you gotta get up and go get what you need. Nobody's gonna do it for you" (I4, personal interview, January 2010). Another participant, a 53-year-old White Male stated, "Last week, it really rained real bad. I got my coat, found a place to lay down...just being warm you know, a real important thing to be out here in these streets. You gotta be warm so your faculties will be right" (I12, personal interview, February 2010).

#### Coping with Homelessness

One major theme emerged when participants were asked what they did that helps them cope with their homelessness. The majority of participants (60%) identified sharing a sense of camaraderie with other homeless individuals living in the streets. A 49-year-old White female shared, "Helping each other. When we lost

everything, everybody gave us something...it's good to help them out because you never know when you'll need help" (I15, personal interview, January 2010). Another participant, a 46-year-old White male stated, "Friends, yeah, friends. I take care of my friend you know, he's a good man though, he's just a little off, but like I said, he's a good man, and it helps to have friends you care about" (I22, personal interview, March 2010).

#### Summary

In summary, this chapter presented the demographics, characteristics, and major findings, regarding causes, needs, barriers, and service utilization among the homeless population. Furthermore, the opinions, experiences and beliefs derived from 22 face-to-face interviews were used to illustrate the findings that were presented.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter will discuss the major findings presented in chapter 4. Also presented in this chapter will be the limitations of the study, recommendations for social work practice, policy, and research. Finally, this chapter concludes with a summary of findings and implications for Social Work practice.

#### Discussion

The participants of this study were diverse in terms of gender, ethnicity, and age. The results of this study identified economic conditions, problems with alcohol or drugs, and problems with family support as the three main causes of homelessness among participants. These findings were consistent with previous literature (United States Conference of Mayors, 2009; National Alliance to end Homelessness, 2009; Anderson & Christian, 2003; Sommer, 2000; NCH, 2009). The United States Conference of Mayors (2009), using information gathered from 20 responding cities, found poverty, unemployment, and high housing costs to be the primary causes of homelessness.

Furthermore, the National Alliance to End Homelessness (2009), cite economic conditions, drug and alcohol addiction, and lack of family support as causes of homelessness. Anderson and Christian (2003) also found similar results in an analysis of the causes of homelessness in the United Kingdom. They identified poverty as the single most common characteristic of homelessness. They also identified a breakdown of relationships among parents, partner, and family as reasons for leaving their last home. These were found to be the two most common causes for homelessness identified among participants in this study.

It is interesting to note that mental illness was a minor reason for becoming homeless in this study. Lamb and Bachrach (2001) identified many factors contributing to homelessness among mentally ill persons. They propose that they are vulnerable to eviction from their living situations, have inadequate case management, and have a tendency to drift away from their families or previous board and care homes. The participant, in explaining his homelessness due to his mental illness, identified the latter when describing his circumstances. The minor finding in this study could be due to a low prevalence of

mental illness in the sample (18%) because participants were reluctant to reveal their mental health status, or had not received services necessary to be diagnosed for a mental illness.

Results of this study found that self-determination, lack of trust in services and individuals providing services, and a belief that services provided would not appropriately meet their needs, to be influential in the participant's refusal of services. These results were consistent with previous literature (Kryda & Compton, 2009; Hoffman & Coffey, 2008).

In a qualitative study of 24 homeless participants who had been homeless for at least 1 year, and who consistently resided on the streets, Kryda and Compton (2009) found mistrust to be a central theme in their study regarding outreach workers and their approach toward the homeless, which led to a denial of services among the participants. Findings of their study revealed a need for empathic outreach workers because individuals who are homeless often develop their impressions of services from their interactions with outreach workers. A similar theme emerged in this study. Furthermore, they found that participants viewed services as being a

short-term solution rather than the long-term solutions they were seeking. The participants in this study expressed the same belief in explaining why services would not meet their needs.

Another study by Hoffman and Coffey (2008), drawing from a database of over 500 transcribed interviews with homeless persons, found similar results with regards to self-determination. They found that homeless people refused social services in order to maintain a sense of dignity and self respect. They reported that the homeless participants felt they were treated as numbers and children and that they were not respected as equal citizens or fully recognized adults. Although the terminology may be different, the frustrations with regards to how services are delivered express a desire among the homeless to maintain a sense of control and autonomy when utilizing services.

The participants in this study identified their most significant needs as showers, employment, food, and a place to live. An assessment of needs report in Seattle (Committee to End Homelessness King County, 2009) found that food and hygiene programs were the most common services that were used by the homeless people living

outdoors. Riverside currently does not have hygiene programs available for homeless people, and no access to showers without an overnight stay in a shelter, or knowledge of a mental illness. The homeless participants identified churches where they could shower on specific days during specific hours. However, there are no programs to accommodate the number of homeless living in the outdoors needing showers. This explains the need reported by the homeless in this study.

In examining the results of needs identified by the homeless themselves, Acosta and Toro (2000) found in a qualitative study of 301 homeless people in New York that affordable housing, job training and job placement were identified as being among the top 10 needs of the homeless. However, the participants in their study identified the need for food as lower (16<sup>th</sup>). They also found physical safety, further education, and transportation to be identified by more participants than those that identified affordable housing, job training, and job placement. The difference in data, between this study and theirs, might have been due to the difference in when the study was performed. Since the study performed by Acosta and Toro (2000), housing costs have



increased substantially, and the unemployment rate has gone up. Sommer (2000) and the National Coalition for the Homeless (2009) attributed poverty, and changes in housing and job markets as being responsible for the rise of homelessness over the past 20-25 years. The changes in the last decade could have attributed to the participants reporting a higher need for employment and housing.

In regards to the difference in food being identified in this study as a higher need, geography could have contributed to the difference. The participants in their study may have been in an area where food was available on a regular basis such as through a soup kitchen or food distribution center. Furthermore, with regards to transportation, when participants in this study identified barriers to seeking services, they identified transportation as a barrier. Although they did not directly identify transportation as a need, it could be assumed that in identifying transportation as a barrier to receiving services, the need is there.

Self-sufficiency was identified by participants in this study as a coping skill they have learned since becoming homeless. Osborne (2002) found self-sufficiency

to be a factor among the homeless. In the study of ninety-seven homeless individuals, it was found that those who identified most highly with being homeless used fewer services, were more self-reliant, and were less likely to transition off of the streets.

However, self-sufficiency, it seems, has been born out of necessity determined by their environment and policy. Due to the current policy of directing services to those that currently have a mental illness (Corporation for Supportive Housing, 2009), many who do not meet the criteria for services have become self sufficient in living in the streets and are at risk for becoming chronically homeless. Self-sufficiency, although it can be a positive characteristic, has the potential to elicit negative consequences (Corporation for Supportive Housing, 2009).

Furthermore, the most common response from participants in this study, when asked if they had ever been denied services, identified not meeting specific requirements and criteria as reasons why they were denied. The previous literature and policy, confirm these results (National Coalition for the Homeless, 2003; Lamb and Bachrach 2001; Leginski, 2007).

## Limitations

Limitations of this study include the small sample size of 22 homeless individuals within specific areas of the City of Riverside, and may not be representative of all homeless persons within the city or other geographical areas. Although this study is ethnically diverse, it may not be representative of all members of ethnic groups due to the limited number of participants within each ethnicity. One of the criteria regarding participants in this study was that they be sleeping in the outdoors. Thus, opinions regarding services and practices may not be representative of all homeless persons, including those that receive some services while refusing others.

## Recommendations for Social Work Practice, Policy and Research

As evidenced by the findings in this study, homeless persons desire to maintain self-determination. Social workers should keep in mind that self-determination can be a fundamental foundation for building self-esteem and confidence and for instilling hope and generating empowerment amongst individuals who are oppressed. It is critical to be aware of the importance of

self-determination in delivering services to this population as it would be valuable to tailor strategies to allow individuals to maintain their self-determination and at the same time increase utilization of services. Policies should be established that set a standard of engagement practices for outreach workers that build trust rather than foster distrust. Existing shelters could allow homeless individuals access to basic services such as showers without requiring an overnight commitment.

Causes of homelessness and the needs of the homeless that are identified by the population themselves are important to social workers to understanding fully. Thus, Social Workers can provide appropriate treatment, services, and resources that may increase temporary homelessness rather than chronic homelessness. Furthermore, by taking the perspective of the homeless people into consideration in determining what needs to address, social workers can provide interventions and services which could be perceived as helpful by homeless people, thereby resulting in an acceptance of services, and a further building of trust rather than refusal and mistrust.

In addressing the initial causes and immediate needs of the homeless, current knowledge about services offered among the homeless is very limited (Acosta & Toro, 2000; Kryda & Compton, 2007). Further research is needed to improve upon the programs and services to the homeless. Furthermore, policy regarding homeless services should be broadened to include all homeless people who are in need of services, as homelessness in itself meets the criteria of persons who are vulnerable, oppressed, and living in poverty as recognized by the National Association of Social Workers (2008) as individuals who social workers seek to serve.

### Conclusions

This study identified the causes, reasons for lack of service utilization, and needs of homeless individuals sleeping in the outdoors in the City of Riverside. The majority of participants were not engaged with social services provided to the homeless. It is hoped that this study will help social workers to increase their knowledge of the multi-faceted problems regarding the homeless population and lack of service utilization among

them in order to work towards improving services and interventions with the goal of ending homelessness.

APPENDIX A  
QUESTIONNAIRE

## QUESTIONNAIRE

### Demographics:

ID# \_\_\_\_\_

1. What is your gender? \_\_\_\_\_
2. What is your ethnicity? \_\_\_\_\_
3. How old are you? \_\_\_\_\_
4. Are you married? \_\_\_\_ Divorced \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_
5. What is the highest level of education you completed?  
High school graduate \_\_\_\_ Some college \_\_\_\_  
College Graduate \_\_\_\_ Higher education \_\_\_\_
6. Do you have an income? \_\_\_\_\_
7. If yes, what is your source of Income? \_\_\_\_\_
8. How long have you been homeless? \_\_\_\_\_
9. In general, where do you sleep? \_\_\_\_\_

### Homeless Service Utilization Schedule

10. What were the circumstances that led to your homelessness?
11. Are you currently using any social services?
12. Have you used social services in the past? What are they, or why not?
13. How did you find out about the services?
14. What has been your experience with services and how satisfied are you or have you been with services?
15. What was your experience with the people providing services?
16. What would you say are the services you are most in need of on a daily basis?
17. Are there any services you need that you have found are unavailable or lacking?
18. Have you been denied services and why?
19. In your own words, what are some of the barriers you have found that limit you to receiving services?
20. Overall, what is your opinion of the services offered and the people providing services?
21. Do you have any values or beliefs that encourage or discourage you to seek services?
22. If you could change services in some way, what would you change?



23. What have you found to be the most helpful skills you have learned since becoming homeless that aid you daily?
24. What do you do that helps you cope with your homelessness?
25. Do you have family in the area, and do you have contact with family members?
26. Are you a veteran?
27. Have you ever been diagnosed with a mental illness?
28. Do you have a problem with drugs or alcohol?

APPENDIX B  
INFORMED CONSENT

## INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate the needs of the homeless and to better understand the reasons why homeless adults do or do not use social services. This study is being conducted by Cecelia Hernandez, a Master of Social Work graduate student under the supervision of Professor Janet Chang, School of Social Work, California State University, San Bernardino. This study has been approved by the Social Work Human Subjects Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

**PURPOSE:** The purpose of this study is to examine the use of social services among the homeless population.

**DESCRIPTION:** In this study you are being asked to take part in a face-to-face interview. You will be asked a few questions about your background. You will also be asked to talk about your needs and experiences with regards to your homelessness.

**PARTICIPATION:** Your participation in this study is voluntary. Refusal to participate will not result in any loss of benefits you are entitled to and you may discontinue participation at any time without penalty.

**CONFIDENTIALITY:** The information from this interview will remain completely confidential. Data will be presented in group form only. All data from the interview will be stored on tape in a locked file cabinet and on a password protected computer such that the researcher will have sole access to it. Upon completion of research, all data will be destroyed.

**DURATION:** Your participation in this study should take about 30 to 40 minutes to complete.

**RISKS:** There are no foreseeable risks to you for your participation in the study.

**BENEFITS:** A benefit of taking part in this study is to have a role in providing knowledge that can help agencies to improve upon their services. You will receive a list of agencies in the area that provide services to the homeless. You will also receive \$10.00 as payment for your time.

**VIDEO/AUDIO/PHOTOGRAPH:** I understand that this research will be audio recorded. Initials and data from the recording will be used to develop the report regarding the use of services among the homeless \_\_\_\_.

**CONTACT:** If you have any questions related to the research of this study, you can contact my research advisor, Dr. Janet Chang, Professor, School of Social Work, California State University, San Bernardino, 5500 University Parkway, San Bernardino, CA 92407, [jchang@csusb.edu](mailto:jchang@csusb.edu) 909- 537-5184.

**RESULTS:** The results of this study will be available at the Pfau Library, California State University, San Bernardino after September 2010.

\_\_\_\_\_   
 Place a check mark here

Date \_\_\_\_\_

APPENDIX C  
DEBRIEFING STATEMENT

## Study of Service Use among the Homeless

### Debriefing Statement

This study you have just completed was designed to investigate the needs of the homeless and to better understand why homeless adults do or do not use social services.

Your views are valued and it is the hope that the information you have provided will be used to improve upon services to the homeless.

Thank you for participating and for not discussing the questions in this study with other homeless individuals. If you have any questions related to the research of this study, you can contact Dr. Janet Chang, Professor of Social Work at (909) 537-5184 or by E-mail at [jchang@csusb.edu](mailto:jchang@csusb.edu). The results from this research can be obtained after completion of this study from The Pfau Library at California State University, San Bernardino after September 2010.

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