

2016

The Experience of Being Unsheltered in Atlanta

Ikeranda Smith
Walden University

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Walden University

College of Social and Behavioral Sciences

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Ikeranda Smith

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Walden University
2016

Abstract

The Experience of Being Unsheltered in Atlanta

by

Ikeranda Smith

MS, Walden University, 2014

BS, National Louis University, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

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February 2016

Abstract

In the United States, it is estimated that millions of adults are homeless. Some individuals choose not to use homeless shelters or are ineligible for their use. Researchers have indicated that many unsheltered homeless are men over the age of 45 years. The purpose of this phenomenological study was to examine the experiences with social services providers among unsheltered men. Understanding the social networks of unsheltered homeless and the use of spirituality or faith as a resource for coping was also examined, as a significant gap exists in the research on unsheltered homeless. Face-to-face, in-depth interviews were conducted with 8 men age 45 years and older to explore the lived experience of being unsheltered. A social constructivism framework and the theory of social capital were used to guide the data interpretation. Using the Giorgi data analysis method for inductive data analysis, 4 themes emerged from the data. The themes were difficulties and complexities of being unsheltered, barriers to becoming sheltered, specific needs of unsheltered homeless men, and the way in which faith sustains the unsheltered. The results of the study can promote positive social change by helping policy makers understand the unique needs of unsheltered men. As such, a reduction in the number of homeless living on the street can occur by reallocating funding to programs that address the unmet needs of unsheltered individuals.

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Dedication

This dissertation is dedicated with love to my children, Canada and Corwin Jr., who consistently reminds me that service, is the highest act of selflessness that we can do on a daily basis.

“God is within her, she will not fall; God will help her at break of day.”(NIV, Psalm 46:5)

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To my favorite person, God, thank you for working through me and helping me do something that I was incapable of accomplishing in my own strength. I appreciate your faithfulness in my life during this season. I have truly seen your hand move in ways I have never seen before. Thank you for being the rewarder of those who diligently seek you.

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To the individuals that went before me, Thank You for making this possible.

To the individuals that will come after me, be fearless!

Table of Contents

List of Tables	vi
Chapter 1: Introduction to the Study.....	1
Introduction.....	1
Background.....	4
Problem Statement.....	10
Purpose of the Study.....	11
Nature of the Study.....	12
Research Questions.....	13
Conceptual Framework.....	14
Theoretical Foundation.....	15
Definition of Terms.....	18
Assumptions.....	20
Scope and Delimitations.....	21
Limitations.....	24
Significance of the Study.....	27
Summary and Transition.....	28
Chapter 2: Literature Review.....	30
Introduction.....	30
Literature Search Strategy.....	31
Conceptual Framework and Theoretical Foundation.....	32
Conceptual Framework.....	33

Theoretical Foundation	38
Homeless and Unsheltered Homeless.....	42
Homelessness in Georgia.....	46
Issues and Pathologies Prevalent in the Population.....	49
Mental Health.....	49
Physical Health	50
Substance Abuse	52
Childhood Trauma	52
The High Cost Associated with Homelessness.....	53
Barriers to Accessing Social Services and Resources	55
Transitional and Permanent Housing Models.....	57
Research Methods.....	60
Quantitative Studies	63
Qualitative Studies	69
Mixed-Method Analysis	71
Summary and Transition.....	74
Chapter 3: Research Method.....	77
Introduction.....	77
Research Design and Rationale	77
Research Questions.....	77
Rationale	79
Role of the Researcher	82

Methodology	86
Study Sample	88
Selection of Participants	89
Procedures for Recruitment, Participation and Data Collection	90
Recruitment and Participation of Participants	90
Data Collection	91
Data Analysis Plan	93
Issues of Trustworthiness	97
Ethical Protection of Participants	98
Vulnerable Participants	99
Summary	100
Chapter 4: Results	102
Introduction	102
Setting	102
Participants Demographics	103
Data Collection and Management	104
Data Analysis	106
Evidence of Trustworthiness	107
Results	109
Theme 1: Difficulties and Complexities of Being Unsheltered	110
Theme 2: Barriers to Becoming Sheltered	120
Theme 3: Specific Needs	129

Theme 4: Faith Sustains.....	134
Additional Findings	138
Essence of the Homeless Experience.....	140
Summary	145
Chapter 5: Summary, Conclusions, and Recommendations	147
Introduction.....	147
Interpretation of Findings	149
Theme 1: Difficulties and Complexities of Being Unsheltered.....	150
Theme 2: Barriers to Becoming Sheltered.....	164
Theme 3: Specific Needs	173
Theme 4: Faith Sustains.....	181
Additional Findings	184
Limitations of the Study.....	186
Data Triangulation	188
Recommendation for Future Research.....	189
A More Diverse Sample of Men.....	189
Working Unsheltered Homeless	190
Unsheltered Homeless who are Reformed Felons	190
Pride as a Contributing Factor for Remaining Unsheltered.....	191
Dissemination of Findings	192
Implication for Social Change	192
Conclusions.....	193

Appendix A: Letter of Cooperation	217
Appendix B: Interview Protocol	218
Appendix C: Informational Flyer for Recruitment	223
Appendix D: Telephone Script for Participant Recruitment.....	224
Appendix E: Themes and Subthemes	225

List of Tables

Participant Demographics.....	104
Interview Questions and Corresponding Research Questions	220

Chapter 1: Introduction to the Study

Introduction

The issue of homelessness is a global epidemic. In fact, the United Nations typically performs a census of homeless individuals across a number of different countries. Various nonprofit organizations such as Share International suggested that an estimated 100 million people worldwide were *literally homeless* in 2005. The literally homeless are all those without homes regardless of whether they sleep in homeless shelters, or in places not meant for human habitation. It is likely that 100 million is a gross underestimation given that countries define homelessness in different manners. Even in the United States, researchers have found that homeless censuses are underestimated (Culhane, Metraux, Byrne, Stino, & Bainbridge, 2013; Jones, Perera, Chow, Ho, Nguyen, & Davachi, 2009; Lee, Tyler, & Wright, 2010).

The Department of Housing and Urban Development (HUD) conducts a *single point in time* homeless enumeration every year for shelter counts, and every other year for unsheltered counts. This enumeration details the data for the one night in which volunteers canvas areas and conduct the homeless counts. Researchers estimated that there were about 600,000 literal homeless individuals on a single night in January 2014. The Department of HUD also estimated that within that year 943,017 individuals used a shelter program in the United States (Henry et al., 2014). Additionally, about 93,000 were *chronically homeless* (Witte, 2014). Henry et al. (2014) also noted that there were nearly

17,000 homeless individuals in the Georgia area. *Chronically homeless* are typically disabled homeless individuals who have been without shelter for a year or more.

Beyond having stable shelter, homeless individuals encounter a number of negative physical and mental consequences, some of which stem from traumatic childhood events. Researchers have highlighted the fact that homeless individuals are more likely to have disproportionately higher mortality rates, substance abuse rates, cardiovascular illnesses, and mental health illness than the general population (Foster, Gable, & Buckley, 2012; Gordon, Haas, Luther, Hilton, & Goldstein, 2010; Jones et al., 2009; Kendall-Tackett, 2002; Moulton, 2013; Petrovich & Cronley, 2015; Shelton, Taylor, Bonner, & van den Bree, 2009; Weinstein et al., 2013). There are arguments in the existing research as to whether homelessness causes these issues, or if these issues are consequences of the extreme circumstance of being homeless (Hoshide, Manog, Noh, & Omori, 2011; Irwin, LaGory, Ritchey, & Fitzpatrick, 2008).

While many homeless individuals share similar experiences and consequences, the unsheltered are likely to be in a more severe or chronic position physically, emotionally, and mentally. Men and women who are unsheltered are not regular users of homeless shelters; they instead sleep outdoors, in cars, under bridges, in tent communities, or in abandoned buildings with little protection from the outdoor elements. The unsheltered have higher incarceration rates, higher rates of self-reported mental illness, higher rates of psychiatric hospitalization, higher substance abuse rates, and worse health status than those who are sheltered homeless (Irwin et al., 2008).

According to Ball (2011), in 2003 the City of Atlanta joined 400 communities in conjunction with the Department of HUD in a commitment to eradicate homelessness in 10 years. In 2013, there were 8,500 unsheltered, out of almost 17,000 homeless in the Georgia area. This equates to half of the homeless population sleeping in places that were not meant for human habitation. While the Atlanta area made some progress in reducing homelessness, an unforeseen major economic downturn in the United States and the subsequent decrease in funding opportunities to help the homeless became a barrier with which many cities had to contend. Despite these two occurrences, in Fiscal Year 2013-2014, there was \$37 million dollars in federal allocations for homeless outreach programs in the Georgia area. Researchers indicated that of the benefits available to the homeless, only a small percentage of homeless individuals reported using any benefits outside of food stamps. Less than 1% reported they received any of the homeless housing benefits (Georgia Department of Community Affairs, 2014). An in-depth exploration of the reasons why the homeless, particularly the unsheltered, do not receive or do not use the benefits available to them may contribute to a better understanding of how the services are being communicated or delivered and whether there are any additional barriers to the homeless obtaining the resources they need.

While some research exists on the unsheltered homeless, and on barriers to accessing resources, very little focuses on the Atlanta area, or on adults age 45 years or older. The existing literature on barriers to care typically has focused on financial barriers rather than bureaucratic or programmatic barriers. There is little examination of

interpersonal barriers that may undermine the attempts of service providers to help the homeless. In fact, in a 2008 survey conducted by the Conference of Mayors, officials were asked what additional resources were needed for the 22 cities to combat homelessness and were provided a list of items to choose from. The closed ended question did not include a category for training that would enable those who worked in outreach to be more sensitive to the needs and their interactions with homeless men and women. The study researchers also did not provide any discussion about programmatic or bureaucratic barriers that the cities or homeless may have encountered. The mayors noted that the top three needs in their cities were more housing for people with disabilities, more or better paying employment opportunities, and more mainstream housing assistance (United States Conference of Mayors, 2008). The purpose of this phenomenological research is to explore the experiences and utilization of social service agencies and organizations among unsheltered homeless men age 45 years and older in Atlanta, Georgia.

This chapter presents the following: the problem statement, the purpose of the study, the nature of the study, the research questions, conceptual framework, theoretical foundation, definition of terms, assumptions, delimitations, limitations, and the significance of the study.

Background

The issue of homelessness transcends racial, cultural, gender, age, and geographic boundaries. Researchers have recently illustrated that the issue is global, and the

problems are similar regardless of geography (Hwang et al., 2010; Martijn & Sharpe, 2006). The vast majority of the research centers on finding solutions to reducing the number of homeless individuals, understanding the pathways to homelessness, and investigating factors such as physical health, pathologies, and substance abuse in the homeless population. Little research has focused on unsheltered homeless, barriers to service and resources, or the social networks of the homeless.

While homeless individuals are often categorically placed in a single group, there are in fact several subgroups. As such, certain criteria must be met in order to obtain specific social service resources and benefits. Many of the criteria are determined by the Department of HUD as the agency is responsible for much of the federal funding for homeless programs. With regard to the definitions or categories of homeless, the *literal homeless* are the homeless individuals who either use shelters or reside outdoors. An individual can also be *chronically homeless* or *imminently homeless* (i.e., in danger of losing a place of residence in two weeks). The focus of this study was *unsheltered homeless*. These individuals reside in areas that are deemed uninhabitable to humans such as in parks, abandoned buildings, and under bridges. There is little protection from environmental elements in these places. Georgia has one of the highest unsheltered rates (Henry, Cortes, & Morris, 2013; Lewis, 2014).

Some researchers have indicated that the pathway to homelessness begins in childhood. It is posited that child abuse, sexual abuse, a parent's incarceration, drugs in the home, mental illness in the home, family violence, displacement into foster care, and

poverty are among some of the most common childhood occurrences among homeless individuals (Koegel, Melamid, & Burnam, 1995; Martijn & Sharpe, 2000; Pluck et al., 2011). As such these traumas are likely to leave individuals vulnerable to homelessness.

As researchers continue to illustrate in their studies, mental illness and disorders are prevalent in the homeless population. Of the number of disorders that disproportionately affect homeless individuals, depressions, post-traumatic stress disorder, anxiety disorders, and schizophrenia are some of the most common (Foster et al., 2012; Shelton et al., 2009). Foster et al. (2012) posited that “in a sample of homeless people from streets and shelters, the rates of alcohol and drug use are high and almost universal for mental illness (90%)” (p. 718). Other researchers noted that overall 30% to 40% of all homeless individuals are afflicted by mental illness (Lee et al., 2010).

The homeless are also more apt to have numerous physical ailments and illnesses. As homeless individuals begin to age, they are more likely to suffer from limited mobility and cognitive disorders (Culhane et al., 2013). Dementia is also a common illness among aging homeless individuals (Inouye, O’Connell, & Puella, 2013), possibly precipitated by the higher rates of alcohol use and abuse in the population. Across the general homeless population morbidity and mortality rates are higher, as is death from hypothermia, drug overdose, and heart disease (Gambatese et al., 2013). Homeless individuals also have high rates of nutritional ailments, liver diseases, (Jones et al., 2009; Lee et al., 2010; Levitt, Culhane, DeGenova, O’Quinn, & Bainbridge, 2009), dermatological diseases

(Nakonezny & Ojeda, 2005), sexual transmitted diseases (Nyamathi, Leake, & Gelberg, 2000), hepatitis C-virus, and tuberculosis (Beijer, Wolf, & Fazel, 2012).

Many states that receive federal funding to provide assistance and resources to the homeless population use the Continuum of Care (C of C) model. Moulton (2013) noted that the C of C is the “federal government’s primary means of helping homeless people” (p. 602). This particular model requires individuals to seek treatment for substance abuse and mental illness prior to being able to obtain housing; however, some consumer choice models are emerging. These emerging models encourage harm reduction, in essence removing the homeless from the streets and placing them in permanent housing structures without the criteria of seeking treatment. While the model encourages and promotes treatment for substance abuse, illness and mental health, it is not required for housing. The strategy of these programs is to provide a team of health care professionals to support the newly housed individuals. These models have proven to be both successful in terms of retention and cost effectiveness (Ball, 2011; Lambert, 2011; Tsemberis, Gulcur, & Nakae, 2004).

Researchers of existing research have highlighted the pathologies and negative life circumstances of the unsheltered. However, little is known about the contributing factors that keep unsheltered homeless from using shelters and other resources that are available to assist. Issues surrounding interactions between service providers and homeless individuals, as well as any sensitivity training are missing from the research. Additionally, little is known about the social networks that homeless have, and their

importance to, or influence on the individual. Lee et al. (2010) suggested that a surprising number of homeless report that they stay in touch with family and friends. Further, the social networks of the homeless differ where some homeless have relationships with other homeless, while others disassociate themselves with other homeless to avoid stigmatization. Researchers suggested that spirituality or faith as social assets are positively linked to well-being (Helliwell & Putnam, 2004; Irwin et al., 2008). Spirituality is also considered an important resource to coping to distress (Graham, Furr, Flowers, & Burke, 2001; Gravell, 2013, Rowe & Allen, 2003). Little is known about how homeless use or view their faith to cope with their harsh circumstances.

In a 2014 study, mayors of 25 cities were asked about the main causes of homelessness; the city officials noted that lack of affordable housing, poverty, substance abuse, and mental illness were among the top causes (United States Conference of Mayors, 2014). As noted, substance abuse and mental illness are prevalent issues in the homeless community and may be factors that contribute to homelessness, and when not present before one becomes homeless, may manifest due to the extreme circumstances (Chamberlain & Johnson, 2011; Martijn & Sharpe, 2006).

The few researchers that examined social services use or homeless program evaluations in their studies found that the lack of awareness about the availability of services, rigid program rules, lengthy processing times, and past experiences may contribute to the lack of use of these resources (Tsemberis, et al., 2004; Wolf, Burnam, Koegel, Sullivan, & Morton, 2001). Researchers also indicated that the lack of respect by

care providers was a barrier (Petrovich & Cronley, 2015). They found that models such as Housing First which reduced processing time, eliminated rigid rules, and provided participants with a sense of independence were successful and effective (Tsemberis et al., 2004). Researchers also indicated that housing alone is ineffective at addressing the issues of homelessness. Homeless who obtain housing through transitional programs were more successful when they also had a sense of self control and were self-reliant (Jost, Levitt, & Porcu, 2011; Wolf, et al., 2001).

Additionally, researchers suggested that when there was a sense of awareness of the availability of services, the homeless were more likely to use the resources. Nyamathi et al. (2000) conducted a study on sheltered and unsheltered women and found that when health and dental services were available to the women, nearly all 1,051 women in the study used the services. While further exploration is needed to understand if these results were specific to women, the results are an indication that more research is needed to understand why unsheltered homeless do not use services that are readily available to them.

In summary, unsheltered individuals face a complicated set of circumstances. Often times, there are confounding and multiple issues that social service providers must address when serving this population. While there are a number of different resources and agencies working in conjunction to assist the homeless, the bureaucratic, programmatic and interpersonal barriers may cause these individuals to not receive the help that they need. Researchers indicated that many service providers tasked with assisting the

homeless received no formal education or training (Omori, Riklon, Wong, & Lee, 2012). An exploration of the myriad of physical and mental health issues plaguing this community as well as reasons as to why the unsheltered do not use the resources available to them will be presented in Chapter 2.

Problem Statement

Homelessness is one of the most significant domestic and mental health issues in the United States, costing taxpayers millions, if not billions of dollars each year. There are approximately 3.5 million Americans experiencing homelessness in any given year (Shelton et al., 2009); almost 17,000 reside in Georgia (Henry et al., 2013). While there is some research available on the homeless population, much of the focus has been on sheltered homeless (Levitt et al., 2009; Petrovich & Cronley, 2015). Very little research has been conducted on the unsheltered homeless, or on the barriers that may exist with regard to their utilization of social service resources. The dearth in the research is likely because the homeless are a highly transient population of people, and tracking them is costly and difficult.

Authors of existing research illustrated that the severe distress of being homeless can trigger significant mental health problems, which are prevalent in the homeless population (Irwin et al., 2008; Lee et al., 2010). There are also a number of methodological and empirical limitations in the existing research on homelessness.

While many researchers focused on the pathologies of homelessness, little of their studies focused on the circumstances that lead individuals to remain unsheltered. Also

unknown from the existing research is whether the types of experiences, use, or lack of use of social services factored into an individual's unsheltered status. An examination of spirituality or faith as social capital for the homeless is limited in the existing research as well.

The available statistics show chronic mental and emotional distress across the homeless population without a real understanding of why available programs and resources are not being used or are ineffective, and what social capital is available to the homeless. Although knowing the pathologies and chronic situation of unsheltered homeless is important, equally as important is to understand why some remain unsheltered when there are services and programs available to help them. Moreover, understanding the social networks of the unsheltered and in particular the role of spirituality or faith as a social asset in those networks is important. As such, exploring the unsheltered experience, uncovering and examining what barriers may exist in the current social service system may prove fruitful in redirecting homeless individuals to sheltering facilities.

Purpose of the Study

The purpose of this study was to explore the experiences and utilization of social services among unsheltered homeless men age 45 years and older in Atlanta, Georgia, through qualitative research. The phenomenological approach allows researchers to study a small sample of individuals in order to garner more in depth, richer data (Creswell, 2013). While some researchers pointed out a lack of awareness about services, or the

attitude of the provider, there was much to understand about how these and other issues could be factors to one remaining unsheltered. Therefore, a phenomenological approach was used to increase the understanding of the experience of unsheltered individuals, while attempting to understand why some choose to remain unsheltered when there are services available to assist them.

Nature of the Study

This study of the experiences and utilization of social services among unsheltered homeless men age 45 years and older in Atlanta, Georgia, was qualitative in nature. A phenomenological approach was used to increase the understanding of the lived experience of unsheltered individuals, while also attempting to understand why some choose to remain unsheltered when there are services available to assist them. The phenomenological approach was appropriate for this study as an inductive approach was used whereby information could be gathered from the perspective of the individuals that are experiencing the phenomena (Lester, 1999). Additionally, there was limited research on the unsheltered, and even less on barriers to social services. Given these limitations in the research, a qualitative approach was suitable. Williams (2011) noted that qualitative methods are best applied in situations where exploration is needed because little is known or the situation is not well understood, as in the case of unsheltered homeless. The phenomenological approach allows for in-depth interviews which can be flexible in nature. The themes that emerge from the interviews can be analyzed to provide explanations about the phenomena.

Giorgi (1997) noted phenomenology looks at the totality of the lived experience of a single person. Therefore, questions should be directed to the person having the experience. A face-to-face interview with open ended questions was used in this study given the topic, the transient nature of the unsheltered homeless, and their life circumstances. I used a semi structured interview schedule to collect the data from unsheltered individuals. Data were obtained from eight unsheltered individuals recruited with the help of a gatekeeper who is the current Director of Case Management Services at the Central Outreach and Advocacy Center. The Central Outreach and Advocacy Center is an outreach organization in Atlanta that provides support to homeless individuals. The responsibility of the gatekeeper is to greet clients, conduct an intake of the needs of the individual, and collect relevant information about the client. The information collected is placed into a series of databases including the Homeless Management Information System (HMIS). Additionally, the gatekeeper manages the daily activities of case managers and volunteers at the center. Chapter 3 provides a discussion on the nature and methods of this study and a discussion of the interview schedule that was used.

Research Questions

Guided by the social constructivist conceptual framework and the theory of social capital the researcher sought to answer the following research questions: (RQ1) “What are the lived experiences of unsheltered homeless persons in Atlanta, Georgia?”; and (RQ2) “What are the lived experiences of unsheltered homeless persons within the social

network available to the homeless population in Atlanta, Georgia?” Chapter 3 provides a more in depth discussion about the interview schedule and the research questions.

Conceptual Framework

Theorists of social constructivism suggest that individuals seek to construct meaning to different events and experiences which they go through. The conceptual framework or worldview explains the way in which the researcher makes sense of his or her world, or of a given topic. A tenet of the framework is that the meaning an individual forms is usually derived through interactions with others, and is also based on historic, social and cultural norms (Creswell, 2013). The theory emerged from Lev Vygotsky (1987) who did not believe that the behaviorist school of thought fully explained learning. Vygotsky believed that learning was a function of interactions with others, and that the learner is not passive in the process, but an active participant. He believed that language and culture played an important role in learning and constructing meaning. Vygotsky noted that “each function in the child's cultural development appears twice: first, on the social level, and later, on the individual level; first, between people and then inside the child” (Vygotsky, 1987, p.xxvi). He also believed that individuals are changed by virtue of their experiences, and the initial occurrence influences our perceptions and the meaning of each subsequent or similar experience (Zimmerman & Schunk, 2014).

Social constructivism can be used to explain the unique experiences of the unsheltered, as they are indeed a subculture of the society in which they live. Many have experienced childhood trauma and family discord; therefore, the way in which they

define attachment and support systems is likely to be vastly different from that of other members in society. This shared childhood history could help explain the bond created among homeless in certain unsheltered communities.

For the purposes of safety and survival, homeless individuals also have their own set of norms and codes of conduct that are typically followed. As Chamberlain and Johnson (2011) noted, homeless individuals quickly learn the rules of engagement, practices among other homeless, how to interact with one another, and how to navigate life on the streets. It is very likely that many of the codes are socially constructed based upon the extreme circumstances of living unsheltered. For example, because prior incarceration is high in the unsheltered community, secrecy is commonplace. It could be assumed that those who are unsheltered feel the need to protect one another, and would refrain from providing much information about themselves or others in the group, unless they were certain of an individual's trustworthiness.

The conceptual framework guided this study by explaining the worldview held by the researcher to explain the perceptions and unique circumstances of those who are unsheltered homeless. Additionally, it was used to understand the way this population constructs meaning about their lived experiences. Chapter 2 provides a full explanation of the conceptual framework in detail and its relation to unsheltered homeless.

Theoretical Foundation

The theoretical foundation in this study was used by the researcher to understand the social assets, and social networks of unsheltered homeless. Theorists use social

capital to examine the way in which limited resources are allocated to different members of society (Adger, 2003). Those with affluence and power are allocated more resources. The theory is used by researchers to “provides an explanation for how individuals use their relationships to other actors for their own good, and for the collective good” (Adger, 2003, p. 389). Relationships are used in an economic framework and thus are viewed as “personal and communal assets equivalent to economic and human capital” (Irwin et al., 2008, p. 1935). Social assets can be civic, social, or religious affiliations; likewise, they can be workplace connections, informal relationships, or political ones. Social capital itself can be defined in terms of bonding social capital and networking social capital. Adger (2003) described bonding social capital as friendship or kinship ties, while network social capitals are ties that are weaker and economically based. Additionally, bonding social capital is most important to coping, and handling the harsh stressors of life. In bonding social capital, trust and reciprocity in the relationship are strong.

People with social assets that are constructive are likely to be impacted in a positive way by their relationships, and are more likely to have positive outcomes. In fact, researchers suggested that an individual’s social ties can have a positive impact on an individual in both physical and psychological well-being (Adger, 2003), but there is likely to be a greater impact on an individual’s psychological health (Irwin et al., 2008). The fewer social assets individuals have, the less positive the consequences, and the more likely it is the individual will endure mental distress. Because of the extreme conditions that the homeless are up against, strong social ties are needed to overcome their

adversities. They are likely to “rely on street-based social networks and their own personal strengths for survival” (Petrovich & Croneley, 2015, p. 1). For many homeless individuals, the social assets they have are weak or severely limited, given that isolation from family and friends is common in the population. The notion of societal estrangement is often used by researchers in studies on homelessness to describe the lack of attachment from family, friends, and social institutions (Thompson, Rew, Barczyk, McCoy, & Mi-Sedhi, 2009). While there is limited research on the effects of social capital relationships among the homeless, what is known is that “the social relationships among the homeless, ranging from casual acquaintances to street families register beneficial effects...these relationships help the homeless secure food, income and other resources” (Lee et al., p. 509). Additionally, as it relates to spirituality, religion is the most important social asset to coping (Irwin et al., 2008).

Researchers using the theory of social capital seek to “capture the nature of social relations to explain the outcomes in society” (Adger, 2003, p. 390). The social estrangement component of the theory could help to explain why some homeless individuals use social service resources and others do not. It is plausible that the lack of social attachment could help to explain the level of distrust that homeless have for outsiders. In addition, it is likely that those with positive social bonding capital are more likely to use social service resources. They are more likely to have some relationships where trust is present, and have people in their circle that influence their decision making. The sense of trust from their relationships may contribute to homeless individuals

believing that social service providers are working in their best interest, and may be more apt to utilize the services available.

The theoretical foundation guided this study by explaining what social capital was available to unsheltered homeless, and how this social capital impacted those who are unsheltered homeless. Chapter 2 provides an explanation of the theoretical foundation as it relates to unsheltered individuals in fuller detail.

Definition of Terms

The following terms are used throughout this study.

Atlanta metropolitan area: City of Atlanta, DeKalb County, and Fulton County (Georgia Department of Community Affairs, 2014).

Chronically homeless: “Unaccompanied individual with a disability who has either been continuously homeless for 1 year or more or has experienced at least four episodes of homelessness in the last 3 years” (Henry et al., 2013, p.2).

Continuum of Care: “Are local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, or even an entire state” (Henry et al., 2013, p.2).

Continuum of Care model: Lambert (2011) defined the model as being linear and requires the homeless to seek treatment and to maintain sobriety for three to six months prior to being able to access housing. As it relates to mental illness the program requires the individual to remain on the prescribed medication in order to qualify for housing benefits (p. 6).

Homeless Management Information System (HMIS): The Homeless Management Information System (HMIS) is a database where homeless service provider's record information about their clients. The database is shared among all Georgia service providers, updated instantly, and provides mandated reporting back to the Department of HUD. Specifically, the database contains demographic information, contact information, current living situation, where the client slept the previous night, and homeless status information including whether the client is chronically homeless or not. Special needs of the client including disabling conditions such as physical or mental illnesses, and alcohol or drug dependencies are included in the database. Additionally, benefits being received, employment status, income, voter registration, criminal justice information, case manager information, and services received by the individual are also captured in the database.

Housing First Model: Models where permanent housing is provided to the homeless, then their mental and physical health needs are addressed. Sobriety and treatment for mental health are not prerequisites for housing.

Literally homeless: Homeless individuals that are either sheltered or unsheltered (Georgia Department of Community Affairs, 2014).

Point-in-Time counts: "Unduplicated 1-night estimates of both sheltered and unsheltered homeless populations. The 1-night counts are conducted by Continuums of Care nationwide and occur during the last week in January of each year" (Henry et al., 2013, p.2).

Sheltered homeless: “Are people who are staying in emergency shelters, transitional housing programs, or safe havens” (Henry et al., 2013, p.2).

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

For the purpose of this study, the criterion for being unsheltered was that the individual had lived without shelter for at least one month.

Social service providers: Any individual or group that is working with a federal or local organization to provide services, or resources to the homeless. The provider can also be an individual who is advocating for the homeless population by providing assistance or information.

Assumptions

The assumptions were that the participants meet certain criteria to participate in the study. The participants were required to be (a) men, (b) age 45 years and older, (c) not a substance abuser, and (d) mentally competent in order to provide consent and to complete the interview. These assumptions allowed me to use a criterion sampling strategy necessary for the study. Participation in the study was voluntary, the data collected were self-reported, and the participants were assured that their full names would

not be included in the report to protect their privacy. Given these factors, I made the assumption that the participants would relay their experiences honestly.

Scope and Delimitations

The study was delimited to unsheltered homeless men age 45 years and older in Atlanta, Georgia. While researchers indicated there are a growing number of older homeless individuals, the demographics in Atlanta may be different. Other delimitations that may occur are that the study focused primarily on Atlanta, which has a high concentration of African Americans. It was likely that the study participants would be disproportionately African American. The use of a criterion sample for the study may have also create some methodological limitations given that the sample may have excluded unsheltered individuals with different experiences and needs.

The boundaries of the study were that those who did not speak English, women, those under 45 years of age, and substance abusers were excluded. Substance abusers were excluded from the study to alleviate additional ethical dilemmas related to interviewing those who share that particular vulnerability. Furthermore, they were excluded because much of the research on homeless individuals focused on those who abuse substances, and other pathologies that are prevalent among the population. In fact, researchers suggested that unsheltered individuals have disproportionately higher rates of substance abuse than the general population (Jones et al., 2009; Shelton et al., 2009). As such, homeless who abuse substances have been studied in myriad ways. They have been studied from the vantage point of substance abuse in relation to physical health and

mental health (Kendall-Tackett, 2002), and in relation to the directionality of homelessness and substance abuse (Shelton et al., 2009). The pathway to becoming homeless, either because of the individual's own substance abuse (Martijn & Sharpe, 2000) or a parent who has abused a substance (Koegel et al., 1995), has also been studied. The cost associated with providing services to homeless individuals who abuse substances (McCormack, Hoffman, Wall & Goldfrank, 2013), the available outreach programs (Moulton, 2013), and differences in substance abuse prevalence among homeless men and women have also been investigated (Lee et al., 2010; National Health Care for the Homeless Council, 2001). These angles of investigation did not seem to need further consideration and thus were eliminated from the present study. Additionally, a perception exists that the homeless who do not receive help are likely to be incapacitated by their substance abuse. Hence, exploring the lived experience of homeless who are not substance abusers adds additional understanding to the barriers to service, and depth to the knowledge base about the population.

With regard to only including men, Lee et al. (2010) noted that characteristics of homeless men vary significantly from homeless women. In fact, the National Health Care for the Homeless Council (2001) noted that specifically men were significantly more likely than women to sleep on the street. There are a number of reasons for this disparity including the fact that homeless men are more likely to be single, and have more severe alcohol and drug problems than women. These factors often exclude homeless men from being able to use emergency and family shelters.

Unsheltered homeless that live in other cities or transients passing through Atlanta were not included in this study. These groups were excluded as their circumstances are likely to differ significantly from older unsheltered men who live in Atlanta.

Transferability of the findings may not be practical as the study was limited to older men in Atlanta and the needs and experiences of the Atlanta area men may be unique to this group of unsheltered homeless. The use of a qualitative approach limited the ability to generalize the findings to other unsheltered homeless.

The advocacy and participatory worldview and critical theory are often used in qualitative studies of marginalized individuals. Creswell (2009) noted that the worldview typically contains action agendas. In the advocacy and participatory framework the investigator and the participant work together to develop the study. While there are advantages to using the advocacy and participatory worldview, it was not utilized for this research as the study sought to understand the lived experience of unsheltered homeless. The researcher's role in this study was latent, allowing the participants to speak candidly about the homeless experience, and the role of spirituality or faith in their lives. Social constructivism was used to provide an understanding of how homeless individuals make sense of their world.

Critical theory is used in qualitative research to empower those who are oppressed based on socioeconomic status, race, gender or class. Theorists using the critical theory in their studies attempt to critique and seek to change oppressive and unequal aspects of society which was beyond the scope of this study. The goal of this study was to

understand the experience of unsheltered men over 45 years of age in Atlanta. In particular, I used the theory of social capital instead to understand the social networks and social capital of unsheltered men. Additionally, the theory of social capital has been used in prior studies of vulnerable populations, to specifically explore spirituality or faith as social capital.

Limitations

This study was qualitative in nature therefore generalizability was limited to the study population. Additionally, I conducted the in-depth interviews in one session. While I attempted to conduct follow up interviews for clarification and validation, it was difficult to re-contact some study participants due to the transient nature of homeless. To combat this issue, I attempted to gather as much insight during the interview as possible and ask for clarification along the way. The participants were asked how they could best be contacted should I need to confirm the interpretation. I ensured dependability by properly documenting the research process, audio recording the interviews, and maintaining a reflexive journal.

An additional limitation may have been the way in which unsheltered homeless were defined. Homeless individuals are already a hard to reach population. Hard to reach populations are “those who are disadvantaged and disenfranchised: the homeless and transient, chronically mentally ill, criminal offenders, prostitutes, juvenile delinquents, gang members, runaways--those we are all aware of to one degree or another, yet know

so little about” (Lambert & Wiebel, 1990, p. 1). Furthermore, they are likely to avoid providing information about themselves or about other homeless individuals.

Unsheltered homeless in this study was defined as individuals who have lived without shelter for at least one month, and have not used a sheltering facility for more than a week per one month period. The definition may have been too rigid, whereby some unsheltered with valuable insights into the lived experience were omitted from the study. Women were also excluded from the study, though their lived experiences are likely to be vastly different. It is likely that the insight that women could have provided would have been fruitful.

Trust barriers may have also limited the study as homeless individuals tend to mistrust outsiders (Lambert & Wiebel, 1990). It is plausible that some individuals may not have been as forthcoming about their experiences which may have minimized the quality of data collected. Because the participants willingly volunteered to be a part of the study, and the questions were not deemed to be sensitive, I assumed that the participants were forthcoming and honest. The HMIS was used to corroborate pertinent information. The HMIS is a database where homeless service provider’s record information about their clients. The data is shared among Georgia service providers and used for mandatory reporting to the Department of HUD. According to the Georgia Department of Community Affairs, in Georgia, the HMIS database is often referred to as Pathways Compass. This is because Pathway Compass is a management vendor that helps “collect the data on the homeless, facilitate collaborative case management, thus giving each

service provider a more comprehensive client history and preventing the duplication of services” (“Georgia HMIS Governance”, n.d., para.2).

A bias that may have occurred is that I am a volunteer at the Central Outreach and Advocacy Center therefore; I come into contact with many unsheltered homeless individuals. Prior to selecting participants for the study, I reviewed the sign up forms which volunteers placed into a locked drop box. I was the only person with a key and with access to the contents of the box. The gatekeeper provided the locked box containing the forms to me weekly. On the day of the interviews I obtained a Protected Health Information (PHI) consent form from the volunteers. This form enabled me to use the HMIS database to access the volunteers’ information and corroborate the information they presented. The HMIS database was used to exclude any volunteers for who I had provided case management services or resources to in the past. When assisting clients, volunteers and staff must log into the HMIS database and provide their name during intake and must provide the type of resources or benefit that was provided to the client.

An additional bias that could have been introduced is that the gatekeeper assisted in the recruitment of study volunteers; however the gatekeeper was not privy to the final list of study participants as I narrowed down the study volunteers based upon the set criteria. Interview responses were kept confidential and the gatekeeper was not present during interviewing and did not have access to any of the data.

Significance of the Study

Little research has focused on the unsheltered homeless, or on barriers to service and resources. While researchers have examined social services use, or have evaluated homeless programs, most of their studies have focused on sheltered homeless (Levitt et al., 2009). Researchers that have explored barriers to service suggested that bureaucratic and programmatic barriers may have contributed to the lack of use of these resources (Tsemberis et al., 2004; Wolf et al., 2001). Additionally, Hersberger (2005) noted that attitude is important when providing information to homeless individuals. Because they are a vulnerable population and there is a great sense of unworthiness, a friendly attitude yields more positive reactions. Yet, there remains limited research that provides plausible explanations as to why so many homeless remain unsheltered.

This study was significant as it added to the knowledge base by filling the research gap on unsheltered homeless who are 45 years of age and older in Atlanta, Georgia. While homelessness is an issue in many cities and states, according to Henry et al. (2013), the states with the highest rates of unsheltered homeless are those where the weather is typically mild and warmer. This is likely because the mild temperatures make living unsheltered less treacherous. Atlanta as a location for the study is significant as Henry et al. (2013) also found that “the Balance of State (BoS) with the highest rates of unsheltered homeless individuals included Georgia, which had an unsheltered rate of 87 percent” (p. 18). The BoS essentially is a metric of all the organizations that are available to help homeless individuals in a given area. An earlier report, the 2008 Homeless in

Georgia study pointed out that “the unsheltered homeless were generally middle aged adults; moreover, 59 percent of the survey respondents were men” (p. 7). Sampling unsheltered men that fall in the 45 and older age group may prove to be beneficial. It is also plausible that the experiences and needs of living unsheltered, as well as the experience with social service providers are likely to be different for adult middle aged individuals.

Significant also was that through a deeper understanding of the barriers to social service use, providers and homeless advocates can reevaluate their outreach efforts to better serve this population of individuals, thereby creating social change by reducing the number of unsheltered individuals, and getting them the assistance they desperately need.

Last, this study was also significant as only one study was found in the literature review using the theory of social capital to explain spirituality or faith as a social asset among the homeless. Using this theory as a lens for the research can have theoretical significance toward understanding the use, or lack of use of social services by those with different levels and different types of social assets. The use of the theory could create an understanding about whether unsheltered homeless with positive social capital are more apt to use social services, and if the themes differ among those with social capital and those without.

Summary and Transition

While there is about \$37 million in federal funding allocated to assist the homeless in Georgia, about half are still unsheltered. Additionally, enumeration data

suggested that there has been a decrease in homelessness, but there still remain about 17,000 in the Georgia area alone. Unsheltered homeless are among some of the most vulnerable with a complex array of negative life circumstances. More effective interventions and care models are needed to remedy the situation. There are an array of differing definitions for what constitutes homelessness, and what category is required to receive certain benefits. Additionally, researchers suggested that funding is being allocated appropriately, but self-reported research from homeless individuals suggested that food stamps are the primary benefit being received. Very few respondents in the 2014 Georgia Department of Community Affairs study indicated they received any housing benefits. The lack of access to benefits that are available to assist homeless is an indicator that there are barriers to accessing resources, and these should be addressed.

In summary, this chapter has presented the issues of homelessness, the problem statement, purpose of the study, and nature of the study. Included in this chapter also were the research questions, conceptual framework and theoretical foundation. The chapter covered the definition of terms, assumptions, delimitations, limitations and the significance of the study. Chapter 2 will provide further details on homelessness and the unsheltered, issues and pathologies prevalent in the population, the costs associated with homelessness, barriers to accessing social services and resources and transitional and permanent supportive housing models. Additionally, the literature reviewed was examined from a research methods point of view to determine what gaps exist, if any, in the use of various methods to research homelessness.

Chapter 2: Literature Review

Introduction

Homelessness is not only a social issue, but also a political one. The issue is one of the most significant domestic and mental health issues in America, and becomes a political issue because of the high costs attached to eradicate homelessness. Currently, there are billions of taxpayer dollars earmarked to address the issue each year. According to the Department of HUD, in Fiscal Year 2013- 2014, approximately \$1.83 billion federal dollars were allocated to programs that provided services and resources to the homeless (“Fiscal Year 2014 Funds”, n.d., para.1).

It is estimated that almost 4 million Americans experience homelessness in any given year (Shelton et al., 2009). In 2013, there were an estimated 17,000 homeless individuals in Georgia alone. While these numbers sound astounding, researchers indicated that the estimates may be lower than the actual phenomenon. In the Jones et al. (2009) literature review, the researcher noted that enumerations of homeless individuals that use shelters may “significantly underestimate the problem” (p.69). Culhane et al. (2013) additionally noted that in “1990, 2000, and 2010 the United States Census Bureau conducted enumerations of homeless individuals; however, the Bureau has stated the enumerations are not a comprehensive count” (p. 5). The disclaimer was released after proponents questioned the low homeless counts in several jurisdictions following the 1990 enumeration.

In 2003, the Department of HUD vowed to eradicate homelessness in 10 years, yet in 2015, the issue remains pervasive, despite increased funding. This commitment was also made by a number of communities including the City of Atlanta (Ball, 2011). The C of C model was adopted under this commitment. Ball (2011) also noted that in 2003, the homeless count in the Atlanta area was 6,956. The population is estimated to increase to over 8,000 by 2019, with over 3,267 individuals being chronically homeless.

Because of the complexities of homelessness, particularly when an individual is unsheltered, the situation can be dire and can increase the barriers to accessing the social service supports that are designed to assist those in need. Henry et al. (2013) defined unsheltered homeless as “people whose primary nighttime residence is a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground parks” (p.2). Unsheltered homeless face more severe realities than those who use sheltering facilities. In fact, Irwin et al. (2008) posited that those living on the street and those who have been homeless longer are expected to be more distressed, they are likely to be more isolated, have more physical and psychological ailments, and depleted social and psychological resources.

Literature Search Strategy

The following topics are covered in this literature review: (a) the conceptual framework and theoretical foundation for the study, (b) homeless and the unsheltered homeless, (c) issues and pathologies prevalent in the population, (d) the costs associated

with homelessness, (e) barriers to accessing social services and resources, and (f) transitional and permanent supportive housing models. To identify the available research and resources, the following databases were used: ERIC, Google Scholar, PsycArticles, PsycInfo, and ProQuest Dissertations and Theses. The following keywords were used: *unsheltered and homeless, homeless, homelessness, homeless and housing first, unsheltered and housing first, homeless and barriers, homeless and supportive housing and homeless and housing*. Additional resources were found on the Department of HUD, the Georgia Department of Community Affairs, Share International, and the National Alliance to End Homelessness websites. Database searches were conducted from October 2014 to April 2015. The articles used for the literature review span from the 1990s to the present as they contained relevant and historical information and data for the study. In total, 1,618 peer reviewed articles, 131 books, and 38 additional sources were used for both the literature review and the methodology.

Conceptual Framework and Theoretical Foundation

A conceptual framework is “a system of concepts, assumptions, expectations, beliefs and theories that supports and informs research” (Maxwell, 2013, p. 39). The conceptual framework influences the study and helps to explain how through a researchers own history, background and experiences, he or she makes sense of the world. Creswell (2009) noted that “worldviews are general orientations about the world and nature of research that a researcher holds” (p.6). Worldviews are shaped by a number of different factors such as culture, background, or professional experiences. The

conceptual framework helped to explain my perspective of the unique circumstances of those who are unsheltered homeless, and how I used this worldview to understand why many unsheltered do not use the services and resources available to them.

A theoretical foundation refers to interrelated concepts that serves as the foundation to help explain a phenomenon, determine what a researcher will measure, and organize the study. The theoretical foundation in this study was used to understand the social assets, and social networks of unsheltered homeless. Existing literature about homeless touch upon the lack of social networks, yet there is limited empirical research using the theory of social capital as a guiding theoretical foundation in understanding the lack of use of resources.

This study used social constructivism and the theory of social capital to guide the interpretation of the data. Emerging themes about the experiences of being homeless, the experiences with social service providers, and the barriers to access were examined and discussed as they were perceived through the conceptual framework and theoretical foundation. An overview of the conceptual framework and theoretical foundation follows.

Conceptual Framework

Social constructivism was used to understand the experiences and perceptions of unsheltered homeless individuals. The framework explains how the worldview of the researcher influenced the way the researcher created meaning about the unsheltered

experience, and the perspective that through social interactions, individuals construct meaning about their life experiences.

The basic tenet is that “human perception is made up and shaped by cultural and linguistic concepts” (Patton, 2002, p.96). There is typically a historical, social, and cultural context attached to the derived meaning. The way in which a person’s individual experiences, perceptions and the way they make sense of the world is unique and real to him or her. Additionally, the notion of the framework is that because meaning is socially constructed, an individual who is homeless constructs his or her own realities based upon the current social environment and interactions with other members in the community. The social interactions are typically with other homeless individuals.

The social constructivism framework emerged as a means of understanding how individuals construct knowledge. The foundation of the theory is derived from the later works of Piaget, but mainly from the work of Lev Vygotsky, who is considered the forefather of the theory.

The theory is most often used in educational research. Social constructivism emerged as learning theories began to shift in the 1970s and 1980s from the behaviorist foundations to more cognitive ones (Chompalov & Popov, 2014; Fosnot & Perry, 1996; Liu & Matthews, 2005). Chompalov and Popov (2014) described social constructivism as “an umbrella term for a (sic) myriad of approaches that is based on major assumptions about the constitution of social life, the making of meaning, and the nature of communication between individuals” (p. 62).

Lev Vygotsky “believed that the behaviorist approach to explaining learning was too narrow, specialized, isolated and interpersonal” (Fosnot & Perry, 1996, p. 387). Additionally, the active role of the learner was a missing component in the behaviorists’ explanation of learning. Under the constructivist framework, “knowledge is not mechanically acquired, but actively constructed within the constraints and offerings of the learning environment” (Fostnot & Perry, 1996, p. 38). Essentially, social constructivists believe that constructs or experiences are formed through interactions with others and one’s environment. The meaning of the experience or construct must have a social context; the social environment itself is central to learning (Chompalov & Popov, 2014; Fostnot & Perry, 1996). Furthermore, “learners are believed to be encultured into their learning community” (Fostnot & Perry, 1996, p. 388). The meaning or knowledge that is gained is not only formed through the interaction with others, but also by an individual’s internal processing (Ernest, 1997, p. 480). Vygotsky believed that individuals learn and master knowledge through their history and culture; thereby generating individual personal understandings which Guba and Lincoln (1989) suggest cannot be argued given that it is that individual’s truth.

There are three major assumptions of social constructivism as noted earlier; the learner is an active participant and learns through interaction with others. Learning is a transaction between individuals and “individuals are defined by their involvement in the world. The human mind including the personality, as well as the self and agency are defined as an activity, a way of being in concrete social situations” (Stetsenko &

Arievitch, 1997, p. 160). The next assumption is that social interaction is an integral component of the development process. Hence the emphasis is on “mutuality, cooperation, communication, and social embeddedness of the self and of the individual’s development. Furthermore, social constructivists theorize that living together in a society is the nucleus; and foundation for all mental and personal development” (Stetsenko & Arievitch, 1997, p. 161). The final assumption is that language is important in development and learning. Vygotsky believed that language and the semantics were important as they both hold cultural and historical connotations.

Stetsenko and Arievitch, (1997) summarized these three assumptions of social constructivism as follows:

Human development is characterized as a process instead of a structure; as an activity instead of a passive maturation; and as an ongoing, contextualized interaction mediated by language in a culturally and historically relativized context instead of a solitary practicing of an internal machinery of cognitive skills. (p. 161)

Other theorists associated with social constructivism are Thomas Kuhn, James Greeno, Jean Lave, and Herbert Simon. Each has advanced social constructivism. Thomas Kuhn’s did so by suggesting that part of the learning process is to change the world or create revolutions. His “understanding of the production of knowledge is that knowledge requires an analysis of the social realm in which it takes place” (Guzzini, 2000, p. 158). He additionally believed that language was central to learning and to

change. He noted that “how we use language about our worlds can reflect as well as contribute to changes we are bringing about in the world” (Mahoney, 2004, p. 360). James Greeno, Jean Lave and Herbert Simon all believed in situated learning. Situated learning essentially means that much of what an individual learns is specific to the situation in which it is learned” (Anderson, Reder, Simon, Ericsson, & Glaser, 1998, p. 5). Greeno posited that “the participatory nature of the interactions in a learning environment, and the ways socially shared knowledge is constructed are of importance” (Salomon, 1998, p. 5). Similarly Lave suggested that as much as learning is a cognitive process, it is also a social one (Wenger & Lave, 1991). As stated earlier, social constructivism is a framework that embodies many schools of thought; however, the underlying premise is that meaning and knowledge are created through social interaction, environment and language.

The social constructivist framework can be applied to homelessness, as this population is a subculture in the United States, and many have shared experiences such as discord in the home, and childhood trauma. They likely share a disconnection from family, and have loose social networks and attachments. These commonalities help them to create a bond with one another, whereby they define their experiences in a common manner, but one that is different than that of the general population. Furthermore, for the purposes of safety and survival, homeless individuals have their own set of norms and codes of conduct that are followed. Petrovich and Cronley (2015) found that many unsheltered find other homeless that they can trust and rely on. Additionally, they noted

“a strongly enforced social order and codes of conduct exists among the unsheltered homeless” (p. 4). These socially constructed norms are imperative in order for homeless individuals to survive and integrate into the homeless community.

Theoretical Foundation

The theory of social capital emerged from the work of Pierre Bourdieu. Bourdieu (1985) suggested that social capital is “the aggregate of the actual or potential resources which are linked to possessions of a durable network of more or less institutionalized relationships of mutual acquaintance or recognition” (p. 248). Other notable theorists have used Bourdieu’s work as the foundation for enhancing the theory and accentuating the human capital component. These theorists include Glen Loury and James Coleman. Bourdieu emphasized that individuals benefit from participation in groups, and because social networks are constructed, there is a sense of solidarity. Members of the group are also vested in their memberships. Additionally, Bourdieu noted that reciprocity and obligation are characteristics of group membership, however, often times these elements are unspecified (Portes, 1998).

Glen Loury built upon the work of Bourdieu when examining racial income inequality. Loury surmised that social capital could be used to explain “the differential access to opportunities through social connections for minorities and nonminority youth” (Portes, 1998, p. 5). James Coleman however refined the theory of social capital and began to place more emphasis on human capital and resources that were not tangible, rather than economic or tangible ones. In essence, sometimes economic resources are a

benefit to group membership, however at other times the resources that are invested and the benefits received are not, as in the case of the time, effort and knowledge. Coleman noted that “reciprocity expectations, group enforcement of norms, and consequences of the relationship are social capital mechanisms” (Portes, 1998, p. 5). He furthered that while group membership has benefits, not all members obtain the same benefits based upon the social structure of the group. Coleman delved deeper and noted that the motivations of those with more resources (donors) is complex and different from those who are seeking access to the group. Last, and interestingly, Coleman suggested that “social capital in tight community networks can be used for social control. Members in close networks can promote compliance, and membership can be used as a means of maintaining discipline” (Portes, 1998, p. 10).

The theory likens relationships to currency, and is viewed from an economic framework of being a commodity or a resource. Woolcock and Narayan (1999) defined social capital as the “norms and networks that enable people to act collectively and the capital can be friends, family, or associates” (p.3). Civic, social, or religious affiliations, work place connections, informal relationships, or political ones are additional forms of social capital. Social capital must have trust, the relationships must be mutually beneficial, and there is usually reciprocity in the relationship.

Strong social capitals are the relationships that one relies on in times of crisis or need. Furthermore, these networks “enhance people’s mental capability to perceive opportunity and provide encouragement to one another” (Dana & Light, 2012, p.35).

When these social capitals are deemed to be assets, it is likely that the individuals benefit from one another and reap positive outcomes, whereas the weakness or absence of social capital can create negative outcomes, and are defined as liabilities.

Helliwell and Putman (2004) concluded that “social capital is strongly linked to subjective well-being. Specifically ties to family, friends, neighbors, co-workers, marriage, civic engagement, and religious affiliations all relate to happiness and life satisfaction” (p. 1435). Adger (2003) also found that physical and psychological well-being is impacted by the quality of one’s social capital; psychological health however is most impacted (Irwin et al., 2008). Weak or negative social assets leave individuals with limited options for support when faced with hardships or distressing situations. This is most apparent in vulnerable populations such as the homeless and the poor. Similar to Loury’s assertion, researchers Woolcock and Narayan (1999) noted that “a defining feature of being poor is that one is not a member of, or is actively excluded from certain social networks and institutions that could be used to secure jobs or decent housing” (p. 3). Irwin et al. (2008) presented benefits of individuals that are integrated in their communities and have positive social assets. They are less likely to “experience colds, heart attacks, strokes, cancer, depression, and premature death of all sorts” (p. 1935). These consequently are conditions that are prevalent in the homeless population. Additionally, researchers noted that discord in the homeless is prevalent, as is the lack of family support, and weak friendships (Thompson et al., 2009).

The chronic stressors associated with homelessness are likely to deteriorate social resources. Given these, homeless individuals are likely excluded from positive social networks, which in turn further hinder them. Researchers found that one promising form of social capital was the positive asset of religion. Homeless individuals that have a strong sense of spirituality or some ties to religious organizations have been found to cope better than those who do not (Irwin et al., 2008). Helliwell and Putman (2004) concluded that “attending church creates community level social capital, and belief in God provided alternative types of support for an individual’s well-being” (p. 1441). Researchers found that subjective well-being was enhanced when there was interaction with others in church. Other researchers indicated that the use of spirituality reduces feelings of loneliness (Ferrari, Drexel, & Skarr, 2015), and has been tied to resilience in some homeless individuals (Lewis, 2014; Petrovich & Cronley, 2015).

The theoretical perspective was applicable to the study on homelessness as those in the population have few social assets and more social liabilities. Social assets are built on trust and positive outcomes; whereas liabilities could promote distrust in the community. This notion helped to explain some of the barriers to using social services. Researchers pointed out that homeless individuals and poor individuals are likely to not trust health care and other providers (Hoshide et al., 2011; Petrovich & Cronley, 2015). It is plausible that those individuals with loose social ties are less likely to seek out and use available resources and outreach organizations.

Homeless and Unsheltered Homeless

It was found that “on a single night in January 2012, over 600,000 people were homeless as individuals in the United States. A third of these homeless individuals were unsheltered” (Henry et al., 2013, p.1). This translates to about 200,000 individuals living without shelter in the United States. This data comes from enumerations of the homeless. The largest enumeration efforts are conducted by the Department of HUD. According to Moulton (2013) in 1994 the Department of HUD became the central agency working to combat homelessness by implementing the C of C program. The program is a linear model that requires the homeless to seek treatment and to “maintain sobriety for three to six months prior to being able to access housing. In the case of an individual who has a mental illness, the requirement is that he or she must remain on prescribed medication for a specified length of time” (Lambert, 2011, p. 6).

Over 400 communities are a part of the C of C program, and there is a coordination of efforts to address homelessness. The C of C program not only provided guidance to the communities, but federal funding to “local governments, public housing agencies, private nonprofit organizations, and community mental health associations” (Moulton, 2013, p. 600).

The Department of HUD defines chronically homeless as “a person who is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year, or more or has had at least four episodes of homelessness in the past three years” (Moulton, 2013, p. 600). Because many homeless

outreach organizations are federally funded through the C of C program, these same criteria are often used to determine eligibility for services and resources to the homeless. This is one area where there is a system failure in meeting the needs of the population it is supposed to serve. If an individual is not disabled, or disabled, but accompanied by another adult, and has been without shelter for extended period of time, it would be determined that they do not meet the full criteria of being chronically homeless. Moreover, they are likely to not qualify for the services that they need.

While many use the standard definition of chronically homeless, others define homelessness in various ways. Chronically homeless has been defined as “persons who are homeless for at least 6 months or more; episodic homeless persons are those who shuttle in and out of homelessness, and transitional homeless persons enter the shelter system for one short-term period” (Ibabe, Stein, Nyamathi, & Bentler, 2014, p. 374). Silva (2014) defined one being chronically homeless as being without shelter for more than one year. Additionally, the Georgia Department of Community Affairs (2014) defined the homeless in one of three ways. The three are literally homeless, imminently homeless, and other homeless. Literally homeless are sheltered and unsheltered homeless individuals.

According to the Georgia Department of Community Affairs (2014) sheltered homeless are those who live in emergency shelters, transitional housing for homeless persons, or a hotel or motel paid for by an organization, while

unsheltered live in a car, park, abandoned building, encampment, on a sidewalk or similar location. (p.1)

Imminent homeless are individuals who are at risk of possibly losing their housing within a two week period of time; and other homeless are those who “are in jail, a hospital, detox program, but would otherwise have been homeless” (Georgia Department of Community Affairs, 2014, p.1). Given the different ways in which homelessness is conceptualized, individuals may or may not receive the resources they need. It is likely that the manner in which the care provider classifies these individuals will determine their eligibility to programs and resources.

The present study explored the experiences and utilization of social service agencies and organizations among unsheltered homeless men age 45 years old and older in Atlanta. For this study, the conceptualization of unsheltered was an individual who has lived without shelter for at least one month, and has not used a sheltering facility for more than a week within a one month period. This allowed for an understanding of the experiences of those who have been unsheltered for different periods of time. As noted, the definitions for being chronically homeless and unsheltered vary in the literature, thus many individuals are missed in the research and in enumerations (Lee et al., 2010). The researchers also noted that many unsheltered homeless are older adults (Caton et al., 2005; Nakonezny & Ojeda, 2005). Wright, Littlepage, and Federspiel (2007) noted “that of the chronically homeless, the average age of intensive user of public services was 45 years old” (p.1). It is likely that the experiences and ailments associated with

homelessness differ for those who are in the middle age group and older (over 44 years old), than those who are younger. According to Culhane et al. (2013), the 2000 United States Census Bureau enumeration data illustrated that middle aged baby boomers “born between 1959-1961 faced a higher risk of becoming homeless than other age groups” (p. 1). In as such, these homeless individuals have different needs and will require specific types of mental and health care compared to younger homeless individuals. Culhane et al. (2013) furthered that in light of the poorer health of homeless individuals, coupled with the aging process, demands will increase for health care services, nursing homes, other long term care facilities, and the social welfare system. These are areas of concern that need to be addressed.

There are a number of negative outcomes associated with being homeless including higher rates of mental disorders and physical illnesses. Researchers support the fact that distress in the population is both prevalent and likely triggered by the extreme circumstances of being homeless (Irwin et al., 2008). As a whole, mental disorder rates are higher in homeless individuals than in the general population. In fact, studies showed that rates of affective anxiety disorders, drug or alcohol abuse, and suicide attempt rates are elevated in the homeless population (Jones et al., 2009, p. 69; Lee et al., 2010; Shelton et al., 2009, p. 465). Furthermore, Irwin et al. 2008 contended that the physical and mental issues that plague sheltered homeless are more pronounced in unsheltered homeless.

In addition to the lack of suitable housing, homeless individuals are likely to have loose social networks, and suffer from a number of negative circumstances such as family discord, substance abuse, and mental or physical illness. Researchers have concluded that individuals who are homeless for “longer periods of time are likely to have compromised personal assets such as substance abuse disorders and psychiatric disabilities” (Caton et al., 2005). Currently, Georgia has some of the highest unsheltered homeless and chronically homeless rates in the nation (Henry et al., 2013; Lee et al., 2010).

Jones et al. (2009) noted that once an individual becomes homeless, regardless of sheltering status, access to equitable health and mental care options that can prevent or stabilize illnesses is lacking. Additionally, issues that were present prior to being homeless, become more chronic given a host of complex factors such as financial burdens, inability to remember when or how to take medication, lack of transportation for follow up visits, inability to be properly diagnosed, medication being stolen or lost, and survival becoming more of a priority than health. In fact, Jones et al. (2009) suggested that 4 in 10 homeless individuals report having some type of chronic disease. Adult homeless are also likely to become victims of robberies, and physical and sexual abuse (Nyamathi et al., 2000).

Homelessness in Georgia

Little research has been conducted on the homeless population in Georgia. What we do know from existing research is that the homeless in Georgia have similar characteristics and negative life circumstances as those outside of the state. Additionally,

there are a substantial number of homeless outreach organizations and agencies, yet homelessness remains a major issue in the area.

As with many other areas in the United States, urban areas are more likely to have higher concentration of homeless individuals. This is also the case in Georgia. While there are approximately 16,947 homeless individuals in the state of Georgia (Georgia Department of Community Affairs, 2014), nearly half (7,676) reside in the metro Atlanta area (Ball, 2011). A study conducted by the Georgia Department of Community Affairs found that homeless individuals in Georgia were mostly African American (51%), but a large proportion were White (42%), ten percent of the homeless were veterans, and a sizable number were over the age of 55 years old. Unsheltered homeless in Georgia were more likely to be men. More than half of survey respondents noted that the current episode of homelessness had lasted for more than three months, but less than a year.

The issues plaguing the homeless overall are present in the Georgia homeless as well. Many respondents indicated they were disabled, suffered from mental illness, or abused substances. They also suffer from numerous physical ailments and illnesses. Specifically, the respondents in the Georgia Department of Community Affairs study reported they “suffered from at least one disability or ailment including chronic medical conditions, physical disabilities, HIV or AIDS, or an addictive disease” (Georgia Department of Community Affairs, 2014, p.8).

With the adoption of the C of C program, the City of Atlanta implemented three strategies to help combat and eradicate homelessness. The strategies were to “establish a

Supportive Housing Production Taskforce; create Single Room Occupancy units for those diagnosed with mental illnesses or substance abuse; and rehabilitate an existing hotel into Single Room Occupancy units of permanent housing” (Ball, 2011, p. 13).

According to Ball (2011) between 2003 and 2008, the City of Atlanta made considerable strides including opening a 24-hour center for the homeless called Gateway Homeless Service Center. Gateway was a central location where the homeless could obtain resources, information that they needed, and be placed into permanent supportive housing. Another accomplishment by the City of Atlanta was the introduction of the Housing Opportunity Bond which was a \$22 million funding mechanism financed through a rental car tax. The funds were used to increase housing options for the homeless. Through these efforts, the City of Atlanta saw a decrease in the number of chronically homeless.

Unfortunately, with the economic downturn that began around 2008, the number of homeless increased due to loss of jobs, increased foreclosures, and diminishing funding opportunities to help homeless individuals. Gateway continues to be in operation and the City of Atlanta has begun to implement the Housing First Model. No research was found on the effectiveness of the Housing First Model in Atlanta; however, researchers indicated that the model has been successful in New York, Portland, Oregon, and Denver (Moulton, 2013).

Issues and Pathologies Prevalent in the Population

The recurring theme in the existing research is the prevalence of pathologies among the homeless. The following discussion relates to mental health, physical health, substance abuse, and child trauma experiences of homeless individuals.

Mental Health

Researchers of existing literature consistently pointed to the notion that, mental and physical health is severely compromised in those who are homeless (Gordon et al., 2010; Jones et al., 2009; Kendall-Tackett, 2002; Lee et al., 2010; Moulton, 2013; Shelton et al., 2009). Shelton et al. (2009) examined mental disorders among the homeless. The researchers found that rates of affective anxiety disorders, drug or alcohol abuse, and suicide attempt rates are elevated in homeless individuals. Irwin et al. (2008) furthered this in signifying that between “20 percent and 30 percent of all homeless suffer from some form of severe chronic mental illness with depression often being common” (p. 1936). Others noted that psychiatric hospitalization, schizophrenia, depressive symptomology are often present in the homeless population (Caton et al., 2005; Goering, Tolomiczenko, Sheldon, Boydell, & Wasylenki, 2002; Herman, Susser, Struening, & Link, 1997; Irwin, et al., 2008; Lee et al., 2010; Shelton, et al., 2009), as is paranoia schizophrenia, schizophrenia-affective disorder, unspecified schizophrenia, and manic depressive disorder (Nakonezny & Ojeda, 2005). Homeless individuals who are age 50 years old and older are more likely to suffer from cognitive impairments and depression (Culhane et al., 2013).

The economic disadvantages, lack of support, distress and living conditions of the poor place them as a severe disadvantage when dealing with their mental health issues (Irwin et al., 2008). The issues are both complicated by, and exaggerated by the additional life circumstance of these individuals. In fact, Hoshide et al. (2011) found that in Hawaii, homeless are 100 times more likely to be admitted to a state psychiatric hospital than members of the general population.

Physical Health

Researchers have found a pervasiveness of poor health among homeless individuals. They are likely to suffer “a higher than average burden of cardiovascular disease risk factors, morbidity, and mortality” (Jones et al., 2009, p. 69). Additionally, researchers established that homeless individuals are more likely to have multiple medical issues that are more progressive and chronic than the general public. Physical health is severely compromised in homeless individuals given the psycho social stresses including the continuous struggle to survive, find food, shelter, and maintain safety. Homeless individuals are more likely to report that their health is poorer than those in the general population. Morbidity is also higher among those who experience homelessness. Gordon et al. (2010) noted that “the homeless have higher prevalence and incidence of medical and psychiatric morbidity and mortality” (p. 2). A mortality surveillance study in New York found that homeless individuals have a "1.5 to 11 time's greater risk of dying relative to the general population” (Gambatese et al., 2013, p. 193). This premature death in homeless individuals is attributed to poorer health, epilepsy, substance abuse, mental

illness, and illnesses associated to exposure to the elements such as hypothermia (Gambatese et al., 2013; Hwang et al., 2010; Kendall-Tackett, 2002).

High blood pressure and elevated cholesterol levels are present among homeless individuals. Not only if there is a lack of sustenance, but the quality of food is subpar when it is available. When homeless are able to find food, it is typically prepared by a drop in center, a fast food restaurant, or obtained from a garbage bin. These meals are high in fat, have low nutritional value, and can be contaminated. Homeless individuals are likely to be deficient in vitamins which can be directly linked to certain diseases (Jones et al., 2009). Jones et al. (2009) also noted that mental illness may be directly linked to physical health issues, further complicating the situation for homeless. For example, it is reported that “serious mental illness leads to greater cardiovascular risk. This could be attributed to certain medications used to treat the mental illnesses” (p. 71). Other physical illnesses associated with nutritional complications that are present in many homeless are liver disease, diabetes, and peripheral vascular disease (Levitt et al., 2009).

Besides illness triggered by lack of nourishment, acute infections, musculoskeletal problems and dermatological disease are prevalent in homeless individuals (Lee et al., 2010; Nakonezny & Ojeda, 2005). Adults who are homeless are also more likely to have a history of physical abuse, sexual abuse, victimization, and engage in risky sexual behaviors. Sexually transmitted diseases, HIV, and AIDS are additional illnesses plaguing homeless individuals (Nyamathi et al., 2000). Homeless

adults who are aging are more likely to suffer from frailties, mobility impairments, difficulties performing activities of daily living, and various disabilities (Culhane et al., 2013).

Substance Abuse

The existing literature is filled with research on pathologies that are prevalent and more pronounced in homeless individuals including substance and alcohol abuse.

Homeless individuals are more likely to abuse alcohol and drugs. Researchers have sought to understand this particular issue in terms of directionality. Arguments exist that substance abuse is a risk factor that can cause one to become homeless, and the distress of being homeless can cause one to abuse drugs or alcohol (Kendall-Tackett, 2002).

Shelton et al. (2009) noted that once a person becomes homeless and comes into contact with other homeless people it may increase the opportunity to obtain drugs, and the usage may be a way to cope with the dire situation of homelessness.

Homeless that struggle with alcoholism are “twice as likely to suffer from liver disease, seizure disorders, injuries, traumas, and nutritional deficiencies” (Shelton et al., 2009, p. 469). In the Kendall-Tackett (2002) literature review the researcher found that homeless individuals are also “more likely to abuse drugs, suffer with mental illness, hypertension, pulmonary disease, and arterial disease” (p. 7).

Childhood Trauma

Homeless individuals disproportionately face higher rates of childhood adversity such as discord in the home, being removed from the home at some point, and physical

and sexual abuse (Bassuk, Rubin, & Lauriat, 1986; Kendall-Tackett, 2002; Koegel et al., 1995; Lee et al., 2010; Martijn & Sharpe, 2000). Childhood trauma is a recurring theme in the existing literature on homelessness. Adverse childhood experiences and traumas can be defined as physical, mental or sexual abuse, neglect or abandonment, severe family discord, the incarceration of a father, or substance abuse in the home. Martijn and Sharpe (2000) suggested nearly all homeless individuals have suffered some form of trauma and much of the trauma is attributed to incidents in childhood. Kendall-Tackett (2002) presented risk factors that are associated with childhood trauma. These risk factors included substance abuse, chronic illness, and homelessness was found to be outcomes of the trauma. The researcher noted that family violence, foster care, sexual or physical abuse, and separation from the home as a child creates social isolation whereby individuals (particularly women) can become vulnerable to homelessness as they get older. The Herman et al. (1997) and Koegel et al. (1995) studies reported similar findings in that biological risk factors in childhood trauma can lead to vulnerability to homelessness in adulthood. Caton et.al (2005) and Goering et al. (2002) reported that out of home placement as a child is predictive of adult homelessness.

The High Cost Associated with Homelessness

There is a high price tag associated with outreach and serving homeless which are in part due to the higher rates of physical, mental, and social issues that plague this community. Moreover, the utility of hospitalization, medical treatment, emergency shelter expenses, police intervention, and incarceration is higher and more expensive for

this population, particularly those who are unsheltered. Researchers have indicated that the homeless disproportionately use emergency rooms when compared to other populations. McCormack et al. (2013) found that those who are chronically homeless and are also alcohol dependent “accounted for disproportionate health care visits and costs” (p. 221). Jones et al. (2009) noted that “homeless patients are admitted to inpatient units five times more often, and have longer stays than non-homeless individuals” (p. 70). More than one third of respondents of the Georgia Department of Community Affairs (2014) study indicated they used the emergency room in the past six months.

The National Alliance to End Homelessness furthered that when hospitalized, homeless individuals spend more time in the hospital which contributes to extra costs of approximately “\$2,414 per hospitalization that is attributable to homelessness” (“Cost of Homelessness,” 2014, para. 5). Hoshide et al. (2011) noted that chronic mental and emotional distress are a contributing factor to some of the health disparities, and explained the cycle of health and homelessness. Additionally, “health problems causes homelessness, homelessness causes health problems and homelessness complicates efforts to treat the health problems” (Hoshide et al., 2011, p. 214).

With regard to incarceration, Wright et al. (2007) indicated that the rates for incarceration were higher among the 96 chronically homeless individuals in their study than those in the general population. More than half ($n = 57$) of the study participants were incarcerated at some period of time during the 3.5 year period of the study. The researchers estimated that the “cumulative cost for the criminal justice encounters was

almost \$600,000” (p. 3). Wright et al. (2007) estimated that for these 96 chronically homeless individuals alone, the combined health care and criminal justice expenditures for the study period was \$1.7 million dollars” (p. 4).

Barriers to Accessing Social Services and Resources

Researchers have focused on the pathologies of homeless individuals, but very little of their studies concentrated on barriers to using the available resources. The Georgia Department of Community Affairs (2014) study showed that while more than half of the respondents reported they received food stamps, the next most common benefit was Social Security Insurance (SSI), however only 3% indicated they received the benefit. Most strikingly, only .4% reported that they received any housing assistance which equated to about 10 people out of the 2,489 individuals surveyed. The six housing benefits in the survey were the Homelessness Prevention funding, the Housing Choice Voucher, the Georgia Housing Voucher, the Department of Human Services Independent Living Services, Rapid Re-Housing and the Veterans Supportive Housing Voucher. This is an indication of lack of use.

Hwang et al. (2010) cited a study of homeless individuals where more than one quarter (27%) stated they had unmet medical needs. In urban areas, the rates of unmet needs are higher than in less populous areas with between 37% and 57% of homeless indicating their health care needs were not met. These unmet needs are likely due to barriers to using the multitude of services available to homeless individuals. Hoshide et al. (2011) discussed four categories of barriers that existed in the literature with regard to

services for the homeless. The four are: bureaucratic, personal, programmatic, and financial.

The bureaucratic barriers mostly have to do with lengthy applications that may be difficult to understand and complete, especially when there are literacy issues. These barriers may also consist of other formalities associated with gaining access to any types of resources and services such as lengthy wait times to be helped. The personal barriers surround the fact that survival in the streets is more of a priority than health and personal care. Programmatic barriers are the mistrust and negative attitudes about health care professionals and social service agencies, and not being able to continue care given their living arrangements. The financial barriers are such things as inability to afford health care, and lack of transportation to care facilities.

Other researchers noted that barriers to care are wider than the four domains previously mentioned. Not knowing where to access care and services, too much confusion when seeking services, the system not being user friendly, and previously being denied services and resources are also barriers (Rosenheck & Lam, 1997). Lack of awareness is likely more of a barrier to those who are unsheltered because researchers showed that individuals who use homeless shelters are privy to resources and information that unsheltered homeless individuals are unaware of. Dickson-Gomez, Convey, Hilario, Corbett, and Weeks (2007) indicated that “homeless shelters serve as a point of access where information and programs about treatment and resources are readily available” (p. 5). Lack of respect has also been found to be a barrier. Researchers found that the

homeless reported “negative interactions with service providers that led them to feel stigmatized and dehumanized” (Petrovich & Cronley, 2015, p. 1). Furthermore, Omori et al. (2012) noted that there was a lack of sensitivity training available to many professionals who are tasked to help homeless individuals.

The common perception might be that financial barriers such as lack of transportation, or ability to pay for care and services would be alleviated if more free services were available. Researchers conducting studies in Canada where universal healthcare exists, and in Hawaii where nearly eight in ten homeless individuals have health insurance found that other barriers are keeping homeless individuals from using available resources (Hoshide et al., 2011). Hwang et al (2010) found that even though universal healthcare was available in Toronto, Canada, 17% of respondents indicated they had unmet health care needs and many indicated non-financial barriers such as “fear of being judged by health care providers” (p. 1459).

Transitional and Permanent Housing Models

Researchers noted that since the early 1980s, the United States government has been working to address the issue of homeless through various acts and initiatives such as the McKinney-Vento Homeless Assistance Act of 1986 which consisted of 15 programs to assist the homeless (Moulton, 2013). Since then the funding and the range of programs have expanded. In Fiscal Year 2013-2014, “\$1.83 billion was available for C of C programs, of this amount, \$40 million was set aside for permanent supportive housing for

the chronically homeless (“Fiscal Year 2014 Funds,” n.d., para. 1). The Department of HUD website also stated:

The Supportive Housing Program was implemented to promote the development of housing and supportive services, including approaches to assist homeless persons in the transition from homelessness, and to promote the provision of supportive housing to homeless persons to enable them to live as independently as possible (“Nature of Program,” n.d., para.2).

There is a wide array of permanent and transitional housing efforts underway, but many require homeless individuals to be treated for substance and medical issues prior to being eligible for housing which can be ineffective; some more innovative tactics provide housing first. The major disadvantage of the C of C programs “is that the treatment first approach places those with mental health issues at a further disadvantage and is less effective for this population of homeless individuals” (Lambert, 2011, p. 7).

The Housing First Model takes on a consumer choice approach. The primary goal is to place homeless individuals into permanent housing, then to provide them with the choice of seeking treatment. The priority is harm reduction, while treatment for substance and mental health are provided and encouraged; it is not a prerequisite to maintain housing. Furthermore, should the individual experience incarceration or hospitalization, the home is held until they return. Lambert (2011) noted that “The Housing First Model uses Assertive Community Treatment (ACT), which incorporates a team of professionals readily available to support and provide care to the newly housed individual” (p. 8).

The Housing First Model has proved to be effective. In fact, a housing based approach to homelessness is not only more cost effective than a shelter based approach, but more effective in the long term (National Alliance to End Homelessness, 2014). Researchers studying homelessness consistently found the Housing First Model to be effective in alleviating homelessness, and in allocating funding in a more efficient manner compared to linear models such as the C of C model (McCormack et al. 2013; Moulton, 2013; Wright et al., 2007). This enables service professionals to provide coordinated efforts in servicing homeless individuals with the myriad of needs that they have.

Moulton (2013) conducted a cost analysis assessment of funding under the Department of HUD's C of C program. The researcher noted significant cost savings in the supportive housing models compared to programs that provide services alone. Researchers have pointed out the inefficiencies, and problems that are present in the existing system designed to help those who are homeless, ranging from the program criteria, definitions of who is homeless, assistance available to only certain groups of homeless, and providing services without housing options.

Jost et al. (2011) reported that in New York City, a housing based program called Street to Home Outreach successfully moved 20 chronically unsheltered individuals through a process of obtaining transitional housing and into permanent housing. The program was an example of supportive housing that enabled individuals to learn skills, gain sobriety and successfully receive the mental health services they needed. The researchers found the effectiveness of the program was due in part to the participants

believing that they could achieve success, and having their needed resources readily available.

Another New York City housing initiative found that providing housing to chronic users of the New York City shelters was cost effective and successful. Not only were these individuals able to obtain housing, but the researchers found that a combination of “providing housing and mental health services was more effective in reducing shelter use among those with mental illness” (Metraux, Marcus, & Culhane, 2003).

Research Methods

Researchers taking a quantitative approach typically do so to predict, or determine causes of homelessness, or to identify factors leading to and outcomes of homelessness. Researchers also sought to measure the relationships among variables in terms of their effects and correlations to one another. Creswell (2009) noted that when examining variables, “these variables can be measured using instruments so that numbered data can be analyzed by statistical procedures” (p.4). Quantitative research is useful to predict outcomes, explore relationships, test hypotheses, and to generalize the results of a study to a larger population. Quantitative data for existing research on homelessness was collected through surveys, interviews or secondary data analysis.

Surveys “provide a numerical description of trends, attitudes, or opinions of a population by studying a sample of the population” (Creswell, 2009, p. 12). Moreover, surveys are used to generalize findings from a sample to a larger population of people.

The method used by several researchers was cross sectional surveys. This method was employed “to establish causal relationships” (Frankfort-Nachmias & Nachmias, 2008, p.168).

Pretest-posttest method, experiments and quasi-experiments were also used by researchers in the existing quantitative research on homelessness. These tools and strategies were used to explore such things as predictors and causes of homelessness, differences in groups of homeless individuals and to explore prevalence of certain pathologies and illnesses in homeless individuals.

The pretest-posttest method is used when a researcher seeks to explore change. The instrument is given multiple times and the data is analyzed for change. In between the administration of the instrument, a condition is introduced. The data is then measured for change to help determine the impact of effect that the condition has had.

Experiments typically have an experimental group and a control group. Random assignment into the experiment and control groups is necessary, and the experimental group has a condition present that the control group does not. Quasi-experiments differ from experiments in that “researchers are able to select random samples from the population, however random assignment of individual cases to the comparison groups is not required” (Frankfort-Nachmias & Nachmias, 2008, p. 118).

A qualitative approach is best for exploration research specifically when there is limited information or research on a given population or phenomena. This approach is a “means of exploring and understanding the meaning individuals or groups ascribe to a

social or human problem. Additionally, the approach supports an inductive style of research” (Creswell, 2009, p. 4). Five major approaches to qualitative research designs are often used. The approaches are narrative, phenomenology, grounded theory, ethnography, and case study. A number of different strategies can be used to collect data for qualitative research such as evaluating programs through a case study, conducting interviews, making observations; or analyzing texts, audio and visual data. The role of the researcher also varies as the researcher can work alongside the respondent to carry out the research, or he or she may be a salient observer.

A mixed-methods approach combines both quantitative and qualitative approaches. It “involves the philosophical assumptions of both approaches and uses the approaches in tandem” (Creswell, 2009, p.4). This method can be used to first gather qualitative data about a new phenomenon, or one where little information is available. This provides the researcher with knowledge and insight that could be used to conduct a quantitative study. The quantitative analysis could be used to further explore, attempt to understand specific relationships that may exist, or test hypotheses. When researchers used the mixed method approach in the existing research, a variation of interviews and secondary data analysis was employed.

A qualitative approach was best suited for this present study as little research was available from the perspective of unsheltered homeless individuals. Less was known about the barriers to care as presented in the voices of homeless individuals themselves.

Researchers that used a qualitative method conducted case studies, program evaluations and in depth interviews.

Quantitative Studies

Survey and interviews were the most common form of data collection used by researchers in the existing research on homelessness. The sample size for the research that used surveys varied from 47 individuals to 2,489 individuals. The majority of researchers used existing survey instruments such as the Course of Homelessness survey. This instrument appears to be the most comprehensive survey of the homeless experience and was referenced in several quantitative studies. Other sources were the National Longitudinal Study of Adolescence Health, the Department of HUD's C of C survey instrument, or Point in Time instrument. Different methods of data collection were employed by researchers. While some used nonprobability sampling (Ferrari et al., 2015; Georgia Department of Community Affairs, 2014; Hoshide et al., 2011; Shelton et al., 2009), others used a systematic sampling strategy (Irwin et al., 2008), or a representative sampling strategy (Herman et al., 2009; Hwang, 2010). Homeless individuals are a difficult and costly population to target and interview. A nonprobability sampling strategy may be necessary when a researcher seeks to collect quantitative data.

Researchers using surveys at times only presented descriptive statistics such as overall percentages, the mean, and standard deviations (Georgia Department of Community Affairs, 2014); others used regression analysis (Herman et al., 1997; Hwang et al., 2010; Shelton et al., 2009), odds ratio (Hwang et al., 2010) or *t*-tests (Link et al.,

1994) to test relationships of differences in the data. Specifically, odds ratios are used by researchers to determine the odds of a given outcome, while *t*-tests are used to test if there are differences between two groups. Regression analysis is typically used to determine the existence of a relationship between one or more variables on a dependent variable. This analysis can also be used to predict relationships between variables.

Researchers using *t*-tests indicated that “the magnitude of the problem of homelessness was much greater than enumerations had shown. In their studies, researchers noted that the lifetime prevalence of all types of homelessness was higher than previously documented in federal data” (Link et al., 1994, p. 1907). Based upon the odds ratio analysis it was determined that variables such as age, victimization, childhood trauma, and low mental and health scores increased the likelihood of homelessness (Herman et al., 1997; Shelton et al., 2009), and to an individual reporting they had unmet health care needs (Hwang et al., 2010). Researchers using regression analysis suggested that various risk factors were predictive of homelessness. The researchers posited that childhood trauma, addiction, mental health issues, physical and sexual abuse were risk factors and associated with homelessness.

Researchers using cross sectional surveys also employed regression analysis (Helliwell & Putman, 2004; Nyamathi et al., 2000), chi-square analysis (Nyamathi et al., 2000) and odds ratio (Hoshide et al., 2011). Using regression analysis researchers concluded that sheltering status is predictive of lower mental and physical health, higher levels of pain, addictions, and victimization (Nyamathi et al., 2000). Additional

regression analysis used by researchers confirmed “a positive relationship between family ties, friendships, workplace relationships, trust and trustworthiness. All of the variables appeared independently and robustly related to happiness, and life satisfaction in study participants” (Helliwell & Putman, 2004, p. 1444). The researchers also found a greater likelihood in women and African Americans indicating that bureaucratic barriers were present, however the researchers noted that the findings were inconclusive (Hoshida et al., 2011).

Researchers using quantitative survey analysis garnered valuable insight and information. Overall, these particular researchers provided descriptive statistics about the demographics and pathologies of homeless individuals. These statistics provided data about unsheltered individuals that indicating this group is often undercounted and underrepresented in the research on homelessness. The distress, severe life complications, barriers to accessing care and benefits were also addressed in the various studies.

Researchers used interviews in many of the existing quantitative studies. Interviews differ from surveys as they are likely to include more open ended questions and the researcher generally seeks to gather richer information in an effort to learn more about the phenomenon. Researchers typically used databases to draw the sample of homeless individuals for their studies, or interviewed homeless during an intake process. Simple descriptive analysis was used (Bassuk et al., 1986) as was more advanced analysis methods such as *t*-tests, chi-square, odds ratio (Levitt et al., 2009; Wolf et al.,

2001) and regression analysis (Caton et al., 2005; Irwin et al., 2008; Koegel et al., 1995; Rosenheck & Lam, 1997; Wolf et al., 2001).

Additionally, quantitative researchers used test of differences analysis and found that homeless individuals who transitioned into independent housing were happier and reported greater satisfaction than those who entered dependent housing (Wolf et al., 2001). Researchers also indicated adults over 44 years old were more likely to experience longer durations of homelessness than those 44 years old or younger (Caton et al., 2005). Consequently, those 44 years old or younger with no arrest record, good coping skills, and current or recent employment were predictors of shorter spans of homelessness (Caton et al., 2005). Researchers also indicated that homelessness was likely to be an outcome of negative childhood trauma (Levitt et al., 2009) and that positive social capital such as family support were indicative of better well-being (Irwin et al., 2008) and a shorter duration of homelessness (Caton et al., 2005).

Pretest-posttests (Ferrari et al., 2015; McCormack et al., 2013), experiments (Tsemberis et al., 2004) and quasi-experiments (Metraux et al., 2003; Nakonezny & Ojeda, 2005) were also employed by quantitative researchers. More advanced analysis such as regression analysis (McCormick et al., 2013) and ANOVA and MANOVA (Ferrari et al., 2015; Nakonezny & Ojeda, 2005; Tsemberis et al., 2004) were also used by researchers to analyze data. The regression analysis and ANOVA analysis were used to test outcomes such as intervention programs for chronically homeless that were also alcohol dependent (McCormack et al., 2013) and the effects of a spiritual retreat on a

homeless individual's sense of loneliness (Ferrari et al., 2015). Additionally, these methods were used to test the differences between housing through a Housing First Model and a housing with treatment requirement model (Tsemberis et al., 2004). The intervention programs and the Housing First Model initiatives proved to have positive outcomes. ANOVA and MANOVA were also used to examine differences in health care utilization at two sites between younger and older homeless adults (Nakonezny & Ojeda, 2005). Researchers found that the utilization of health care differed for the two groups and also the reasons for visiting the sites differed.

Researchers using quantitative interviews and surveys suggested that homeless individuals are typically in poorer health, are more vulnerable to ailments, mental illnesses, substance abuse; and are less likely to seek treatment than other members in society. Researchers also examined barriers to access to care (Caton et al., 2005; Rosenheck et al., 1997; Wright et al., 2007). Moreover, their findings illustrated risk factors for homelessness (Caton et al., 2005; Herman et al., 1997; Koegel et al., 1997; Shelton et al., 2009), and provided support for programs that incorporated some means of addressing the spiritual needs of homeless individuals (Ferrari et al., 2015) and the Housing First Models (Metraux et al., 2003; Tsemberis et al., 2004; Wolf et al., 2001; Wright et al., 2007).

Alternative health care options were supported by the data. These alternative options include the use of mobile walk in medical health facilities placed in areas where

homeless congregate (Nakonezny & Ojeda, 2005), and interventions models to help chronically homeless that were alcohol dependent (McCormack et al., 2013).

Several quantitative researchers utilized secondary data analysis to create models or provide descriptive data about the homeless experience. Data from Federal agencies such as the United State Census Bureau, The Department of HUD, and the Veterans Health Administration (Gordon et al., 2010) were used to study homeless individuals, to understand the implications of homeless individuals in their late 40s and early 50s on the health care system (Culhane et al., 2013), prevalent chronic diseases (Gordon et al., 2010), and to examine cost efficiencies to help reduce homelessness (Moulton, 2013). The homeless mortality system was also used by researchers to conduct a secondary data analysis assessment to support efforts to prevent premature mortality among the homeless (Gambatese et al., 2013). Other researchers used computerized homeless databases to explore the use of shelters by individuals who are severely mentally ill (Metraux et al., 2003), or law enforcement and local hospital records and databases to estimate the cost of service to homeless individuals (Wright et al., 2007). Researchers used simple descriptive statistics (Culhane et al., 2013; Wright et al., 2007). Others used more advanced statistical methods such as regression analysis (Gordon et al., 2010, Moulton, 2013; Metraux et al., 2003). Odds ratio (Gordon et al., 2010) and fixed effect models (Moulton, 2013) were also used.

Researchers who used secondary data analysis found a relationship between homelessness and addictions, poor mental health, and age (Culhane et al., 2013; Gordon

et al., 2010; Metraux et al., 2003; Wright et al., 2007). The data from these studies also provided support for cost savings measures (Metraux et al., 2003; Moulton, 2013; Wright et al., 2007). In fact, using a fixed effect model, the researcher illustrated how Housing First Models were more cost effective than the C of C linear model (Moulton, 2013).

Qualitative Studies

Researchers typically used three distinct qualitative approach strategies which were program evaluations, case studies and interviews. Program evaluations were used by researchers to examine both housing programs designed to help homeless individuals, as well as health care programs designed to be more effective in providing care to the underserved. Specifically, one researcher conducting a program evaluation examined a project that promoted formal education and competencies needed when providing health care to homeless (Omori et al., 2012). Researchers used hospital and emergency room records, patient satisfaction ratings, patient feedback forms, and essays written by student practitioners to gauge success and effectiveness of the program. The researchers concluded that when students entering the health care field conducted residencies at facilities that serve homeless, there were benefits to both the health care professional and the community.

Another researcher conducting a program evaluation examined the intervention programs and initiatives developed by the New York Mortality Surveillance. The method of the study was unidentified, however this evaluation found that the programs geared to helping homeless including the Hyperthermia Prevention, Drug Overdose Prevention,

and Chronic Public Inebriate Program were successful in providing interventions that prevented premature deaths among homeless individuals.

Through the use of a case study, researchers examined models of alternative housing options that were effective in transitioning homeless individuals to permanent homes (Lambert, 2011; Liou, Nutt, Dunnham, & Sanchez, 2011). The purpose of the studies was to provide alternatives to homelessness prevention. Researchers examined the programs for effectiveness, best practices and cost efficiency. Recommendations for implementing these programs in other states were made. A case study was used by researchers to examine social capital and adaption to climate (Adger, 2003); while this study was not specific to the homelessness, the tenants of social capital are transferrable to other populations outside of the study. The case study highlighted the premise of social capital and the mechanics of various relationships.

Researchers conducted in-depth interviews to provide support for Housing First options for chronically homeless men. This study was qualitative but had no specific research method identified. The data was coded and analyzed by the researchers then themes were developed. The five major themes that were developed were: “negative perceptions of homeless services and service resistance; readiness to leave the street; believable housing options; adapting to new environments and discovering benefits; and the importance of knowing supports are in place” (Jost et al., 2011). The indications are that unsheltered homeless desire privacy, independence, an assurance that the promise of housing will be fulfilled, and the ability to trust service providers.

Petrovich and Cronley (2014) conducted an additional study using in depth interviews to provide an understanding of the lived experience of unsheltered homeless. Using a phenomenological approach the data was coded and analyzed to develop themes. The researchers found that there are a number of ways that individuals became homeless that range from unemployment, family discord or loss of employment. The respondents were reliant on street-based social networks for survival, rather than social service agencies and organization. “Participants viewed shelter service providers as sources of stress and stigma to be avoided but they heavily utilized street outreach services and faith-based missions” (p. 1). The Petrovich and Cronley (2014) study supported nontraditional outreach efforts and the need for training for direct service providers who serve homeless client. This dissertation study however differs from the Petrovich and Cronley (2014) study as Petrovich and Cronley’s sample included both men and women of varying ages, whereas this study was only interested in unsheltered men age 45 years old and older. Additionally, Petrovich and Cronley included homeless that were transients, traveling through Fort Worth, Texas by freight train, whereas homeless who are transient were excluded in the present study. The present study specifically examined spirituality or faith as a social asset among the unsheltered whereas spirituality or faith was not a focus of the Petrovich and Cronley study.

Mixed-Method Analysis

Researchers employed mixed-method analysis to examine characteristics of people who were homeless for the first time, to examine pathways to homelessness,

alternative housing models and spirituality in the lives of homeless women. Goering et al. (2002) used data from qualitative and quantitative interviews to examine characteristics of first time homeless individuals. An analysis of first person narratives was utilized in the study. While no specific research methods were identified as having been used in this study, there was a notation that the full methodology was included in a previous publication authored by Tolomiczenko and Goering (2000). The sample included 300 homeless adults in Toronto. Descriptive statistics, chi-square and *t-tests* were used by the researchers in this analysis. The researchers found that there were many similarities between first time homeless and those who had experienced homelessness previously. These similarities included the prevalence of poverty, mental illness, substance abuse, and psychiatric hospitalization. These findings are consistent with other studies on homeless individuals.

Martijn and Sharpe (2005) used in depth interviews with young homeless individuals, as well as completed a “timeline to facilitate accurate recall of the temporal sequence of their life experience” (p. 3). The analysis used was descriptive statistics and the development of themes. The researchers found that the pathways to youth homelessness typically were trauma, substance abuse, psychological problems and family problems. The findings were indicative of the other studies that examined characteristics of homeless in particular as it related to negative childhood experiences (Chamberlain & Johnson, 2011; Herman et al., 1997; Koegel et al., 1995; Levitt et al., 2009).

Lewis (2014) used in-depth interviews with women to “identify and understand the coping skills and strategies used to navigate homelessness” (p. 5). The analysis used descriptive statistics and the development of themes. Researchers found pathways that were consistent to other studies (Goering et al., 2002; Martijn & Sharpe, 2005). Moreover, researchers found that spirituality and faith were relevant to coping with homelessness; however basic needs were more important to the women than filling their spiritual needs. Last, the women reported they were resilient and most had a positive outlook about the future.

Interviews and secondary data analysis was used by Ball (2011) to examine supportive housing in the Atlanta metropolitan area (Ball, 2011). The researcher interviewed stakeholders, and used the Department of HUD data for the Atlanta area. Simple descriptive statistics were used. The researcher provided support for the Housing First model and supportive housing programs for homeless individuals.

While researchers provided a profile of the unsheltered, found predictors and pathways to one becoming homeless, and provided the outcomes of the homeless experience, a gap remained as to the barriers to transitioning out of homelessness. What has not been demonstrated in the existing research, are any theories as to why so many homeless remain unsheltered. Researchers do not provide a plausible explanation for what is keeping those in need from obtaining or using the resources that are available. While some researchers indicated there are bureaucratic barriers, there are limited explanations of any interpersonal barriers that may exist. Only one study specifically

using social capital as a theoretical foundation for homeless was found. Furthermore, relatively few phenomenological studies have been conducted on the unsheltered and their experiences with social services or spirituality as a social asset. A phenomenological study in which the voice of the unsheltered is heard is important to understanding the complex nature of the life of unsheltered homeless and the barriers to service that exist from their perspective.

Summary and Transition

A gap in the literature on the unsheltered exists. Researchers have typically focused their research on the homeless individuals who frequent shelters. Researchers have indicated that there are barriers, however very little qualitative research has been conducted to explore the experience of homeless individuals with regard to available services and resources. Researchers provided support for alternative housing models concluded that effective housing based programs work by providing shelter along with the emotional support and giving individuals some level of respect and autonomy. Researchers also showed that individuals who felt respected, had a sense of independence, and knew that resources were readily available to them became more satisfied with their situation (Jost et al., 2011; Wolf et al., 2001). It was surmised by researchers that the elimination of bureaucratic barriers such as rigid program rules, extended wait times to transition into a program, and having better client provider interactions could help make the experience of seeking out resources and using resources less of a burden for homeless individuals (Tsemberis et al., 2004; Wolf et al., 2001).

Researchers have also provided future implications to older homeless individuals. Currently, the health care system is ill equipped to provide care for the homeless, however with the aging population, the problem will be exacerbated. There will be an increased need for long term care and nursing home options capable of handling the needs of this aging homeless population.

Relatively few phenomenological studies were found to help explain the essence of living unsheltered, or on the barriers to accessing care. This particular study will fill the gap as it is a phenomenological study exploring the experiences of unsheltered homeless individuals. The study adds to the research knowledge base, and provides a sufficient understanding of the phenomenon to allow for more targeted and effective research design in the future.

In summary, this chapter reviewed literature in the areas of the overarching homelessness problem, the efforts that have been made to eradicate homelessness, barriers to care, alternative housing model approaches and the gaps that exist in the research on unsheltered homeless. It covered the conceptual framework and theoretical foundation. This chapter also examined homelessness and unsheltered individuals, issues and pathologies prevalent in the population, the costs associated with homelessness, barriers to accessing social services and resources and transitional and permanent supportive housing models. The gap in the literature was outlined, as well as a literature review of methodologies used in prior research on these topics and the research design for this study.

Chapter 3 will entail a discussion on the research design and rationale, role of the researcher, methodology, participant selection logic, instrumentation, procedures for recruitment, participation and data collection, and data analysis plan. The protection of participants and the dissemination of findings are also considered.

Chapter 3: Research Method

Introduction

Very little research has been conducted on the barriers to accessing resources among unsheltered homeless. Even less existing research is available about unsheltered homeless individuals in Atlanta, Georgia. Additionally, only one study was found that used the social capital foundation to understand the relationships and social capital of homeless individuals. As such, there was a gap in the literature that could potentially be filled by this study. This qualitative study took a phenomenological approach to examine the lived experiences of unsheltered men in Atlanta, Georgia. In so doing, I explored the experiences that unsheltered men had with social service providers and sought to answer the following questions: “What are the lived experiences of unsheltered homeless persons in Atlanta, Georgia?” and “What are the lived experiences of unsheltered homeless persons within the social network available to the homeless population in Atlanta, Georgia?”

This chapter contains a full explanation of the research design and rationale, role of the researcher, methodology, study sample, instrumentation, procedures for recruitment, participation and data collection, and data analysis plan. Issues with trustworthiness and ethical protection of participants are also included.

Research Design and Rationale

Research Questions

To reiterate, the questions that guided this study were:

RQ1. What are the lived experiences of unsheltered homeless persons in Atlanta, Georgia?

RQ2. What are the lived experiences of unsheltered homeless persons within the social network available to the homeless population in Atlanta, Georgia?

The research questions were designed for the qualitative exploration of the lived experience of unsheltered homeless, an understanding of their utilization of social services, and to understand how homeless use spirituality or faith as a form of social capital. Qualitative research is used “when a concept or phenomenon needs to be understood because little research is done on it” (Creswell, 2009, p. 18). Furthermore, this approach is viable when “existing theories do not apply to the particular sample or the group under study” (p. 18). Qualitative studies take on an inductive style, they are discovery oriented, they allow data to emerge naturally, and allow researchers to be interpretive about the meaning of the data. Last, the qualitative approach provides the researcher flexibility in terms of data collection and sampling.

Quantitative analysis was not the preferred method due to the inherent difficulties involved in surveying unsheltered homeless. Among the barriers was the lack of a mailing address or email address. While many homeless in Atlanta have government issued cell phones, only a limited number of minutes are allotted each month for phone calls. Researchers also indicated that low literacy levels are prevalent in the homeless community (Olisa, Patterson, & Wright, 2010). Olisa et al. (2010) noted that one third of study participants could not understand what they read, one half needed help with

writing, and 10% were functionally illiterate. Coupled with the lack of writing tools or a computer, complying and responding to self-administered mail or online surveys would not be feasible. A qualitative method was best as there was limited research about potential barriers to using social services or how the homeless may use spirituality or faith as social capital. Quantitative methods are used to measure, compare, and test, but the goal of this study was to explore and understand the unsheltered homeless experience, thus a qualitative approach was most appropriate.

Rationale

While there are a number of different methods in qualitative research, five are most common. The five are narrative, case study, ethnography, grounded theory and phenomenology. For this study, a phenomenological approach was taken to explore the essence of the unsheltered homeless experience of older men in Atlanta. The advantages were that multiple data sources could be used, the approach allowed for rich data to be gathered with few cases, and the voice of the participants could be used to provide a fuller picture of the lived experience of being unsheltered.

The narrative is an approach which uses stories told by individuals. It is a detailed account of events in a sequential manner. Creswell (2013) noted that there are certain defining features to narrative studies. For example, the base of the study is stories that are collected with the intent to convey a message. The researcher is typically also an active participant and engaged with study participants. The narrative can be and usually is collected from different sources such as documents, interviews or audio visual material.

The narrative approach was a less useful method than the phenomenological approach as the researcher was most interested in the lived experience of a number of individuals who had experienced being unsheltered, rather than about an individual's life story.

Understanding the essence of the experience of being unsheltered by those who experience homelessness was the focus of the study. Moreover, unsheltered homeless are hard to keep track of and employing a method such as the narrative where an extensive time commitment on the part of the individual is required was not suitable. There are also trust issues and because of the limited social network of homeless individuals, it would be difficult to collect supplementary information to enrich the study from others that know the individual. The phenomenological approach allows for "describing the common meaning of a lived experience, which is shared by several individuals whereby a universal essence can be determined" (Creswell, 2013, p. 76).

A case study is used to gain a "deeper understanding or to explore an issue or problem using the case as a specific illustration" (Creswell, 2013, p. 97). The unit of analysis in case studies is not limited to individuals, but could be programs, ideas, processes or organizations. Additionally, the study occurs within a natural setting, has boundaries, is conducted over a period of time, and involves multiple data collection methods. This study could not use a case study approach as I was most interested in understanding the essence and shared experience of those who are unsheltered. The unit of analysis is not considered a case; and I did not study homeless individuals in a shared time or place. I conducted the in-depth interviews in one sitting, and only used one data

collection method. Where a case study helps researchers to gather very detailed information through numerous sources, the phenomenological approach allows researchers to gather specific data about the shared experience of those who are unsheltered. Given the focus of this study, a phenomenological approach was a better fit.

Ethnography examines the patterns of groups that share a culture. Specifically the focus is on the shared language, behaviors, attitudes and norms of the group, and not on the culture itself. Creswell (2013) noted that the group typically interacts with one another over a long period of time and the researcher spends an extensive amount of time observing the group by becoming immersed into the culture while conducting the observations. The purpose of ethnographic studies is to develop a deep understanding of patterns, ideas and behaviors of the group. For this particular study, the researcher was not able to immerse herself into the environment of homeless individuals for a number of reasons including safety, the extensive time commitment, her gender, and the trust barrier that exists among homeless. Any outsider coming into a place where unsheltered individuals congregate, or sleep would undermine an ethnographic study as bias is likely to emerge. The presence of the researcher would diminish the authenticity of the behaviors and interactions of the group members. Examining the lived experience of individuals who are homeless men, and not their patterns, behaviors or norms as a group was the purpose of this study. A better option for this study was the use the phenomenological approach.

In grounded theory the outcome of the study is to develop a theory that explains a process or action. Starks and Trinidad (2007) explained that “grounded theory relies on theoretical sampling, which involves recruiting participants with differing experiences of the phenomenon so as to explore multiple dimensions of the social processes under study” (p. 1375). The sample size is typically between 20 and 30 individuals. Furthermore, when using grounded theory observations, interviews or analysis of textual data can be used. Similar to the phenomenological approach, the role of the researcher can vary from one that is latent, to one where he or she is a fully engaged participant (Hammersley & Atkinson, 1995). This approach was not applicable to this study as I did not seek to develop a theory, but instead to understand in-depth the experience of homelessness among unsheltered males age 45 years old and older, and how spirituality or faith is used as social capital. A theoretical sampling of participants with differing experiences did not fit the needs of this particular study.

Role of the Researcher

I solely selected and interviewed participants for this study; however, a gatekeeper at Central Advocacy and Outreach Center in Atlanta assisted in the recruitment of unsheltered homeless individuals for the study. As the sole researcher, I transcribed the interviews, and entered all additional notes into the NVivo qualitative analysis software package. Additionally, I saved, analyzed and disseminated the data. To assist with trustworthiness and quality, I enlisted the assistance of my Walden University professors to provide quality checks during analysis.

My role was a participant observer. However, to minimize distractions and decrease any potential bias, I took a more latent approach. This allowed for the gathering of rich data without interfering with the individuals thought process. The individual was able to speak freely and organically. I interacted with the individuals to draw out as much information and detail in the interviews, but allowed the individual to provide as much information as he chose. Because unsheltered individuals are hard to track and reach, I was interested in gathering as much pertinent data in one sitting as possible.

I held some potential biases that were disclosed, as I am current volunteer at the Central Advocacy and Outreach Center. Finlay (2002) posited that, “Phenomenologists argue that researchers need to look within to attempt to disentangle perceptions and interpretations from the phenomenon being studied” (p. 534). As such it is important to identify and be reflexive about “biases, values and personal background that may shape the interpretations formed during a study” (Creswell, 2009, p. 177). Giorgi (1997) believed that since the researcher cannot remove his or her own subjectivity from the study, biases should instead be addressed through reflexivity. Reflexivity allows for a researcher to take note and record all biases that can emerge in the study. As such, the following provides insight into how my personal identity, academic and educational background, relationship with the research and principles and beliefs related to and affected the study.

My Personal Identity

I am an African American woman who is passionate about humanitarian issues. I have conducted outreach work both independently and with nonprofit and faith organizations.

My Academic and Educational Background

I hold a Master's degree from Walden University in General Psychology. As a current student in the Ph.D. program at Walden University, I have taken a number of research methods, quantitative and qualitative reasoning and analysis courses. Additionally, and pertaining to this study, I have taken courses on ethics, mental illnesses, pathologies and cultural competencies. The knowledge and skills I have learned in these courses guided my understanding and interpretations of the study and about the homeless population.

Professionally, I served as the Interim Assistant Director of Campus life and Intercultural Engagement at a Georgia college where I conducted quantitative surveys about campus events and student life. Survey results were analyzed using the SPSS package and presented to relevant staff. My professional and academic experiences have provided me with the skills needed to conduct this study in an ethical way that preserved the integrity of the participants, the study and limited biases. I also have cultural competencies that allowed me to be sensitive to those who are homeless.

My Relationship with the Research Study

I have conducted outreach work independently by going into homeless communities and encampments in Atlanta, Georgia and providing ministry and meals to unsheltered homeless. In the past, I have also volunteered and provided meals to homeless individuals at the Metro Atlanta Task Force for the Homeless. I currently volunteer at the Central Outreach and Advocacy Center where I provide assistance to the homeless. The range of tasks includes conducting an intake to enter relevant information into the HMIS database, providing referrals for medical tests, shelters; treatment facilities, or food and clothing pantries; assisting individuals with obtaining social security cards, birth certificates, a Georgia homeless identification card, food stamps, benefits, or reading glasses.

In my volunteer position, I come into contact with numerous unsheltered men that fall within the 45 years old and older age range. This position has given me a vantage point where I can see the complexities of the homeless issue both through the barriers faced by many providers and from homeless that are attempting to access resources. Being a current volunteer at the Central Outreach and Advocacy Center could have introduced some bias, therefore I used a reflexive journal to make note of any instances where the study participant might have been hesitant or reluctant to respond to the interview questions. The qualitative trustworthiness section provides full details into the strategies used to limit researcher bias.

My Personal Principles and Beliefs

I am Christian woman and I believe that it is my duty to live in service to others. This principle could have biased my analysis as it related to spirituality or faith as social capital. I believe that all individuals are entitled to the basic necessities of shelter and food. My interpretation of the data and perceptions of the complexities of the unsheltered experience may have been influenced by my social identity, experiences and personal principles and beliefs. The issues with trustworthiness section provides full details into the strategies to limit researcher bias.

Methodology

A phenomenological approach was utilized to examine the experiences of the unsheltered homeless in an attempt to understand commonalities that may exist among them. Dowling (2007) posited that phenomenology is both a philosophy and a qualitative method. Phenomenology as a philosophy emerged from the writings of Edmund Husserl as a way of “understanding and classifying conscious acts and experiential mental practices. The concept of intentionality is included in the philosophy to mean the internal process whereby an individual becomes conscious of something” (Dowling, 2007, p. 132). Husserl, in essence wanted to provide an understanding for things as they are in an unbiased manner. Phenomenology as a philosophy used such concepts as reduction which refers to “people reducing the world as it is considered in the natural attitude, to a work of pure phenomena [and] phenomenological intuiting which means the process of coming to

know the phenomenon as it shows itself as described by participants” (Dowling, 2007, p. 132). Phenomenology as a method emerged from the Husserl school of thought. As a method, phenomenology can be defined as “a reflection on the lived experience of human experience” (van Manen, 2007, p. 11). Creswell (2013) suggested that the approach “describes the common meaning of several individuals of their lived experiences of a concept or a phenomenon. The focus is on the universal experience of all those living the experience” (p. 76).

The phenomenological approach is most useful when individuals can be interviewed and observed. It is likely that data collected directly from the individual living the experience will enrich the research by accentuating the voice, feelings and experiences of the participant. The approach allowed for the exploration of different aspects of the unsheltered experience through in depth interviews and provided the foundation for the study on the experience of unsheltered homeless, as they are hard to reach because they have no fixed address, there is no sampling frame available, and they mistrust outsiders. Phenomenology allowed for rich data to be collected with fewer cases, and the voice of the participants to be used to provide a fuller picture of the lived experience of being unsheltered homeless.

Because the phenomenological approach did not require a large sample size, the study used semi structured face-to-face interviews. The use of a face-to-face ,open ended interview was a suitable method given the essence of the study, the transient nature of unsheltered homeless and their life circumstances. The interviewer collected data from

eight unsheltered individuals recruited through the help of a gatekeeper who is the Director of Case Management Services at the Central Outreach and Advocacy Center. The recommended sample size for phenomenological studies is about 8-15 individuals (Creswell, 2013); others noted that as little as three is sufficient (Englander, 2012). Patton (2002) noted that ensuring that the data is rich and informative is more important in qualitative research than sample size. The interviewing continued until data saturation was achieved.

Study Sample

The sample included eight unsheltered men ages 45 years old and older who were unsheltered homeless and resided in Atlanta, Georgia. The individuals were recruited through the help of the Director of Case Management Services at the Central Outreach and Advocacy Center. These individuals did not abuse drugs or alcohol and were mentally capable of providing informed consent and completing the interview. The sample size met the recommendations to ensure that there was adequate enough data available for analysis (Creswell, 2013; Patton, 2002). Interviewing continued until data saturation occurred and no new information emerged from the participants.

Due to the complexity of needs and experiences of unsheltered homeless individuals, those who did not speak English, were younger than 45 years old, and women were excluded from the study. The study focused on men age 45 years old and older who were unsheltered and had needs and experiences that were likely to be different than other unsheltered adults.

Selection of Participants

An informational flyer for study participation (see Appendix C) was placed at the intake window of the Central Outreach and Advocacy Center. Individuals who were interested in the study could sign up for participation by placing their first name, first letter of their last name and a contact phone number on sign up forms which were handed to all male clients by the gatekeeper, but also located adjacent to a locked drop box where they could deposit the completed form. The flyer contained the criteria and a brief description about the study, while the actual sign up form contained a place for their contact information. The gatekeeper conducts the daily initial intake and provided all male clients with a sign up form. The gatekeeper also directed the attention of clients to the location of a locked drop box where completed sign up forms were deposited for those interested. They were also verbally instructed to follow the instructions on the flyer, if they were interested. On a weekly basis, the gatekeeper provided me with the locked box containing the completed forms from the volunteers. I was the only one with a key and access to the contents inside the box. I entered the volunteer's information into a database and determined the final sample through a purposeful criterion sample. The selection of the participants using this method allowed the sample to "purposefully inform an understanding of the research problem and central phenomenon of the study" (Creswell, 2013, p.158). The participants met the criteria of being (a) male, (b) age 45 years old and older, (c) unsheltered, (d) residents in Atlanta, (e) not substance abusers, and (f) mentally competent in order to provide consent and to complete the interview. I

verified that the volunteer met the criteria by first asking the volunteer about each criteria over the phone (see Appendix D), and then using the HMIS database. Prior to the commencement of the interview, I presented the volunteer with the PHI form. Once the authorization was obtained, the researcher accessed the HMIS database.

During the intake process at the Central Outreach and Advocacy Center, case managers are required to ask homeless clients about disabling conditions, how long the clients has suffered with the condition and if they are seeking treatment. The specific conditions are alcohol abuse, drug abuse, physical disabilities, mental illness, HIV/AIDS, and development disabilities. Case managers are also required to ask the client about literacy and chronic health conditions. The HMIS database was used to eliminate any potential volunteers who were in alcohol or substance abuse treatment programs, had indications in the database of substance abuse, or were listed as having mental illnesses.

Procedures for Recruitment, Participation and Data Collection

Recruitment and Participation of Participants

I sought permission to recruit participants and interview them at the Central Outreach and Advocacy Center via a letter or cooperation (see Appendix A). The gatekeeper assisted me with recruiting potential participants that met the criteria of the study. I used a purposeful criterion sampling strategy and reviewed the HMIS database to exclude volunteers who were flagged in the database as having alcohol or drug dependencies, were under age 45 years old, or any one I had previously helped. I contacted the volunteers by phone to participate in this study. Both during initial contact

and before the interview, study participants were informed of the purpose of the study, and made aware that participation was completely voluntary. Limits to confidentiality were also disclosed. The participants were told that any information they disclosed about harming themselves or another, child abuse, elder abuse, or any indication of having committed or intending to commit a crime would be disclosed to proper authorities. Furthermore, the participant had the right to stop the interview at any time without recourse and would not have to provide a reason for terminating the interview. They were made aware that interviews would be halted immediately if they became distressed. All documents and audio recordings would be destroyed immediately in either instance. Prior to the interview, informed consent was obtained and all disclosures were presented to the individuals in writing and reiterated verbally. They were also informed that if they were facing distress during the interview process, I would contact a staff member to provide assistance. Additionally, that the service would be free of charge to them and the interview would cease at that point.

Data Collection

Data was obtained by conducting face-to-face interviews with unsheltered men that used the resources at Central Outreach and Advocacy Center in Atlanta, Georgia. Central Outreach and Advocacy Center is a non-profit organization that provides resources, assistance and referrals to homeless individuals in Atlanta. Specifically, some of the resources and assistance provided are food from the in house pantry, reading glasses, and assistance with legal issues. Individuals can also obtain birth certificates and

social security cards if needed. Referrals are also provided to shelters, treatment, and health care facilities. The staff and volunteers at the Central Outreach and Advocacy Center consist of licensed psychologists and social workers. The staff and volunteers are all trained in crisis intervention in case any mental or physical health issues arise. The services are readily available and free of charge to the homeless clients. A letter of cooperation was obtained from the Central Outreach and Advocacy Center (see Appendix A) to recruit participants and use the facility to conduct the interviews. I was the only volunteer or staff member conducting the interviews, and the only person present during the interviews. Interviews were held in an office located at the front of the Central Outreach and Advocacy Center. The office was located before entering the waiting area for resources and benefits. The office was semi private, however the door was closed and blinds pulled down for privacy. I met the study participant at the entrance of the Central Outreach and Advocacy Center and directed him to the office where the interview was being held.

The interviews took approximately one hour to complete. An interview protocol created by the researcher was used to conduct the interviews (see Appendix B). Using the protocol ensured that all unsheltered individuals were responding to the semi structured questions. The men were asked the pre written questions, however I was at liberty to probe and ask for additional feelings or insights to capture as much information about the individual's experience as possible. The in-depth interviews consisted of a series of open ended questions to allow the individual to speak about his lived experience in as much

detail as possible, and as candidly as he wished. To ensure that validity of the interview questions was met, I enlisted the assistance of an expert panel of Walden University instructors to garner feedback.

Upon completing the interview I thanked the study participant and asked if he could be contacted again. The participants were asked to provide the best contact information. The researcher gave the participant a \$25 gift card as a thank you token.

Data Analysis Plan

The NVivo qualitative analysis software program was used to code and analyze the data. The face-to-face interview was advantageous for phenomenological research as the strategy allowed me to speak with unsheltered homeless in depth. This strategy was also beneficial given that I was not able to observe unsheltered men in their natural setting for a prolonged period of time.

Additionally, given that the unsheltered individual has the lived experience he could “provide historical context and information” (Creswell, 2009, p. 179). Giorgi (1997) furthered that through interviews the “subject has sufficient opportunity to express his or her viewpoint extensively, as a concrete, detailed description of the subject’s experience and action is sought after” (p. 240). Giorgi also noted that there are advantages to using descriptions and interviews together. “A description comes first and is used as a basis for further elaboration during the interview. Descriptions are briefer but more organized while interviews are more rambling and disorganized, but more spontaneous” (p. 240). For this study, data was collected about the individual’s lived

experiences with being unsheltered homeless, his social support networks, spiritual beliefs and practices, encounters with social service providers, and his perception about the experience when attempting to obtain resources or information.

Unsheltered homeless were asked questions such as “Tell me about your experience being homeless”? and “What have your experiences been using social services or homeless outreach organizations”? (see Appendix B). Demographic questions were also asked about educational level, if they are Georgia natives, and the last time they were employed. Some of the demographic information was verified using the HMIS database.

The interview protocols and interview notes contain pseudonyms that matched the labels on the audio tapes. I was the sole transcriber of the data into the NVivo software. All information was placed on a password protected laptop, and backed up on a password protected flash drive. The laptop, flash drives and audio tapes were stored in a locked file cabinet at my home when not in use. Original data files will be destroyed within the recommended IRB timeframe of 5 years.

I solely interpreted and analyzed the data from the participants. To ensure data trustworthiness, the dissertation chair provided quality checks to the codes, the analysis, and provided the researcher with feedback. I followed the four distinct data analysis steps outlined by Giorgi (1997) for conducting phenomenological studies. The four were:

1. Reading the data which includes taking a holistic approach and making global sense of the data. To achieve this, the researcher simply reads through the

interviews in their entirety without attempting to create themes or analyze what is being read.

2. Breaking the data apart which entails parsing the data into meaning units that are descriptive and evoke a given meaning. These units are created by slowly reading the interviews, marking the area and then continuing to read until the next meaning unit is discovered. This allows for the data to naturally emerge.
3. Organizing the data from the discipline's perspective means that the researcher uses the language of the discipline (in this case psychology) to transform the parsed data into terminology that is scientific.
4. Summarizing the data is the last comprehensive step to the analysis in which the structures are interpreted. The interrelationships are examined and synthesized.

As such, I began the analysis process by first reviewing all corresponding notes and interviews separately to obtain a global perspective about each individual case. Each individual's audio recording was listened to for the same purpose. Once that was completed, I used the NVivo software package to organize and transcribe the data from the field notes and audio recordings. Next, I began to code the data by slowly reviewing each interview transcript again in its entirety to make sense of the essence, feelings and experiences that emerged from the data. I used terms that evoked the sentiment of the passage or unit of data. I also used reflexive journaling to capture my own feelings that developed during the analysis phase of the research. I hand coded the data first to remain as close to the data as possible, then coded the data using the qualitative software. The

NVivo software package “allows the researcher to organize text, graphic, audio and visual data” (Creswell, 2009, p. 188). The program also has features for auto coding in which patterns are examined and coded by the program.

The meaning units were then reviewed from a psychology perspective, particularly through the lens of social constructivism and theory of social capital. Themes were assigned to meaning units that were interrelated. In particular, I examined themes and meaning units that were related to the essence of living unsheltered, the interplay of gender on being unsheltered, the experiences with accessing resources and services, barriers that existed in attempting to access social services, and spirituality or faith as social capital. I used emergent coding to record other themes and measuring units outside of those noted which developed during the analysis phase.

The data that did not conform to, or fit with the rest of the coding or findings was reported in an additional findings section to ensure all findings were presented. I used the contact information provided by the participants to invite them to a meeting where they would have the opportunity to confirm the interpretation of their experience had been captured.

Creswell (2009) noted that the data analysis and reflexive process of qualitative research is an ongoing process in which the researcher is reflecting on his or her own thoughts and feelings, as well as on the emergence, and interpretation of the data. Once I believed that the essence of the unsheltered experience had developed fully, I began to synthesize and summarize the findings.

Issues of Trustworthiness

Data trustworthiness and quality were verified through the use of reliability and validity measures. Reliability and validity are necessary in qualitative research to ensure that the research will be trustworthy and the study will be credible. While generalizability is limited to the study sample, I ensured the reliability of the study by audio recording the interviews and taking detailed field notes. Additionally, triangulation, member checking, reflexive journaling, and external audits were used.

Triangulation is the process where researchers use different sources to verify or confirm information. Frankfort-Nachmias and Nachmias (2008) noted that triangulation is used to “minimize the degree of specificity or dependence of certain methods that might limit the validity or scope of the study” (p. 189). The HMIS database was used to corroborate some of the information provided by study participants. Particularly which services providers were used, what benefits have been applied for, how long the individual had been homeless, and demographic information. Walden staff also assisted in the triangulation process to perform quality checks of the coding, the analysis and the effectiveness of the instrument.

Member checking enabled me to present the analysis and report to the unsheltered men and confirm the interpretation that I derived from the interview. This is a method of quality checking to ensure that I understood the actual essence and perception presented in the interview.

Reflexive journaling was used to ensure that I captured my own thoughts and potential biases throughout the study. I have worked in outreach and holds biblical values that may present some biases. The journal captured the thoughts, feelings and insights that emerged during the study.

External audits were conducted throughout the study. These external audits came by way of enlisting the help of an expert panel of Walden University faculty to review the interview questions, and through the supervision of the dissertation committee throughout the project.

Ethical Protection of Participants

The study was conducted under the Walden Institutional Review Board (IRB) permission and approval. The IRB approval number was 09-14-15-0367454. Permission was sought from the Center for Advocacy and Outreach to recruit and facilitate the interviews at the center (see Appendix A). Participants were provided with disclosures about the study, potential risks, limits of confidentiality; time commitment and an informed consent form. The information and consent form were presented in written format and presented verbally to overcome any literacy barriers. The contact information for myself and study chair were provided to the participants. All paper documents, audio recordings, and electronic media including my laptop and flash drives were password protected and stored in a locked cabinet at my home when not in use. I was the only person with a key.

Vulnerable Participants

Because the homeless are considered a vulnerable population by the IRB, additional considerations were necessary to ensure that the study followed all the required recommendations. Under the IRB guideline individuals who are in crisis are considered vulnerable. This includes unsheltered homeless as they are economically disadvantaged and could also suffer from a number of unknown distresses. A criterion for the study was that the participants be mentally competent. I made this determination based upon the study participant being able to complete the interview in a coherent manner. Unsheltered men who suffered from mild forms of mental illness were included in the study as long as they were able to complete the interview. The prevalence of mental illness in the homeless population is extremely high (Caton et al., 2005; Goering et al., 2002; Herman et al., 1997; Irwin et al., 2008; Nakonezny & Ojeda, 2005; Shelton et al., 2009). The diagnoses are documented by researchers and range from mild anxiety to manic depression and schizophrenia. While the economically disadvantaged and those who suffer from mental illness or emotional issues are considered vulnerable, care was exercised. The HMIS database was used prior to commencing the interviews to determine if any of volunteers suffered from severe mental or emotional vulnerabilities. They were not interviewed if they were flagged in the HMIS database. I provided each participant who completed the study with a \$25 gift card as a thank you; however because of their economic disadvantage, study participants were not informed of a thank you gift until

they had completed the interview in its entirety. This effort was to ensure that additional bias was not introduced and to maintain the integrity of the study.

Upon the completion of the study, the researcher will disseminate the findings by hosting a meeting at the Central Outreach and Advocacy Center to present the results to the leadership staff. Participants will have the opportunity to attend a meeting with me to hear about the findings of the study, and to once again thank them for participating in the study. At a later date, the data and findings will likely be submitted for publication and presented at a professional conference.

Summary

The purpose of this study was to explore the experiences and utilization of social services among unsheltered homeless men age 45 years old and older in Atlanta, Georgia through qualitative research. Using face-to-face interviewing of eight unsheltered men, the study took on a phenomenological approach to increase the understanding of the experience of unsheltered individuals. Additionally, an understanding as to why some homeless choose to remain unsheltered when there are services available to assist them is provided. While some researchers point to lack of awareness about services, or the attitude of the provider, there was much to understand about how these and other issues could be factors to one remaining unsheltered. The study was guided by a social constructivism framework and a theory of social capital theoretical foundation. Giorgi's comprehensive data analysis steps were used to analyze the data. Through this lens, a deeper understanding of the barriers to social service use emerged; hence providers and

homeless advocates can possibly reevaluate their outreach efforts, and begin to better serve the unsheltered population. This in turn can result in social change by reducing the number of unsheltered individuals, and getting them the assistance they desperately need.

Chapter 4 provides the findings of this phenomenological study. In particular, information about the interview setting, participants, data collection, data management and data analysis will be presented in detail.

Chapter 4: Results

Introduction

The purpose of this phenomenological study was to explore the utilization of social service providers by unsheltered homeless men in Atlanta, Georgia who were age 45 years old and older. Specifically, the study examined the experience of being an unsheltered man in Atlanta, the experiences with available social service providers, and spirituality or faith as a social asset. Using social constructivism and the theory of social capital as guides, the following research questions were answered:” What are the lived experiences of unsheltered homeless persons in Atlanta, Georgia?”; and “What are the lived experiences of unsheltered homeless persons within the social network available to the homeless population in Atlanta, Georgia?” The information from this study may help service providers better help their unsheltered clients by understanding their needs and implementing more effective service delivery strategies. This chapter presents the results of the study. Details related to the setting, participants, data collection, management and analysis will also be presented. Evidence of trustworthiness and the emerging themes are discussed in detail.

Setting

Data was collected through face-to-face interviews with eight unsheltered men who frequented the Central Outreach and Advocacy Center. All interviews took place in a front office at the Central Outreach and Advocacy Center. All who took part in the study did so voluntarily. Disclosures were made about the voluntary nature of the study,

the study being separate from the services provided at the Central Outreach and Advocacy Center, their right to stop participation in the study at any time without needing to provide a reason, and the limits of confidentiality. All disclosures were again relayed to participants on the day of the interview both verbally and in writing.

Additionally, the participants were made aware that if they began to feel distressed during the interview process I would halt the interview immediately and contact a staff member to provide assistance to the study participant free of charge. Last, the participants were informed that the data collected that was collected prior to the interruption would be discarded, and not used for the study. None of the interviews were halted due to distress or any other incidences during the process. Further, no unexpected events occurred that might have influenced interpretation of the data.

Participants Demographics

The criteria for study participation were that volunteers must be (a) men, (b) age 45 years old and older, (c) not be a substance abuser, and (d) be mentally competent in order to provide consent and to complete the interview. Information for all 8 participants is listed in Table 1. The names listed are pseudonyms to preserve the identity and privacy of the individuals. The men were between the ages of 45 and 63 years old. While the majority was African American, one individual was Caucasian. Many had not completed high school and one reported that he had an Associate's Degree. Most reported that they have family who resided in Georgia and most also said they remained in contact with those family members. While the majority was native Georgia residents, two were from

Alabama, one was from New York, and one was born in Florida, but grew up in Georgia. The men reported being unsheltered for as little as one month and up to 15 years. All the men spent the previous night sleeping on the street. Many also reported infrequently using homeless shelters in the past. Table 1 presents the demographic information about the unsheltered study participants.

Table 1

Participant Demographics

Participant	Age	Ethnicity	Highest level of education completed	Length of time being unsheltered
Mr. H	54	Caucasian	G.E.D	1 years 9 months
Mr. E	61	African-American	10 th Grade	2 years
Mr. K	51	African-American	High School	1.5 months
Mr. M	47	African-American	High School	1 year
Mr. T	57	African-American	High School	1 month
Mr. G	45	African-American	11 th Grade	1 month
Mr. P	59	African-American	Associates Degree	15 years
Mr. V	63	African-American	High School	5 years

Data Collection and Management

Twenty participants volunteered for the study. Of the volunteers, 16 men were contacted; however, four phone numbers were not working or the individual could not be contacted. One individual declined to be a part of the study and two were excluded because they did not meet the stated criteria for the study. Interviews were set for 10 participants.

Upon receiving the sign up forms, I contacted each volunteer and used a script (see Appendix D, Telephone Script). The telephone script was used to not only provide

relevant information about the study and provide disclosures, but also to verify the information provided on the sign in form. The volunteers were asked specific questions to ensure they met the study criteria. Verification of their date of birth, as well as questions regarding their sheltered status, their alcohol or drug use, and their mental state were posed to the volunteers. Once, they met the criteria, they were asked if they were still interested. Upon receiving an affirmative statement from the volunteer, I scheduled a date and time for the interview. Two men did not show up for the interview. A total of 8 men completed the entire face-to-face interview. The interviews were all conducted at Central Outreach and Advocacy Center in Atlanta, Georgia between September 20, 2015 and September 30, 2015. Volunteers were provided the PHI form. Once consent was provided, I accessed the HMIS database to verify information provided by the volunteer on the sign in form and initial telephone call. Once all the information was verified, consent forms were signed and the interview began. The interviews ranged from 11 minutes to 1 hour and 10 minutes depending on the study participant and his willingness to disclose detailed information about his lived experience and social networks. The interviews were all audio recorded to ensure accuracy. Detailed field notes were taken to capture any insight or observations during the interview process. When not in use, the digital recorder, signed forms, and reflexive journal were all placed in a locked cabinet at my home.

Data Analysis

After completing the interviews, the information was transcribed verbatim using a Microsoft Word document. According to Giorgi (1997), a researcher must be reflective during the study because it is not possible to completely remove one's own subjectivity and judgments from research. As such, both during the interview process and while transcribing the data, I used reflexive journaling to capture thoughts, impressions, insights and emotions that were invoked in any way.

Giorgi (2009) also noted that when conducting phenomenological studies, the first step should be to get a global understanding of the data. In doing so, I was able to gain a holistic sense of the data through the initial reading and transcription of the interviews. While transcribing the data, each interview was listened to in its entirety. After which I played small segments of the interview and manually transcribed the information, ensuring that the volunteer's words were captured accurately. I also wrote out any feelings or thoughts that I had about what the volunteer was expressing.

The information was saved on a password protected laptop and the file itself was password protected. Once each interview was transcribed, I conducted an additional review to ensure accuracy. The transcribed material was reviewed while listening to the audio recording to ensure everything relayed by the volunteer was captured accurately. Following the transcription process, I followed the Giorgi (2009) method of data analysis. The data was broken apart into meaning units in order to deal with the interviews in a holistic manner. In essence, this allowed me to better understand the individual's

experience because the description is reduced into smaller units. I accomplished this by reviewing each interview from the beginning and making a mark each time I sensed that the meaning has shifted. At the end of this process, the interview was broken apart into a series of small meaning units.

Following the parsing of the data into meaning units, I then organized the meaning units from a perspective specific to psychology. I once again, reviewed each interview from the beginning. As I reviewed each meaning unit, the goal was to draw out or detect “the psychological dimension of the experience” (Giorgi, 2009, p. 130). I also began to see how the meaning could be generalized to the other unsheltered men.

Last, I placed the Word document containing the transcription into the NVivo qualitative software program to develop a coding structure. This enabled me to summarize the data based upon my understanding of the essence of the lived experience of the unsheltered men.

Evidence of Trustworthiness

Several strategies were employed during data collection and analysis to ensure that the data was trustworthy.

Credibility

Credibility was achieved by audio recording each interview, triangulation, member checking, reflexive journaling, and quality checks by the Dissertation Chairperson. Because homeless individuals are vulnerable population in many ways, the HMIS system was used to verify that the participants did not have additional

vulnerabilities that might compromise the study, or that they might need additional considerations. Additionally, the use of the HMIS database helped me to achieve triangulation as the database was used to verify information such as unsheltered status and the demographic information provided by the participants during the initial phone call. During the interviews, the participants were asked to repeat certain things if they were unclear or inaudible. They were also asked to clarify other points for accuracy when I did not grasp what the individual was attempting to convey. Member checking was also employed relaying back to the individual what I believed the participant was attempting to convey. Further, the interviews continued until data saturation was achieved.

Another measure used to ensure credibility was reflexive journaling, which was used throughout the interview and data analysis process. During the interviews, any feelings, thoughts, emotions and insights evoked through the interaction with or the words spoken by the participant were notated in a journal. Additionally, during data analysis, reflexive journaling was used as additional insights emerged. A fuller discussion is presented in Chapter 5.

Quality checks of the data and coding structure were conducted by the Walden University Chairperson, who is also a qualitative expert. This quality check insured that my interpretation of the data followed established methodological procedure. All discrepant data were reported in the additional findings section.

Due to the fact that a qualitative approach was used and the study was limited to a small number of men living in the Atlanta, Georgia area, transferability of the findings

may be limited. I did employ strategies for transferability such as having the participants provide rich and thick descriptions of the experience of being unsheltered. This was done by allowing ample time to respond to questions and by probing the participants for more information when necessary. Furthermore, I ensured that the sampling criteria, boundaries and specifics of the study are fully outlined for similar studies in the future.

Dependability was achieved by documenting the research process, maintaining the audio recordings, transcribing the interviews and importing the information into the NVivo software package. The use of the software package created an audit trail. Confirmability strategies that were employed were the use of triangulation, the use of reflexive journaling, and the examination of the transcriptions and coding structure by the Dissertation Chairperson.

Results

I sought to understand the lived experience of unsheltered men who are age 45 years old and older in Atlanta, Georgia. Specifically, by examining the use, or lack of use of social service agencies, as well as the social networks that unsheltered homeless men have. Nine interview questions were used to answer the following research questions: (RQ1) “What are the lived experiences of unsheltered homeless persons in Atlanta, Georgia?”; and (RQ2) “What are the lived experiences of unsheltered homeless persons within the social network available to the homeless population in Atlanta, Georgia?”.

Length of time spent unsheltered varied as did the age of the men, family relationships and experiences with being unsheltered, however some prominent themes

stood out. Upon closer analysis, several secondary or more latent themes emerged from the interviews. Throughout this chapter, specific quotes will be provided to substantiate the themes that emerged (see Appendix E).

Theme 1: Difficulties and Complexities of Being Unsheltered

At the start of the interviews, study participants were asked a series of questions to gather some demographic and background information. The difficulties and complexities of living unsheltered quickly emerged. The secondary themes that emerged from these initial questions and continued throughout the interviews were safety and survival, conflicting emotional and mental state of the men, and pathways and pathologies to homelessness. The men painted a portrait in which they carefully navigated through streets and homeless outreach organizations in order to get what they need to survive.

Subtheme 1: Safety and survival. When asked where they slept the night before, all 8 men (Mr. H., Mr. E, Mr. K, Mr. M, Mr. T, Mr. G, Mr. P, and Mr. V) indicated they slept outdoors the night prior to the interview. Survival on the streets is ingrained in everything that these unsheltered men did, right down to where they sleep. Mr. M, Mr. T and Mr. V all indicated they slept on the property of a church or homeless outreach organization. There were indications that these are the safest places for unsheltered people to sleep. As it relates to the homeless outreach organizations, it allows them to be at the organizations early enough to obtain the resources they need. As it pertained to where unsheltered sleep, Mr. M stated:

When it comes to me sleeping on the street, I usually try to find a church to sleep at. It's because that's usually safest for me. I don't like that under the bridges thing or in other areas, when you can get locked up for urban camping.

Another participant, Mr. H, indicated that sometimes, homeless people have to get in line at 5am and there are no guarantees that they will get what you need because there are so many people trying to get the same resources.

I tried to get into Gateway and they turned me down. I been going out there in the mornings from 5-7 and you stand out there in line to wait for a bed. I can't even go in to get a referral from them. (Mr. H)

[I slept on the] “steps of the entrance.” [of Central Outreach and Advocacy Center]. (Mr. T)

[I slept at] “outside at the Chapel Mission on Peter Street here in Atlanta, Ga. I slept in the chapel area with a mat and a bed sheet.” (Mr. V)

The interviews highlighted the level of resilience needed to survive homelessness as well as the strategies that the unsheltered men employed to remain physically safe. Five of the eight participants (Mr. H., Mr. E, Mr. K, Mr. G, and Mr. M) all provided specific, but different examples of the things they have done to ensure they were physically protected. These strategies included not staying at specific shelters because they are unsafe.

Mr. H (who has been homeless for one year and nine months this time) asked his sister if he could just sleep in her yard. Mr. H stated:

My sister is out in Loganville. I don't know what her deal is. I never done anything to her. She would rather me sleep out in the sidewalk. I asked her to let me come camp in her yard. She wouldn't let me do that.

All eight of the men (Mr. H., Mr. E, Mr. K, Mr. M, Mr. T, Mr. G, Mr. P, and Mr. V) also noted that they avoided shelters for a multitude of reasons. These reasons will be discussed in detail later under the need for better alternatives than existing shelters theme.

The men also discussed strategies to protect themselves. Mr. E provided a very detailed illustration of how he set traps in strategic places, depending on what area he is sleeping in or needs to go through. Mr. E suggested that he was not proud of the strategy, but when living on the streets, homeless people have to find ways to protect themselves.

Mr. E went on to explain:

If you are in an area where it's a drug area, you know there are bad elements on the street. You have to have traps set up everywhere you go because you are dealing with all types of different people. I might have a butcher knife - in these bushes right here. And in these bushes I might have a bat stashed over here.

Where ever I am at and whatever trail I'm on I don't carry it on me but I have it set up so I can get to it if I need it... I don't want you to think everybody sets up traps like that, but when you are in certain areas, you got to have protection.

Mr. K's strategy for surviving the plight of being unsheltered was to prioritize his needs. Mr. K stated:

I just have to do things because I can adapt to it. I have adapted to it to the point where I, survive comfortably to it. It's a whole new season now; it's starting to get cold. You have to prepare for stuff like that. There are two things that no homeless should be without, food and clothes.

Mr. M who has worked odd jobs on and off during his homelessness said, he has had to bribe volunteers at shelters to let him in.

Some have eaten out of the garbage can. Mr. G detailed an incident that he experienced:

I walked by this diner. This restaurant called The Diner, and I was standing out there and this guy came out the restaurant. He had a carry out tray, and he was eating out of it so he ate a little. I was standing there watching him. He looked over at me and just tossed it in the garbage...I ate out that trash can that very night.

“Eating out of garbage cans. I don't know too many people who have done that. I have.” (Mr. H)

Subtheme 2: Emotional and mental state of the men. Six of the eight men (Mr. H., Mr. E, Mr. K, Mr. M, Mr. P, and Mr. V) described the chaos and volatility of living unsheltered. They also discussed their own emotional state.

Chaos and volatility of the living unsheltered. The men provided accounts of the chaos and volatility that they witnessed and experienced while living unsheltered. Mr. H noted:

I been trying to get some help or assistance with specific issues or a broad range of things... everything you do seems to be dependent on the person you are going to get help from and not on you. You have to sign all these things and do all this jumping through hoops. With the depression, I just got overwhelmed and go discouraged.

During the interview, Mr. H also states that he was blessed to have his Social Security (SSI) disability check, but receiving it disqualified him from some shelters. He spoke about one experience where he was attempting to find a shelter in which to sleep. “They turned me down cause I was on disability, and I couldn’t understand and I really just wanted to get off the street and have a stable place.”

Another study participant equated being unsheltered to an addiction. Mr. E explained this sentiment:

Being on the street is kind of like an addiction. You can get addicted to the streets just like you can get addicted to a lifestyle or drugs of anything like that. When you are on the streets, it’s a jungle...Living on the streets, it’s crazy. Anything can happen to you when you’re homeless at any time on the streets. When you are traveling through [the streets], you have to know what you are doing. If you don’t, you won’t make it. If you make it mentally, you won’t make it physically. There’s a lot of different ways you won’t make it when you are homeless.

Mr. P also provided an illustration of the volatility of living unsheltered. He explained:

Some people are homeless by choice and some by force. Sometimes its mental issues, it varies. It's an experience you don't want to experience. I have seen people that come into homelessness, and they just can't handle it. I have seen people and have talked to them just like I'm talking to you right now and a month later they don't even know who I am. Nothing surprises me. I have seen it all. It's a crazy experience. A crazy ride.

[You have to be one step ahead], “you have to be out here, I mean you have people that will get you. Literally get you in trouble, so you have to watch your P's and Q's.” (Mr. V)

Emotional state of the men. When discussing his emotional state, Mr. H stated:

Being homeless sucks... everybody is an island. I'm surrounded by a sea of sharks, and everywhere is getting more and more conservative every year. The state of Georgia is and people aren't giving me [anything]... I feel like I have just been so beat up by so much bureaucratic crap. And instead of it being someone's bureaucratic crap, I turn it inwards and I'm just beating myself up and making it harder to walk into any doors and do stuff.

Mr. K provided a different perspective:

I get more peace of mind sleeping on the sidewalk than being in the shelter... I don't really stress about where I'm going to sleep or that I'm homeless. Things like that don't really stress me, because I know opportunities are going to come.

It's going to come to me, I just have to be a little patient. There's a few moves I can make right now.

“I'm an optimistic person. I look at bad situations and still try to bring something good out of it.” (Mr. M)

The sentiment continued:

“You know it's hard to start when you don't have a place to stay at night, and when you get off work, you ain't got a place to go.” (Mr. P)

Other emotions that emerged from the interviews were that the men indicated feelings of powerlessness, being disenfranchised with homeless agencies, and being desperate for help.

After being denied from one shelter and referred to another, Mr. H explained:

They sent me to meet somebody that wouldn't talk to me to begin with. I had a referral there. She wouldn't even talk to me. She wouldn't even let me sit down mind you. Not at all. Mind you, I had been out there since 5 in the morning for a few days. It's just ridiculous....Being on the street is nobody's fault but my own I made some bad decisions and some people have screwed me over on rent and kick me out because they have been drinking. For me it becomes a character issue I feel like something is wrong with me.

“I went to this church to try to get some food and they said you don't live in the zip code, so they wouldn't give it to me.” (Mr. M)

Subtheme 3: Pathways to homelessness. As noted in Chapter 2, there are many pathways to homelessness. Some of the most common are caregiving for a relative prior to becoming homeless, family discord, substance abuse, alcohol abuse, arrests and psychological problems.

Caregiving for relative prior to becoming homeless. Three of the unsheltered men describe situations where they found themselves homeless after caring for a family member.

When I first moved here to Atlanta, I was staying with my aunt. She was 99 years old in a wheelchair. She passed away last year. Her granddaughter was the overseer of her house. That's basically how I became homeless.” (Mr. M)

Mr. G is 45 years old. He stated that he was last employed in 1984, which would mean that he was 14 years old. When asked, Mr. G stated he left his job to take care of his grandfather. “I didn’t lose the job, I left to move to a little town. Ozark to take care of my granddaddy.” Later, he moved to Atlanta for a better life, but ran out of money, had no place to live and ended up living unsheltered.

Mr. K stated that his sister was going through a rough period following the death of her husband. He explained:

My sister kept saying come I need you. I need you. I couldn't say no. So I left everything. I moved in with her so I could be there. My sister was going through a lot of things after her husband passed, and she just couldn't pick herself up. It dragged me down.

She eventually sold the house and Mr. K began doing landscaping work, but the owner became sick and the business went south. “I survived for a little while, but not being able to get employment, and also I am a convicted felon. It doesn't make it easier for me to get a job.

Family discord. Three of the unsheltered men (Mr. H, Mr. K, and Mr. V) stated that there was discord in the families, both with deceased parents, and with some living relatives. Mr. H has one living sister. He describes his relationship with his sister as:

The most difficult person in the world to get along with...I can't get my family to come and help me... my family was kind of like, they don't have anything to do with me... I hadn't seen my mother in 28 years. For whatever reason we got into an argument on the phone one time, and that's the last time she talked to me. My sister, made it a point [where] she wouldn't let me come see [my mother] when she was dying.

Mr. V stated that he had one living brother, but did not go into further detail about their relationship other than to say his family had a good relationship; however he later stated “when my dad was living, I could always stay at our family home...my step mom didn't want me living there [after my dad passed] because when I was 19 years old I burglarized houses in the neighborhood.”

Substance and alcohol abuse. While none of the men are current substance or alcohol abusers, two admitted to prior drug use and one stated that he had multiple DUI's in the past. All three have convictions for drug or alcohol related charges.

I had a drug conviction years ago in California and the state of Georgia that keeps me from getting into a lot of places...I didn't even have any drugs on me. I took the rap for somebody else for like a dimes worth of drugs. It was methamphetamine in California. I did it because they were going to get a third strike for it and I can't even get HUD housing because of it. That makes it hard.
(Mr. H)

[When asked to speak about how he his last job], "I was a truck driver, I drove trucks and made deliveries." [I lost my job because] "I started using drugs." [He became homeless by] "using drugs and not taking care of my family." (Mr. E)

[I am a convicted felon for] "Forgery. One thing led to another, and before you know it I lost everything and ended up on the street." (Mr. K)

I had a brush up with an old domestic in Wellington which is in Kansas that was nothing. That was an 8 day stay [in jail]. Then I had 2 DUI's, and I stopped driving because the third DUI could be a felony (Mr. V).

A felony drug conviction, regardless of what state it was in, automatically disqualifies homeless individuals from certain shelters and programs such as Food Stamps. Mr. H expressed his dismay with this Georgia restriction:

I had a drug conviction years ago in California and in the State of Georgia that keeps me from getting into a lot of places. I haven't been in trouble in years and still it's just like not getting food stamps. If I was starving to death here in Georgia, I couldn't get food stamps because I have a drug felony conviction from

years ago in California. It's one of the few states in the union that does that, but they are afraid that I might sell my food stamps.

Theme 2: Barriers to Becoming Sheltered

Living unsheltered is a harsh life circumstance which perpetuates many negative outcomes such as being stigmatized by others, physical, mental and emotional issues, and being placed at risk for victimization. In understanding the lived experience of unsheltered homeless men, both personal and systematic barriers materialized in the interviews.

Subtheme 1: Personal barriers. All eight of the men (Mr. H., Mr. E, Mr. K, Mr. M, Mr. T, Mr. G, Mr. P, and Mr. V) expressed a desire to become sheltered. Despite their desires, there were limitations to achieving the goal. With the exception of Mr. H, all the men performed manual labor at their last place of employment. The work that they did included driving trucks and making deliveries (Mr. E), landscaping (Mr. K and Mr. M), construction (Mr. T), stocking shelves at a grocery store (Mr. G), day laborer work (Mr. P), and a combination of roofing, landscaping and other home improvement tasks (Mr. V). Mr. H was a data entry operator at an Atlanta museum. Six of the men (Mr. H, Mr. E, Mr. K, Mr. M, Mr. G, and Mr. V) expressed a desire to become gainfully employed, however with the exception of three of the men (Mr. K, Mr. M, and Mr. T) who last worked in 2015, the remainder have been out of work for as little as 15 years and upwards of 31 years.

Mr. P holds an Associate Degree; however none of the other men have any college level education (Table 2 provides a detailed overview of the demographics). Moreover, all of the gentlemen were over the age of 50, except Mr. M (47) and Mr. G (45). Mr. H disclosed a number of illnesses that plague him. He along with Mr. T also noted that they receive SSI disability checks.

Complicated family relationships. Complicated family relationships are additional personal barriers for these unsheltered men. While six of the eight men (Mr. H, Mr. E, Mr. K, Mr. T, Mr. P, and Mr. V) indicated that one or both parents were deceased, seven of the eight men had living relatives. One individual (Mr. P) was an only child whose parents died when he was about 20 years old. There was no indication of him having any other living relatives.

Six of the eight men (Mr. H., Mr. E, Mr. K, Mr. M, Mr. T, Mr. G, Mr. P, and Mr. V) described their relationships with their family as positive, however the men did not want to live with their family members for a number of reasons including pride and a desire to want to help their family members.

I have a beautiful relationship with my family we love each other. I love them, but I can't give them the love that I want to give them in return because they know my interperson. They know me. They know what I'm capable of doing, but I am not doing it. (Mr. E)

I have two sisters and two brothers... my sister right before me and we were really close... If I didn't have anybody I have my mom and I knew this regardless

of whatever I was going through, or whatever the situation maybe, my mom had my back. That was the type of person she was...My nephew is my best friend.”

(Mr. K)

[I have a] “good relationship with my family. I go home like once or twice a year to Athens.” (Mr. M)

“I come from a small family. We're close.” (Mr. T)

[In describing his relationship with his family] “it’s good they think I'm living good.” (Mr. G)

“My brother is the only one living now. But overall my pops and my step mom passed. My relationship was very good with my dad. My relationship was good with my step mom. My relationship with good with my mom.” (Mr. V)

Desire to help their family. While three of the eight the men (Mr. E, Mr. K, Mr. G) expressed a desire to help their families, they also stated that some family members were unaware of their unsheltered status. This was often because the participants did not want to burden their families. Mr. E described this notion by stating:

I have a beautiful relationship with my family we love each other. I love them but I can't give him the love that I want to give them in return... They know [about my homelessness]... My father, he's 82. I go visit him. He's at home alone a lot, my mother passed.so that's one of the reasons that I am on the street... my family tried to help, but I don't want that burden on my family. I raised them, I taught them, I want to be there to help them, I don't want to be there to be a burden on them, and so, I am on the streets.

Mr. K also did not want to burden his family. He provided the following description:

I have two sisters and two brothers. My brother he's a bad boy. The bad boy of the south. He's in the Feds [Federal Penitentiary] that's his resume. Then I have a sister, she's the third. It's hard to explain. Unbelievable! The last time I seen her was 2012, when my mom passed. Before then, it was probably 2006. So it's that type of thing. She is distant, not just from only me, but everybody. She communicates with my oldest brother but other than that she doesn't communicate with anybody. Everybody in the family is beneath her.

“I have a good relationship with my family [they don't know he's homeless]. I go home maybe once or twice a year to Athens.” (Mr. M)

“I come from a small family. It is different than large families. We're close. It's just me and my sister. [I don't stay with them because] They are also on a low budget income and can't afford to house me.” (Mr. T)

Mr. G's family in his hometown in Alabama is also unaware of his unsheltered status. “It's good [their relationship], they think I'm living good. I don't tell them nothing.”

Mr. V's only living relative is a brother who he spoke very little about. Both Mr. V, and Mr. P's parents were deceased, however neither set of parents were aware of the men's homeless status.

Of those whose families are aware of their homeless status, there are a number of reasons why the men do not reside with family members.

Mr. H has a sister who lives in Georgia, but because of discord in their relationship, he is unable to stay with her. “She would rather me sleep out in the sidewalk. I asked her to let me come camp in her yard. She wouldn't let me do that.”

Mr. E comes from a family of two brothers and two sisters. He has 14 grandchildren. He is unsheltered because in his own words:

All my children are grown they're in their forties. I have 14 grandchildren and when you're a grand daddy you don't want to stay with your grandkids. You want to help your kids and that's one of my reasons for being homeless. I don't want to put the weight on my family.

Pride. Pride was prominent when discussing their families. While some of the men specified that pride would not allow them to live or accept assistance from their families, others insinuated that pride was what kept them from living with family.

I have a loving family and no one has been on the streets they know I been on streets and they don't want to see me back out there and I don't want to be a burden to them... I'm going to get my life right, so I can help my family. (Mr. E)

My nephew has his own place and my niece has her own apartment. I'm the type that I don't want to stay with my sister or my niece. Maybe with my nephew, but I feel like I have too much pride to go there. (Mr. K)

Mr. G further asserted:

[I don't tell them I am homeless because], I am here to make money to send my kids to college. And I'm going to do that. I'm not going to leave or give up until I get them into college. I'm going to get my son into college next year.

Subtheme 2: Bureaucratic red tape. All of the men (Mr. H, Mr. E, Mr. K, Mr. M, Mr. T, Mr. G, Mr. P, and Mr. V) consistently referenced long lines, rules, restrictions, not having documentation that they needed, limited available resources and procedures as barriers to obtaining the resources that they needed. None of the unsheltered men explicitly rated the services as bad, or rated the service provided by the people at the agencies as poor. They typically gave a mixed rating on the services, and the people at the homeless outreach organizations. Seven of the men (Mr. H, Mr. K, Mr. M, Mr. T, Mr. G, Mr. P, and Mr. V) commented on the services not meeting their needs. The day of the interview was the first time that Mr. E had attempted to use an outreach organization.

“Actually this is the first time I ever attempted to get this outreach.” (Mr. E)

As it relates to their experience with social service providers, the men also said the following:

The services here in Atlanta are just all really bogged down, they are just so many people and a lot of them [outreach organizations] when they first got started like Gateway were probably pretty good, but it's gotten to the point where everything they do is just to keep themselves operating. (Mr. H)

Mr. H also provided reasons why he has been turned down by outreach organizations when he attempted to access services:

They turned me down cause I was on disability and I couldn't understand and I really just wanted to get off the street and have a stable place and wanted someone like a social worker or case worker to work with me and help me find somewhere so that I could stop the always constant getting up going somewhere standing in line and jumping through hoops. (Mr. H)

“It's been pretty good...the lines are long.” (Mr. K)

Mr. M explained both the positive and negative experiences he has encountered with service providers:

If it weren't for the resources I would be probably in jail. The people have always been very helpful to me. The thing I don't understand is...it goes by you zip code [to get food from church pantries] and you have to have place to stay. I went to this church to try to some food and they said you don't live in the zip code, so they wouldn't give it to me. Sometimes with the showers [also]. Places like Gateway, they have a 24-hour shelter, but you can't take a shower there all the time. They got specific times. Also the Georgia Department of Labor, because I'm not a resident there I can only go to their office on Tuesdays and Thursdays.

It hasn't been bad ...it's been ongoing. I thought I would have been able to get into an apartment by now...the lines are real long and sometimes you can't get from the back of the line to the front to speak to someone.(Mr. T)

Other study participants indicated:

The services are good and the people good. They have been good. They have been great. All the shelters I have been to have bedbugs” [In trying to get housing] “I asked, but they recommended me to somewhere else. I don’t know if it was the [runaround] or if they have other things to worry about and helping other people, but yeah, it was the runaround. (Mr. G)

All in all as far as getting a birth certificate, ID, and stuff like that, it ain't that hard. But some people give you the runaround. Even if you do get your ID, sometimes you're still on page one... With the people who work there, some of it good and some bad. It depends on if they woke up in the morning with a good attitude. You might get some good service. If they have a bad attitude, you might get the run around and have to come back the next day... [Further he stated]

Gateway is designed so that you can get into a program, and they can make money off of you. It's all about money. Homelessness big business ...It is not designed to help you. (Mr. P)

It's been helpful. They've been able to do things that I couldn't... these necessities; I couldn't get without social services... [the people at the organizations] have been great. They have been cooperative. [He also states] I got denied a lot of times on housing, when I went to seek out housing. (Mr. V)

Another complaint that emerged in the interviews was that there seems to be unequal resources and attention for certain homeless individuals and not for others. As

discussed earlier, those with drug felonies are disqualified from programs and certain shelters. Mr. H provided the following examples:

Gateway wouldn't let me in because I was on disability. I tried to get some help also from Travelers Aid, Hope Atlanta through the Ryan White funding so that I could find some transitional housing... [I couldn't get help] because I didn't have receipts for everything that I bought with my disability...because of the drug conviction, I am disqualified for some programs...I run into people all the time, they can't write or read and come back [to shelters] and they been drinking and they let them in. I couldn't even get in there. I passed the drug screen. I couldn't even get in there. It's hard to get any type of help.

Mr. P also provided an account for the difficulties of securing a bed and the unfair treatment of some homeless:

It's hard to start when you don't have a place to stay at night, and when you get off work, you ain't got a place to go. You can't just line up after you get off work and go straight in, but people who don't have anything to do can. After a certain time they don't let you in. And they can't let you in, because you have to have a letter from the company [saying you're working] and if you ask the company for the letter, they will fire you, so it's just the run around.

Additionally, not enough consideration is made for the homeless that may be employed. Mr. M and Mr. P indicated that there are no concessions made for homeless who are working.

If I have a job working 3 to 11, Then I can't get into the shelter without a work verification letter...I was working at a gas station and if I got cigarettes to give to the volunteers that work at the door, then they would let me in. If I don't have cigarettes, then they wouldn't let me in, so that's how that works when it comes to shelters. (Mr. M)

I tried to get a place [transitional housing] one time they put me in a place so far out, that it takes about an hour to get to the bus stop. Then I got to catch a bus to the train station. The bus stop and trains run at set times, so if I had a chance to get to work, I would never make it on time. They don't want to put you in the city, they want you out somewhere, they don't want to see you. So it's hard to get a job. (Mr. P)

Theme 3: Specific Needs.

The eight participants of the study all spelled out specific resources that they needed (Mr. H, Mr. E, Mr. K, Mr. M, Mr. T, Mr. G, Mr. P, and Mr. V). While most of the men remained encouraged and optimistic, they lacked vital and necessary resources that would enable them to become sheltered as well as lead more productive lives. The specific needs were medical needs, psychological needs, and supportive needs. The secondary themes that emerged under specific needs were immediate housing, need for independence and support, and the need for better alternatives than existing shelters.

Subtheme 1: Immediate housing. Immediate housing or shelter was needed by all eight men. While some indicated they would prefer to use shelters that were safer and

cleaner, others preferred to use their SSI disability check (or other income) to pay for affordable housing, more independent residences, or places that were more conducive to homeless individuals that work.

“I need stable, affordable housing.” (Mr. H)

“Shelter. I need somewhere to stay... It would help me very much.” Mr. E had just received his TB test, homeless verification letter and identification card that are required to get into a specific shelter.

“I need immediate shelter... With the shelters there is stuff that you have to go through. By me being locked up, it sort of brings me back to the control thing... You're told went to eat, went to sleep and whatever.” (Mr. K)

I just need steady income coming in and my next step would be to find affordable housing. Which is a process, because I am not with that what they call transitional housing. I am pretty much like a loner. I am to myself and I don't like being in a dormitory with people snoring and playing their music all night. (Mr. M)

“Emergency shelter. I have a housing list. I just need to go in and research about the housing.” (Mr. T)

“I need housing, a place to stay.” (Mr. G)

“ A job...Housing.” (Mr. P)

“Assistance with housing.” (Mr. V)

Subtheme 2: Need for independence and support. The perception that all homeless are drug addicts, alcoholics, do not want to work, or want a hand out is

dispelled by these unsheltered men. Five of the 8 men (Mr. H, Mr. E, Mr. M, Mr. G, and Mr. P) stated that they need jobs, or were willing to work if they could. The men implied that they wanted to be self-sufficient and needed a hand up, not a hand out. Most also conveyed a strong desire to work so that they could help themselves and their families.

“They told me that doctors don’t really want me to work, but I will work if I have to, to stay in here or whatever. I can do something even part time.” (Mr. H). He was referred somewhere else, but was not able to get any assistance at the second location.

When asked would he work if he found suitable shelter, Mr. E responded, “yes, of course. Actually I would be able to be a better worker because I will be able to help my family like I have always done.”

“I get some jobs here and there. I just need steady income.”(Mr. M)

“I need a job.” (Mr. G)

The men felt that there was a lack of real support from law enforcement, outreach workers, and the general public.

You don't get any respect from police officers or anything like that. It’s because of the way I'm dressed, it’s just like an automatic code that's put on you and they don’t have any respect. The police officers might be nice to some homeless people but after dealing with so many kinds of people doing this kind of stuff, everybody gets treated the same. It took me three hours to get a police report [after my phone was stolen] it happened right there in front of Department of

Public Safety. It's the worst place in town... it's right there it should be the safest.

(Mr. H)

"I'm a driven oriented person and I need to get back into that. And I think being in a program and getting my life back together would help me." (Mr. E)

"I was illegally evicted from my apartment and had no support." (Mr. T)

"People have to help the homeless. You never know it could be your child out there." (Mr. G)

"They pile you in a place with six guys that you have never seen in your life. You don't know if they are thieves. They sometimes steal...You have to be there by a certain time. You cannot job search" (Mr. P)

Subtheme 3: Need for better alternatives than existing shelters. When asked why they remained on the street, rather than use shelters, the most common reason was the deplorable condition of some shelters. Three of the men (Mr. K, Mr. G, and Mr. P) noted the unsanitary and unsafe conditions and even suggested that some of the shelters should be shut down by the Mayor's Office.

Everything you see about Peachtree and Pine (one of the biggest homeless shelters in downtown Atlanta. It is nicknamed Peachtree and Pine because of its location) on the news is negative, you never see anything good. Everything goes on in Peachtree and Pine. Drugs. Prostitution. Tuberculosis. Everything goes on in there. It is filthy. I would never stay there...It's the worst of the worst. Every year they threatened to shut it down...It needs to be shut down. (Mr. K)

“Bed bugs. Every shelter I have stayed at, I cut a piece from the side and they have bedbugs.” (Mr. G)

“A lot of people will steal from you. Health reasons too... Tuberculosis, and sometimes it is unsafe. ... (Mr. P)

Others noted that they remained unsheltered because the shelters do not make it conducive to those who have jobs because of the times in which they have to line up to enter.

Two of the men (Mr. M and Mr. P) had specific issues with trying to maintain employment and to job search while being homeless. They denote the difficulty in trying to work and meet be able to get into a shelter or transitional housing.

“Curfews mainly. I do occasionally get jobs but if I have a job working 3 to 11, Then I can't get into the shelter without a work verification letter.” (Mr. M)

I tried to get a place one time. They put me in a place so far out, that it takes about an hour to get to the bus stop. Then I got to catch a bus to the train station. The bus stop and trains run at set times, so if I had a chance to get to work, I would never make it on time. They don't want to put you in the city, they want you out somewhere, they don't want to see you. You have to have some kind of transportation. (Mr. P)

Four of the men, (Mr. K, Mr. M, Mr. P and Mr. V) also noted the highly restrictive nature of shelters and the available transitional housing. These restrictions cause the men to be less likely to stay at the available shelters. They noted that the rigid

rules, restrictive nature, curfews, and mandatory requirements of shelters make them a less viable option.

Theme 4: Faith Sustains.

Six of the men (Mr. E, Mr. K, Mr. M, Mr. T, Mr. G, Mr. P) believed in God.

When asked about their spirituality, six of the men (Mr. E, Mr. K, Mr. M, Mr. T, Mr. G, and Mr. P) stated that they believed in, and relied on God. One stated he was Islamic [Muslim] (Mr. V), but believed in Jesus and one did not believe there was a God (Mr. H).

All those who believed in God (Mr. E, Mr. K, Mr. M, Mr. T, Mr. G, and Mr. P) stated that they had done so since they were young children. Mr. V has held his spiritual beliefs since 1980. Two subthemes emerged which were faith encourages and faith and interactions with others.

“I don't believe in God. I don't believe there is one. I think it's ridiculous. I think it's a total farce.”(Mr. H)

“I believe there’s a God. I have believed all my life.” (Mr. E)

“I rely on God. He is faithful.” (Mr. K)

“I believe in God. [I] have believed probably since I was 11 or 12 years old.” (Mr. M)

“I was born Baptist. Now I just continue to go to the Baptist and Presbyterian churches. I consider myself Presbyterian ...I rely on faith. I’ve believed since I was a child.” (Mr. T)

“I rely on my God. I have faith, I have trust. I have patience. I have believed [in God] a long time. All my life.” (Mr. G)

[Relies on] “God. Faith is very important. God has been good to me. I have believed since he was a child.” (Mr. P)

“Very strong faith. Jesus Christ is my best friend.” (Mr. V). He noted also that one reason he does not use shelters is because he is Islamic and many of the shelters require that the residents attend Christian service. Mr. V also indicated later in the interview that the Sunday prior he attended church service.

The spiritual or faith practices used by the men were prayer (Mr. E, Mr. M and Mr. P), attending church services (Mr. M, Mr. T, Mr. P and Mr. V), listening to street preachers (Mr. K), and reading a daily devotional (Mr. T).

Subtheme 1: Faith encourages. Despite the dire circumstances of their lives, those who were most optimistic also had a strong sense of faith. There were indications that they were encouraged by their faith.

“I believe there’s a God. I know there’s a God cause if there wasn’t, I wouldn’t be here. I don’t think so.” (Mr. E)

[Faith] “It gives me hope. It keeps me from getting depressed. I’m an optimistic person. I look at bad situations, and still try to bring something good out of it. I know it’s just a test of my faith.” (Mr. M)

“Faith keeps me from being stressed.” (Mr. T)

I can actually say, I haven't wanted for nothing. I have wanted something to eat, but I've never been starving...God has my back. I sleep at churches. I believe God will come back and make everything right... I volunteer at a church... I walk by faith and not by sight. God has been good to me. (Mr. P)

“Faith is an important part of life. It turns a person into a psychic phenomenon.”

(Mr. V)

Of all the unsheltered men, Mr. H, who did not believe in God, seemed to be the one who was most conflicted. He explained his stance:

All I remember about in the bible was God killing people. And so basically what it is... is thank you God for not killing me today. He's such a loving God, I don't know how that is a loving God sending your son to be killed. I can't sit around and thank him for not killing me. All I remember is what he's going to do if you don't do this or that. He's going to torture you. He's going to burn you. He's going to torture you in hell. That's all I know. He loves us so much, He sent His Son to be killed for our sins. That's psychotic, that's crazy, and you don't do that. I just don't believe there's a supernatural being watching over us. Some of the meanest people I have ever met in my life go to church. They are some of the most hateful and judgmental people I have ever met.

While he seemed indifferent towards God on the day of the interview, he also stated that he felt blessed, but it depended on what day it was.

Subtheme 2: Faith and interactions with others. Two of the men (Mr. H, and Mr. K) provided insight into how their belief systems about religion or spirituality defined how they believed people should behave and treat others. Mr. H contended:

My sister is out in Loganville. I don't know what her deal is. I never done anything to her. She would rather me sleep out in the sidewalk. I said hey, to let me come camp in her yard. She wouldn't let me do that. She's in the God squad. She thinks the church will burn down if I walk up in it....Some of the meanest people I have ever met in my life go to church. They are some of the most hateful and judgmental people I have ever met. Most are not even smiling. They're just walking around looking mean and pointing their fingers at everybody else... There's a church over here, A Methodist Church, I took a picture of their door, it said no camping, no loitering. First Baptist Church down here in Midtown, they used to arrest people for trespassing. That's where I am at on my spirituality. My religiosity or whatever you call it. I can't stand organized religion...[As it relates to his own behavior] "I believe in being kind to people. I believe in loving my neighbor no matter who they are. I guess, it's like Jesus. (Mr. H)

Then I have a sister, she's the third. It's hard to explain. Unbelievable. The last time I seen her was 2012, when my mom passed. Before then, probably 2006. So it's that type of thing. So she distant with not just only me, but everybody she communicates with my oldest brother because he is the oldest, so they have to,

but other than that she doesn't communicate with anybody. Everybody in the family is beneath her. But she's a Christian; she goes to church every Sunday, that type of thing.” [He also noted that this same sister took care of their mom before she passed away] [My mom] “passed in 2012. She was sick a little bit before she passed; she had an aneurysm in 2003. My sister the one the Christian, that's one thing I love and respect her for, she took care of my mom through that whole time. (Mr. K).

Additional Findings

Some additional findings emerged from the interviews that should be noted. Mr. M and Mr. T specified they did not lose their previous job; however, they later described the events leading to their termination. Mr. M explained how his previous employment ended:

I didn't lose it. I guess. Terminated you can call it. Not by my choice. My boss man had a guy that was working for him, he had the keys to his van and everything and he quit the job that we were doing and the guy was out of town on vacation, so when he came back, he lost a lot of contracts. Because his head guy got a better job so s*** rolls downhill excuse my French. This guy got a new job, but he did not keep me on...Like I had something to do with it. So I lost that job. I had been with guy for like a year.

Mr. T explained, “I didn’t lose it. I got ill. I worked and lived at the apartments, doing remodeling, doing whitewashing and repainting apartments. There was a disagreement with management and I got evicted illegally.”

The other theme that emerged was the toggling between taking personal responsibility for being homeless and blaming others.

“Being on the street is nobody's fault but my own I made some bad decisions. And some people have screwed me over on rent and kick me out because they have been drinking.” (Mr. H)

I was evicted from my apartment. [Going through social services] hasn't been instantaneous, like I wanted. It hasn't been instantaneous where I could just go and be in an apartment by now, but I at least give it a try. Payday is coming up Friday. At least give me that much of a chance, and see how it works out. if I can keep the apartment on payday, then give me the next week. (Mr. T)

Mr. V explained why he left his job:

Because I ended up with government housing and I really didn't need to work anymore because my rent was one third of the actual price of the rent per month...I ended up on the streets, due to a lack of cooperation from others on housing. In other words, I got denied a lot of times on housing when I went to seek out housing.

Essence of the Homeless Experience

Based on the themes that emerged from the interviews, the following provides a summation of the essence of the lived experience of being unsheltered. The description also provides answers to the research questions: “What are the lived experiences of unsheltered homeless persons in Atlanta, Georgia?” and “What are the lived experiences of unsheltered homeless persons within the social network available to the homeless population in Atlanta, Georgia?”

With regard to the research question, what are the lived experiences of unsheltered homeless persons in Atlanta, Georgia? the men appeared to be upbeat, optimistic, resilient and hopeful, as the interviews progressed, a sense of powerlessness and frustration began to emerge. This was particularly apparent when the men began to speak about their families, about navigating the bureaucratic red tape of social services, and in dealing with professionals and people of authority. This also showed up as the men reflected on their choices prior to becoming homeless.

Several themes emerged throughout the interviews, highlighting the commonalities of the lived experience of being an unsheltered man. Those with and without family ties, appeared to value family and family support. Three of the men noted they were caregivers in some capacity prior to becoming homeless. Mr. K left his home to move in with his sister after her husband died. A short time later, he moved out because of complications and with no job and no home to return to, he became homeless. Mr. G left his place of employment to care for his grandfather. He later, moved to Atlanta

and after running out of money and having no support network, he ended up homeless. Last, Mr. M was living with his elderly aunt, after she passed away, her granddaughter and overseer of the estate made him leave the home.

Many of the unsheltered men with family ties have either shielded their families from the knowledge of their homelessness, or choose not to live with family members because they do not want to be an added burden. They stated that they would rather remain on the street and try to find a solution to their homelessness than to have family members help them. The men expressed a desire to help take care of their family and their children. Where discord existed, the men also seemed to toggle back and forth between being angry at their family for not helping them, and being understanding. Mr. H has a sister with whom he describes having a contentious relationship, however sought understanding and empathy from her. Even Mr. P who was an only child made reference to wanting other homeless people to act like a family.

Most of the men expressed a desire to work and to be independent. With the exception of Mr. P, none of the others attended college. The others had a 12th grade or less education. Additionally, all the men except Mr. H also performed manual labor at their previous place of employment. In light of the physical demands of manual labor, particularly the type of work the men performed (landscaping, roofing, construction and truck driving), coupled with their older age, continuing this line of work is not feasible for many of these men. Mr. H and Mr. T reported that they received an SSI disability check. While the particular reason for receiving the checks was not disclosed, it was

apparent that the SSI disability was enough to keep them out of the labor force. Unfortunately, receiving an SSI disability check also limited the types of resources, assistance and shelter that the men were able to obtain.

Several of the men noted that they had some physical ailments or diseases, such as AIDS, diabetes, problems with their feet (Mr. H), and Hepatitis (MR. H and Mr. V). Depending on the severity of these ailments, this too could render them incapable of maintain a productive work life, thereby minimizing their chances of living the independent, self-sufficient life they desire.

Along with wanting a sense of independence, the theme of pride emerged. This was most apparent when the individuals spoke about not staying with their family members, but the interviews were littered with both blatant admissions of being too proud to stay with others, and underlying ones as well. Often the men noted they would rather suffer through the experience, than to be a weight on their family members. It was specifically stated, "I would never ask to stay with my sister. That ain't going to happen...I don't see myself doing that... Just my pride." (Mr. K)

All of the unsheltered men indicated a need for help from social service providers. This was apparent both in the fact that this desire was relayed during the interview, and also, with the exception of one individual, all the men claimed they have sought out services from multiple outreach organizations. Even with their desire to obtain assistance, none were assisted with the most pressing need which was suitable housing.

While there are a number of homeless shelters in Atlanta, Georgia, the men specified that the available shelters did not meet their basic needs. Beyond the restrictive nature of homeless shelters, where there is a lack of freedom, and where individuals must line up at a certain time to secure a bed and leave the shelter sometimes as early as 4 a.m.; the men spoke of the deplorable and unsanitary nature of many of the shelters. Health concerns such as the prevalence of tuberculosis and bed bug infestations keep many men out of shelters. Additionally, shelters are deemed to be unsafe, and the men noted that some shelters should be closed down because of these concerns.

Another concern with regard to homeless shelters is that there is unfair treatment, both in regard to those with felony convictions, those with SSI disability income, and for individuals who are looking for work or who are working. In the state of Georgia, a felony conviction automatically disqualifies some homeless individuals from gaining access to resources such as Food Stamps and access to certain shelters. Last, some of the men noted that because there is a specific time to line up, they are not able to secure a bed because they are working. In order to do so, they would need a letter from their employer stating they are working. The fear is that in asking for the verification letter, the employer will fire the individual. One individual spoke of the necessity to bribe outreach workers with cigarettes to let him in.

The majority of the men spoke about the chaotic nature of living on the streets. Other homeless individuals were described as both volatile and helpful. With regard to being helpful, they spoke of some camaraderie as they alluded to helping others out, but

also the homeless network provides information to one another. Most of the men found out about homeless outreach organizations and resources through other homeless individuals. The men also spoke of their desires to help others either through signing them in for meals or by removing themselves from line so another individual could receive the services that they needed.

All the men spoke of survival strategies that needed to be employed when living on the streets. The individuals discussed strategy in terms of where they slept, and how they protected themselves physically and mentally.

With regard to the research question, what are the lived experiences of unsheltered homeless persons within the social network available to the homeless population in Atlanta, it was clear that many still maintained relationships with family and associates that were considered good. Mr. K, Mr. T, and Mr. E all noted that their families have offered support to them while they have been homeless. Mr. M stated that his neighbors help him out, [people that] “know my situation help me out a lot as far as giving me little yard work and things to do.” Other homeless were noted as a form of support network. Many of the men (Mr. E, Mr. K, Mr. M, Mr. G, and Mr. P) state that they find out about outreach organization and resources through word of mouth. [I find out about resources] “in the streets. By being around other homeless people. People talk.” (Mr. K)

Another source of support is faith. The men noted that their faith sustains them. Many of the unsheltered were lifelong believers in God and used such spiritual practices

as reading a devotional, praying and attending church services to stay in tune with their spiritual beliefs. Moreover, many of the men also noted that it is through their belief in God and their faith that they are able to maintain and cope with the unsheltered life. “I know there’s a God cause if there wasn’t, I wouldn’t be here.” (Mr. E). Mr. M also shared the sentiment; [faith] gives me hope. It keeps me from getting depressed. Additionally, the belief systems of some of the men shaped the way in which they believed others should behave, and the way in which they should treat people. Mr. K spoke of his relationship with his sister and said, “everybody in the family is beneath her. But she’s a Christian; she goes to church every Sunday that type of thing.” (Mr. K). Mr. H noted that while he did not believe in God, he did” believe in being kind to people. I believe in loving my neighbor no matter who they are”. Furthermore, he stated, “I can’t stand organized religion...some of the meanest people I have ever met in my life go to church. They are some of the most hateful and judgmental people I have ever met.”

Summary

In Chapter 4, the findings from this phenomenological study of the experiences and utilization of social services among unsheltered homeless men age 45 years old and older in Atlanta, Georgia were presented. During the data analysis four themes emerged. They were: (a) complexities of being unsheltered, (b) barriers to becoming sheltered, (c) specific needs, and (d) faith sustains (See Appendix E). Within the main themes, 10 subthemes emerged. Appendix E provides the full list of themes and subthemes.

The next chapter will present a brief overview of this qualitative research study, a summary of the findings and the implications for social change. A dissemination plan for the results and recommendations for future studies are also included.

Chapter 5: Summary, Conclusions, and Recommendations

Introduction

The purpose of this chapter is to summarize the findings presented in Chapter 4 about the lived experiences of unsheltered men in Atlanta, Georgia, particularly as they pertain to the use of social service organizations, and to the social networks of the men. In Chapter 2, the research showed that while the literature on the homeless in general is plentiful, there is a significant gap in research on the unsheltered population. There is limited research on the homeless who are not substance abusers and do not have mental illnesses.

This study not only provides an understanding of the unsheltered experience, but can also provide social service providers and policy makers with areas of opportunity to enhance their service delivery to better assist different types of homeless individuals. Policy makers and decision makers can redirect funding, and create programs and services that more effectively meet the unique needs of the unsheltered.

Face-to-face interviews were conducted with eight unsheltered men between September 20, 2015 and September 30, 2015. The study volunteers all frequented the Central Outreach and Advocacy Center where I currently volunteer. This phenomenological study explored the lived experiences of being an unsheltered man in Atlanta, Georgia. The study also explored the social assets and networks of the men. Rich descriptions were used to understand the phenomenon.

A purposeful sampling criterion was used in which volunteers met the criteria of being (a) male, (b) age 45 and older, (c) unsheltered, (d) residents in Atlanta, (e) not substance abusers, and (f) mentally competent in order to provide consent and to complete the interview. The criteria were verified both by verbally asking for verification on each, and by using the HMIS database to verify the self-reported information.

The interview guide created by the researcher was validated through the use of a panel of Walden University faculty who are qualitative experts. During the data analysis four themes emerged. They were: (a) complexities of being unsheltered, (b) barriers to becoming sheltered, (c) specific needs, and (d) faith sustains (See Appendix E). Within the main themes, ten subthemes emerged. Appendix G provides the full list of themes and subthemes.

Using Giorgi's descriptive phenomenological method, the essence of the lived experience of unsheltered homelessness was presented within a social constructivist conceptual framework and the theory of social capital. The social constructivist framework is used to explain the unique experiences of the unsheltered men, in particular how they derive meaning about their experiences. The theory of social capital, on the other hand, is used to explain the relationships and networks that unsheltered men have and use on a regular basis.

In the interviews, study participants shared their thoughts and experiences about life as unsheltered men, their experiences with social service providers, their social networks, and how spirituality or faith plays a part in their life.

An interpretation of findings by the four themes and ten subthemes will be presented in this chapter, followed by the study limitations, recommendations for future research, implications for social change, and conclusions.

Interpretation of Findings

The descriptions of the eight unsheltered men provide an understanding of the life they led before they became unsheltered, of living unsheltered, their experiences with outreach organizations, and an understanding of their spirituality or faith. While there were differences in their individual experiences and backgrounds, four major themes emerged. The themes were: (a) complexities of being unsheltered, (b) barriers to becoming sheltered, (c) specific needs, and (d) faith sustains (See Appendix E). Additionally, there were 10 subthemes. In the following sections, the themes and subthemes are discussed in detail using a social constructivist conceptual framework and the theory of social capital.

Theme 1: Difficulties and Complexities of Being Unsheltered

Living unsheltered is a distressing life circumstance. Homeless individuals not only have to deal with their living situation, but also face mental stress, physical stress and illnesses, social stigmas, isolation from family and others, and the task of navigating the bureaucracy of social service agencies. Chapter 2 presented the fact that those who are homeless disproportionately face mental and emotion challenges due to their living situation (Gordon et al., 2010; Jones et al., 2009; Kendall-Tackett, 2002; Lee et al., 2010; Moulton, 2013; Shelton et al., 2009). Irwin (2009) indicated that because homeless individuals lack adequate resources, they are severely disadvantaged when dealing with many of the issues that arise from homelessness. Some of the emotional issues that the homeless face are “emotional distress, social inadequacy, growth and discovery, interpersonal isolation, and self-alienation” (Rokach, 2005, p. 99). There are also indications that many of the issues that the homeless face seem to be bi-directional (Anderson, 2013; Hoshide et al., 2011). What this means is some mental, physical and emotional conditions may cause homelessness, however it is also likely that these conditions surface as a result of the difficulties and complexities of being homeless.

The three subthemes within Theme 1: Difficulties and Complexities of Being Unsheltered are Subtheme 1: Safety and Survival, Subtheme 2: Emotional and Mental State of the Men (chaos and volatility of living unsheltered and emotional state of the men), and Subtheme 3: Pathways to Homelessness (caring for relatives prior to becoming homeless, family discord, and substance and alcohol abuse).

Subtheme 1: Safety and survival. In order to survive homelessness, individuals must figure out how to eat, how to remain physically safe, where to sleep, how to obtain clothing, and how to maintain their personal hygiene. Philipps (2012) noted that the inability to maintain personal hygiene can cause psychological distress.

Rokach (2005) noted that the longer one is homeless, the more likely he or she will implement a routine to adapt to his living situation. In a similar vein, Chamberlain and Johnson (2011) posited that in order to survive living in the streets, newly homeless individuals must quickly adapt and learn the rules of engagement.

All the men in the study provided a reason for sleeping outdoors, rather than in a shelter. Furthermore, three of the eight men specified that sleeping on the property of a church or homeless outreach organization was strategic in terms of safety, or being able to be near the front of the line when the organization opened. There were indications that churches and outreach organizations are the safest places for the unsheltered to sleep. This allows them to be at the organizations early enough to get the resources they need.

Strategies to protect themselves were presented by five of the eight unsheltered men. Protecting oneself entails the measures the men put in place to protect themselves physically, mentally and emotionally. As previously noted, some of these strategies included sleeping on church property for physical safety, but also to ensure that they are not arrested for such things as loitering or urban encampment. The threat of being arrested simply because they are homeless was apparent. Many states have laws that disproportionately target homeless individuals simply because these individuals have

nowhere to go. The National Coalition for the Homeless (2009) reports that criminalization of homeless individuals is occurring in many states where sleeping, camping, eating, sitting, and begging in public spaces has become a crime. The consequence for using these survival strategies is now arrest or a fine.

One of the participants, Mr. M stated, “I don't like that under the bridges thing or in other areas, when you can get locked up for urban camping.” Another gentleman, Mr. K noted:

I can't see why certain things are happening as far as doing things to the people. I can see if you initiate something like car break ins or something is happening that shouldn't be happening, but when a person is sitting somewhere and they are not doing anything and just because they're homeless, I can't see how the officers try to put homeless off the street. Where are you going to put them at?

Some men have slept outside of outreach organizations so that they would be able to be at the front or near the front of the line when the organization opens. Others have resorted to eating out of garbage cans (Mr. H and Mr. G) to ensure nourishment, or bribed volunteers to let them into the shelters after hours (Mr. M).

Adapting to life unsheltered and preparing for what is coming is another protection strategy. Mr. K noted, “I have adapted to [being unsheltered] to the point where I survive comfortably to it. It's a whole new season now; it's starting to get cold. You have to prepare for stuff like that.” He also noted that to survive, homeless have to be willing to prioritize what's most important. Physical safety is vital as an unsheltered

homeless. Research consistently points out that the homeless are prone to being victimized (Rayburn & Guittar, 2013; Smith, 2015; Nyamathi et al., 2000).

Mr. E describes living on the streets as addictive. He states that in order to protect himself physically, he has to go to great lengths to stash weapons in the vicinity where he needs to travel or sleep. He proclaimed that he comes from a loving family and it is in his nature to exhibit loving behaviors, but as Mr. E stated:

[Showing love] is instilled [in me], and when you do that in the streets, if you show love, they take it for a weakness... They don't understand that I love because it is what's in me. I'm not feeding off what you [are] feeding off of, I feed off love. Everything on the streets feeds off something different... When you are on the streets; you have to learn how to survive like you're in the jungle.

According to social constructivism, individuals create meaning based upon their experiences. This was most evident with Mr. K and Mr. E. Both were explicit in their descriptions of how they have adapted to living unsheltered and have normalized the experience. This is apparent in the description provided by Mr. E about protecting himself. He indicated:

If you are in an area where it's a drug area, in order to survive that, you have to have traps set up everywhere you go because you are dealing with all types of different people. What I mean by traps is... I might have a butcher knife stashed in these bushes right here. And in these bushes I might have a bat stashed over here. Where ever I am at and whatever trail I'm on... I have it set up so I can get to it if

I need it...when you are in certain areas, you got to have protection. God protects us anyway, but you have to live like that in order to survive out there... Anything can happen to you at any given point when you're homeless at any time on the streets. When you are traveling through that, you have to know what you are doing. If you don't you won't make it. You just won't. If you make it mentally, you won't make it physically.

Lee and Schreck (2005) posited that a number of factors contribute to the victimization of the homeless such as their marginality in society, and their concentration in inner city areas. Homeless individuals have to carry all their possessions with them at all times making them a target. Additionally, they are on the street all throughout the night, and often in inner cities and areas with high crime.

Subtheme 2: Emotional and mental state of the men. In describing the experience of being an unsheltered man in Atlanta, Georgia, six of the eight men described the chaotic and volatile nature of living on the streets. There was a sense that the men needed to always be on guard in order to maintain their physical, emotional and mental health. Lee and Schreck (2005), and Smith (2015) presented findings that suggest that the homeless not only are more likely to be victims of crimes, but also are likely to witness crimes which place them at an additional vulnerability. Within Subtheme 2: Emotional and Mental State of the Men were the themes chaos and volatility of living unsheltered and the emotional state of the men.

Chaos and volatility of living unsheltered. The majority of the men presented examples of the chaotic nature of living unsheltered. Some of the men used the word “crazy” in describing the nature of living unsheltered (Mr. E, and Mr. K). Living on the streets was also described as addictive.

Being on the street is kind of like an addiction. You can get addicted to the streets, just like you can get addicted to a lifestyle of drugs or anything like that. When you are on the streets, it’s a jungle... Anything can happen to you when you’re homeless at any time on the streets. (Mr. E)

The men described the conflicting nature of trying to balance their own sense of compassion for other homeless individuals, protecting themselves and still being able to get the resources that they need to survive. Some researchers indicate that lower income individuals and those who identify with religious principles are likely to be more generous in their giving (Paxton, Reith & Glanville, 2014; Simmons & Emanuele, 2012). Additionally, empathy (Verhaert & Van den Poel, 2011) and having an emotional reaction to others (Habetinova & Noussair, 2015) are also factors to being more charitable. Several of the men in the study spoke of their willingness to help other homeless individuals. The theory of social capital posits that when members in a society are a part of a group, there is vested interest, a sense of camaraderie and solidarity. While the men felt the need to look out and protect themselves, they also expressed the desire to help other homeless individuals. Mr. H noted several times during the interview that he

was conflicted because he needed to find affordable housing, but would see others in greater need and leave the line so that someone else could be helped. Mr. H stated:

I come in here and they're so packed every day and It's not their fault, don't get me wrong I don't want to sound like I'm just bitching about everybody else, like I am just Mr. More Deserving than everybody else. That's not what I'm saying. I get in line and I'm like. It's weird, I'll hear them talking, and I think well mine is not that important and I'll go ahead and leave. Like, I said. I don't need to bother these people with this. These people need the help more than I do.

However, throughout the interview Mr. H reiterated his own need for help. In one instance he explained:

I have been struggling to find stable affordable place to live... I been trying to get some help or assistance... everything you do seems to be dependent on the person you are going to get help from and not on yourself. You have to sign all these things and do all this jumping through hoops.

Mr. E shared a similar sentiment about wanting to help others, but needing to protect himself.

When you do that [show love] in the streets...they take it for a weakness. They don't understand that I love because it is what's in me...If I can help you, I will help you. If I have 50 cents, you can have 25 cents of it. I'm harmless. If I have a shirt or a pair of pants [I will give them to you because] I have some pants stashed

over here. When you are on the streets, you have to learn how to survive like you're in the jungle.

Despite the chaos that occurs when living on the streets, there is a sense of camaraderie among homeless individuals. Portes (1998) stated that according to the theory of social capital, members of groups are often afforded intangible resources. In the homeless community, information about where to eat and obtain necessities is an intangible and valuable resource obtained through networking with other homeless individuals. In fact when the study participants were asked how they found out about the homeless outreach organizations that they frequented, five of the eight men mentioned that it was through word of mouth. Mr. K stated, he finds out information “on the streets and being around other homeless people. People talk. You would never believe. As far as food, it's like who is feeding tonight? Oh Safehouse. That's how the conversations go.”

Homeless individuals usually share friendships with other homeless due to the fact that they are in constant contact with one another. They have a shared understanding of the plight of homelessness, and they are not likely to judge one another (Philipps, 2012).

Emotional state of the men. Being homeless is emotionally distressing. Homeless individuals face mental, emotional and physical distress that is disproportionately higher than the general population. It has been found that homeless individuals with positive coping strategies, a positive perspective on life and external social supports are likely to have less emotional distress and a greater level of resilience (Thompson et al., 2013). The

unsheltered men who participated in this study exhibited and expressed an array of emotions from frustrations to being encouraged, motivated, feeling powerless, and anguished. All the men with the exception of Mr. T were eager to speak of their experiences. Mr. T however, was more reserved and simply answered the questions as asked and did not offer up more details than needed.

Three of the eight men remained hopeful and optimistic about their futures. Mr. K, Mr. M, and Mr. G expressed a sense of encouragement and optimism. Mr. K noted that his stress level was low. He indicated:

I'm not really stressed, because I know what it is. I don't really stress about where I'm going to sleep or that I'm homeless. Things like that don't really stress me, because I know opportunities are going to come. It's going to come to me; I just have to be a little patient.

Mr. M shared a sense of optimism about achieving the goal of overcoming homelessness. I am "optimistic... I set short term goals and long term goals...my goal are to get off the streets before it gets cold. I'm gonna make it happen." Mr. G was also goal oriented and said:

I am here to make money. To send my kids to college. I'm going to do that, I'm not going to leave or give up until I get them into college. I'm going to get my son into college next year.

Emotionally, the men indicated that sometimes the outward turmoil was turned inward, as was the case with Mr. H. He said:

I feel like I have just been so beat up by so much bureaucratic crap. And instead of it being someone's bureaucratic crap, I turn it inwards and I'm just beating myself up and making it harder to walk into any doors and do stuff. I recognize it for what it is but it's overwhelming. Even though I recognize it still doesn't seem to help me to overcome it. I don't know how to describe it.

The men also noted that life unsheltered is extremely difficult. While many had employed coping strategies, they explained that living unsheltered was extremely difficult. Mr. E said:

Being unsheltered is something that you have to experience in order to really understand. What I mean by that is you have to really live that life to really understand it... You see it every day in these homeless places, or under the bridges or whatever, but there are some people that are homeless that dress super good and you never know it because they are trying to keep their sanity.

Homelessness can put you in an area where you don't care anymore. If you make it mentally, you won't make it physically. There's a lot of different ways you won't make it when you are homeless.

Mr. H stated that "being homeless sucks, and Mr. P said, "You know it's hard to start when you don't have a place to stay at night."

Some of the other men spoke to their frustration, being disenfranchised and a sense of powerlessness with being homeless and dealing with social services. The long

lines they must wait on, having to get in line as early as 5 am, and the large number of homeless vying for the same resources was problematic.

Mr. H and Mr. T both stated that the long lines and number of people in line was an issue.

There is a long, long line, 40 or 50 folks. I haven't been able to get to the front of the line because I gotta stay out there until it's my turn. It's hard to get from the back of the line to the front of the line. (Mr. T)

Mr. H also made comments about the large number of homeless people attempting to receive services in Atlanta. Mr. E explained:

There are just so many people... I been going out there in the mornings from 5-7 and you stand out there in line to wait for a bed... As far as social services around here, none of them really have done anything. Come in here and they're so packed every day.

Mr. P spoke of how homeless individuals who are looking for work have to compete with so many other individuals for the same opportunities. Mr. P noted:

If you want to get a job and stuff like that. It's like an unemployment office, they will tell you [about jobs], but they'll also tell 100 more people. There's a lot of people that are homeless in this city. They all want the same job.

The men explained that much of the frustration with using social services is the red tape and the attitude of the person providing the help. Some of Mr. H's frustrations stem from needing help, but not being able to get what he needed. He stated that "it's

hard to get any type of help... everything you do seems to be dependent on the person you are going to get help from and not on yourself.” This was the same for Mr. M, he spoke about trying to get food from a church pantry, and not being able to because he did not live in a nearby zip code. “I went to this church to try to get some food, and they said you don’t live in the zip code, so I can’t give you no food... I don’t understand that.”

As it relates to those providing help and resources, the men felt the help they received was based on the attitude of the person helping and not the availability of the resources. Being respected is an essential part of effectively delivering service to homeless (Moore, Manias, & Gerdtz, 2011; Perry, 2013). Because of the oppression faced by many homeless individuals being treated with respect is important.

Mr. K spoke of a mix of good and bad experiences with the people who have helped him. He said:

At some places the people helping... they overdo it. They're always courteous and go beyond the call. [Other places], its bad... The personalities there... It's to the point you can't give everybody a position. Some people will abuse it. There are a couple of people that abuse their position. Otherwise, the others are pretty good. I don't go in there long enough for anyone to have an attitude with me.

Mr. H experienced frustration in trying to get assistance. Of the experiences he shared, he said:

She wouldn't even talk to me. She wouldn't even let me sit down mind you and [I had a referral to see her]. I tried to get into Gateway and they turned me down. I

been going out there in the mornings from 5-7 and you stand out there in line to wait for a bed. I can't even go in to get a referral from them.” He also stated, “I tried to get some help also from Travelers Aid Hope Atlanta through the Ryan White funding so that I could find some transitional housing or whatever. I didn't have receipts for everything that I bought with my disability. They wouldn't help me.

Silva (2014) noted that a sense of powerlessness in homeless individuals may emerge from one being marginalized. Further, “these chronic feelings of powerlessness can contribute to a person’s belief that his or her actions would produce no positive results. The concept of powerlessness may help to explain the reluctance of some homeless individuals in wanting to request help from social service providers” (p. 1). It may be likely that the longer one remains unsheltered, the more powerless the individual may begin to feel, and the more likely they will stop seeking assistance.

Subtheme 3: Pathways to homelessness. Seven of the eight men who participated in the study spoke of their pathway to homelessness coming by way of caregiving for a relative prior to becoming homeless, or of family discord, substance abuse, alcohol abuse, or an arrest. These pathways are consistent with the research on homelessness.

Researchers indicated that many homeless individuals were either living with parents, family or extended family or friends prior to becoming homeless (Caton et al., 2005; Grant, Gracy, Goldsmith, Shapiro, & Redlener, 2013). Mr. M and Mr. G both were

taking care of older relatives and had job loss prior to homelessness. Mr. K left his home and moved in with his sister who was suffering from the loss of her husband. “My sister was going through a lot of things after her husband passed, and she just couldn't pick herself up. It dragged me down.” A strain developed in Mr. K's relationship with his sister, she sold the house, he lost his job, and had nowhere to go.

Family discord is another pathway not just into homelessness, but also to the men remaining homeless. With the exception of Mr. P, all the other men had a living relative; however Mr. H, Mr. K, and Mr. V all noted some sort of dissension in their families. Mr. H and Mr. K explained that they had siblings that resided in Georgia. Mr. H noted that his relationship with his sister was contentious. Mr. H asserted:

My sister she's one of the most difficult people I know and gives me crap. . . . My sister is out in Loganville. I don't know what her deal is. I never done anything to her. She would rather me sleep out in the sidewalk. I said hey let me come camp in her yard. She wouldn't let me do that. And my family, I can't even get them to come and help me out.

Mr. K has one brother in the federal penitentiary, one brother in a recovery center, one sister that does not speak with any of the other siblings; and the sister whom he was helping out when her husband died, but an issue came about where he could no longer stay at her house. Mr. V spoke of having one brother, but did not go into further detail. He said “my step mom didn't want me living in the family home [after my dad passed] because when I was 19 years old, I burglarized houses in the neighborhood.”

Last, four of the eight men experienced arrests causing further complications. Mr. H and Mr. E both have drug convictions; however neither are current substance abusers. Mr. V has a domestic violence arrest and two DUI arrests. Mr. K has a conviction for forgery. Mr. H, Mr. E, and Mr. K were explicit about the complications that their convictions have caused in their lives. Mr. H noted that his drug conviction in California prohibits him from receiving HUD housing, Food Stamps and being able to stay at certain homeless shelters. Mr. E noted that “using drugs and not taking care of my family” led him to becoming homeless. Mr. K stated that this felony conviction has made finding gainful employment difficult. “I am a convicted felon. It doesn't make it easier for me to get a job.”

Theme 2: Barriers to Becoming Sheltered

When asked to share their experience being unsheltered and to explain why they do not use shelters, the men spoke of a number of barriers to becoming sheltered. The subthemes within Theme 2: Barriers to Becoming Sheltered are Subtheme 1: Personal Barriers (complicated family relationships, a desire to help their families, and pride) and Subtheme 2: Bureaucratic Red Tape

Subtheme 1: Personal barriers. All eight men in the study expressed a desire to become sheltered. Specific barriers however exist to achieving this goal such as an inability to obtain employment. The men ranged in ages from 45 to 63 years old. Most had a high school or lower level education. Mr. P has an Associate’s Degree. With the exception of Mr. H, all the other men were manual laborers at their previous place of

employment. Six of the eight lost their job for one reason or another and some of the men had not worked in over a decade. Two of the men were receiving SSI disability income. These barriers coupled with age are likely to severely limit not only the type of employment opportunities that are available to the men, but also the housing options. Researchers indicated that the average age of the homeless is increasing (Brown, Thomas, Cutler & Hinderlie, 2013; Kushel, 2012). Housing options for this growing population are needed. Additionally, because the health concerns of older homeless are more severe than their younger counterparts and those in the general population, housing options should include supportive programs to address the unique needs of older homeless (Brown et al., 2013).

Complicated family relationships. As noted earlier, seven of the eight men in the study indicated that they had living relatives. Of those, six remain in contact with their family members. Mr. E, Mr. K, Mr. T and Mr. M remain in contact with their family members. Mr. E and Mr. M indicated that they visit their families on a regular basis. Mr. E spoke of his 82 year old father and stated, “my father, he's 82. I visit him. He's at home alone a lot.” Mr. M's family lives over an hour away from Atlanta, Georgia, but he stated, “I go home like once or twice a year to Athens [to his family's home].”

Many of the men indicated that they have good relationships with their family members. The men used the descriptors “beautiful relationship” (Mr. E), “close relationship” (Mr. K, and Mr. T), and “good relationship” (Mr. M, Mr. G, and Mr. V) to describe their family dynamics. Despite having these positive relationships, some of the

men noted that their family members were unaware of their homeless status (Mr. G and Mr. M). Further, for a host of reasons that will be discussed in the next subthemes, the unsheltered men have decided not to stay with their family members.

Desire to help their family. Several of the men in the study (Mr. E, Mr. K and Mr. G) expressed a strong desire to help their family, rather than to be a burden. Mr. E has a large family consisting of several children in their 40's and 14 grandchildren. He remained adamant that his role was to be a grandfather and to help his grandchildren and that he would not go live with any of them. "When you're a grand daddy you don't want to stay with your grandkids. You want to help your kids and that's one of my reasons for being homeless. I don't want to put the weight on my family."

Mr. G is from Alabama and refuses to return home. He states that he is in Atlanta to "to make money. To send my kids to college. And I'm going to do that I'm not going to leave or give up until I get them into college." Mr. K stated that he could stay with his nephew, but he doesn't want to burden him. He wants to be there to help him instead. Other reasons why the men who participated in the study do not stay with their family members are family discord (Mr. H), families are already financially burdened and cannot afford to house the individual (Mr. T), and not wanting to interfere with their family members (Mr. K).

Pride. Pride is tied to the men not wanting to live with their families. Philipps (2012) provided an explanation of how the inability to perform the role determined for men (i.e. breadwinner) can have devastating effects on the emotional wellbeing and

esteem of homeless men. It was noted that “the inability to live up to these standards can cause psychological distress” (p. 11). Additionally, desolation about their masculinity may occur because these homeless men are unable to take care of their families and loved ones. This concern was evident in some of the men. This finding falls in line with the social constructivism assumption that meaning is socially constructed. Given historic gender roles and expectations, it is not surprising that the inability of these men to provide for and care for their families would leave them to believe that being unsheltered was better option, than being taken care of by their loved ones.

Mr. K not only noted he did not want to interfere with his nephew by staying at his place, but also that his nephew would like to support him, “I feel like I got too much pride to go there... I don't want to go to [his] house, I don't want to stay with [him]. You see it's my pride.” Mr. E also admitted that pride was the root to him continuing to be homeless. “They want to support me...I don't want to be a burden to them... I'm going to get my life right, so I can help my family.” As stated earlier, Mr. G also did not want to return to his family because he wanted to ensure he was able to provide for his children and be able to send them to college.

Subtheme 2: Bureaucratic red tape. All eight men in the study experience some level of bureaucratic red tape. This came by means of long lines, required documentation, restrictive rules and regulations, and limited available resources. While the majority of the men (Mr. H, Mr. K, Mr. M, Mr. T, Mr. G, Mr. P, and Mr. V) used multiple service organizations, they all still had unmet needs.

In Chapter 2, bureaucratic factors such as long lines and the need for excessive documentation was discussed. Lengthy applications, long wait times, and negative attitudes by providers were the most common barriers to accessing care. The men in the study experienced all these barriers when attempting to use social service organizations. In some states, there have been efforts made to eliminate some of the bureaucratic barriers through the implementation of mobile health care facilities (Nakonezny & Ojeda, 2005; Omori et al., 2012), and Housing First Options (Tsembaris, 2010). The results of these mobile clinics were successful as the facilities were located in areas where the homeless congregate and the homeless were able to receive needed medical attention, health education and medication that they needed. Similarly, Housing First programs have also proven successful in transitioning unsheltered homeless into stable homes. Reducing the rigors associated with getting assistance would benefit many in need of services.

Mr. H was explicit about his frustrations with the process that he had to go through to try to get help, and about the fact that he was denied shelter and assistance many times. Mr. H explained:

You have to sign all these things and do all this jumping through hoops... They turned me down cause I was on disability, and I couldn't understand and I really just wanted to get off the street and have a stable place and wanted someone like a social worker or case worker to work with me and help me find somewhere so that I could stop the always constant getting up going somewhere standing in line

and jumping through hoops... I didn't have receipts for everything that I bought with my disability. They wouldn't help me. I was like who is walking around here in this situation keeping receipts for everything... They always want something that you ain't got. You come in there and you've lost everything that you got and they want you to have all these damn papers... I feel like I have just been so beat up by so much bureaucratic crap.

Mr. K, Mr. G, and Mr. P also complained about the bureaucracy of social service organizations. Mr. K noted that he does not linger in social service organizations; "I don't go in there long enough for anyone to have an attitude with me." He furthered that the lines at the organizations are long, but that homeless people need to prioritize and find ways to access resources. Mr. K also said:

Two things you shouldn't be is clothes-less and hungry in Atlanta. You shouldn't be. Because they feed you, and they are going to give you some clothes... You just have to know this type of stuff. You gotta think, if you have to be in the shelter at 7, how are you going to go and eat at 7? A lot of the shelters don't feed you.... I have adapted to the point where I survive comfortably. Now it's a whole different season now, it's starting to get cold. You have to prepare for stuff like that. You got to prepare for it.

Mr. G and Mr. P also complained about "the run around" that they have experienced when using social services. The men noted:

If they woke up in the morning with a good attitude, you might get some good service. If they have a bad attitude, you might get the run around and have to come back the next day... [the organizations are] not designed to help you. (Mr. P)

While the men still had unmet needs, they all indicated that they were able to receive some resources from the agencies that they frequented. Most often the resources received were documents such as homeless verification letters, a homeless identification card, birth certificates and social security cards (Mr. H, Mr. E, Mr. K, Mr. M, Mr. G, Mr. P, and Mr. V).

While the men typically described their experiences with social service agencies as helpful, there was also recognition that the resources are limited, while the demand is great. With regard to the helpfulness of the agencies, the men said such things as:

It's been helpful. They've been able to do things that I couldn't like get certain things...

Like I got my birth certificate, I got my ID, [and] I got my social security card on file.

I'm getting reading glasses. These necessities, I couldn't get without social services. (Mr. V)

“If it weren't for the resources I would be probably in jail. The people have always been very helpful to me.” (Mr. M)

Mr. H indicated that there are so many homeless people and the social service agencies can only do so much. “The services here in Atlanta are just all really bogged down, they are just so many people.”

Mr. P explains:

You have to do it for yourself a lot. If you want to get a job and stuff like that. It's like an unemployment office, they will tell you [about a job], but they'll also tell 100 more [people]. There's a lot of people that are homeless in this city. They all want the same job.

Providing services to homeless individuals is extremely costly (Poulin, Maguire, Metraux, & Culhane, 2010; Tsemberis, 2010) and while policy makers seek out ways to reduce cost, the number of homeless has remained steady with about 600,000 individuals being classified as homeless in both 2013 and 2014 (Henry et al., 2014). Some of these efforts include providing supportive housing for homeless who have disabilities or severe mental illnesses. Other efforts that have proven successful and cost effective are Street to Home and Housing First Programs. Jost et al. (2011) presented findings from qualitative interviews of 20 unsheltered individuals who were housed in a Street to Home program. Researchers provided analysis and evidence that supported housing models where prerequisites such as sobriety are eliminated. Additionally, these housing models provide a range of supportive services readily available to those in these facilities.

Additional bureaucratic barriers that emerged were different rules and regulations for certain homeless individuals. Homeless individuals with felony drug convictions or who receive SSI disability are placed at a further disadvantage because these two factors often disqualify individuals from certain programs and resources. Both Mr. H and Mr. T were disqualified from some shelters because they receive SSI disability. They instead have to seek out affordable housing options. Mr. T may fare better than Mr. H in this

aspect because Mr. H also has a felony drug conviction which disqualifies him from HUD housing assistance. Mr. H explained:

Gateway wouldn't let me in because I was on disability. I tried to get some help also from Travelers Aid, Hope Atlanta through the Ryan White funding so that I could find some transitional housing... [I couldn't get help] because I didn't have receipts for everything that I bought with my disability...because of the drug conviction, I am disqualified for some programs... I can't get HUD because of a drug conviction. I didn't even have any drugs on me... I can't even get HUD housing because of it. That makes it hard.

Another complaint that emerged in the interviews was that some of the men in the study believed that there was unfair treatment of homeless. Specific examples were with regard to homeless that work. The National Coalition for the Homeless (2015) suggested that a majority of homeless are employed, however they are likely to be underemployed and face challenges that housed workers do not such as transportation issues and lower skill levels. Furthermore, despite being employed, most cannot escape homelessness.

Both Mr. M and Mr. P encountered difficulties with finding shelter while working or seeking work. Mr. M presented a scenario where he had to bribe volunteers at a shelter to let him in after hours. He stated:

If I have a job working 3 to 11, Then I can't get into the shelter without a work verification letter...I was working at a gas station and if I got cigarettes to give to the volunteers that work at the door, then they would let me in. If I don't have

cigarettes, then they wouldn't let me in, so that's how that works when it comes to shelters.

Additionally, Mr. P concurred with Mr. M and added that getting an employment verification letter is equally as troublesome.

You can't just line up after you get off work and go straight in [to the shelter], but people who don't have anything to do can. After a certain time they don't let you in. And they can't let you in, because you have to have a letter from the company [saying you're working] and if you ask the company for the letter, they will fire you, so it's just the run around.

Theme 3: Specific Needs

Each one of the men had a specific and unmet need. The men had supportive needs, and were in need of medical and psychological attention. The subthemes within Theme 3: Specific Need are Subtheme 1: Immediate Housing, Subtheme 2: Need for Independence and Support, and Subtheme 3: Need for a Better Alternative than Existing Shelter (shelters not conducive for those who work).

Subtheme 1: Immediate housing. All eight men stated they needed immediate housing or shelter. Researcher indicated that homeless who are put into transitional housing or Housing First programs are likely to succeed. Success has been attributed to the sense of independence and autonomy that comes with the independent housing option (Jost et al., 2011).

While some of the men in this study preferred independent housing (Mr. M) or affordable housing (Mr. H and Mr. T), others would opt for a shared apartment (Mr. P and MR. K), transitional housing or a suitable shelter (Mr. E, Mr. G, and Mr. V).

Subtheme 2: Need for independence and support. The interviews dispelled the notion that all homeless are addicted to drugs, are alcoholics and have mental illnesses. Further dispelled was the perception that homeless individuals have no desire to work and instead want government assistance. The public typically perceives homeless as “lazy, drunk men” (Rayburn & Guittar, 2013), “individuals choosing to live the way they do and not wanting to work” (Anderson, 2013).

A theme that emerged was that many of the men who participated in the study had a desire to be independent, to help their families and to find employment. Research indicates that while many homeless have addictions or mental illnesses; others have become homeless due to release from prison (Caton et al., 2005), loss of home, or because of divorce (Homeless Resource Network, 2015). Furthermore, “the transition to becoming homeless lasts days, weeks, months, or even longer. Most people living on the street or in shelters have already spent time living with friends or relatives and may have experienced previous episodes of homelessness” (Goodman, Saxe, & Harvey, 1991, p. 1291).

The men who were unemployed for the least amount of time Mr. M (6 months) and Mr. P (3 months) expressed the strongest desire to find employment where they could have a stable source of income. Mr. M indicated “I get some jobs here and there. I

just need steady income,” and Mr. P noted that he was still seeking out employment opportunities.

Mr. H, Mr. E, and Mr. G also expressed a desire to work in order to survive. Mr. H receives SSI disability income and was told by a social service agency that doctors would not allow him to work, however, he indicated, “I will work if I have to, to stay in here or whatever. I can do something even part time.” Mr. E suggested that he would work and would “be a better worker because I will be able to help my family like I have always done.” Mr. G also stated that he desires to find a job so that he could make money and help his children.

Additionally, emerging from the data was the fact that the men felt there was a lack of support for homeless people from police officers, social service agencies and the general public. In relation to a lack of support by law enforcement, several of the men indicated that being homeless has become criminalized. While some have taken actions to prevent being arrested, other stated that they were aware of the likelihood of being arrested for being homeless.

Mr. M spoke of being cognizant of where he sleeps to avoid arrest, “I don't like that under the bridges in other areas, when you can get locked up for urban camping and stuff.” Mr. K spoke about his perception of the way law enforcement and other authority figures treat the homeless. He stated, “when a person is sitting somewhere and they are not doing anything and just because they're homeless, I can't see how the officers try to put homeless off the street. Where are you going to put them at?”

As it related to other authority figures, Mr. K said:

My whole thing with the city of Atlanta and Mayor Reed... I can't understand how you can be against people who are homeless. I can't figure that part out. Any kind of decent human being... Why are you so against the homeless? You are going out of their way to make things uncomfortable for homeless people. I don't understand that.

Mr. H spoke of the lack of respect and ill treatment that homeless individuals endure from police officers. He indicated:

You don't get any respect from police officers or anything like that. It's because of the way I'm dressed, it's just like an automatic code that's put on you and they don't have any respect. The police officers might be nice to some homeless people but after dealing with so many kinds of people doing this kind of stuff, everybody gets treated the same.

With regard to social service agencies and workers, the men wanted more supportive efforts so that they could not only become sheltered, but could also live more productive lives. Mr. E wanted to get into a "program" so that he could get his life back on track, while Mr. H wanted a case worker:

To work with me and help me find somewhere... and to help me make informed decisions, because of some other crap that's going on with me. I mean, I don't do drugs and I don't drink and it's been a long time...I have been trying to get some help or assistance with specific issues or a broad range of things.

Mr. K and Mr. P both felt as if there were efforts in place to further hinder homeless individuals and not really to help. Mr. K speaks of one of the largest homeless shelters in downtown Atlanta, “Every year, the city say’s they are going to shut down Peachtree and Pine...but you can't just go and shut the place down for the simple reason, where are the homeless going to go?” Mr. P stated:

They don't want to put you [in housing] in the city, they want you out somewhere, they don't want to see you...Gateway is designed so that you can get into a program, and they can make money off of you. It's all about money.

Homelessness is big business. They get you into a program, they pile you in a place with six guys that you have never seen in your life. You don't know if they are thieves. They sometimes steal... You have to be there by a certain time. You cannot job search. It ain't design... it is designed to put you somewhere to be out of the public eye.

They felt the general public should be more supportive and empathetic to the homeless. According to Mr. H:

People don’t have any idea. It's hard to find somebody with real empathy... I'm looking for someone to give me sympathy, just someone to understand and relate to the way that I am feeling... It makes a difference sometimes being able to talk to somebody that understands... Nothing's ever going to get done unless people start [to care]. They need to get more tolerance and more patience with people... people need to care more and have a little bit more patience and tolerance. This

kind of situation, people can act all kinds of ways. You never know how this affects people.

Mr. G shared a similar perspective as the other study participants. He iterated the following:

People have to help the homeless. You never know it could be your child out there... there are some people out there that won't help and there are some that don't want help. If you see person, and you got it, try to help cause you never know, that's somebody's child out there. Help them if you can or try to give them somewhere to go or somewhere they can go that can help.

In support of the men's assertions, researchers studying compassion found that while there is a level of empathy for the homeless, many would object to shelters or homeless communities in their neighborhoods. Moreover, it has been concluded that public sympathy for the homeless is "ritualistically patterned" (Anderson, 2012, p. 4). Researchers noted that media coverage and giving to the homeless typically peak around the winter holidays (Anderson, 2012; Bunis, Yancik, & Snow, 1996). According to researchers, from January onward, the public generally shun the homeless.

Subtheme 3: Need for better alternatives than existing shelters. As mentioned in Chapter 2, there are several states that have implemented programs to meet the needs of homeless individuals who are chronic shelter users, or who are unsheltered.

Five of the eight men (Mr. K, Mr. M, Mr. G, Mr. P, and Mr. V) provided specific reasons for sleeping outdoors rather than in homeless shelters. The reasons were typically

because of the unsafe and unsanitary conditions of the shelters, or because of the rules and regulations. The men described the deplorable conditions of the shelters including bed bug infestations (Mr. G), tuberculosis outbreaks (Mr. K and Mr. P), violence (Mr. P), theft (Mr. P), drugs and prostitution (Mr. K). Mr. K provided in depth details about Peachtree and Pine. He called the shelter “filthy”. He also stated:

Everything goes on in Peachtree and Pine. Prostitution, drugs, everything. It is filthy. It is filthy. Peachtree and Pine, it is the worst. It is the worst of the worst. It needs to be shut down... Nobody likes Peachtree and Pine. I would never stay there.

These findings coincide with researchers who reported tuberculosis outbreaks have occurred at several United States homeless shelters (Centers for Disease Control and Prevention, 2012; Gupta, Sugg, Butners, Allen-White, & Molnar, 2015). There have also been bed bug infestations and the presence of sexual predators inside homeless shelters (Kim, 2015; Smith, 2015).

Some of the other men notes that the rules and regulations of the shelters were too restrictive either because it infringed on their belief system, they felt too restricted and controlled, or the hours for lining up were not conducive to job searching, going to get food, or going to work. Mr. V’s religious denomination is Muslim; he prefers not to stay at shelters because as he stated:

You have to do what they tell you to do. And I'm Islamic, I'm not Christian and you have to go to Christian chapel services and things like that. These things are

mandatory. There's the mandatory things that they have there, then there's you have to get out by 6 or 7 o'clock. The mandatory things that they have there, I do not go for.

Like Mr. V, Mr. K also felt that shelters were too restrictive and they reminded him of the prison environment. Mr. K explained:

By me being locked up it sort of throws me back to the control thing. When you are locked up, you are being controlled. You're told what to eat, when to sleep and whatever so the shelter thing holds me back to the jail thing you know what I mean? I get more peace of mind sleeping on the sidewalk than being in the shelter.

Two of the men, Mr. M and Mr. P discussed their experiences with being unsheltered while searching for employment or while working. In both instance, the curfews and rules of the shelters made working difficult and the men felt they needed to choose between having a place to sleep and having income. In both cases, employment was more important than a place to sleep. Smith (2015) found that rules, curfews, safety, location and autonomy were contributing factors to whether homeless individuals frequent certain shelters.

Both Mr. M and Mr. P indicated the times for entering the shelters were not conducive to a work schedule. Mr. M said, "if I have a job working 3 to 11, then I can't get into the shelter without a work verification letter," while Mr. P said, "you can't just line after you get off work and can go straight in like the people who don't have anything

to do. They close up at a certain time they don't let you in. They can't let you in.” Further complicating matters is getting the work verification letter that Mr. M spoke about. Mr. P clarified the process for getting the letter. “You have to have a letter [the work verification letter] from the company and if you ask the company for the letter, they will fire you because you're homeless, so it's just the run around.”

Mr. P discussed an instance where he was able to secure transitional housing while working however it made getting to work on time quite challenging.

I tried to get a place one time. They put me in a place so far out, that it takes about an hour to get to the bus stop. Then I got to catch a bus to the train station. The bus stop and trains run at set times, so if I had a chance to get to work, I would never make it on time. They don't want to put you in the city, they want you out somewhere, and they don't want to see you. You have to have some kind of transportation.

Theme 4: Faith Sustains

Seven of the eight men held some form of religious or faith belief (Mr. E, Mr. K, Mr. M, Mr. T, Mr. G, Mr. P, and Mr. V). This belief system was often deeply rooted. With the exception of Mr. V, all the other men had held their beliefs since childhood. The subthemes within Theme 4: Faith Sustains are Subtheme 1: Faith encourages and Subtheme 2: Faith and interactions with others.

Many of the men identified with a specific Christian denomination and believed in “God” (Mr. E, Mr. K, Mr. M, Mr. T, Mr. G, and Mr. P). Mr. V has been Muslim for 35

years stated, “Jesus Christ is my best friend.” Mr. H did not believe in God. Spiritual practices of the men included prayer (Mr. E, Mr. M and Mr. P), attending church services (Mr. M, Mr. T, Mr. P and Mr. V), listening to street preachers (Mr. K), and reading a daily devotional (Mr. T). When discussing their faith and spiritual practices, the men became very passionate about the subject matter.

Mr. H stated that some days he feels blessed, but other days he does not. He continued to say that he did not believe in God, but instead believes that God is a “farce”. He also noted that it was impossible for a loving God to exist when so many travesties are occurring in the world. The remaining men held on to their beliefs and indicated that their sense of faith sustained them during their homelessness. These findings are in line with research on faith being an important coping resource (Graham et al., 2001; Gravell, 2013, Rowe & Allen, 2003).

Subtheme 1: Faith encourages. Six of the seven men who believed in a higher power gave statements indicating that their faith was a source of encouragement. The men noted that without their faith they wouldn’t be alive (Mr. E), their faith encourages and gives them hope (Mr. M), keeps them from being stressed (Mr. K and Mr. T), makes them feel protected (Mr. P) and is an important aspect of their lives (Mr. V).

Smith (2004) suggested “individuals with a strong relationship to a higher power prior to a trauma [such as homelessness] are more likely to benefit from their faith, and more likely to emerge from the ordeal with beliefs essentially intact” (p. 236). Both Cataldo (2012) and Smith (2004) posited that positive faith promotes hopefulness and

decreases depression levels. The men in the study who exhibited strong levels of faith and believed in a benevolent God seemed to fare better and remained optimistic and hopeful about their futures.

Subtheme 2: Faith and interactions with others. One's belief system can inform how an individual believes people within a certain denomination should behave and interact with others. Two of the men in particular expressed thoughts which indicated the actions of Christians, church goers and churches did not line up with the philosophies of the religion.

Mr. H, who did not believe in God, but thought that the behaviors that he demonstrated were similar to those of Jesus. Mr. H stated, "I believe in being kind to people. I believe in loving my neighbor no matter who they are. I guess, it's like Jesus."

He went on to describe behaviors of church goers (including his sister) that were counter to the philosophy of being morally righteous. When speaking about his sister and other church attendees he stated:

My sister is in the God squad. She thinks the church will burn down if I walk up in it...Some of the meanest people I have ever met in my life go to church. They are some of the most hateful and judgmental people I have ever met. Most are not even smiling...There's a church over here, A Methodist Church, I took a picture of their door, it said no camping, no loitering. First Baptist Church down here in Midtown, they used to arrest people for trespassing.

Mr. K's belief in how Christians should behave also shapes his perception of the behaviors of others. Mr. K believed his sister's behavior of distancing herself from the family went against Christian principles, yet at the same time, he attributes his sister's selflessness in taking care of their mother after an aneurism to her Christian beliefs. He stated:

Everybody in the family is beneath her [his sister]. But she's a Christian; she goes to church every Sunday that type of thing... My sister the one that is the Christian, that's one thing I love and respect her for, she took care of my mom that whole time.

Mr. K is referring to the fact that his mother suffered the aneurism in 2003. During this time, his sister took care of their mother until their mother passed away in 2012.

Additional Findings

Some additional findings emerged from the interviews that should be noted. The first was that several of the men (Mr. M and Mr. T) said they did not lose their previous job when they were asked, "how did you lose that job?" The next finding was that there was a toggling between taking personal responsibility for being and remaining homeless and blaming others for the situation (Mr. H, Mr. T, and Mr. V).

Did not lose previous job. As it pertains to not losing their jobs, Mr. M and Mr. T both stated that they did not lose their previous job, however as the men continued to speak of the reasons or no longer working at the position it was clear that the employment

ended due to a termination. The men said, “I didn’t lose it. I guess. Terminated you can call it” (Mr. M)

“I didn’t lose it. I got ill. I worked and lived at the apartments, doing remodeling, doing whitewashing and repainting apartments. There was a disagreement with management and I got evicted illegally.” (Mr. T)

Many homeless individuals are currently employed. In fact, statistics from the Homeless Resource Network (2015) suggest that over 40% of homeless individuals have some form of employment. Studies further indicate that those who are not employed have often just lost their job (Anderson, 2013; Shier, Jones & Graham, 2010; Smith, 2015).

Personal responsibility and blaming others. Not fully taking responsibility for the actions leading to homelessness was a theme that also emerged. The men seemed to go back and forth between accepting responsibility for becoming homeless and blaming others. This toggling also occurred in relation to needing to do more to obtain resources and blaming others for not providing enough help. Mr. H went from taking responsibility for his bad decisions and choices to blaming his sister and family for not helping him out. He also took responsibility for not having a place to live, but later blamed those in authority for not helping him to find affordable housing.

Being on the street is nobody's fault but my own I made some bad decisions. And some people have screwed me over on rent and kick me out because they have been drinking... My sister is out in Loganville. I don't know what her deal is. I never done anything to her. She would rather me sleep out in the sidewalk. I said

hey, to let me come camp in her yard. She wouldn't let me do that...I can't fault her I mean she's busy too she has a life. We're adults...I probably need to do something more myself instead of putting it all on [social service providers]...The state of Georgia is and people aren't giving me [anything]. (Mr. H)

Mr. T noted:

I was evicted from my apartment. [Going through social services] hasn't been instantaneous, like I wanted. It hasn't been instantaneous where I could just go and be in an apartment by now, but I at least give it a try. Payday is coming up Friday. At least give me that much of a chance and see how it works out. If I can keep the apartment on payday, then give me the next week.

I ended up with government housing and [I left my job]...I really didn't need to work anymore because my rent was one third of the actual price of the rent per month...I ended up on the streets, due to a lack of cooperation from others on housing. In other words, I got denied a lot of times on housing when I went to seek out housing.” (Mr. V)

Limitations of the Study

There were several limitations in this study: (a) lack of generalizability and transferability due to the small sample size of the participants; (b) the information was self-reported; (c) the interviews were held in one sitting, rather than multiple ones; (d) the exclusion of women and younger unsheltered men; (e) the high proportion of African American men in the study; and (f) the potential that bias may have been introduced

because I am a current volunteer at Central Outreach and Advocacy Center where the interviews were held.

This study was qualitative in nature therefore the small sample size makes generalizability limited and inadvisable. Transferability may be less limited. The study consisted of a sample of eight unsheltered men who reside in Atlanta, Georgia and who frequent the Central Outreach and Advocacy Center. The fact that all the men in the study frequented and were recruited at the Central Outreach and Advocacy Center Central Outreach and Advocacy Center could have introduced bias. Other unsheltered men meeting the study criteria may have had different lived experiences that are not captured in this study.

Additionally, the information provided by the men was self-report therefore some of the information could not be verified. Where possible, I used the HMIS database to verify and corroborate the information that was provided. The face-to-face interviews were conducted in one session. I attempted to gather as much insight during the interview as possible and ask for clarification along the way. I did not need to conduct follow up interviews as the information provided was sufficient. All the interviews were audio recorded so that I could return to the audio when necessary.

Women and men under 45 years old were excluded from the study. It is likely that their lived experience is vastly different from that of older unsheltered men. It is also likely that their lived experiences could add a great wealth of information to the knowledge base about unsheltered homeless.

Seven of the study participants were African American and one was Caucasian. While the essence of the unsheltered experience was similar in some aspects, it is likely that having a more diverse pool of participants could have uncovered differences. Atlanta, Georgia has a high percent of African American residents; therefore this imbalance may have skewed the findings.

Last, I have conducted homeless outreach work and am a volunteer at the Central Outreach and Advocacy Center. Some bias may have been introduced. Prior to each interview, I accessed the HMIS database to ensure that I have not helped any of the individuals in my volunteer capacity. I also used reflexive journaling both during data collection and data analysis to ensure my feelings and emotions were captured. Reflexive journaling allowed me to separate my own feelings and emotions from the experiences of the unsheltered men.

Data Triangulation

The strategy for data triangulation was to utilize the HMIS database in an effort to verify and corroborate information provided by the unsheltered men. The HMIS database was used to verify which services providers were used, what benefits they applied for, how long the individual was homeless and demographic information that was provided. Walden staff also assisted in the triangulation process by quality checking the coding structure, the analysis, and the effectiveness of the instrument. The Dissertation Chair reviewed the coding structure and ensured that the Giorgi phenomenological method was properly used to analyze the data. The Dissertation Chair noted that the subtheme faith

and interaction with others had emerged. Upon reviewing the interviews, I agreed and included it as a subtheme under Theme 4: Faith Sustains.

A Walden panel of qualitative experts verified that the interview questions were effective and were aligned with the research questions and the purpose of the study. The last strategy employed was the use of a social constructivism framework and the theory of social capital theoretical foundation as guiding principles for the study.

Recommendation for Future Research

Several areas of opportunity exist for future research. These areas are particularly around (a) using a more diverse sample of men, (b) working unsheltered homeless, (c) unsheltered homeless who are reformed felons, and (d) pride as a contributing factor for remaining unsheltered.

A More Diverse Sample of Men

Repeating this study with a group of men that are more diverse in terms of ethnicity, education and age would provide a greater perspective of the lived experience of being unsheltered, and the issues that arise from this life circumstance. The unsheltered men in the study ranged in age from 45 to 63 years old. Only one of the men was Caucasian, while the remaining men were African American. Issues around race were outside of the scope of this study; however a more diverse sample could uncover some underlying issues that were not seen in this study. Additionally, with the exception of one individual, the education level of the men did not exceed high school. It is likely that if there were more individuals in the study with higher levels of education, the issues

around the working homeless may have been different. Furthermore, those with higher levels of education may have stronger support networks and access to different resources.

Working Unsheltered Homeless

According to the Homeless Resource Network (2009), most people who are experiencing homelessness have a desire to work and 44% worked for some wage within the past month. The men in the study who were currently working or seeking employment presented examples of the difficulties of obtaining shelter and resources while working or trying to find employment. While attempting to find employment should be applauded, the men were in fact at a disadvantage. At times they had to choose between going to a shelter to sleep and continuing to work or look for work. Further investigation is needed in this area to understand the impact of available programs for working homeless individuals. Moreover, an analysis of employer's treatment of known homeless workers is recommended to understand if discrimination indeed exists, or if a false perception exists among homeless individuals that they will be fired because of their living situation. Given the level of discrimination that homeless encounter, it is understandable that perceptions of how they would be treated exist.

Unsheltered Homeless who are Reformed Felons

It has been documented by service providers "that about 54 percent of current homeless clients had been in jail or prison at some point in their lives" (Boggs & Worthy, 2014). The study findings highlighted the after effects of a criminal record. The homeless men in this study who had convictions noted that their convictions made finding

employment and housing difficult. According the Projects for Assistance in Transition from Homeless (2014), individuals with felony convictions cannot be discriminated against, however public housing agencies, McKinney-Vento Supportive Housing Programs, and private housing providers may exclude convicted individuals under certain guidelines.

For public housing and McKinney-Vento Supportive Housing Programs individuals with convictions can be excluded from housing if they had a conviction prior to becoming homeless or if federal funding requires their exclusion. Private housing providers are at liberty to reject applicants who have convictions. Investigating suitable housing options for individuals who have felony convictions but are reformed is necessary. Further, investigating how the exclusion clauses in legislation undermine the ability of these homeless individuals to secure housing is needed. Mr. H noted that he has been homeless off and on for 15 years. He had a felony drug conviction and despite passing drug screenings at multiple shelters and housing facilities his conviction kept him from being able to secure shelter. Mr. H further noted that his conviction also excluded him from obtaining HUD housing. He was drug and alcohol free, and did not have any criminal arrest in four years.

Pride as a Contributing Factor for Remaining Unsheltered

The theme of pride emerged in the study of unsheltered men. Some of the men were explicit and noted that their pride would not allow them to stay with family members, while in other interviews pride was more latent. Understanding the dynamics

of pride and one remaining unsheltered would be a valuable addition to the study of homelessness. Further, future studies as such would also help in the understanding of non-bureaucratic barriers to accessing services.

Dissemination of Findings

The findings of this study will be disseminated in three ways. The results will be shared with the executive leadership team at Central Outreach and Advocacy Center. A meeting will be hosted once the dissertation is completed where I will share the findings and provide recommendations to the team. I will also attempt to host a meeting with the study participants to share with them the findings of the research. At a later date, the data and findings will likely be submitted for publication and presented at a professional conference. I will use the study findings as I continue to personally perform outreach work with unsheltered individuals.

Implication for Social Change

One implication for social change is that this particular study provides additional insight into the lived experience of unsheltered men. The findings provide a deeper understanding of the barriers to social service use and the lived experience of unsheltered men. As such, providers and homeless advocates can retool their outreach efforts to better serve this population.

While there are over 30 homeless outreach organizations in downtown Atlanta alone and many of the men in the study visited multiple agencies, they still had unmet needs, and were still unsheltered. Some of the unmet needs were suitable housing

options, employment opportunities, and medical assistance. One example of an unmet need found in the study was having suitable shelters or housing for homeless individuals that work. Another is ready, affordable housing for homeless individuals who receive SSI disability income. A last example is suitable, second chance options for convicted felons who are now homeless. These needs are areas of opportunity where service providers can create social change by implementing programs and efforts that meet the specific needs.

Most of the men in the study held a faith belief. Their faith not only sustained them, but also encouraged them in the midst of their homeless experience. This may present opportunities for social change efforts among faith based outreach programs for the homeless. Further, an opportunity exists to investigate ways to help homeless men overcome personal pride, or to use personal pride as a motivating force and route to gaining shelter. A last implication for social change is that the number of unsheltered individuals can be reduced by understanding and eliminating the existing barriers to becoming sheltered.

Conclusions

Currently, there are over 17,000 homeless residing in the Georgia area (Henry et al., 2013). While efforts continue to be made, and over \$37 million was invested in Georgia through federal funding in Fiscal Year 2013- 2014, the issue of homelessness remains pervasive. A study by the Georgia Department of Community Affairs in 2014 indicated that of the resources available to homeless individuals, less than half of one percent of the homeless received any housing assistance. This study concurs with other

studies that find systematic and personal barriers to accessing shelter and other resources exist.

Several of the unsheltered men noted that the way they are treated by those who work in social services organization is subpar and the services the men receive are dependent on the individual's attitude and not on the availability of the resources. It has been found that lack of respect is indeed a barrier for homeless people (Petrovich & Cronley, 2015). Service delivery by outreach workers is most effective when there is a level of respect and the homeless feel dignified (Moore et al., 2011; Perry, 2013).

An additional barrier to becoming sheltered that was indicated by the study participants was bureaucratic red tape. The men complained of long lines, rigid rules and regulations, and needing documentation they did not have. They also complained of the deplorable conditions of homeless shelters that had bed bugs, tuberculosis outbreaks, rampant drugs and prostitution. It has been found that homeless are more likely to have and be susceptible to such infectious disease as tuberculosis (Beijer et al., 2012). Other studies have found that infectious outbreaks (Centers for Disease Control and Prevention, 2012; Gupta et al., 2015), and bed bugs infestations occur frequently in domiciles such as homeless shelters (Kim, 2015; Smith, 2015).

An additional bureaucratic barrier for the men was that four of the eight men had arrest records. According to the Projects for Assistance in Transition from Homeless certain convictions not only disqualify the homeless from using some shelters, but it also disqualifies individuals from the benefits of programs such as Food Stamps. While Mr. H

received an SSI disability check, he has a felony drug conviction and is disqualified from Food Stamps and the HUD housing program. Second chance programs to assist reformed felons could decrease the number of unsheltered men.

Outside of bureaucratic barriers, there are personal barriers such as pride which inhibits some men from asking for help or from staying with family members. Many of the men in the study had family members either living in Georgia or nearby, however the men noted that pride or their personal desire to help their families kept them on the streets. One study found that the inability of men to provide for their families and take care of themselves is psychologically damaging (Phillips, 2012). Understanding the interplay between pride and remaining unsheltered is an important component to assisting homeless men.

While many in the public hold the perception that the homeless do not want to work and want to depend on government assistance (Anderson, 2013; Rayburn & Guittar, 2013), these men illustrated a different picture. The men expressed a desire to work, reclaim their lives, provide for their families and gain independence. Working while homeless is challenging and the men that worked or desired to work felt that the restrictive nature of shelters impeded these efforts. While they were currently seeking assistance, they wanted a hand up not a hand out.

Despite the challenges faced by the study participants, many remained optimistic and hopeful. Those who believed in a benevolent God or higher power remained motivated and encouraged. These findings support the research on faith as a positive

coping strategy during times of distress (Graham et al., 2001; Gravell, 2013, Rowe & Allen, 2003).

While billions of tax dollars are spent every year on homeless outreach efforts, this study illustrates that little is being accomplished by way of providing adequate shelter or resources to the homeless. Atlanta and 400 other communities in the United State banded together and vowed to eradicate homelessness by 2013 (Ball, 2011), however the issue is as prevalent as it was in 2003 when this pact occurred.

The experiences of the men in the study supported existing literature that denotes bureaucratic red tape, deplorable shelter conditions, lack of respect by outreach workers and authority, criminalization of the homeless, and shelters that are not conducive to every homeless situation as barriers that this already vulnerable population cannot overcome.

Several housing models have emerged that eliminate many of these barriers. It has been shown that the elimination of prerequisites, bureaucratic red tape and long waits are both effective and cost efficient (Jost et al., 2011; Lambert, 2011; McCormack et al., 2013; Moulton, 2013; Tsemberis et al., 2004; Wright et al., 2007). Both the community and the homeless benefit from such models (Jost et al., 2011). While some states are implementing these models, the process has been slow and sporadic. It is by no means widespread. An investigation is warranted into why more effective models such as Housing First are not more readily incorporated into communities with high rates of homelessness.

Furthermore, there seems to be a latent level of acceptable discrimination against homeless who have felony records. Investigations into housing regulations are necessary to ascertain whether the civil liberties of homeless who have previous conviction are being violated. The Projects for Assistance in Transition from Homeless (2014), noted that individuals with felony convictions cannot be discriminated against under the federal housing guidelines. However, these guidelines also allow for personal discretion to be the determining factor in whether applicants are rejected or accepted for housing. Instead of personal discretion, a set of parameters or measurable rules should be instituted to ensure equitable opportunities for individuals who have felony records to obtain affordable housing.

Last, the Homeless Resource Network (2009) reported that most people who are homeless have a desire to work and 44% of homeless worked for some wage in that year, yet there are not suitable shelters to accommodate their efforts to maintain employment and catapult themselves out of homelessness. Shelters for homeless individuals who are working are needed. This would decrease the number of unsheltered individuals and promote self-reliance. Further providing these individuals with affordable housing opportunities would enable them to transition from shelters into their own independent homes.

Coupled with the existing systematic barriers to obtaining shelter are personal barriers that the men in the study and other homeless face. The personal barriers that emerged in this study were a desire to help their families and issues with pride. These

barriers in actuality are intertwined. Many of the men in the study had a desire to help their families and would not live with family members because they did not want to be a burden. A deeper understanding of the interplay between pride and homelessness is necessary. Policy maker have an opportunity to implement strategies to help homeless men overcome issues with pride. This may come by way of counseling, implementing programs where the self-worth of the men is boosted, or pride is used as a motivator to becoming sheltered.

This study provides much needed information and insight on unsheltered men. Further research however is necessary in the area of pride, working homeless and housing options for those with arrest records.

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Appendix A: Letter of Cooperation

July 6, 2015

Alicia Wilson
 Central Outreach and Advocacy Center
 201 Washington Street, SW
 Atlanta, GA 30303
 404-601-3173

Ikeranda Smith
 1650 Anderson Mill Road Apt 13208
 Austell, GA 30106

Dear Ikeranda Smith,

Based on my review of your research proposal, I give permission for you to conduct the study entitled Experiences With Social Service Providers Among Homeless Men in Atlanta, GA within the Central Outreach and Advocacy Center. As part of this study, I authorize you to recruit participants based upon the list that I will provide you. The individuals on the list will meet your criteria of not being substance abusers or having a mental illness, based on their self-report. The Pathways Compass database will be used by you to ensure the individuals are not seeking treatment for mental illnesses, alcohol abuse, or drug abuse. I also authorize you to conduct data collection through an in depth interview and a follow-up interview with the participants at the Central Outreach and Advocacy Center. These authorizations are with the understanding that individuals' participation will be voluntary and at their own discretion. Disclosures are to be made that while the primary researcher volunteers at the Center, the study is independent of the researcher's function and duties at the Central Outreach and Advocacy Center. Additionally, participation in the study is voluntary and that, regardless of willingness to participate, services provided by the Center will not be affected in any way.

We understand that our organization's responsibilities include: providing a list of individuals that may be chosen to participate in the study and allowing the researcher to use the facility to interview the participants. We reserve the right to withdraw from the study at any time if our circumstances change. I confirm that I am authorized to approve research in this setting and that this plan complies with the organization's policies. I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely,



Alicia Wilson
 Director of Case Management Services

Appendix B: Interview Protocol

<p>1. Where did you sleep last night?</p>	<p>5. Tell me about your experience being homeless?</p> <p>Probe: How did you end up living on the streets?</p> <p>Probe: How long have you been unsheltered?</p> <p>Probe: What are the reasons you don't stay at a shelter?</p> <p>Probe: What is your relationship like with your family?</p> <p>Probe: What does your family know about your homelessness?</p> <p>Probe: What are the reasons you don't you stay with your family?</p>
<p>2. Where are you originally from?</p>	<p>6. What have your experiences been using social services or homeless outreach organizations?</p> <p>Probe: What are the names of the agencies or organizations you have used?</p> <p>Probe: How did you find out about these social services or outreach organizations?</p> <p>Probe: What has your experience been with the people that were helping you at the organizations?</p> <p>Probe: What services or benefits were you trying to get?</p> <p>Probe: What are the ways that they helped you?</p> <p>Probe: What resources of information did you receive?</p>
<p>3. When was the last time you were employed?</p> <p>Probe: What was that experience like?</p>	<p>7. Tell me about some of the things you needed from social services or homeless outreach organizations that you have not been able to get?</p> <p>Probe: What are the reasons you were not</p>

	<p>able to get the things you needed?</p> <p>Probe: What are some things that you need that you don't know where or how to get?</p>
4. How much schooling do you have?	8. Tell me who or what you rely on when dealing with the difficulties or stresses of homelessness?
	<p>9. Tell me about spirituality or faith in your life?</p> <p>Probe: What are your spiritual practices?</p> <p>Probe: What do you believe spiritually?</p> <p>Probe: How long have you believed in God or a higher power?</p> <p>Probe: What was your last experience at a place of worship?</p> <p>Probe: How does spirituality or faith play a part in your everyday life?</p>
5. Where did you sleep last night?	

Table 2B

Interview Questions and Corresponding Research Questions

<p>1. Where did you sleep last night?</p>	<p>(RQ1) What are the lived experiences of unsheltered homeless persons in Atlanta, Georgia?</p> <p>(RQ2) What are the lived experiences of unsheltered homeless persons within the social network available to the homeless population in Atlanta, Georgia</p>
<p>2. Where are you originally from?</p>	<p>(RQ1) What are the lived experiences of unsheltered homeless persons in Atlanta, Georgia?</p> <p>(RQ2) What are the lived experiences of unsheltered homeless persons within the social network available to the homeless population in Atlanta, Georgia</p>
<p>3. When was the last time you were employed?</p> <p>Probe: What was that experience like?</p>	<p>(RQ1) What are the lived experiences of unsheltered homeless persons in Atlanta, Georgia?</p> <p>(RQ2) What are the lived experiences of unsheltered homeless persons within the social network available to the homeless population in Atlanta, Georgia</p>
<p>4. How much schooling do you have?</p>	<p>(RQ1) What are the lived experiences of unsheltered homeless persons in Atlanta, Georgia?</p> <p>(RQ2) What are the lived experiences of unsheltered homeless persons within the social network available to the homeless</p>

	population in Atlanta, Georgia
<p>5. Tell me about your experience being homeless?</p> <p>Probe: How did you end up living on the streets?</p> <p>Probe: How long have you been unsheltered?</p> <p>Probe: What are the reasons you don't stay at a shelter?</p> <p>Probe: What is your relationship like with your family?</p> <p>Probe: What does your family know about your homelessness?</p> <p>Probe: What are the reasons you don't you stay with your family?</p>	<p>(RQ1) What are the lived experiences of unsheltered homeless persons in Atlanta, Georgia?</p> <p>(RQ2) What are the lived experiences of unsheltered homeless persons within the social network available to the homeless population in Atlanta, Georgia?</p>
<p>6. What have your experiences been using social services or homeless outreach organizations?</p> <p>Probe: What are the names of the agencies or organizations you have used?</p> <p>Probe: How did you find out about these social services or outreach organizations?</p> <p>Probe: What has your experience been with the people that were helping you at the organizations?</p> <p>Probe: What services or benefits were you trying to get?</p> <p>Probe: What are the ways that they helped you?</p> <p>Probe: What resources of information did you receive?</p>	<p>(RQ1) What are the lived experiences of unsheltered homeless persons in Atlanta, Georgia?</p> <p>(RQ2) What are the lived experiences of unsheltered homeless persons within the social network available to the homeless population in Atlanta, Georgia?</p>
<p>7. Tell me about some of the things you needed from social services or homeless outreach organizations</p>	<p>(RQ1) What are the lived experiences of unsheltered homeless persons in Atlanta, Georgia?</p>

<p>that you have not been able to get?</p> <p>Probe: What are the reasons you were not able to get the things you needed?</p> <p>Probe: What are some things that you need that you don't know where or how to get?</p>	<p>(RQ2) What are the lived experiences of unsheltered homeless persons within the social network available to the homeless population in Atlanta, Georgia</p>
<p>8. Who or what do you rely on when dealing with the difficulties or stresses of homelessness?</p> <p>9. Tell me about spirituality or faith in your life?</p> <p>Probe: What are your spiritual practices?</p> <p>Probe: What do you believe spiritually?</p> <p>Probe: How long have you believed in God or a higher power?</p> <p>Probe: What was your last experience at a place of worship?</p> <p>Probe: How does spirituality or faith play a part in your everyday life?</p>	<p>(RQ2) What are the lived experiences of unsheltered homeless persons within the social network available to the homeless population in Atlanta, Georgia?</p>

Appendix C: Informational Flyer for Recruitment

**MALE VOLUNTEERS NEEDED FOR
RESEARCH ON YOUR EXPERIENCES
WITH USING OF SOCIAL SERVICE
PROVIDERS**

We are looking for volunteers to be interviewed for a study about unsheltered men who are 45 years or older in Atlanta and their experiences with using social service providers.

You must not be in treatment for substance or alcohol abuse or for a mental disorder. As a participant in this survey, you would be asked questions about your own life and about your experiences with social service providers. The interview will take about an hour and will be held at the Central Outreach and Advocacy Center. If you are interested, please fill out the signup form. Place your full first name, the first initial of your last name and the best phone number to be reached. Once you have filled out the form please place it in the locked drop box.

Appendix D: Telephone Script for Participant Recruitment

Hello, may I speak with John? John, this is Ikeranda, I'm doing the research study on homelessness. It's the one you volunteered for at the Central Outreach and Advocacy Center. Thank you for volunteering. I'd like to ask you a few questions to make sure you will be able to participate in the study. May I do that?

1. Are you 45 years old or older?
2. Your date of birth is listed as [month/day/year]. Is that correct?
3. Are you unsheltered?
4. How long have you been unsheltered?
5. How often do you drink alcohol or use drugs?
6. Are you in treatment for alcohol or drug abuse?
7. Have you been diagnosed with a mental illness or disorder?
8. What have you been diagnosed with?
9. Are you in treatment for the mental illness or disorder?

Thank you so much, John for responding to the questions. The study is being done to find out more about the experiences that unsheltered men in Atlanta have had with social service agencies and providers. Even though, I volunteer at the Central Outreach and Advocacy Center, the study is completely separate from my volunteering duties. Nothing you say will affect the services that you receive at the center. The interview will take about one hour at the Central Outreach and Advocacy Center. Even though most of the answers you give will be private, if you share information about hurting yourself or someone else, information that you currently or previously abused a child or elderly person, or that you committed or intend to commit a crime, the researcher will alert the authorities.

Great, would you be able to meet with me on [month/day/year] at [00:00 pm] at the Central Outreach and Advocacy Center? I will be waiting at the front door for you. Have a great day.

Appendix E: Themes and Subthemes

Themes	Subthemes	Sub-subthemes
Difficulties and complexities of being unsheltered	Safety and survival	
	Emotional and mental state of men	Chaos and volatility of living unsheltered Emotional state of the men
	Pathways to homelessness	Caring for relative prior to homelessness Family discord Substance or alcohol abuse
Barriers to becoming sheltered	Personal barriers	Complicated family relationships Desire to help family Pride
	Bureaucratic red tape	
Specific needs	Immediate housing	
	Need for independence and support	
	Need for better alternatives than existing shelters	
Faith sustains	Faith encourages	
	Faith and interactions with other	

Note. Additional findings included the following: lack of admission about losing their previous job, and togging back and forth between personal responsibility and placing blame on others.