Effects of Permanent Housing Placement Programs

on Homelessness

Social Work Research Proposal Essay

SWK558 - Social Work Research Methods

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INTRODUCTION

Statement of the Problem

According to the point-in-time estimate reported in the Annual Homeless Assessment Report (AHAR), there are approximately 553,000 homeless individuals in the United States of America.   It's further reported that the number has increased by 0.3 percent between the years 2017 and 2018. Homelessness is defined as "a person without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation" (What., n.d.).

Every population experiencing homelessness has a unique set of drawbacks particularly when the lack of permanent housing becomes a prolonged issue, and this is particularly true of the elderly homeless population. In 2010, U.S. Interagency Council on Homelessness (USICH) reported that the median age of single homeless adults in the U.S. increased from 37 years in 1990 to nearly 50 years and older. It is estimated that by the year 2050 there will be roughly 93,000 homeless adults over the age of sixty-five. (Goldberg, 2016.)

The reasons for homelessness vary; unaffordable housing, the high costs of healthcare, the lack of knowledge concerning resources, small pensions and low or no retirement funds are just a few (Brown, Thomas, Cutler, & Hinderlie, 2013). What does not vary is the effect of elderly homelessness, particularly in those between the ages of fifty through sixty-four years of age since they are below traditional retirement age and therefore do not have access to the safety nets that have been established to help the elderly. Older homeless adults also have unique care needs compared to the general population. Homeless adults aged 50 and older have rates of chronic conditions (Pleis, Ward, & Lucas, 2010). Previous research found that social isolation

and limited social ties are significant contributing factors for higher rates of chronic conditions

among homeless elderly (Rice, Kurzban, & Ray, 2012).

Significance of the Study

Homelessness is costly. Homeless elderly age prematurely, at a rate of ten to twenty

years faster than the housed elderly. This results in chronic disorders, geriatric conditions and

premature mortality. "Homeless individuals are hospitalized at rates 4 times higher than U.S.

norms...have longer hospital stays;...use the emergency department (ED) at rates 3 times higher

than the general population…. have longer ED stays, and are more likely to arrive at the ED by

ambulance compared to patients who are not homeless". (Brown, 2013). Additionally, housing

options for the homeless are often overnight hotels, nursing homes or institutionalization, which

makes temporary help for the homeless even more costly. If interventions such as The

Continuum of Care Program, Peer Wellness Programs and Harm Reduction Strategies are

implemented successfully, they will reduce the cost of health problems among homelessness and

offer hope to those who are engaged in the process.

To assume that anyone would rather be homeless than housed is an erroneous

assumption. Understanding and accepting a homeless individual's right to autonomy does not

negate the fact that, the person needs help. Refusal of the help offered often stems from the fear

of what will happen and the fact that they are often treated in a manner that leaves them stripped

of their dignity and self-respect. Knowledge and implementation of the most effective programs,

and interventions, while empowering the individual with practical application of the systems that

they will have to navigate are perhaps the best ways to aid individuals in the re-entry process to

society and their communities through reducing social isolation. However, less research has been

done to explore the effectiveness of permanent housing services on social isolation among

homeless elderly. By investigating the correlation between using permanent housing services and social isolation, this researcher will asses the effectiveness of housing program on increasing social ties, which in turn helping homeless elderly with obtaining permanent housing.

LITERATURE REVIEW

Homeless Elderly

Rebecca T. Brown et. al (2013) wrote an article called, "Meeting the Housing and Care Needs of Older Homeless Adults: A Permanent Supportive Housing Program Targeting Homeless Elders". The author concluded that homelessness among the targeted population, older adults and the elderly, is an overlooked issue.   Using the McKinney- Vento Act homelessness was defined as individuals or families who lack "a fixed, regular, and adequate nighttime residence," including persons residing in emergency shelters or places not meant for human habitation. Some of the issues taken into consideration were the fact that one-third of all homeless adults in the U.S. were fifty years old in 2003, together with the lack of adequate healthcare for the population in question,   poor health status and care needs, the leading factors that causes homelessness, as well as the cost.

When it comes to the elderly and homelessness, the researchers found underlying physical and psychological hazards. One physical hazard is that compared to younger adults, older homeless adults have higher rates of chronic illness and conditions such as high blood pressure and functional disability. Psychological hazards also include memory loss and difficulty performing activities of daily living, and urinary incontinence. Another issue that is discussed is the challenges older adults face, when coping with the conditions of the homeless shelters and the streets. In the homeless shelters, the bunk beds and the communal shower facilities, may increase the risks of falls and injuries (Rachel et. al, 2013).

According to the researchers, factors that can contribute to homelessness among older adults are personal challenges such as a loss of a partner or relative, loss of housing, or disabling illness (Shinn et. al, 2007). A loss of a significant relationship, or disputes with the landlord can have an impact on their interaction with others. In some cases, due to their bio-psycho-social status, these overarching factors may create an inability for the individual to come out of the homeless situation they find themselves in.   Social isolation, the lack of a social support network causes the homeless individual to be exceptionally vulnerable to their housing situation (Rachel et. al, 2013). Not only they do not have the adequate support group, but they also lack the adequate resources for living. Homeless adults under the age of sixty-five often lack any type of health insurance. Their health does not allow them the benefits available to individuals over sixty-five. However, this is not to say that there are no resources available to them what is lacking is the desire or knowledge to seek out available resources.

Seeking Permanent Housing

The factors that contributes to older adults who are homeless, can also provide some explanation as to why there needs to be a push for permanent housing. When it comes to permanent housing, the two that are often discussed are permanent supportive housing and affordable assisted living. In affordable assisted living, there are assisted living facilities with monthly fees. They are regulated and certified at the state level and provides 24-hour staffing and eight hours of nursing care. The 24-hour staffing aids with medication, personal care, housekeeping, and providing most of the meals. The nurses are typically skilled. Another example is that assisted living facilities has special units for memory impaired adults. Permanent supportive housing is a model that is usually targeted individuals or families that are either experiencing at-risk homelessness who are unable to retain permanent housing without ongoing

help (Hearth, 2011). Some features in permanent housing is there is service and property

management strategies including effective approaches for addressing issues from mental health

crises and places focus on fostering housing stability.

Why the Need for Interventions?

Elderly homelessness is a prevalent matter that can be alleviated using preventive

intervention methods. To believe that anyone desires to be homeless is a fallacy. To believe that

once homeless, individuals refuse help because they desire to remain homeless is folly. Dignity

is a right of every individual, the preamble of the Universal Declaration of Human Rights states

all human beings are equal in rights and dignity" (Universal, n.d.). Dignity and self-worth are the

foundation of a person, and homelessness robs him of it. The stigma associated with

homelessness is demoralizing. Evictions, prolonged health problems, mental illness will cause a

person to go from believing that they are a useful part of society to believing that they are of no

value to anyone.

How then can homeless individuals accept what they believe they don't deserve? How

can they learn to trust a system that has failed them… perhaps repeatedly? How do they get past

their fear of incarceration and or institutionalization to be able to accept help? How do they let

go of the habits they have developed, to obtain the help they need? How do they gain access to

the resources available to them and finally, why would anyone help them? These are just a few

of the questions that are a part of the world of most homeless and most certainly the part of most

elderly homeless.

Types of Interventions

There have been different types of interventions used in the attempt to restore human

dignity to homeless individuals and in the process lead them from homelessness to housing. The

three types of interventions that will be approached in this paper are; Peer Wellness Programs,

Harm Reduction Programs and Continuum of Care Programs. Spirituality & Religion as a

clinical intervention tool will also be observed.

Peer Wellness Programs.

Why do homeless individuals refuse help? Often its lack of trust and fear. The language

being spoken to them is unfamiliar and the lack of respect is often evident. Peer Wellness

Programs mimic their moniker, these programs utilize individuals who can be considered peers.

"The Peer Wellness Program is staffed by a program manager, a program supervisor, and

certified peer specialists…. That have lived with homelessness, mental illness, substance use,

and time spent in mental health and criminal justice institutions." (Dampeer. 2016). It is so

much easier to follow the instructions of someone considered a peer, someone who understands

their plight and who perhaps has experienced some of the same issues. The homeless individual

is empowered to own their situation and to seek change. They are encouraged to become co-

laborers in the recovery process. Peer Wellness Programs help their participants to transition

from homelessness to once again becoming a vital part of society.

Continuum of Care Programs.

The Continuum of Care (CoC) refers to a numerous number of programs that are

implemented concurrently to create a linear continuum of care in order to diagnose and treat co-

occurring disorders simultaneously. Temporary shelter is the first concern to be addressed when

someone is homeless. Once temporary shelter has been secured, then case management services

follow-up to obtain, health care and psychiatric services and eventually permanent housing. The

CoC is one of the least favorite interventions, however, it is an effective intervention. "Homeless

consumers perceive their needs for services differently than their providers do" (Tsemberis.

1999), when homeless individuals become clients of an agency, their last desire is to have evaluation after evaluation, their first concern is housing. However, in order to be able to retain any housing they must be prepared to re-enter society, even if that means that they must be supervised for a period.

Harm Reduction Therapy.

Harm Reduction "is an umbrella term for interventions aiming to reduce the problematic effects of behaviors", that are caused but that are not limited to the ingestion of all mind-altering substances. (Logan. 2010) It is considered that the homeless population is often resistant to treatment and since they usually present chronic and co-occurring disorders. Comprehending the need for dignity and self-respect, harm reduction therapy usually seeks to place the homeless individual in some type of housing situation as quickly as possible to create a more stable environment for the individual as they attempt to transition from homelessness and their abuse of choice to stability. The cost of caring for individuals bound by addiction is upwards of $80,000 annually, "These "chronic public inebriates" incur public expenses estimated over $80,000 per person, per year" (Logan. 2010), and even though the language refers to inebriates the study clearly states that the harm reduction therapy can be successfully used in other areas of addiction. Successful implementation of harm reduction therapy can relieve societal costs and additionally restore the homeless individual as a benefit to society.

Theoretical Framework: The Jennings Model

Using the models of successful homelessness to housing programs, such as Urban Pathways and Hearth Program, a framework can be developed to promote effectiveness of permanent housing. According to the Hearth model (2011), permanent supportive housing is a model of affordable housing that can be connected to supportive services that usually targets

individuals who are at-risk and unable to attain their current housing without support. In the

Jennings Model, the components that can be expressed are enrollment in outreach program,

medical and psychiatric evaluations and treatments, as well as being able to get immediate and

accessible temporary to permanent housing; models that are reflected in previous models. The

components covered in the Jennings program would play a role in being effective in decreasing

homelessness among the elderly.

The first component that can be discussed is the outreach program. There are many

Hearth Programs which are connected to the Homeless Emergency Assistance and Rapid

Transition to Housing (HEARTH) Act of 2009. Hearth programs swiftly implement the outreach

program to remove individuals off the streets and place them in temporary housing. Once clients

have been placed with a case worker the caseworker will proceed to set up a continuum of care,

which may include, health care, psychological and or psychiatric care and acceptance into a peer

wellness and harm reduction program. While clients go through the process, their caseworkers

provide ongoing emotional support, as well as providing other resources that are needed such as

financial help, counseling for substance abuse, as well as applying for more funding such as

Social Security or the Veterans' benefit.

In their research study, Interventions Targeting Social Isolation in Older People: A

systematic Review, Dickens, et al., share the following, "social isolation is associated with

increased mortality, poor self-rated physical health and increased susceptibility to dementia."

(Dickens, et al. 2011). This dilemma is exacerbated in the homeless individual, who in essence

becomes an outsider due to their homeless status. Understanding the importance of social

support these programs endeavor to place their clients in settings where social interaction is

available, therefore helping their clients to regain social skills that may have been lost.

Additionally, supportive housing is most often done on a buddy system with two same sex individuals sharing an apartment. Participants who show the ability to maneuver their way in society can graduate to a single occupancy dwelling.

A benefit of implementing models such as this one is the benefit of having service providers help clients go to their appointments by arranging transportation. The final component that can be discussed is being able to implement some spiritual enrichment through counseling and support groups. In the Jennings Model, that same approach would be followed, even in terms of looking at spiritual needs. The approach would be followed through one-on-one interactions with staff members, even interactions with other peers in group sessions and activities. Being able to form that kind of relationship during their wait for housing would allow them to be able to address a lot of concerns.

PURPOSE OF THE STUDY

The purpose of this research proposal is to study the effects of permanent housing placement programs on homelessness. Research and examine established methodologies and successful programs for effective implementation of a homelessness to housing placement program. Therefore, the research question of this study is as follows: Does participation in the Jennings program decrease social isolation of homeless elderly?

METHODS

Measurements & Variables

Understanding that it may be difficult to spend significant time obtaining information from homeless individuals it has been determined that a survey will be conducted, and data will be collected using a 5-point Likert Scale. Social isolation will be measured using the UCLA

Loneliness Scale (Version3) (Social. n.d.). The Likert scale is an efficient reliability tool that will

expedite data dissemination and collection in a cost-efficient manner. Data obtained through this

means is quantifiable and easy to code. The disadvantage of the Likert Scale is the possibility

ambiguous responses if the questions asked are not precise and clear. The ethical danger of

questionnaire based (survey) research is the possibility of not obtaining informed consent when

the surveys are disseminated. To avoid all ethical issues, no survey will be allowed to be

completed unless a participant has been fully informed, and consent is first obtained from the

participant. Additionally, an element of spirituality will be added to the questionnaires to

determine the best manner in which a holistic methodology may be added to the study.

Conceptualization	Operationalization
Social Isolation (Dependent Variable) a state of complete or near-complete lack of contact between an individual and society.	One's subjective feelings of loneliness as well as feelings of social isolation. UCLA Loneliness Scale, a 20-item scale, will be used. Participants rate each item as either O ("I often feel this way"), S ("I sometimes feel this way"), R ("I rarely feel this way"), N ("I never feel this way").
Participation in the Jennings Program (Independent Variable) defined as using permanent housing services, called the Jennings program.	The hours of attending the Jennings program (requirement is at least once a week) and receive all of the services such as harm reduction therapy, peer wellness program and continuum of care program
age, gender, history of homeless, race, physical health, mental health, Substance abuse (Control Variable)	

Research Design

Although it is recognized that a mixed methods approach is beneficial to this type of study, and that both the qualitative methodology and the quantitative methodology will add a broader scope of understanding to the research. This paper, however, will focus expressly on the use of the quantitative methodology using a Cross-Sectional Survey Design. Because the purpose of this research paper is to study the effects of a housing placement program on homeless men ages fifty to sixty-four, using a Cross-Sectional Survey Design will allow for the collection of point in time data, that will be population specific. The Cross-Sectional Survey Design allows for the collection of additional samples, thereby allowing a clearer view of changes that may affect the population being studied. Ex: questionnaires completed at a soup; kitchen may vary compared to questionnaires completed in subway station. Should this be the case, analysis of the data collected can help create new theories. It also allows for the comparison of different variables concurrently

Random sampling relies on the ability to access members of the defined population. Usage of a Cross-Sectional Survey Design can hinder the integrity of the sampling pool because dissemination of questionnaires happens at a specific time on a specific date creating the probability of participants not being as randomized as possible thereby creating a bias. A drawback of the Cross-Sectional Survey Design is the fact that it does not provide cause and effect information, which is definitely useful when determining the effect of the Jennings Program on homelessness reduction.

Two proposed threats to the internal validity of this research are experimental mortality and compensatory rivalry. Experimental mortality poses a threat because homelessness causes individuals to be unreliable, although individuals may agree to participate they may actually drop

out of the research process without prior notification. Compensatory rivalry is most definitely an internal validity threat because participants may give "expected responses" based on what they believe others have either received or will receive because of their participation in the research and therefore desire to receive the same. The "expected responses" can create an imbalance in the research process.

Sampling

The sampling frame of this study is homeless individuals. Homelessness being defined as an individual who lives on the streets, transitional housing, emergency shelter or in any other condition not deemed habitable. The sampling method that will be utilized to conduct this research is, Simple Random Sampling. Simple Random Sampling is effective because although it is almost impossible to survey everyone homeless individual within a specific area, a random sample will help to obtain a representation of the target population. This type of sampling method ensures that that different individuals within the sampling frame have a probability of being chosen to participate in the research. Three hundred questionnaires will be disseminated in an effort to create a sampling frame comprised of 150 units.

The disadvantage to random sampling is the time constraints that it offers.   To avoid corrupted data the researcher has to specifically remain with each sampling unit while the questionnaire is completed. Unless the workforce for the research project is on a voluntary basis, either the manpower or the research must be extended, thereby adding on to either the cost or the time frame. A problem of Simple Random Sampling is determining how large or how small the sampling frame should be. The size of the sampling frame represents the target population, if the data collected does not truthfully represent the target population, the research results can be compromised.

Data Collection

Questionnaires will be disseminated by workers and volunteers of the Jennings Program at homeless shelters, soup kitchens and food pantries. Willing participants at all locations, who signed the informed consent will be asked to complete questionnaire. Help will be offered to those who for different reasons may not be able to complete the questionnaire, but desire to do so. It has been determined that the most efficient data collection method applicable to this research study is an analytical cross-sectional data collection methodology. The use of this methodology focuses on the population group that is being studied, in this case homeless males between the ages of fifty to sixty-four years of age.

Cross-sectional data collection has both its advantages and disadvantages. Through the dissemination of questionnaires data collection can be done quickly, efficiently and inexpensively. The data for all variables is collected at that one point in time, allowing for multiple outcomes and exposures. Additionally, the data collected can lead to the creation of new hypothesis, thereby adding depth to the study. However, the possibility of bias affecting the study due to non-response of participants is very something that can happen in this type of study.

A disadvantage of using cross-sectional data collection is the possibility of error. This type of data collection requires a large sample size. A large sample size has a greater probability of representing the population being studied, whereas, a smaller sample increases the probability of error. Also, this type of data collection can be subject to biases. An ethical issue that may arise in the data collection process could be privacy. The location and situation in which these questionnaires will be completed do not offer much privacy and that may be a problem for a participant.

Statistical Analysis

The proposed research will conduct a descriptive analysis to describe characteristics of the users at the Jennings program. Next, a correlation analysis will be performed to examine the effectiveness of the Jennings program by examining the relationship between the hours of participating in the Jennings program and social isolation of the homeless elderly.

LIMITATIONS

Because of the nature of this study it is subject to limitations. Results are dependent on the distribution of survey data, as well as the responses of the participants. Additionally, researchers must be aware that the sampling may or may not be completely representative of the study population, which can create a bias. Physical or psychological factors and hazards are considered as well in the study. Environment may impact participants responses on the questionnaire. When it comes to the sample size, the data would be collected at that certain point in time, so it would have to be kept in mind that the size may also not be sufficient enough for the study.

CONTRIBUTIONS TO SOCIAL WORK

The results of this research study will contribute to the existing information in reference to the rapid rehousing of homeless men and women, and the effectiveness of housing support program on reducing social isolation among homeless elderly. It will also, help create additional housing resources and housing placement. In terms of social work research, it opens up more ways of intervention programs for the homeless. The study also impacts future social work through policy. Studies such as this one can be used in trying to push for a policy, that can promote affordable permanent housing. Another significance to the study is that the results may provide funding for the program.

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APPENDICES

<u>APPENDIX A</u>

INFORMED CONSENT FOR RESEARCH PARTICIPATION

TITLE OF RESEARCH STUDY
 The Effects of Permanent Housing Placement Programs on Homelessness (The Jennings Program)

PRINCIPAL INVESTIGATORS
John Doe and Jane Doe
Social Work Research Methods @ Nyack College
2 Washington St, New York, NY 10004
(XXX) XXX-XXX
XXXX@nyack.edu or XXX@nyack.edu

PURPOSE OF THIS RESEARCH STUDY

You are being asked to participate in a research study. Before you decide if you will participate in this study, please read the following information completely and carefully. It is important that you understand why the research is being done. If you have any questions or there is anything that you do not understand, please be sure to ask the researcher.

The Jennings Program is a homelessness permanent housing placement program. The purpose of this research is to study effects of permanent housing placement programs on homelessness in order to improve The Jennings Program and make it more effective.

STUDY PROCEDURES (What we will do)
- 300 males between the ages of 50-64 years of age will be randomly selected to complete a questionnaire about their homelessness experience and their expectations of a permanent placement housing program.
  *definition of homelessness "Anyone who lacks permanent housing. Anyone whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, for example, shelters or transitional housing." (What. n.d.)
- 150 questionnaires will be surveyed, and the data analyzed and interpreted. We will look at the responses and determine what would be the necessary component to make a homelessness permanent housing placement program successful

- The results of the analysis will then be applied to The Jennings Program.
- Once the Jennings Program is adjusted, tentative placement will be offered to individuals willing to enroll in the program.

RISKS

There are not risks involved in this research study. You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

BENEFITS

The Jennings Program is slated to open in the near future in this neighborhood. Your participation will help create a program that is beneficial to the homeless population. The Jennings Program will facilitate a continuum of care

CONFIDENTIALITY

All responses received will be completely anonymous. Please note that your personal information is not requested anywhere on this form.

CONTACT INFORMATION

If you have questions at any time about this study, you may contact the researcher whose contact information is provided on the first page.

VOLUNTARY PARTICIPATION

Your participation in this research study is voluntary. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason.

CONSENT

I read___ and I understand ____the information provided. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without any repercussions. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Investigator's signature _____Date_____

APPENDIX B

The Jennings Program
127 W 43rd St
New York, NY - 10036
(555) 000-5555

The Jennings Program is a homelessness outreach program. It provides showers, toiletries, towels, laundry facilities and clothing. The facility is open 6 days a week from 9:00am until 9:00pm.

Contact Persons:

Professor Mark Jennings (555) 010-5555

Dr. Kwi Yun (555) 011-5555

Professor Jennings is the Executive Director of the Jennings Program. He will review the results of the research study and determine the extent to which these results can be applied to the Jennings Program.

Dr. Yun, a research expert, will provide supervision for all phases of the research, assuring that all data and methodologies are correctly applied.

Should any further information be required please contact one of the above referenced individuals.

Sincerely,