



ADDRESSING HOMELESSNESS AND PROVIDING SUPPORT FOR INDIVIDUALS AND FAMILIES IN NEED

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Abstract

Service gaps sometimes hinder persons with a prior experience of homelessness from getting necessary resources and securing stable housing. This study investigates the self-reported usage of services and the service requirements of individuals who are currently homeless, based on data obtained from them. This research discovered that people vary in their use and ongoing need of assistance based on the factors they described as leading to their homelessness. The majority of respondents said that they were aware of available services via personal recommendations. They had challenges in obtaining these services owing to restricted transportation alternatives. Furthermore, they were more inclined to use services that were conveniently located, met their requirements, and provided respectful treatment. These results have implications for the creation of coordinated intake systems and the implementation and distribution of programs designed to help those who are homeless.

1. Introduction

Various variables, including individual vulnerabilities and structural-level issues, combine to provide distinct routes into and out of homelessness (Anderson & Christian, 2003; Lee, Tyler, & Wright, 2010). Structural factors, such as the absence of affordable housing, income inequality, and unemployment, contribute to homelessness. Additionally, individual vulnerabilities, including mental and physical health problems, low income, lack of education, and veteran status, play a role in determining who is more likely to experience homelessness. Homeless individuals who enter homelessness via diverse paths may also have distinct patterns in their use of resources, specific requirements, and obstacles they face while accessing assistance. Regrettably, there has been less investigation of the variations in service use patterns, requirements, and obstacles among people depending on the routes they took to become homeless.



The objective of this research is to analyze these disparities in order to comprehend and rectify deficiencies in service provision. This work extends the findings of a previous study conducted by Barile, Pruitt, and Parker (2018) that revealed five separate groups of persons with different patterns in how they become homeless. The present study utilized these categorizations to investigate the distinct service requirements linked to each category and to explore the variations among individuals in terms of their acquisition of information about social services, utilization of services, decision-making process in selecting services, and the obstacles encountered in accessing these services. Comprehending the connection between self-identified routes into homelessness and the use and need of services may aid in addressing current deficiencies in the provision of services for the homeless.

2. The issue of homelessness in the United States

In the United States, the term "homeless" encompasses individuals residing in unsuitable living conditions, shelters, transitional housing, or those leaving institutions. It also includes individuals facing the risk of losing their homes, families with unstable housing, and individuals escaping domestic violence (Homeless Emergency Assistance and Rapid Transition to Housing, 2011). According to Henry et al. (2018), almost 500,000 Americans experienced homelessness on a certain night in 2018. The prevalence of homelessness, especially unsheltered homelessness, saw a little increase from 2017 to 2018. However, some cities and states in the United States have seen significant rises in homelessness owing to escalating housing costs and rental rates (Henry et al., 2018).

Homelessness is a consequence of structural elements, such as rising housing expenses, and resolving homelessness will need tackling these elements. Nevertheless, it is crucial to have services that target both individual and structural problems throughout this period. Therefore, our objective is to analyze various routes leading to homelessness and the corresponding service requirements, with the purpose of customizing assistance for those who are homeless.

3. Deficiencies in services for the homeless

Service providers at both local and national levels have made efforts to address the housing and healthcare needs of people experiencing homelessness. However, there are still several gaps in the services provided, as identified by Baggett, O'Connell, Singer, & Rigotti (2010), Draine, Salzer, Culhane, & Hadley (2002), Kahn & Duckworth (1998), Moore, Manias, & Gerdzt (2011), and Ogden & Avades (2011). The service gaps often seen are the unfulfilled need for behavioral and medical services (Draine et al., 2002; Kahn & Duckworth, 1998; Moore et al., 2011; Ogden & Avades, 2011). Standard healthcare and mental health services often do not adequately address the need of those who are homeless, leading to a significant number of visits to the emergency department for non-urgent matters (Folsom et al., 2005; Moore et al., 2011). Additionally, there are less apparent deficiencies in services, such as inadequate access to food.

Baggett et al. (2011) discovered that even though there were several food pantries and soup kitchens available, 68% of persons who used homeless healthcare services went without eating for a whole day in the preceding month. Furthermore, there are service deficiencies that affect certain disadvantaged populations with distinct requirements, including LGBTQ adolescents (Ecker, 2016; Maccio & Ferguson, 2016), single women without children (Mills, 2013), and those with mental illness (Stergiopoulos, Dewa, Durbin, Chau, & Svoboda, 2010). Studies indicate that the gaps in homelessness services may arise from several obstacles, namely a lack of alignment between the services offered and the actual needs of the homeless population.

Typical obstacles to accessing services include limitations imposed by institutions, the perception of being socially disapproved, inconvenient operating hours, and a lack of knowledge about available resources (Moore et al., 2011; Ogden & Avades, 2011; Wasserman & Clair, 2013). Ogden and Avades (2011) discovered that several formal methods for acquiring services were marked by undesired designations and constraining regulations. The findings of Wasserman and Clair's (2013) ethnographic research corroborate this observation, indicating that individuals facing homelessness often have to acquiesce to undesirable or inconsequential categorizations (such as "drug addict") in order to get certain shelter services.

To receive resources, people often need to acknowledge that their homelessness is due to personal shortcomings, such as drug addiction, rather than being caused by broader societal factors like economic difficulties. Wasserman and Clair concluded that a service gap arises when assistance programs intentionally exclude individuals who do not share their beliefs or are reluctant to conform to these values in order to get services (Wasserman & Clair, 2013; p. 162). Similarly, Moore et al. (2011) discovered that consumers may choose not to use services due to a perception that providers do not demonstrate them with proper respect.

Therefore, the lack of alignment in values, undesired categorizations, and perceived abuse or stigmatization by staff members that is characteristic of some programs, pose substantial obstacles for those who are now homeless. Moreover, services may be sometimes inconvenient. Some hurdles to healthcare services include limited availability, lack of accommodations for disabilities or mental health concerns (Moore et al., 2011). Although there has been some success in identifying obstacles to accessing services, more study is required to get a comprehensive understanding of these barriers and how they may change across individuals with diverse needs and experiences.

One potential reason for service gaps is because the services provided do not align with the specific requirements of those who are homeless, as highlighted by Acosta and Toro in 2000. Presently, there are a limited number of studies that have explicitly evaluated the requirements of those who are currently homeless. Instead, these studies have relied on the presumptions of service providers, politicians, or academics. This method is problematic since persons experiencing homelessness express divergent service priorities and needs when questioned directly. Acosta and Toro (2000) discovered that homeless persons perceived formal mental

health and drug addiction treatments as somewhat insignificant yet easily accessible. The reason for this finding is probably due to the general belief among the public that the majority of homeless people suffer from mental illness, even though there is data suggesting that the actual occurrence of mental disease among the homeless population may be overstated (Draine et al., 2002).

Contrary to this, Acosta and Toro (2000) discovered that those who were homeless identified physical protection, education, and transportation as their most urgent needs. Regrettably, many people had significant challenges in accessing associated services, such as employment placement, cost-effective housing, and vocational training programs. When researchers personally questioned people experiencing homelessness, they discovered a possible discrepancy between the beliefs of professionals and the general public about the needs of the homeless and the actual experiences of those individuals.

4. Service use and requirements patterns

Acosta and Toro's (2000) research provided insight into self-identified needs, but as far as we know, no study has investigated how reported requirements vary based on persons' self-identified reasons for being homeless. We recommend that the next course of action in addressing the service gap is to analyze the self-identified service requirements and obstacles to service use, taking into account the distinct routes that lead to homelessness. Studies have shown that people exhibit distinct patterns of service use and need, as well as underlying issues that contribute to homelessness.

Kuhn and Culhane (1998) discovered that people had a tendency to form three distinct groups depending on the frequency and duration of their shelter utilization. Upon analyzing shelter utilization in New York City and Philadelphia, the researchers discovered that the majority of individuals, constituting 80% of the sample, who were classified as traditionally homeless, were younger, in relatively good physical condition, and identified as White. Conversely, the members of the chronically homeless group, comprising 10% of the sample, tended to be older and experienced significant mental and physical health issues. Among the population studied, almost 10% experienced episodic homelessness. This group tended to be younger and had a higher prevalence of mental and physical health issues. Additionally, they were more likely to identify as non-White.

Subsequent research has discovered several variations or adaptations of these early discoveries. Gleason, Barile, and Baker (2017) discovered that there were four distinct patterns of housing service utilization. The largest group was the low service use group, which resembled Kuhn and Culhane's (1998) traditionally homeless group. Individuals in this group were less inclined to engage in traditional outreach services, transitional housing, or emergency shelters.

Morse, Calsyn, and Burger (1992) discovered that people had a tendency to form groups based on their service requirements, in addition to their usage of services. A survey of 248

individuals using emergency shelters in St. Louis revealed the presence of four distinct groups: an economically disadvantaged group (comprising 53% of the sample), a group with drinking problems (20%), a group with mental health issues (17%), and a socially advantaged group (5%). The bulk of the sample consisted of individuals from an economically disadvantaged category, who had few issues apart from their socioeconomic demands.

Members of the drinking issues group had a higher likelihood of being male and expressing elevated levels of alcoholism and a need for substance abuse treatment. Conversely, those in the mental health group were more prone to displaying signs suggestive of poor mental health. Both the group with drinking difficulties and the group with mental health issues expressed a higher need for mental health therapy compared to the economically disadvantaged group. The socially privileged group had higher rates of employment, a greater proportion of females, and a more extensive social network compared to the other categories. Collectively, these research indicate that people exhibit varying patterns of service use and need.

5. Causes of homelessness

Research has shown that those who are homeless may be categorized into several categories depending on the causes that led to their homelessness. Chamberlain and Johnson (2013) discovered that homeless individuals in Australia could be classified into five different pathways based on their case histories. The most common pathway, accounting for 35% of the sample, was transitioning into homelessness from a young age. This was followed by losing housing due to a housing crisis (19%), having a history of substance abuse (17%), experiencing mental health issues (16%), and facing family breakdown (11%).

According to Barile et al. (2018), persons living in a major American city tended to form five distinct groups based on certain routes that led to homelessness. This research directly surveyed persons who were experiencing homelessness about these characteristics. The most significant group was distinguished by challenges in finding job (55% of the sample), followed by a group marked by mental health or drug misuse problems (30%), a group facing financial crises (7%), a group with physical health concerns and impairments (4%), and a group experiencing substantial life transitions (3%). These studies indicate that people who are homeless have unique routes to being homeless, and these routes may vary depending on the circumstances and whether or not they are directly questioned. Nevertheless, there has been no research that has shown a correlation between the use of services and the underlying issues that contribute to homelessness. This work aims to overcome this constraint.

6. Conclusion

This research provides a unique perspective on how persons who are homeless engage with and seek social assistance, based on their self-identified reasons for being homeless. This research discovered that the use of services by persons and their ongoing service requirements differed significantly based on the routes that led them to become homeless. This research used

sophisticated statistical approaches to identify discrepancies between the services utilized and those that are required, as well as to identify distinctive obstacles to service usage, means of acquiring information about available services, and characteristics that either facilitate or hinder the utilization of services among those who are experiencing homelessness. Our research indicates that for most persons who are homeless, regardless of how they become homeless, it is crucial for assistance providers to be easily situated and have personnel who are nice and polite. Resources may enhance participation by including transportation assistance into their program offerings and by explicitly inquiring about persons' journey into homelessness and their service requirements during coordinated entry in order to match them with appropriate resources.

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