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The Homeless Population: Barriers to Services

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## The Homeless Population: Barriers to Services

### *Introduction*

In 2004, it was estimated that approximately 3.5 million people were homeless, 1.35 million of them children, in any given year. Sixty percent of all new homeless cases are single mothers with children (National Law Center on Homelessness and Poverty [NLCHP], 2007). The last counts and estimates nationwide show a 35-45% increase in homelessness and poverty. The increases have grown over the last two years with the greatest increase in 2002 and the first six months of 2003 (National Coalition for the Homeless, 2007). In 2002 the U.S. Conference of Mayors reported a 19% increase in shelter requests due to homelessness and in 25 surveyed cities requests for shelter by families increased by 20% (NLCHP, 2007). With the ever increasing number of people living in poverty and experiencing homelessness, limited or denied access to services is detrimental to their survival. Without access to assistance, many unsheltered suffer from weather exposure, severe illness, addictions, hunger, lack of sanitation and hygiene supplies, and violent crime. These people must be able to attain services to administer to their basic needs.

A growing number of cities are criminalizing activities of the homeless, according to the National Coalition for the Homeless (2006) as more than 60 cities are introducing measures to make it illegal to beg or sleep on the streets, to sit in a bus shelter for more than an hour, or to walk across a parking lot if the person doesn't have a car parked there. People who become homeless do not fit one general description; however, people experiencing homelessness do have common basic needs, including affordable housing, adequate incomes, adequate food supply, and health care. Many homeless people may need additional services such as mental health or

drug treatment in order to become and remain securely housed. It is estimated that an average of 23% suffer from mental illness, 38% suffer from substance abuse, 10% are veterans, and an estimated 22% are employed (U.S Census Bureau, 2004).

The number one cause of homelessness is the lack of affordable housing, other causes are; mental illness, lack of services, drug and alcohol abuse, low wage jobs, family violence, unemployment, prison release, bad economic conditions, limited skills, and cuts in public assistance (Phinney, Danziger, Pollack, and Seefeldt, 2007). The average wait for public housing is 19 months; which is similar to the wait in the Lewis-Clark Valley, the average wait for section 8 certificates and vouchers is 21-23 months. 45% of cities have stopped taking public housing applications in at least one assisted housing program due to extensive waiting lists (U.S. Department of Housing and Urban Development, 2007).

The waiting period for these people to access housing combined with the economic depression and stigma of homelessness prevent the homeless from rising out of their dilemma. The unsheltered have unmet needs that are immediate but not accessible due to organizational structures and policies. These issues fall far beyond the urban setting and are found in rural areas as well.

The Lewis-Clark Valley, located on the Idaho/Washington border has a great number of homeless who are frequently turned away or refused services. The 2008 federally mandated Point in Time count of homeless persons in this region of Idaho identified 93 individuals as homeless as reported by the Homeless Management Information System Administrator for Idaho Housing and Finance Administration, J. Otto, (personal communication, February 1, 2008). The count of homeless recorded on the food stamp rolls in this region of Washington was 178 as reported by P. Busse, (personal communication, January 25, 2008) Clarkston Community Services Office Administrator for Washington State Department of Social and Human Services.

These indigents typically reside in camps along the rivers, under bridges, and in building not meant for habitation. As the area is largely rural, many unsheltered people lack sufficient resources to stay out of the weather, find transportation, and support basic needs. These unsheltered individuals also confront unrecognized barriers which obstruct their ability to receive services and access resources which might improve their quality of life. It is the intent of this research to identify the barriers which obstruct access to services for the homeless of this region. The further intent of this study is to establish the perceptions of homelessness by both the unsheltered population and the front-line personnel who serve them from agencies within the valley.

By once identifying the specific characteristics which impede the ability of unsheltered people to obtain needed services, policy developers can utilize the information within the systems and agencies to create user-friendly environments which will promote access and utilization by indigents. Homeless people will be able to improve their quality of life as barriers which have stopped them from accessing or receiving services become negligible. The societal impact of this occurring would be an increase in the unsheltered securing services and housing and therefore a reduction in local homelessness as well as the draw on resources as this population acquires income and stable housing.

### *Variables*

For the purpose of this study, the term “homeless” or “homeless person” or “unsheltered” will be defined as an individual or group of individuals who lack a fixed, regular, and adequate nighttime residence; an individual or family who has a primary nighttime residence that is a publicly or privately operated shelter, or a private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings and whom do not have the resources needed to obtain housing (HUD Speak, 2007). The Department of Housing and Urban Development

(HUD) defines "affordable" as housing that costs no more than 30 percent of a household's monthly income (HUD Speak, 2007). That means rent and utilities in an apartment or the monthly mortgage payment and housing expenses for a homeowner should be less than 30 percent of a household's monthly income to be considered affordable. This includes government subsidized housing and transitional housing (The City of San Diego, n.d.). "Front-line workers" should be regarded as the organizational personnel who determine who may fit the criteria for service provision and do intake and screening processes in each agency.

Dependant variables for this study are service use data for persons acknowledged as homeless. Organizational systems of resource access and policies for providing services to individuals experiencing homelessness are also recognized as dependant variables. Independent variables are taken from organizational barriers which were identified by the homeless and agency personnel as those which obstructed the use of services and resources offered to clients. Another independent variable used in this study pertains to characteristics of the homeless individuals obtained from interviews and the demographic component of the directed surveys.

It is found that a significant sector of the population is affected by housing instability. The homeless have high rates of physical health problems, substance use, mental health disorders, domestic violence, and criminal records. Housing instability is frequent among the young and non-white as they may have not developed the economic and social resources to help them gain or retain housing. Discrimination may also play a part in housing issues among minority groups. Lack of human capital affects an individual's ability to find and retain employment, navigate the housing/assistance programs, or secure housing (Phinney et al., 2007).

The Lewis-Clark Valley has a homeless population which includes chronically homeless who have repeatedly found themselves without shelter. Services and resources are available through local agencies which are meant to provide aid. The persons experiencing a lack of

adequate nighttime accommodations are thwarted by barriers to these resources which keep them from rising out of homelessness. This study will establish what impediments are reported by individuals involved in accessing resources as well as obstacles that are perceived by front-line workers who must assist those requesting assistance.

### Review of Related Literature

In examining the context of homelessness, much emphasis is placed on identifying who the homeless are and why they became homeless. Since the issue is already being addressed, it would appear more relevant to focus on the fact that the unsheltered population is not receiving the services they need to rise out of their situations. In an era of welfare reform, food programs, and multiple social services available to the needy, it seems unlikely that a person would not use resources that are freely offered and available. This leads to questions of what barriers exist that prevent homeless individuals and families from gaining services that need to be adequately addressed.

A structural view of the problems that create homelessness may be explained by the international control of the economy which now exists in this country. This control has forced decline in traditional manufacturing and an increase in high level services. This created a stratified labor market in cities resulting in concentrated high and low wage employment. A recent increase in immigration of workers from other countries, coupled with a decline for unskilled labor has caused competition for jobs, a spike in unemployment, and stagnation of wages. This split in the labor market has caused increased housing costs due to limited production of affordable housing and an increase in rent costs due to perceived higher incomes. All of these dynamics have combined to limit the homeless in their efforts to find living wage paying jobs, affordable housing, and income supplements from government or private sectors to meet basic needs (Marr, 2005).

Most of the research on homelessness has overlooked to what extent people experiencing homelessness have been able to rejoin the housed and how they accomplish this task. It is reported that a large portion of these individuals are lacking human capital, such as education, social skills, job training, networking skills, financial management abilities, and personal and business relationships (Washington State Department of Social and Health Services [DSHS], 2001). Without this capital, the homeless have difficulty in finding resources, securing affordable housing, and managing limited income. Even with stable housing they are highly likely to return to a state of homelessness within a short time if they have not gained knowledge needed for these tasks.

Washington State Department of Social and Human Services sanctioning records show that families experiencing homelessness appear to be more likely to be sanctioned than other TANF families, possibly the result of inability to provide documentation, communication barriers, or inability to comply with WorkFirst requirements (DSHS, 2001). If a person or family has no organizational skills to stay on task and meet appointments, find child care, secure transportation, or discover resources to take care of hygiene needs, then compliance with a TANF program may be a daunting obstacle to overcome.

The social capital perspective suggests that social connections and networks influence a person's fall into poverty and thus also their ability to transition out. The homeless are given little social leeway and often suffer penalties of denied credit, loss of friends and family, loss of employment, and sanctioning of benefits. The social margin for people experiencing homelessness is narrow. The stigma of being homeless hampers a person's ability to create social networks which may enable them to draw on higher levels of social capital from which they may more easily climb out of homelessness (Marr, 2005). The stigmatization of the poor is much less now than in the middle ages when it was considered shameful to be homeless. Destitute persons

of the time were separated from society, and required to wear distinctive clothing if receiving public assistance. This publicly demeaning policy to blame the poor for their condition is less harsh in today's society but still evident in the media's depiction of the homeless as being of loose morals, slovenly, and criminal. Public opinion of homelessness appears to be linked to the economy. Tompsett, Toro, Guzicki, and Zatakia (2006) note that when the economy is good, the public is less supportive of programs to help the homeless. Shpungin and Lyubansky (2006) found that front-line service providers feel that motivation, work ethic, dependency on the system and the attitudes of the homeless caused their homelessness. These stereotypes serve to only deepen the chasm from which a person who is homeless must climb to find permanent, sustainable shelter. The public attitude toward welfare recipients and homelessness is largely negative. Thus another obstacle must be overcome by unsheltered persons in an effort to prove themselves to the public eye. By shifting the responsibility from the stratified system to the individual, the existing social order is legitimized. In their study of homeless women, Cosgrove and Flynn (2005) reported that the women felt humiliated, disrespected, demeaned, avoided, and stigmatized by personnel in social service agencies. Dominant groups can blame the homeless for their own shortcomings rather than adjusting the system of assistance to address the incapacities of the homeless to help them become more successful (Plen, Link, Moore, and Stueve, 1997).

Discovering attitudes toward the mentally ill population helps us to understand the sources of attitudes toward the homeless. As most Americans believe that about one-third of the homeless people are mentally ill, being homeless also carries a stigma that a mental condition must exist or the person would be stable enough to find suitable housing. This misconception along with the negative connotations of ex-convicts, dirtiness, mistrust, and perceptions of being dangerous, have contributed to the barriers that a person must cross to overcome a homeless

situation (Plen, et al., 1997). As reported by the United States Department of Health and Human Services Substance Abuse and Mental Health Service Administration nearly 20-25% of the homeless who are single adults suffer from mental illness (2005). Kessler, Chiu, Demler, and Walters (2005) reported that those suffering from mental illness in the American population is 26.2%, therefore reflecting nearly the same percentage rate in the general population as in the homeless population.

Mental health issues may be exacerbated by aging, further complicating an already challenging situation. Since age enters into the scenario of homelessness in many circumstances, the problem of finding adequate housing which suits the needs of an impoverished elder becomes difficult. Many seniors don't have adequate income to survive in their own housing as well as pay for essential needs of medication and food. A majority of elderly that have lived without stable housing have serious physical and mental health considerations that limit their housing options. They may have endured long periods of homelessness which have acculturated them to the streets. Often to remove these people from the streets would cause a loss of routine and familiarity. They may object to a radical change in living circumstance. Fear to use shelters is reported by elder homeless individuals, as younger clients tend to use violence, intimidation and general disturbance to harass them (Crane, 2005).

In a study by Yin-Ling Wong at the University of Pennsylvania (1999) the research reported that "...a significant portion of the homeless sample did not use social services and that among service users, most reported receipt of concrete services only" (p. 1). In this analysis of homelessness, Wong determined that service providers should aim their housing and homeless programs toward concrete needs such as food, housing, income benefits, and employment which are most utilized by the population, but integrate these benefits with outreach to change behavioral and health concerns. The study further indicated that women are more likely than men

to request and receive a number of services. Targeting segments of the homeless population who have significant needs but who are less likely to use services such as; males, minorities, street people, episodically homeless people, and alcoholics, is suggested to service providers in this evaluation of community based services (Wong, 1999).

A review of the current literature on homelessness relates that some articles prioritize what programs would be more effective when dealing with specific attributes of homelessness and how each of these services may be accessed. Most research has determined that stable housing and case management are necessary to break the cycle of homelessness and economic resources to sustain a minimal standard of living. With little literacy training, minimal social skills, risk of rejection, and constant mobility, homeless clients are put to task when availing themselves of services within the complex social systems.

With homelessness numbers on the rise, barriers such as criminalizing and stigmatizing the unsheltered population only serve to create a greater problem for these people to access resources that may take them out of the situation. If the current trend continues, little money will be put into assisting the homeless, as, historically, if the government cannot see a substantial improvement or need for the services, the grants for homeless services will not be re-funded. This is happening as homeless persons don't utilize the programs that already exist for reasons of stigma and complicated application processes (Algert, Riebel, and Renvall, 2006).

A significant amount of research has indicated that unsheltered people use concrete services most frequently and do not access the larger and more funded resources which would most likely pave the way for a rise out of poverty. Wong (1999) suggested that programs focus only on concrete programs. A different philosophy may be to discover the reasons people are not utilizing what is available and to make services more accessible to these clients. A study of how

this population accesses services, what services, and what barriers are perceived when doing so, may enlighten the practitioner to a better delivery of services and improved access.

### Method

#### *Purpose*

The purpose of this study was to discover why more abstract services are not used by the homeless sector. This study identified barriers that impeded persons living in homelessness to access services that may have lead to housing and self-sufficiency within the Lewis-Clark Valley. An effective report could validate current practices or have practice implications that may be examined to promote successful outreach to this vulnerable population. Ideally, more access to services may present more opportunities for homeless persons to achieve the goals of self-sufficiency and permanent housing.

#### *Paradigm*

It is our paradigm that as social workers we must work toward positive social change. Assisting the indigent and homeless population is a part of that positive movement toward a better society. As professionals, we adhere to the code of ethics set by National Association of Social Workers, which impels social workers to work toward social justice for all people, including the destitute and vulnerable populations (NASW, 1999). It is our premise that most people engage in behaviors that will have predetermined outcomes, therefore our theoretical framework is one that adheres to Adlerian ideology. It is our thought that to understand individuals we must also understand what goals are being met and how meeting these goals can facilitate a more structured lifestyle for those experiencing homelessness. Having experienced homelessness, we have an ability to understand the trials and hopelessness the unsheltered suffer on a daily basis. It is with this mindset that we seek to find a solution to alleviate the ongoing suffering of those without a place to call "home". It is our belief that inroads can be made to help

this population if services can be provided without significant barriers to overcome. We use a constructivist methodology using qualitative information of which we can gain an understanding from the participant's perspective.

### *Participants*

Participants were a purposive convenience sample chosen from clients/staff who attend the social service agencies. The first sample of participants chosen for the study were 10 individuals, 18 years of age or older who may or may not have received social services within a six month time period from August, 2007 to January, 2008. These participants were persons considered chronically homeless (three times or more) over a period of at least one year and frequently or currently residing in places considered unfit for long term habitation such as streets, vehicles, and rough sleeping or in a temporary shelter for the homeless. An income level is expected at or below Federal poverty level guideline of 867.00 per month per individual (United States Department of Health and Human Services Office of the Secretary, 2008). An age range incorporating both young and older persons should give balanced perception of the issues. An equal number of male and female participants could not be secured to balance the gender disparities.

The second set of participants were 10 "front-line" workers from The Salvation Army Lewiston Corps, YWCA Lewiston/Clarkston, and Community Action Partnership. These agencies are within the Lewis-Clark Valley and provide services that assist homeless populations. These workers were expected to include a range of education and socioeconomic backgrounds. All participants were residents within the confines of the Lewis-Clark Valley.

### *Design and Procedure*

Recruitment and interviewing of participants took place at conventional gathering places for this population. The Salvation Army Soup Kitchen, The Salvation Army Social

Services/Corps Community Center, Community Action Partnership, and the YWCA of Lewiston/Clarkston are social service agencies that were utilized as recruitment and interviewing sites. Participants were selected using a snowball technique in which candidates inform other possible candidates for interview. Participants were tenants of the Lewis-Clark community with a population of about 30,000. Two female interviewers administered a mixed methods semi-structured survey utilizing specific questions including personal demographics, living situation questions, and narrative remarks. The interview questions consisted of nine demographic questions, seven questions related to accessing services and four open-ended questions regarding service provision. Interview questions were read orally to participant prior to each interview. Office space was utilized at each of the research sites, which provided a measure of privacy for individuals who participated. Interviews were tape recorded or transcribed by hand to assure quality and accuracy of results. The survey took approximately 20-30 minutes to complete. Interviews were completed within a one-month period to lessen impact of variables determined by inclement weather or holidays. Participants were provided an informed consent and names were not recorded to maintain anonymity. Upon completion, data was compiled, analyzed and reported to the participating agencies for program evaluation.

#### *Bias and Limitations*

The aim of the study was to collect data from persons experiencing homelessness and service staff of agencies to have input as to what they perceive as barriers to accessing services in the Lewis-Clark Valley. All qualitative answers were subjective depending on the view of the participant; therefore, bias may be a factor in the final aggregate. An attempt to balance this possibility was using 10 members of each group for data collection.

It is assumed that all participants have answered honestly and with no bias against a particular agency or organizational system. It is further assumed that a cross section of homeless individuals representing the Lewis Clark Valley participated.

Not included in this research are indicators of who may have more access to resources as a result of organizational advocacy, personal charisma, family ties, or other values which may provide preference for service by agencies and their staff. Specific information on service provision and criteria for meeting agency guidelines for assistance are also not noted. This paper does not identify information regarding specific agency barriers or deterrents.

Ideally, this study would have included a much larger sampling of service agency personnel and homeless persons attempting to receive or receiving services. If given time and resources, this study should have included data giving an account of number of attempts to gain services/resources and how many attempts were successful and under what circumstances. It would have been beneficial to add to this study an analysis from disability professionals after they examined and determined physical barriers that may have excluded certain populations from accessing assistance at each of the service agencies. An attitudinal study of front-line staff at each agency may have also pinpointed specific character preferences for employers to more wisely choose who they have greeting and screening perspective clients.

### *Ethical Considerations*

The Institutional review board at Lewis-Clark State College reviewed and approved this study prior to implementation. Anonymity of participants was maintained by not requesting names at the time of interview. No identifiers were on the interview questionnaire. All participants were read an informed consent prior to the interview. Participation was voluntary and participants were allowed to discontinue the interview at any time or choose not to answer all questions. If participants had questions, concerns, or complaints regarding their participation

or rights, they were told they could contact Linda O'Dowd, Dixie Bacon, Dr. Brian Christenson, or Lewis Clark State College Institutional Review Board. Researchers involved with this study have 12 years experience with this population. Raw data gathered will be kept in a locked file held by researcher Linda O'Dowd for five years beyond completion of the study, then it will be shredded and disposed of. Non-identifying computer data files will be kept indefinitely.

### Results

Table 1

*Gender, Age, Marital Status and Household Size of Homeless Participants  
(n=10)*

Variable	Frequency
Gender	
Male	7
Female	3
Age	
18-29	1
30-39	2
40-49	2
50-59	5
Marital Status	
Divorced	4
Married	3
Single	2
Domestic Partner	1
Household Size	
1-2 Persons	8
3-4 Persons	1
5+ Persons	1

The homeless participants were predominantly male (n=7), with five of them in the 50 to 59 age range. Six of the homeless were divorced (n=4) or single (n=2). The most frequently reported household size was one to two persons (n=8).

Table 2

*Education Level, Source of Income and Disability Status of Homeless Participants (n=10)*

Variable	Frequency
Education Level	
Some High School	3
High School Graduate	2
Some College	2
Degree or Vocational Certificate	2
GED	1
Source of Income	
No income	4
Social Security	3
State Welfare	1
Employment	
Full Time	1
Part Time	1
Physical Disability	
No	5
Yes	5

Four of the homeless participants did not finish high school, one of whom completed their GED. Two of the participants had some college and two had a college degree or vocational

certificate. Four of the homeless had no income, one worked full time and one worked part time. The remaining participants receive Social Security (n=3) or State Welfare benefits (n=1).

Table 3

*Living Situation and Services Accessed of Homeless Participants (n=10)*

Variable	Frequency
Living Situation	
Living in Area Not Meant For Habitation	4
Transitional Housing	3
No Long Term Residence	2
Living With Friends or Relatives	1
Services Accessed*	
Food Bank	9
Soup Kitchen	7
Welfare or Financial Assistance	5
Medical Assistance	4
Clothing Bank	4
Other	4

\*The frequency of the response is more than 10 due to some responses having more than 1 answer.

Places not meant for human habitation may include: abandoned buildings, outside or in a car. These are the places where four of the homeless participants are living. The participants who have no long term residence may be couch surfing (staying with different people and sleeping on their couches) or living from place to place, there are two participants who reported this living circumstance.

Table 4

*Gender, Age, Marital Status and Education Level of Staff Participants (n=10)*

Variable	Frequency
<b>Gender</b>	
Female	9
Male	1
<b>Age</b>	
18-29	3
30-39	1
50-59	1
60+	5
<b>Marital Status</b>	
Married	6
Single	2
Divorced	1
Domestic Partner	1
<b>Education Level</b>	
Some College	7
High School Graduate	2
Degree or Vocational Certificate	1

Staff participants were almost exclusively female (n=9). These participants included five in the 60+ age range and three in the 18 to 29 age range. Of these, six were married and one has a domestic partner. The survey results showed that seven staff had attained college level studies, with an additional participant completing their college degree/vocational certificate.

Table 5

*Source of Income, Household Size, Disability Status, Living Situation and Services Accessed of Staff Participants (n=10)*

Variable	Frequency
Source of Income	
Employment	
Full Time	5
Part Time	2
Social Security	3
Household Size	
1-2-Persons	8
3-4 Persons	2
Physical Disability	
No	10
Living Situation	
Own or Rent Home	10
Services Accessed*	
Food Bank	1
Soup Kitchen	1
Medical Assistance	1

\*The frequency of the response is less than 10 due to some participants not accessing any social services.

Seven of the staff are employed, either full time (n=5) or part time (n=2). Three of the staff are volunteers who also receive Social Security benefits. The predominant household size includes one or two persons (n=8).

Table 6

*Homeless and Staff Participant Responses for Question #11: Do You Consider a Felony Record an Obstacle to Receiving Help?*

Variable	Homeless (n=10)	Staff (n=10)
Yes	7	3
No	3	7

Most homeless participants consider a felony record to be an obstacle to receiving services (n=7), while staff participants do not (n=3).

Table 7

*Homeless and Staff Participant Responses for Question #12: Do You View Lack of Transportation as an Obstacle to Receiving Help in the Lewis-Clark Valley?*

Variable	Homeless (n=10)	Staff (n=10)
Yes	6	7
No	4	3

Homeless (n=6) and staff (n=7) agree that transportation is an obstacle to receiving help.

Table 8

*Homeless and Staff Participant Responses for Question #13: Do You Know Where to Get Help?*

Variable	Homeless (n=10)	Staff (n=10)
Yes	8	9
No	1	1
Sometimes	1	0

Most of the homeless (n=8) and staff (n=9) know where to get the help they need.

Table 9

*Homeless and Staff Participant Responses for Question #14: Do You Feel That All Clients are Treated Fairly at Social Service Agencies?*

Variable	Homeless (n=10)	Staff (n=10)
Yes	5	6
No	5	4

Both homeless and staff are nearly evenly divided in their answers to this question.

Table 10

*Question 15: Homeless Participant Responses for Problems Finding or Receiving Services (n=10)*

Variable	Frequency *
1. Discrimination	3
2. Need Driver's License, Proof of Identification, or Proof of Address	2
3. None	2
4. Felony Record	1
5. Misinformation-People From the Same Office Telling You Different Things	1
6. Disability	1
7. Lack of Knowledge About the System	1

\* The frequency of the response is more than 10 due to some responses having more than 1 answer.

Discrimination was the most frequent response from the homeless in this category (n=3). Other responses included needing a driver's license or other documentation (n=2), or that they had no significant problems (n=2).

Table 11

*Question 15: Staff Participant Responses for Problems Finding or Receiving Services (n=10)*

Variable	Frequency *
1. Lack of Money or Funding	6
2. Need Driver's License, Proof of Identification, or Proof of Address	2
3. Mental Illness	2
4. Judgmental Attitude From Staff	2
5. Embarrassment or Shame	1

\* The frequency of the response is more than 10 due to some responses having more than 1 answer.

Lack of money or funding was the most common response to problems finding or receiving services from staff (n=6). Documentation, mental illness and judgmental attitude from staff received two responses each.

Table 12

*Question 16: Homeless Participant Responses for How to Make Social Services More Accessible (n=10)*

Variable	Frequency
1. Need to Advertise Where People Can Get Help	3
2. Less Stipulations ie: A Felony or Being From Out of Town	3
3. More Services or Places to Provide Services	3
4. More Funding	1

Knowing where to get help (n=3), criteria for receiving help (n=3), and having more services available (n=3) were the foremost answers in this category. Only one homeless respondent recognized the need for more funding.

Table 13

*Question 16: Staff Participant Responses for How to Make Social Service More Accessible**(n=10)*

	Variable	Frequency *
1.	More Funding	4
2.	More Staff	2
3.	Need to Advertise Where People Can Get Help	2
4.	Do Not Know	2
5.	Longer Hours	1
6.	Transportation	1

\* The frequency of the response is more than 10 due to some responses having more than 1 answer.

Staff participants more often responded that additional funding was needed to make social services more accessible (n=4). Subsequent responses included adding more staff (n=2), advertising where to find help (n=2), longer hours (n=1), and transportation (n=1), with two respondents not knowing how to improve access to services.

Table 14

*Question 17: Homeless Participant Responses for How Front-Line Staff Makes Clients Feel*

*(n=10)*

	Variable	Frequency
1.	Good, Treated Well	5
2.	Some are Good, Some are Bad	3
3.	Bad, Not Friendly or Tolerant	2

Half of the homeless clients felt that they were treated well by staff (n=5). Three clients agreed that some staff treated them well and some staff did not. Two of the homeless felt that they were treated badly by staff.

Table 15

*Question 17: Staff Participant Responses for How Front-Line Staff Makes Clients Feel (n=10)*

	Variable	Frequency
1.	Good, Treated Well	6
2.	Some Are Good, Some Are Bad	3
3.	Bad, Not Friendly or Tolerant	1

The overall opinion of the staff surveyed is that front-line staff generally treat the homeless clients with positive regard (n=6). Three of the respondents thought that some staff members treated clients well and others did not. One staff member thought that clients were treated poorly.

Table 16

*Question 18: Homeless Participant Responses Concerning Social Service Agency Staff**Respectfulness to Homeless Clients (n=10)*

	Variable	Frequency
1.	Yes	6
2.	No	2
3.	Some Are, Some Are Not	2

The greatest response in this area was six in the affirmative, with two negative answers. Two participants had divided responses, stating that some staff are respectful and some are not.

Table 17

*Question 18: Staff Participant Responses Concerning Social Service Agency Staff Respectfulness to Homeless Clients (n=10)*

	Variable	Frequency
1.	Yes	5
2.	Some Are, Some Are Not	3
3.	No	2

A yes answer was given by half of the staff surveyed. A few of the staff (n=3) also had divided responses about whether respect is given to homeless clients. Two staff members responded that homeless clients do not receive respect from some of their colleagues.

Table 18

*Question 19: Homeless Participant Responses Regarding Whether the Intake/Screening Process is Too Difficult for Most Homeless Clients (n=10)*

	Variable	Frequency
1.	No	6
2.	Yes	4

The homeless most frequently indicated a no response (n=6) to this question.

Table 19

*Question 19: Staff Participant Responses Regarding Whether the Intake/Screening Process is Too Difficult for Most Homeless Clients (n=10)*

	Variable	Frequency
1.	No	6
2.	Yes, For Those Who Can Not Read or Write	3
3.	Yes	1

A negative answer was the most frequent response from staff (n=6). Three of the staff respondents qualified their yes answer with the statement that literacy would be a determining factor.

Table 20

*Question 20: Homeless Participant Responses Regarding Whether the Length of Time a Person is Homeless in the Lewis-Clark Valley Makes it More Difficult to Access Services (n=10)*

	Variable	Frequency
1.	Yes	7
2.	No	3

The majority of the homeless participants surveyed (n=7) stated that the length of time a person is homeless did make it more difficult to access services, only three participants responded with a negative answer.

Table 21

*Question 20: Staff Participant Responses Determining Whether the Length of Time a Person is Homeless in the Lewis-Clark Valley Makes it More Difficult to Access Services (n=10)*

	Variable	Frequency
1.	Yes	6
2.	No	3
3.	I Would Not Know	1

An affirmative answer was the majority response (n=6) for front-line staff, with three negative answers and one staff member did not know how to answer this question.

## Discussion and Implications

### *Discussion*

The researchers hoped to find equal numbers of male and female respondents in both the homeless and staff categories. It was realized that a disproportionate number of staff were female (n=9) and researchers were able to interview only one male staff member. The homeless population surveyed included seven males and three females. This disparity is notable as the female to male ratio is dramatically reversed between staff and homeless participants. This difference reflects the female dominance in social service organizations in the Lewis-Clark Valley. It is also an accurate indication that the majority of the homeless population in this region is male.

Age ranges were similar between the staff and homeless respondents. The staff included five persons who were over 60 years old, and the homeless respondents included five in the 50 to 59 age range. Although there were similarities in age found, there was a significant difference in the marital status of the homeless versus the staff participants. The homeless included six participants who lived alone, two were single and four were divorced, the other four were married (n=3) or had a domestic partner (n=1). The staff respondents included only three who lived alone, two were single and one was divorced. There were six married staff members and one with a domestic partner. This would skew the perspective of staff toward homeless in their assessment of resources as a two person household has some reprieve from paying the debt of a single individual household. More available income is accessible in a two party home.

The homeless families included one homeless female who was married, but separated from her husband and living with her child. Another homeless female was single and living with two children. Family sizes included one homeless family of seven, with two adults and five children. There were no staff families larger than three to four persons.

Equal numbers of staff and homeless participants received Social Security income (n=3), however most staff also benefited from income from retirement (n=2) and/or employment (n=7). A number of homeless households had no income (n=4), with one report of being on state assistance. Only one homeless individual had gainful full-time employment while one reported part-time employment. This significant difference in household income between homeless and staff is a chasm that serves to maintain the socio-economic status quo. The study has confirmed the conjecture that most of the homeless participants would be near or below the federal poverty guideline of \$867.00 per month (United States Department of Health and Human Services Office of the Secretary, 2008). The indigent need to have greater income and resources to begin their ascent out of poverty. Stable housing is not accessible to a homeless person who has no resources on which to build. With the rising cost of housing, a person living at the poverty line would not have the ability to rent and maintain a safe, adequate place of residence. Poverty is not necessarily a function of lack of education.

Interestingly, there were two homeless respondents with a degree or vocational certificate as opposed to only one staff member. In contrast, seven staff members had at least some college, whereas most of the homeless did not attain college level education, with three of the homeless participants not completing high school. The two homeless respondents who achieved higher education also claimed to have a disability which may have contributed to their level of poverty.

There were no staff respondents who reported having a disability, while five of the homeless reported a disability. It is unknown how many of these disabilities are caused by mental illness. Two of the homeless respondents reported that the nature of their disabilities was physical.

All of the staff participants were living in their own home or rental. The homeless participants included four who were living in places not meant for human habitation, which

might include abandoned buildings, outside or in a car. Three of the homeless families were living in transitional housing at the YWCA homeless center. The rest of the homeless were living from place to place (n=2) or staying with friends or relatives (n=1).

Food banks in the Lewis-Clark Valley served nine of the homeless and one of the staff. Another popular service is the Salvation Army soup kitchen, which served one staff member and seven homeless. The high utility rates of these food services confirm the continuing need of the unsheltered to have these services available.

This research clearly indicates funding is a problem. Staff at social service agencies are aware of funding limitations. The homeless do not appear to recognize this as a problem, although they do recognize the need for more services or places to provide services (n=2). Staff recognize the need for the funding (n=3) which would help to add more staff (n=2), provide longer hours of operation and the added services which the homeless are seeking. This population may not know the reasons why they are denied services, when the staff are aware that funding is depleted. Some criteria is developed by the agencies to screen out all but emergent cases. This policy enables the agencies to extend services to a greater number of households in crisis.

More outreach and information about what services are available and where to find them was stated as a concern of the homeless respondents (n=3). One of the staff recognized the need for advertising as well. Many of the people in this population do not have adequate transportation to access services in several locations. Both homeless (n=6) and staff (n=7) recognized lack of transportation as a primary barrier to accessing services. Restrictive criteria is an additional hindrance to receiving services. A felony record was identified by the homeless as a significant obstacle to receiving services or housing. Some housing entities in the Lewis-Clark Valley have policies which limit or deny access to subsidized housing if there is a felony conviction (R. Kerr,

personal communication, March 10, 2008). One of the homeless families who were interviewed had been evicted from their Section 8 rental, after they were married, because of his past felony conviction. In addition to this barrier, the issue of having identification was acknowledged by the homeless respondents (n=2) as well as front-line staff (n=2) as an acute obstacle to gaining help. Most of the agencies in the Lewis-Clark Valley require formal identification in their application process prior to providing service. This is problematic as many chronic homeless are without the papers to prove their identity nor do they have the income or resources to obtain identification. Many nights of unstable living conditions contribute to the loss of documents needed to verify identity.

The majority of both homeless and staff responded that front-line personnel is respectful to clients. There were four negative responses, two from each category, and five thought that some staff were respectful and others were not. This shows that there is some degree of disrespect noticed by both the staff and the homeless clients. Some of the clients interviewed qualified their remarks with body language and vocal tones that indicated their expectations were that they would be treated with less regard than people with stable housing. Plen, et al. (1997) reported, “. . . because of the difficulties involved in cleaning and grooming themselves, many homeless people also may be aesthetically unappealing” (p. 325). One client said that, “. . . it depends on what the person looks like or how they present themselves. If you look good you get more help.” Another client stated, “. . . when I am clean (not dirty) I'm treated well.” These comments indicate that some front-line staff may have a bias against the homeless who have poor hygiene. This stigmatization is seen as a barrier by the homeless when they attempt to gain services.

The intake/screening process does not appear to be a problem for the majority of the homeless clients or staff. Some of the staff recognized that the paperwork is too difficult if the

client is unable to read or write. It is unknown how many homeless persons do not access any services because they are ashamed of their inability to understand the paperwork. At every site visited by these researchers there was some paperwork to fill out and even the soup kitchen required consumers to sign their names. One respondent thought that some of the reading was too difficult and added that, "Some people can't read at all and don't want to admit they can't, it is a pride issue for them." The research shows that front-line personnel need be more willing to assist clients with reading and understanding applications for assistance. Social stigmatization causes some front-line staff to distance themselves from assisting with the literacy needs of many homeless clients.

As shown by the survey results, it was determined by both staff and homeless that the term of the homelessness impacts availability of services. Funding limitations cause agencies in the Lewis-Clark Valley to regulate the number of times that a client can access certain services. Most of the food banks limit how often a client can receive food allocations, none of them are open on weekends, neither is the soup kitchen, and no other mass feeding sites are available. Unfortunately, this means the indigent do not have food enough to meet their dietary needs on a regular basis. One response indicated that the homeless become acculturated to living in the rough, they accept it and find alternative ways to get what they need. A more sensitive approach to combat the food inadequacies of the unsheltered would be to provide food for the weekends and holidays. This, once again, points to the limitations of charitable services caused by lack of funding.

### *Implications*

The Lewis-Clark Valley has seen a vast increase in requests for services by all agencies interviewed for this research. These agencies are not receiving an increase in funding to meet the increased demand. The usual recourse these agencies have is to limit or discontinue much needed

services. Charitable funding is limited and the agencies are continually searching for additional funding resources to meet the needs of those in poverty. If local and/or state solutions to poverty and housing cannot be found, the only option to the stable housing issue would be for the Federal Government to provide more housing subsidies or financial security directed toward the problem of homelessness.

Organizations are struggling not only to provide services but also to provide outreach to bring awareness to potential consumers of the services that are currently available. It would behoove agencies to make it known what services they provide through cooperative efforts between organizations. This cooperation is of primary importance in a community which crosses state borders such as in the Lewis-Clark Valley.

Transportation services are also important in this widespread community. The homeless have little ability to access services which are distanced from each other without great difficulty incurred in moving their belongings and/or family from place to place. Agencies that provide several services from one location would benefit the homeless by reducing the transportation barrier.

When an individual once arrives at a service site, the application process becomes the next barrier they must overcome. This process could be made less complicated by trained staff who would be at hand to assist individuals with inadequate literacy skills or other disabilities. Criteria for assistance could also be modified to address the lack of identification that plagues many of the homeless. Alternative solutions to verifying identification may be simply calling the local police department, the Veteran's Administration, State Department of Employment or other agencies who have served the individual. Felony convictions should be addressed on an individual basis, depending on services to be rendered. The blanket policies that exclude felons

from receiving services prevent them from obtaining the resources they need to improve their living conditions and only serve to keep them in poverty.

Agency front-line staff, who are the first contact with the homeless, need to recognize their own biases toward the unsheltered. In this study, discrimination against the homeless was the most reported problem to finding and receiving services. Better training on the milieu of the indigent and unsheltered for agency personnel would be recommended to deter this stigmatization. This knowledge would facilitate understanding and compassion which could in turn generate improved service provision.

The term of homelessness is a determinate factor on how many services are available to a person or family experiencing lack of housing. In the Lewis-Clark Valley, funding limitations combined with repeated requests for assistance have created restrictions on the number of times an unsheltered individual may access resources at social service agencies.

Policy changes and organizational understandings of the conditions of homelessness are needed to expedite the provision of basic needs such as employment, temporary shelter, and food allocations. These basic needs must be quickly addressed to lift a household out of poverty and homelessness prior to becoming acculturated to these unstable living circumstances.

### *Conclusion*

Barriers perceived by the homeless participants and front-line staff were found to be less concrete and more abstract than the researchers had expected. Although service limitations, funding, criteria for receiving services, and transportation were defined as needing revision, the most recognized underlying barrier was the discrimination of the homeless by service personnel. The statistics derived from this study report that the homeless felt respected; however some respondents qualified those remarks with a sentiment which identifies the expectation of being treated as a "lesser person" than those who have stable homes. The staff was unaware of their

own biases, but many alluded to another agency's personnel having those characteristics. More financial assistance for training of the staff who meet with the homeless could alleviate some of these issues.

Funding is represented as the greatest obstacle to service outreach and delivery. If more financial support was available, agencies could strive to meet the greater needs of the homeless by doing more advertising of their scope of services so that those who need help can find what is available with greater ease. With more funding, the organizations would also be able to loosen the restrictions on application criteria thereby serving more than just those with emergent needs.

The study did report that, overall, homeless persons in the Lewis-Clark Valley have few complaints about the quality of services they receive from local social service agencies. The staff interviewed generally had a positive attitude regarding their work with the homeless. Through cooperation of both parties, many of the identified barriers could be overcome. Defeating the issues of homelessness will require effort and communication of all stakeholders.

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## Appendix A

## Informed Consent

You are invited to participate in an interview to gather feedback from human service providers and the homeless in the Lewis-Clark Valley to identify the needs of the homeless in our communities. The information obtained from this interview will be used to identify the barriers to services for the homeless in our communities and to help the homeless to gain access to these services.

Your participation in this interview is completely voluntary. There are no foreseeable risks involved with this project. However, if you feel uncomfortable answering any questions, you can withdraw from the interview at any point. Your interview responses will be strictly confidential and data from this research will be reported in the summary with no identifying information. In the event that you need a referral pertaining to accessing services, an advocate will be made available to speak with you upon request.

This interview should take approximately 20-30 minutes to complete. Please answer each question to the best of your ability. You may ask questions at any time during the interview. By taking the time to answer the interview questions, you are acknowledging acceptance of the informed consent provided.

If you have any questions regarding this study feel free to contact Linda O'Dowd or Dixie Bacon at the YWCA of Lewiston/Clarkston, phone # 743-1535, or at [Imodowd@lcwarriormail.com](mailto:Imodowd@lcwarriormail.com) or [dlstarr1@lcwarriormail.com](mailto:dlstarr1@lcwarriormail.com), Dr. Brian L. Christenson at (208) 792-2476; [blchristenson@lcsc.edu](mailto:blchristenson@lcsc.edu), or the Internal Review Board of Lewis-Clark State College at (208) 792-2460. Thank you very much for your time and support. If you acknowledge this informed consent and decide to participate, you may inform the interviewer that you are ready to begin.

## Appendix B

## Survey

Please tell us about yourself. Researcher will ask the questions, and then make a mark in the correct box.

**1. Are you homeless or are you staff?**

- Homeless                       Staff

**2. What is your gender?**

- Male       Female

**3. What is your marital status?**

- Single     Married     Domestic Partner     Divorced     Widowed

**4. What age group are you in?**

- 18 – 29     30 – 39     40 – 49     50 – 59     60+

**5. What is your educational level?**

- Grade school                       Jr. High  
 High School Graduate             Some High School     GED  
 Degree or Vocational Certificate     Some college

**6. Do you receive?**

- Social Security                       State welfare assistance  
 Employment                       Benefits for Unemployed  
             fulltime     part-time     Tribal Assistance  
 Retirement income               other \_\_\_\_\_

**7. How many reside in your household?**

*(household defined as a single or collection of people in one living group)*

- 1-2 persons     3-4 persons     5+ persons

**8. Do you have a physical disability?**

- Yes               No

**9. What is your living situation?**

- Living with friends or relatives  
 Transitional housing  
 Living in area not meant for habitation (abandoned building, outside, car)  
 No long term residence (couch surfing, living place to place)

**10. What services have you accessed in the last 6 months?**

- Food bank  
 Clothing bank – thrift store  
 Soup kitchen  
 Welfare or financial assistance  
 Medical assistance (hospital, clinic, regular doctor)  
 Other \_\_\_\_\_

**11. Do you consider a felony record an obstacle to receiving help?**

- Yes
- No

**12. Do you view lack of transportation as an obstacle to receiving help in the Lewis-Clark Valley?**

- yes
- No

**13. Do you know where to go to get help?**

- yes
- No

**14. Do you feel that all clients are treated fairly at social service agencies?**

- yes
- No

**15. What problems do you notice with finding or receiving services?**

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**16. How can social services be more accessible?**

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**17. How do you think front -staff makes clients feel?**

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**18. Do you feel the staff at social service agencies are respectful to homeless clients? Please explain.**

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**19. Do you feel the intake/screening procedure is too difficult for most homeless clients? Please explain.**

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**20. Does the length of time that a person is homeless in the Lewis-Clark Valley make it more difficult to access services? Please explain.**

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