

Homeward Bound: How The Homeless Construct the Road to Self-Sufficiency

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Abstract

Family homelessness makes up one third of the homeless population, yet they are seldom studied compared to homeless individuals. All families have different stories and life experiences to share as to why they are homeless. Seven homeless families were interviewed in this study. The purpose of this study is to develop an understanding of various the different barriers the homeless have encountered and what resources they feel they need to reach self-sufficiency. Through these case studies, the homeless families are constructing their meanings of homelessness and self-sufficiency. A vital interest among these families to get out of homelessness is the need for them to learn common skills and to establish a support system.

Family homelessness is a significant problem because the lack of solutions leads to the cycle of homelessness (Driskel and Simon 2005). Self-construction of the homeless self-sufficiency is a way to discover what the homeless feel they need to improve. What barriers must homeless families overcome to reach their self-sufficiency? How do they define their self-sufficiency? What resources are most important for homeless families to achieve this goal? Discovering what it is that a family feels they require to exit homelessness is a start at eliminating family homelessness. This paper will discuss families in homelessness, the shelters and programs they participate in, barriers the homeless must overcome and which resources are most helpful to reaching their self-sufficiency.

Homeless families make up one-third of the nation's homeless population (Wood et al 1990). Throughout history, the majority of the homeless were individuals until 1980 when homeless families became recognized. Therefore, family homelessness is a relatively recent concept. Shelters and programs have been created, aimed at eliminating family homelessness, to keep families together and to lead them on a road to self-sufficiency. The homeless families lack many resources, including education and skills, to live on their own (Flohr 1998). Homeless families gain skills through programs and resources, after their admittance to a shelter, with the hope of owning a home in the end.

LITERATURE REVIEW

Homeless Families

The United States has seen an enormous rise in the number of homeless families (Nunez and Fox 1999). Typically homeless individuals have sought after resources open to them for food and shelter, but now families are the majority to use those resources. One-third of the homeless population equates to about 400,000 homeless families and over one

million homeless children (Nunez and Fox 1999). Nunez and Fox (1999) state that the typical homeless family in the United States consists of a woman, twenty-nine years old, with two or three children with an average age of five years old. About 84 percent of homeless parents in the United States had their first child when they were twenty-five or younger, whereas 52 percent had their first child when they were nineteen or younger. Homeless families tend to be younger with fewer children, or older with many children (Nunez and Fox 1999).

On the other hand, Metraux and Culhane (1999) believed the average homeless family consists of a mother with an average age of twenty-six instead of twenty-nine. Metraux and Culhane (1999) stated that 47.8% of homeless mothers were teenage mothers, which is about 5% lower than Nunez and Fox's percentage. Metraux and Culhane discussed the concept of the "cycle of homelessness" and defined it as "leading many persons, once they become homeless, to experience repeat homeless episodes in a prolonged homeless career" (Metraux and Culhane 1999:371). They stated that homeless families are more likely to be in the cycle of homelessness because they must support a family and not just an individual, which results in having more costs.

The Institute for Children and Poverty (1996:39) also states the "cycle of homelessness" can be solved by "shifting the focus from reliance on public assistance programs to participation in programs that foster independence through educational components". The Institute for Children and Poverty (ICP) believes that all homeless families must be willing to work at exiting the "cycle of homelessness". They state that this is demanding, but learning new skills and having a strong work ethic are key components at exiting the cycle (ICP 1996).

Fischer (2000) agreed with Nunez and Fox, Metraux and Culhane, and the Institute of Children and Poverty's research that the "cycle of homelessness" exists, the average homeless family consists of a woman between 26-30 and her two children with the average age of five. Fischer (2000) unlike the others added that the majority of those families who are in the "cycle of homelessness" are young women with children because they are at a much higher risk to be unemployed and on welfare for a lengthy period of time.

Shelters and Programs

There are two types of shelters that are offered to the homeless, emergency shelters and transitional housing. The emergency shelters are for immediate needs including a place to sleep, a meal and hygienic needs (clothing, shampoo, toothbrush). These are considered short-term services, but may last up to ninety days. Transitional shelters are much different. They are long-term and provide many resources to promote self-sufficiency. Transitional housing leads one to find permanent housing and finding stable jobs (Washington 2002). There is consistency in the basic guidelines and requirements for those who are accepted into the shelters. A requirement of a family shelter is that there must be at least one woman (married or unmarried), pregnant, or with a child under the age of twenty-one. The various transitional programs have different program durations and teach a variety of life lessons.

Estival Housing Program, in Memphis, Tennessee, is an example of both an emergency shelter and a transitional housing unit for participants who are eager to have an independent life (Washington 2002). Throughout twelve months, they teach the homeless a myriad of life skills including budgeting, parenting, finances, computer skills and they also offer day care, counseling and job training (Washington 2002). Estival Housing Program

incorporates life skills because they believe that the homeless need more than just emergency assistance to have a self-sufficient life. On the other hand, Herth's (1996) research, differs from the Estival Housing Program, and argued that the staff of the shelter was extremely important in the lives of the people staying at these transitional shelters because the homeless thought of them as confidants. Yet another perspective is supported by the Athens Area Homeless Shelter (AAHS), unlike both the Estival Housing Program and Herth's research, AAHS believe in order to exit homelessness; families must have adequate health care coverage and must learn proper nutrition (Glisson, Thyer, Fischer 2001). Glisson et al. (2001) stressed that although many families stay in a transitional shelter and eventually find a safe and affordable home, the majority of the clients continue to live a life of poverty and are constantly in fear of returning to the gruesome state of homelessness. Perhaps reoccurring barriers are causing this constant state of fear.

Barriers

There are countless barriers that homeless people feel block them from leaving homelessness. They include everything from lack of employment, lack of childcare, mental illness to lack of an address. Nunez and Fox (1999), The National Symposium on Homelessness Research (Rog 2007) and Bassuk, Rubin, and Lauriet (1986) address barriers in their research, preventing the homeless from moving out of their current situation.

Unemployment, lack of education, and identity are major barriers the homeless experience that prevent them from exiting homelessness. Nunez and Fox (1999) stated pregnancy and the lack of childcare is the number one leading cause of unemployment. In their study, 41 percent of the women claimed that they could not get a job because of

pregnancy or the lack of childcare. Other barriers stated are the lack of a permanent address, transportation, illness, disabilities, and substance abuse. A second barrier of exiting homelessness is lack of education. Nunez and Fox (1999) stated that 47% reason of homeless parents leave school because of pregnancy or lack of childcare. A third barrier in homelessness is related to identity, both race and status. African Americans represent just twelve percent of the United States' general population but they make up for over half of the homeless family population (Nunez and Fox 1999). Single mother comprise 78% of homeless families, single fathers comprise 3% of homeless families, and two-parents comprise 18% of homeless families (Nunez and Fox 1999).

The National Symposium on Homelessness Research supports the argument that the greatest barrier to homelessness is lack of support. The NSHR (2007) also believes that the social networks of homeless families are one of the most helpful resources. Lack of support is a major barrier to exiting homelessness because the homeless have nobody to confide in, making the homeless feel alone.

Bassuk, Rubin, and Lauriat (1986) believed that unemployment is a major barrier, similar to Nunez and Fox; however they also agree with NSHR stating that the lack of relationships and support are barriers. About 18 percent of the homeless interviewed said that they had at least one person (outside of their family) that they could count on for support (Bassuk et al 1986). Besides unemployment and lack of relationships, Bassuk, Rubin, and Lauriat (1986) believed that early family disruptions are a huge barrier of exiting homelessness. Early family disruptions include death of a parent, mental illness in the family, drug use, and alcoholism.

Resources

Every transitional housing program includes programs designed to empower the homeless people (Washington 2002). The point of transitional housing is to not only give the homeless a place to sleep, but to give them a place to redefine who they are, to learn new ideas, and to make their way out of homelessness. Washington's (2002) article described transitional housing as much more effective compared to overnight emergency shelters. The "cycle of homelessness" is hard to break and will not be broken by just giving the homeless a place to stay without teaching them the necessary information to reach their self sufficiency.

Estival Place, in Memphis, Tennessee, is a transitional housing program with many different amenities. According to Washington (2002), Estival Place looks for families with eagerness for independence. At Estival Place a family meets with a case manager first to create realistic goals for improvement. All families are required to attend school and/or find a job. Every week they must go to life skills classes and their case managers check on them bi-weekly. Life skills classes include information on nutrition, personal hygiene, and anger management. Participants at Estival Place must deposit 30% of their monthly income into a savings account which helps teach them about finances. Lastly, the participants meet with a job development coordinator to help them with social, emotional and material needs (Washington 2002). These resources are a way for the homeless to learn how to live and to contribute to today's society.

The Athens Area Homeless Shelter (AAHS) is very much like Estival Place except they also accept individuals in addition to families. Their primary goal is homeownership,

whereas Estival Place's primary goal includes obtaining an education, a job, and homeownership (Glisson et al. 2001).

THEORY

Social Identity Theory (SIT) describes how a person places himself or herself within certain groups within societies. SIT argues that without a social structure in place, one would not know where they stand in the world. Self-categorization and social comparison are two subcategories of SIT that this paper will discuss. Despite the differences among Stets and Burke (2000), Hogg, Terry, and White (1995), and Howard's (2000) in framing SIT, the theory can be used to connect homelessness to understand their place in American society.

Stets and Burke (2000) state that the Social Identity Theory defines the self as "reflexive in that it can take itself as an object and can categorize, classify, or name itself in particular ways in relation to other social categories" (224). Thus a person's knowledge of the self is reflexive, as they understand their place in certain social categories or groups. According to Stets and Burke (2000), there are two main subgroups of the SIT: "self-categorization" and "social comparison". Self-categorization is when the individual studies those in their own particular "in-group" and identifies the similarities within the group. Stets and Burke (2000) state that it is through self-categorization, that an individual's identity is formed. For Stets and Burke (2000), social comparison occurs when the individual compares how they fit into the "in group" compared to the "out group."

Stets and Burke (2000) argue that there is a tendency for the individual to have increased self-esteem after social comparison because the "in group" is viewed positively, whereas the "out group" has a negative stigma. A consequence of this may be

ethnocentrism. Stets and Burke (2000) note that a person's identity is the least significant self-categorization because social categories precede individual identities. Thus, a homeless person's identity is likely lower in self-esteem because of the social category of homeless as a negative social status. SIT states that a person's identity is formed in part from social categories, therefore, a personal identity is difficult to decipher without understanding the impact of social comparisons.

A second perspective of SIT is constructed by Hogg, Terry and White (1995). They state that SIT is "intended to be a social psychological theory of intergroup relations, group processes, and the social self" (p. 259). Hogg, Terry and, White (1995) describe identity as "a social category into which one falls, and to which he or she feels belongs, it provides a definition in terms of the defining characteristics of the category self-definition that is a part of the self concept" (p. 259). For Hogg, Terry and White, a person defines himself or herself according to how they believe others view them. They believe that social identities are descriptive, evaluative, and prescriptive: how one is, how one should be, and how society says one should be. Self-evaluative consequences occur when one compare himself or herself to others in the in-group and the out-group. Unlike Stets and Burke (2000), Hogg, Terry, and White (1995) label the components of SIT as "categorization" and "self-enhancement", although they have the same general definitions as self-categorization and social comparison found in the works of Stets and Burke (2000).

Howard (2000) provides a third perspective of SIT. Howard (2000:368) defines SIT as a theory based on how "individuals identify themselves in terms of group memberships". Howard's theory also has two main elements, social and personal. The social element is very similar to self-categorization and categorization addressed in the first two

perspectives. The personal element is similar to both the social comparison and self-enhancement addressed in the first two perspectives.

Howard (2000) argues that SIT creates status differences. There could be no hierarchy based on status if people did not compare themselves to each other. Howard (2000) states that those in a dominant or “higher” social group, attain a more positive social identity. Thus populations, such as homeless, understand they hold a negative social status when compared to others in society.

The Social Identity Theory can be applied to a study of the homeless. For example, how do homeless self-categorize? A homeless person knows where they fit in society because they compare themselves to others. Stets and Burke (2000) state that those in the in-group stick with others in their group and stigmatize the out-group. However, does this apply to a stigmatized group like the homeless? The homeless may create an in-group, comprised of other homeless members and perhaps those in poverty, but do they look negatively upon those in the out-group, people in the middle and upper class citizens? Or do the homeless want to shift from their social status to be part of the out-group?

Howard (2000) states,

This process is a challenge for members of stigmatized, negatively valued groups, who may attempt to dissociate themselves, to evaluate the distinguishing dimensions of in-groups as less negative, to rate their in-group as more favorable on other dimensions, or to compete directly with the out-group to produce changes in the status of the groups (p. 369).

The homeless, as a stigmatized group, may be ashamed to use resources, like food stamps, fearing that others will judge them. They may try to act “not homeless” in order to be deemed more favorable.

Another question regarding self-identity and homelessness is how does identity change as the homeless move out of this social category to the category of a person with a home? The “cycle of homelessness” in which “many persons, once they become homeless, to experience repeat homeless episodes in a prolonged homeless career” shapes only their identity (Metraux and Culhane 1999:371). Perhaps those who are able to develop a new self-identity as “not homeless” are less likely to encounter the cycle of homelessness.

Since the homeless have a tight knit relationship with their in-group perhaps they do not want to give-up their self-identity even once they have a home. They may not want their other homeless friends to look at them as “better” than them now because they have their own home. Many homeless rely on other homeless people to survive. The National Symposium on Homelessness Research (2007) notes that the social networks of homeless families are one of the most helpful resources for other homeless people. If the homeless rely primarily on others with a “homeless” self-identity, it may difficult to make meaningful relationships with people outside of the in-group.

Social Identity Theory analyzes how people find their place in society. Stets and Burke (2000), Hogg, Terry, and White (1995), and Howard (2000) described social identity theory in slightly different ways but at the heart of these theories is how one develops a self-identity through a comparison of others, both in one’s group and outside one’s group. The study here will apply SIT to a specific group of homeless families in Nashville, TN.

METHODOLOGY

Data Collection Methods and Procedures

The research is a qualitative study conducted through in-depth interviews. A copy of sample statements of consent and interview questions can be found in Appendix A and B.

The purpose of researching families at Safe Haven was that they have made the conscious decision to make their self-sufficiency into a reality and they were willing to better themselves. Every family that participated had answered thirty-seven interview questions (that lasted between 30-90 minutes) pertaining to their lives. The questions were divided into five categories: demographics, personal history, being homeless, resources used while being homeless and about their time at Safe Haven. Towards the end of the interview there were additional open-ended questions that target what self-sufficiency truly means to them.

A gatekeeper was used to obtain access to Safe Haven Family Shelter. Participants were selected through convenience sampling with the assistance of a gatekeeper. Every attempt was made to reduce any potential biases in the participants' responses, especially since this was a special population. The homeless are often stigmatized, and they might be ashamed or embarrassed to respond to questions. The interview questions have been well thought out and planned to prevent any emotional harm, and psychological abuse.

In-depth conversations with the participants was a major advantage in interviewing. A lot of knowledge was gained based on the variety of responses found in case-by-case interviews. Another advantage is that since families were interviewed, it had the feel of a focus group. Once a question was asked, the participants often responded one after the other, so it became more like a conversation rather than just an interview.

Although there are many advantages, there were some disadvantages to interviewing. Generalizations cannot be made about other family shelters from this research. These families' experiences are particular to the families at Safe Haven Family Shelter. The themes found in the interviews were also particular to the families at Safe Haven.

Demographics of Participants

This study consisted of eight individuals (five single mothers, one single father and a married couple) who stayed at Safe Haven Family Shelter, in Nashville, Tennessee. The interviews were with adult women or men over the age of 18 and their spouse (if they have one), also over the age of 18. The age of the participants ranged from 24-46. Seven of the participants were African American and one participant was white. Each participant had the choice of whether to participate in the research. The interviews were held in the basement of Safe Haven Family Shelter.

To stay at Safe Haven, one must be considered a part of a family. Safe Haven defines a family as a woman or man or married couple over the age of 18 with a child under the age of 18 or a pregnant woman (Lavery 2012). These parents were screened with drugs tests and background checks before admittance. A zero-tolerance program (pertaining to drugs and alcohol) is enforced, in attempt to make Safe Haven a friendly and safe environment.

Summary of Key Questions

The questions for the interviews were divided into five sections. The sections were demographics, personal history, experience being homeless, resources, and time at Safe Haven. Demographics included age, number and sex of children, and marital status.

Personal history consisted of questions about their family history, starting with when they

were growing up until their current age. Many of the questions asked about previous employment, either their own or their parents' employment. Experiences being homeless was the most personal section discussed. The questions asked if they have had to steal or lie to keep their family happy or if they could describe the series of events that led up to homelessness. Resources pertained to questions related to different government aids that are available to the homeless population. The questions inquired if there is a constant support system available to the homeless person and if they feel judged by using government aids, like food stamps. The final section was about the participant's time at Safe Haven. This delved into questions about Safe Haven's structure and will hopefully help Safe Haven to improve with the feedback from the participants' perspectives. Each interview concluded with the open-ended question of asking if the participant had additional thoughts to share, including questions that have not been asked about them. This gives the participants a way to express their feelings on any topic.

FINDINGS

Barriers

When the homeless participants were asked what barriers they have encountered in leading them to becoming homeless, their answers were very similar. All eight participants stated that lack of familial support is a major cause in their homelessness. They stated if they were in touch with their families, homelessness would have never happened. Five out of the eight (62.5%) participants did not reach out to their families because of pride. Renee stated:

My number one barrier was pride. Oh my gosh, yes. I was such a prideful person. It killed me to ask for help. I was embarrassed people has this certain perception of who I was, so I couldn't tell anyone what was happening. My mom to this day does

not know I was at Safe Haven for 89 days. I have way too much pride and it would have killed her to know I didn't go to her for help.

Renee's case is much different than the others. She is the only participant who still has contact with her family. Five out of the eight (62.5%) participants do not have contact with their families because their parents had a drug problem. This has led four out of eight participants (50%) to move out of their homes before the age of 18 (not for school purposes). Phyllis stated, "When I was 16, I took her [mother] to court and became emancipated. I moved, dropped out of school, got a job at a little café, and moved into a trailer." Soon after Phyllis moved into her trailer, she became pregnant.

Another common barrier seen from the participants was pregnancy at a young age. Four of the eight participants (50%) had children under the age of twenty-one and classified themselves as too unstable to have children. These four participants also classified themselves as single parents, which LaToya described as "Hard. Raisin' kids on my own. Jugglin' a job with school. Raisin' four kids. Paying bills. It ain't easy." As if raising children alone was not hard enough for these participants, they also had to find inexpensive childcare. Phyllis had a full time, third hour shift at the Waffle House in Nashville, TN. She stated, "I could never do this in today's day but I would put them [her two sons] in a play pen in the back. It sounds bad but babysitters cost way too much during 3rd shift". She believed the lack of affordable childcare was a barrier to her affording housing.

Resources

Once the participants realized they were homeless and understood what caused it, they began searching for resources to help them exit it. All eight of the participants practiced their faith weekly.

Kiera stated:

If it wasn't for Him, I'd be this angry and lost person. You know, like how could someone go through so much and still be as happy as you are. And I think that is because I believe in Him. Like I believe He will not put me through more than I can bare.

Renee agreed that it was not only her faith in God had helped her, but also her church community helped her financially. She stated, "Since I give offerings and attend weekly church, they were able to help me with some rent!" After faith, the next best resource the participants stated was the support provided by the staff at Safe Haven. Charles stated,

The people here at Safe Haven...you cant ask for nothin' better! From Brandy [therapist] to Ms. Joyce [Executive Director] to Ms. Jennifer [Case Manager], they all treat you differently. They make you accountable but they also let you know that they're there to talk to. I never had someone like that.

Tara and Anthony (the only married couple in this research) admitted that the therapist had helped them learn how to confide in each other again. They stated, "If it wasn't for Safe Haven, I do not know if our marriage would have made it." Not only did the participants believed that the staff was excellent, they also deemed the courses beneficial to help exit homelessness. Six out of eight (75%) participants, when asked which program Safe Haven offered that would help them to start living on their own, stated the budgeting program is most helpful. This course is mandatory for all residents at Safe Haven. It meets weekly and they are taught how to budget on how much they make. Renee, a former resident at Safe Haven and a participant in this research, now teaches a monthly course (focused on marketing oneself for the job they want to acquire) at Safe Haven. Four out of eight of the participants (50%) thoroughly enjoyed Renee coming to speak, while three participants have not attended because of work complications. LaToya stated,

Renee... I mean it feels real good knowing someone could be as successful as her who was homeless at one point, I mean really? We was just so in amazement, all the

knowledge she knew that I didn't even know. It gave me a lot of hope, knowing things will and can get better. See...right there, it can happen.

Besides the support and the programs Safe Haven offered, three out of eight participants (37.5%) agreed that transportation help is a wonderful resource. Safe Haven is given an allotted amount of bus passes monthly and distributes them to residents in need. Safe Haven has been known to help some lucky residents out by donating a car to them as well. Charles was lucky enough to receive one, "Once I moved into Transitional Housing, I had work at seven but his [son] daycare didn't open till 6:30. There was no way, I mean no way, I could take the bus all the way downtown and get back to work by seven. Safe Haven really helped me with the car." Charles felt that he could not have succeeded if it were not for the support and the resources Safe Haven had given him, including his new car.

Self Sufficiency

When the participants were asked, "How will you know when you've 'made it'? What would be your self-sufficiency?" all eight replied, "by owning a home." Mary stated, "Owning a home. When I provide a stable environment for my daughter. Helping her financially. Creating a home, not just owning a house." Many of the responses were similar to Mary's. Kiera went a little further stating, "Not only owning a home, but it has gotta be in the best school district around. My kids are gon' have a bright future. Safe Haven is helpin' me get there. I'm on track."

Tied with owning a home, all eight of the participants stated that their most prized possession is their children. Once the participants were able to own a home, they want to afford things for their children. Kiera stated,

Its just like everything im doin now...is so my kids can have a better future than me and be successful doing it. I always promise stuff like as long as they continue

school. I will pay for whatever, ya know? You wanna car? You'll get a car. But you aint finna just get by, you wanna play sports? Fine you know what im saying? Just keep your grades up and get a scholarship so I don't hafta pay!! No im jokin' ... kinda.

The last aspect of reaching their self-sufficiency was that three out of eight (37.5%) participants stated that their next goal is to pay off their debts and clear off their records. Renee said, "I had to move into a hotel. I couldn't get a place with my eviction on my record. Once I own a house, I will be relieved from the fear of never being able to qualify for a house." Once the participants own their own homes, they will finally be able to relax. But once they can afford items for their children and pay off their debt is when they feel like they can finally enjoy life.

DISCUSSION

As Nunez and Fox (1999) stated, the average homeless family consists of a woman (aged 26-29) and three children with the average age of five. However, only one participant (12.5%) fit this category. The majority of the participants in this research were in their late thirties and early forties, with children under the age of 18. Three of the participants (37.8%) have graduated from the program and have been on their own for at least one year. Nunez and Fox (1999) also stated that 78% of homeless families single mother families, 3% are single father families, and 18% are two-parent families. Although Nunez and Fox's numbers differ from this research, there is still a trend present. About 63% of participants in this research were single mother families, 12.5% were single fathers and 18% were two parent families, despite the small sample size. If the sample was larger and followed the same trends as those who did participate, this would likely replicate Nunez and Fox's findings.

Bassuk, Rubin and Lauriat (1986) found that 18% of the homeless individuals they interviewed had at least one or more people for support outside of their immediate family. This differs from Safe Haven participants because none of these participants had anyone to rely on for support, even including family members. Upon entering Safe Haven, having the element of support from the staff increased the participant's support system. The participants began to form these relationships not only with the staff, but also with one another. Throughout their time at Safe Haven, all eight of the participants stated they now have someone to rely on for support.

Herth's (1996) research stated that the staff members at shelters are key ingredients to success. In support of Herth's research, discussed in the findings section, the participants stated that the staff of Safe Haven was the second best resource available to them. The participants became so emotionally close to the staff, that many of them considered the staff family. The three participants (37.8%) that have already graduated from Safe Haven had such close relationships with the staff members that they continued to come back to Safe Haven; Charles does handy work when needed, Phyllis cleans Safe Haven weekly, and Renee does workshops monthly. By gaining support systems through staff and other residents, these homeless families do have a support system in place.

There are many similarities between Safe Haven and Estival Place (Washington 2002). Similar to Estival Place, Safe Haven's mission is "about preventing, reducing and intervening in family homelessness with evidence based and community-based solutions" (Lavery 2012). Safe Haven declares success as helping their participants find stable employment, deposit weekly earnings into a savings account, and be able to pay for stable housing or acquire a home through their Transitional Housing Program. Safe Haven is

known to have an 86% success rate, meaning that once a family moves out of Safe Haven, they can live stably on their own for at least a year. Since the success rate is extremely high, it proves to be an adequate way to end homelessness.

However, the weakness of the strategy in eliminating homelessness used by Safe Haven is funding. It would be very expensive to afford enough housing units to use as emergency shelters to eliminate all homelessness. Another weakness is it helps eliminate family homelessness, but not individual homelessness. Also, it neglects to help those who are addicted to drugs and alcohol. As a very selective program, it is very affective. It may not be as affective if they decreased the standards of whom they allow into it.

The homeless at Safe Haven would not like to stay in their current “in-group”, which contradicts with Social Interaction Theory. Stets and Burke (2000) state that individuals have increased self-esteem after comparing themselves to others in society. Those with the high self-esteem are labeled the “in group” and those they are comparing themselves too are the “out group”. But as a special population that is often stigmatized, homeless do not have high self-esteem when they compare themselves to others in society. They are working on exiting homelessness and entering a new social class. So in this case, the homeless would much rather be a part of the “out group” rather than the “in group”.

CONCLUSION

Family homelessness is an ongoing problem. It is not by giving a homeless family a bed, that they will succeed. The family needs to be taught crucial skills to prevent future homelessness. Homeless families need to be given resources like transportation, skill classes and most importantly, a support system. Family homelessness can be cured by

creating more programs, like Safe Haven, that incorporate a work and saving ethic into their curriculum as well as providing the daily essentials to survive.

Safe Haven provided a drug free environment, shelter, and food. Basic needs were met so focus could be spent on the classes and skills to increase their self sufficiency thus empowering them to take steps to be successful. Future studies could measure homeless families self-efficacy. This could be done through a quantitative study measuring how determined and willing homeless families are to exit homelessness. This study also has future implications to study deeper into cultural beliefs and norms to see if there are any patterns created from different backgrounds. The majority of the participants in this research were African American, is there something in the African American culture that give them a higher chance of experiencing homelessness?

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Appendix A. Statement of Consent Form

Sample Informed Consent Form for Participants at Safe Haven Family Shelter

INFORMED CONSENT FORM

Department of Sociology
Saint Mary's College

You are invited to participate in a study designed to provide information on the barriers homeless families overcome and what self-sufficiency means to you. Barriers means what obstacles have been in your way of reaching your goals, they could include lack of education, lack of transportations, lack of a job, etc. Self-sufficiency is being able to support yourself with out any aid from others. You have been chosen to participate in this study because you are part of a homeless family seeking help at a shelter. The purpose of this study is to identify what resources homeless people feel they need to become self-sufficient.

You will be asked to engage in an interview with Caroline Keep, a Sociology major from Saint Mary's College in Notre Dame, Indiana. During the interview, Caroline will ask questions concerning your personal history, your past experiences being homeless, resources you have used and your experience at Safe Haven Family Shelter. I ask you to answer the questions honestly as I am very interested in your opinions. The risks associated with this study are minimal, although the questions may be of a personal nature.

These conversations will be tape recorded in an effort to clearly and concisely convey your opinions in Caroline's findings. You have the option to ask Caroline to turn off the tape recorder at any point during the interview. After the interview, your comments will be transcribed and included in a written report. After the interview has been transcribed, the tape recordings will be erased. In addition, your name will not be included into the written report unless you have given verbal consent to include it, as to maintain confidentiality. You have the option to give a pseudonym in order to protect your privacy. If you choose to assume a pseudonym, only Caroline Keep will know your true identity. A report of the findings will be given in academic settings and your comments will remain anonymous if you choose a pseudonym. Only the advisor, Dr. Leslie Wang, and Caroline Keep will have access to the interview records.

If at any point after the interview finishes you would like Caroline to include or exclude any information concerning yourself, you may contact Caroline. You are free to discontinue your participation in the research at any time.

This interview will last approximately 60-90 minutes. If you have any questions about the interview, this form, or the overall research, please contact me (Caroline Keep) and I will be happy to answer your questions. You may contact me at (231) 215-0952. You may contact my faculty supervisor, Dr. Leslie Wang, at any time also. You may contact Dr. Wang at (574) 284-4514. If you would like a copy my findings, please feel free to contact me!

Your signature below signals your agreement to participate in the interview. It also indicates you have read this information and have chosen to participate in the study. You may withdraw from this study at any time! Refusal to participate will involve no penalty. A copy of this form will be given to you to keep.

I hereby give my consent to participate in this study as a volunteer. I have been informed of the general nature and purpose of the study and I am aware of the expected duration of my participation in this study. Possible benefits of this study have been explained to me. I have been informed of the extent to which confidentiality of the records identifying me will be maintained and I have been instructed to whom to contact for answers to my questions concerning this exercise. I understand that my participation is voluntary, that I may discontinue my participation at any time, and that discontinuing participation will involve no penalty.

Signature of Participant: _____ Date: _____

Investigator: _____ Date: _____

Appendix B. Sample Interview Questions

Sample Interview Questions for Homeless Participants at a Shelter

Participants Name:	Status: Single, Living together, Married, Divorced
Pseudonym:	Number of Years Married:
Age:	Children (Yes or No):
Number of Children:	Sex of children:

Personal History

1. Tell me a little bit about yourself.
2. What is the history of your family? How big was the family you grew up in? Did you have an active mom and a dad in your childhood? How old was your mother when she had you? Did your parents/guardians have a job? If so, where did they work? What social class would you consider yourself to be raised in?
3. At what age did you move out of your parent/guardian's house? What were your reasons of moving out (school, marriage, etc)?
4. Were you born and raised in Nashville, TN? If not, where?
5. How many years of education do you have? Your partner? Did you graduate high school? If not, why?
6. Are your parents living? Are your partners parents living?
7. What was your first job? How old were you when you had your first job? How did you get that job?
8. Do you currently work? If so, where? How did you find out about the job?
9. Have you ever had any major family disruptions (for example, death, father leaving, serious injury)? How old were you when that happened?
10. Have you or your partner ever been in jail? If so, why?
11. How old were you when you had your first child?

Experience Being homeless

12. What does being homeless mean to you?
13. Can you describe the series of events that led to homelessness? Do you remember how you felt the first day you realized you were homeless?
14. Could you tell me about your overall experience being homeless?
15. What barriers did you have to overcome while being homeless?
16. Have you had to do anything that you were not proud of to keep your family healthy (stealing/lying)?
17. Has there been a time where you needed medical help but could not afford it?
18. While you were homeless did you use resources like Soup Kitchen, etc? Which places did you use?
19. What different places did you sleep at while you were homeless?
20. Can you describe how has the transition of not knowing where you would sleep on a given night to having a steady bed and support system has affected you?

21. Altogether how much of your life have you been homeless? Less than 1 week, more than a week but less than a month, more than a month but less than a year, more than a year?

Resources

22. While you were on the streets, what one resource did you dream of that you just “knew” would help you get out of homelessness?
23. Do you have anyone you can rely on for support? How old are they? What is your relationship to them?
24. Are you receiving government aide (ex; TANF)? If so, what kind?
25. Did you feel judged by anyone for using these government resources? If so, who do you feel judged by?
26. What is currently your most prized possession?

Safe Haven

27. What source of spiritual support do you have? Would you call yourself faith based? Do you attend a weekly service? If so, where?
28. What is your favorite aspect of Safe Haven? Least favorite?
29. Since starting this program at Safe Haven, what do you feel has been most helpful to help you start living on your own (Learning finances, networking, computer skills, etc)?
30. How long are you planning on staying at Safe Haven?
31. Did your parents abuse drugs or alcohol? Have you, within the past two years, abused drugs or alcohol? Have you suffered from withdrawals because you cannot have drugs or alcohol in your system while at Safe Haven?
32. Have you made friendships with the other families here at Safe Haven? Who?
33. Do you talk to the other families about each of yours different experiences?
34. Do you think that these friendships will last once you leave Safe Haven?
35. What kinds of things do you feel you need help with that you wish Safe Haven offered?
36. What would be your self-sufficiency? Owning a home? Having a salary above poverty level? Simply affording things for your child?
37. Is there anything else you would like to add?