



**College of Professional Studies**

**Social Worker Perceptions of Homelessness and The  
Relationship Between Interventions and Levels of Care: A  
Quantitative Study**

by

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## Chapter 1

### The Problem and Its Setting

#### Introduction

During the last week of January each year a Point in Time count (PIT) mandated by the Department of Housing and Urban Development (HUD) is conducted throughout the United States (HUD, 2020; Paynich, 2019). This count measures the total number of persons experiencing homelessness on one night and is organized by the lead Continuum of Care (COC) agencies who receive and disburse government funding to prevent and end homelessness in their respective areas. HUD data estimated this count in 2019 to be 567,462 persons without a permanent fixed adequate nighttime residence, an increase of 14,632 from 2018 (HUD, 2020).

HUD PIT counts are required to be conducted by 397 Continuum of Care (COC) agencies throughout the country and directly affect HUD funding and services to address homelessness. The estimates do not portray the actual figures on all persons experiencing homelessness; the phenomenon of homelessness and dynamics surrounding it are far too challenging to be accurately described and measured on one night each year (Cackley, 2020). The inability to understand and explain this phenomenon may include difficulties understanding the issues experienced by this population, and the relationships with professionals attempting to assist them. The seriousness and urgency of addressing the cycle of homelessness is illustrated by the \$47.9 billion proposed funding to fight homelessness detailed in a February 10, 2020, press release by HUD (HUD, 2020).

Traditional pathways to preventing and ending homeless experiences follow what is known as the staircase approach: a person or family enters emergency shelter (ES), then enters

transitional housing programs (TH), and finally obtains permanent supportive housing (PSH) when available. Some individuals and families move from shelters directly to permanent housing situations due to having the available resources, while others may spend longer periods of time moving through the system. It is also possible for individuals or families experiencing homelessness to cycle endlessly through all three interventions until a permanent solution is found (de Vet et al., 2013). Dittmer et al., (2018) (as cited in Phillips, 2015; Phelan et al., 1997) examined perceptions of citizens and found they tend to blame the homeless population for their situation with people experiencing homelessness being further stigmatized as a result.

In 2009, the Homeless Emergency and Rapid Transition to Housing Act (HEARTH) was passed, which called for a turning away from this staircase approach (de Vet, et al., 2013). This act focuses on providing access to permanent housing along with supportive services as a response to homelessness (HUD Exchange, 2012).

Several examples of populations of persons experiencing homelessness include, but are not limited to, married couples and single individuals, one and two parent families with children, transitional aged youth (TAY), members of the LBGTQ+ community, and veterans (HUD, 2020). Several factors related to homeless experiences include but are not limited to, mental health disorders, substance use and abuse disorders, chronic health conditions, and economic issues (Colombo, 2019). The data collected from PIT counts illustrate a countrywide persistent cycle of homelessness that fluctuates back and forth annually but fails to show how to prevent or end the cycle of homelessness.

Grant et al., (2013) concluded that certain trends in child and family homelessness remained after 25 years and were attributed to income inequality and a lack of investment by the government into affordable housing. The literature reviewed for their study was from the 1980s

and 1990s which showed that public policy and economic conditions were still relevant as of 2013. The Annual Homeless Assessment Report (AHAR) noted 53,693 families with children experienced homelessness in January 2019 which was down 2.1% from 2018 and down nearly 32% from 2010 (HUD, 2020). It must be noted the data on family homelessness from the PIT count fails to capture a full picture of the total family population experiencing homelessness, e.g., families living with others or doubling-up are not considered homeless in the PIT counts (Grant et al., 2013).

Welch-Lazoritz et al. (2015) found, out of a sample of women experiencing homelessness ages 19 to 54 years old, 28.4 % reported lifetime alcohol abuse, 26.4% for nicotine dependence, 14.9% for drug abuse, and 43.2% for drug dependence. Another study reported 24.3% were caring for at least one child. Slesnick and Erdem (as cited in National Coalition for the Homeless, 2006), found that single mothers with young children make up the fastest growing population experiencing homelessness, with 41% being children under the age of six years.

Housing programs that receive HUD funding provide standard case management, which is a coordinated approach of service delivery, emphasizing on-going supportive care to individuals and families with the greatest need, involving frequent client contacts and more intensive services (de Vet, et al., 2013). Social workers are in the crucial position of making life-changing decisions regarding the most appropriate housing interventions and levels of care needed by an individual or family. This is no small matter and social workers have an ethical responsibility as professionals to, “monitor and evaluate policies, the implementation of programs, and practice interventions” and, “should promote and facilitate evaluation and research to contribute to the development of knowledge” (National Association of Social Workers, 2022).

The programs currently in place to meet this need include emergency shelter, transitional housing, and permanent housing programs. These programs may also offer case management support, but funding for federal housing programs is in short supply, and available subsidies and public housing units assist only a small percentage of the eligible poor, about one-fourth of those living in poverty (Butterfield et al., 2010).

The research conducted up and until the present time on populations of individuals and families experiencing homelessness and related factors is vast and has added valuable information that contributed to designing programs and services to meet this need. However, what is lacking is research that seeks to specifically study social workers and their perceptions of populations experiencing homelessness, and the relationship between their perceptions and homeless intervention selection and levels of care provided.

Thus, the present research will examine populations experiencing homelessness and the relationship between social workers' perceptions of homelessness and the provision of services, and answer the question: What is the relationship between social workers' perceptions of homelessness and the interventions and levels of care they provide to person's experiencing homelessness? Research of this nature is lacking and may reveal valuable information on social workers and their processes as decision makers when selecting homeless interventions and levels of care.

### **Theoretical Framework**

Two theories that will guide this research are General Systems Theory (GST) and Relational Theory (RT). These theories will be used as a framework to examine the relationships between social worker perceptions and interventions and levels of care they provide for persons

experiencing homelessness. These theories may reveal valuable insight when applied to social and ecological associations, e.g., social worker perceptions and homeless experiences (Van Assche et al., 2019).

### **General Systems Theory**

GST developed by von Bertalanffy posits that any organism at its basic level of functioning is made up of single parts and processes operating together (Van Assche et al., 2019; Klir, 1972). He also proposed that an investigation of organisms and their organization is not enough to explain any phenomenon entirely. A practicing biologist, von Bertalanffy intimated that the term “organism” could be replaced by the term “organized entities” and social groups could be considered and researched using the GST model (Klir, 1972).

In the GST model, the process of parts operating together was considered an open system by von Bertalanffy (Klir, 1972) and Luhmann (as cited in Van Assche et al., 2019) suggested this was a move away from study of the organism itself to a study of systems within their environments. Since the traditional scientific view failed to explain the multifaceted nature of organisms and attributes such as wholeness, evolution, self-regulation, and equifinality, the concept of an open system or general system offered integration of many disciplines within the general systems theory. GST brought insight into the fields of biology, economics, thermodynamics, engineering, and computer science early on and manifested non-biological symbolism in those fields to explain phenomena (Van Assche et al., 2019).

In social work a system is a set of parts operating together as a whole (Kirst-Ashman & Hull, 2012). Understanding the GST model in a social context assists social workers to understand the individuals and families they serve from multiple perspectives and what

contributes to the social problems they experience. When collaborating with individuals and families experiencing homelessness, social workers consider the relationships inside and outside of the system that affect the person or family, but may not consider themselves as a part of, “the system.” It is necessary for social work professionals to examine their own involvement, perceptions, when collaborating with the clients they serve and making decisions on the selection of interventions and levels of care.

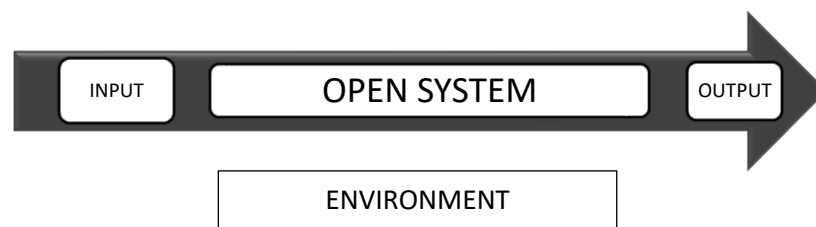


Figure 1 General Systems Theory Model

### **Relational Theory**

RT focuses on individuals and how they relate to self, others, and their environment (Segal, 2013). RT has its roots in Freudian Psychoanalysis and is used in clinical social work practice to enhance work with clients (Ornstein & Ganzer, 2005; Segal, 2013). The features of this approach are transference, the client’s projections towards the therapist, and counter transference, redirection of therapist projections towards the client, traditionally to be avoided but now is central to treatment and inevitable and offers the therapist a comprehensive understanding of their own participation and the clients dynamics in therapy when working with vulnerable populations (Ornstein & Ganzer, 2005; Segal, 2013).

Practitioners using the RT strategy of projective identification, stress that change occurs not just through showing empathy, “but through a process of supportive, respectful, mutually

reciprocal meaning-making” and that human behavior is influenced but not determined by past interactions (Ornstein & Ganzer, 2005; Segal, 2013). During therapy sessions, clients unknowingly project undesirable elements of themselves onto practitioners and practitioners take on these roles and continue engaging in a cycle where these interactions do not prevent growth, but on the contrary become “fertile ground” for new growth (Ornstein & Ganzer, 2005; Segal, 2013).

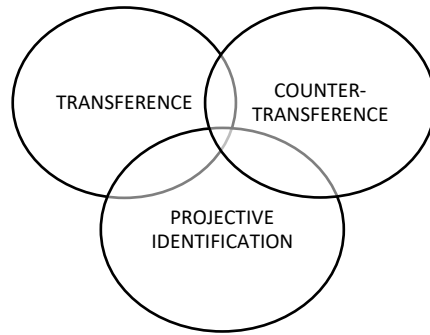


Figure 2 Relational Theory Model

Together the RT concepts of transference, counter transference, and projective identification, lay the groundwork for client and therapist interactions that will lead to individual well-being in the context of the social environment (Ornstein & Ganzer, 2005; Segal, 2013).

### **Conceptual Framework**

If GST is applied to the social problem of homelessness, then the relationship between social workers perceptions and interventions and levels of care may be considered part of the “system.” von Bertalanffy’s GST was based on the idea that organisms create and maintain structure and are open systems not completely dependent on their own preservation (Van Assche



et al., 2019). Social workers providing interventions and levels of care to end homelessness for various populations are an integral part of the general open system.

However, social workers may not consider themselves as part of this open system when operating under the general systems model. It is possible social workers view themselves as operating outside the system when completing social histories, assessments, implementing change plans, and evaluation of interventions (Kirst-Ashman & Hull, 2012; Kilpatrick, & Holland, 2009). By examining social workers and the relationship between their perceptions of persons experiencing homelessness, interventions, and levels of care, as being inside the system, it may yield beneficial information whether the interventions and levels of care are a good fit and if they are influenced by their perceptions, positively to negatively.

The diagram below is representative of GST and the homeless system, social worker perceptions, interventions and levels of care, and the relationship on homelessness.

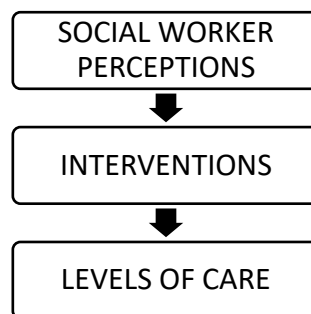


Figure 3 Conceptual Framework Model

Social workers are in a unique therapeutic alliance with clients which enables them to collaborate in a two-person rather than one-person supportive and respectful approach to care

(Ornstein & Ganzer, 2005; Segal, 2013). This worker-client relationship offers clients the opportunity to express their challenging experiences where social workers act in a participatory manner to validate the client's narrative (Ornstein & Ganzer, 2005). RT is based on a worker-client partnership that emphasizes mutual cooperation aimed at investigating and understanding complex problems.

Like GST, RT views individuals in the context of their environment, considering the interactions between self and others (Ornstein & Ganzer, 2005; Segal, 2013). RT starts where the client is and incorporates psychodynamic theory concepts related to race, gender, power, and cultural contexts into the interaction (Segal, 2013). Within this relational environment human behavior is influenced by social patterns based on past experiences (Segal, 2013). Professional social workers must be sensitive to the systems that influence a person's life experience, but also be aware of the relationships in and outside of the environment that function as a catalyst for change or as a part of the change agent system (Ornstein & Ganzer, 2005; Segal, 2013).

Typically, social work focuses on assessment and interventions with the social worker trying to effect change as an agent within the system (Kirst-Ashman & Hull, 2012; Kilpatrick, & Holland, 2009). In relational practice the social worker is sensitive to the systems that reveal an individual's life experiences and give the worker an understanding of where to begin, within the relational atmosphere of the individual. This relational model of practice offers clients a mutually supportive atmosphere, and at the same time, social workers use their knowledge of appropriate interventions and levels of care as a key part of the helping process. Current research involving GST, RT, and social worker perceptions of homelessness, and the relationships between interventions and levels of care to prevent and end homeless situations is limited or non-existent and may show valuable new knowledge.

**Purpose**

The purpose of this research is to evaluate if GST and RT concepts, when applied to professional social workers' perceptions of homelessness, illustrates that a relationship exists between social worker perceptions of homelessness and interventions and levels of care they provide. The independent variable is professional social worker perceptions of homelessness defined as the ability to fully understand and interpret the nature of homelessness defined as one who lacks a fixed, regular, and adequate nighttime residence (HUD Exchange, 2012). The dependent variables will be 1) interventions defined as emergency shelters (ES), transitional housing programs (TH), and permanent supportive housing programs (PSH), and 2) levels of care defined as standard case management (SCM), intensive case management (ICM), and critical time intervention (CTI).

**Research Question**

This research will examine populations experiencing homelessness and determine if a relationship exists between social workers perceptions of homelessness in the provision of services, and answer the question: What is the relationship between social workers' perceptions of homelessness and the interventions and levels of care they provide to persons experiencing homelessness in Pennsylvania?

**Subproblems**

1. What are common social workers' perceptions regarding homelessness and persons experiencing homelessness?
2. What are the interventions implemented to prevent and end homelessness?

3. What are the specific levels of care designed to prevent and end homelessness?
4. What is the relationship between social worker perceptions of homelessness and the interventions and levels of care they provide to persons experiencing homelessness in Pennsylvania?

### **Null Hypothesis**

Social worker perceptions of homelessness have no relationship to the interventions and levels of care they provide to people experiencing homelessness in Pennsylvania.

### **Alternate Hypothesis**

There is a relationship between social worker perceptions of homelessness and the interventions and levels of care they provide to people experiencing homelessness in Pennsylvania.

### **Definitions**

1. Social Workers - will include licensed and unlicensed professionals in the field for at least five years who are members in good standing of the Pennsylvania chapter of the National Association of Social Workers (NASW) and, “seek to enhance the capacity of people to address their own needs” and, “seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems” (NASW, 2022). In this study, social workers will be defined as professionals collaborating with vulnerable people seeking to improve their overall well-being, who view people as part of complex systems, use a problem-solving planned change method,

are guided by unique values and ethical principles, assume a wide range of roles, and select effective intervention strategies (Kirst-Ashman & Hull, 2012).

2. Homeless - lacking “a fixed, regular, and adequate nighttime residence” and, 1) “a primary nighttime residence that is a public or private place not meant for human habitation”, 2) “living in a publicly or privately operated shelter designated to provide temporary living arrangements”, and 3) “exiting an institution where they have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution” (HUD, 2020). In this study, the homeless will be defined as people who do not have a sufficient permanent dwelling to sleep nightly with running water and that can be used as an address.
3. People Experiencing Homelessness – individuals, couples, one and two parent families with children, transitional aged youth (TAY), unaccompanied youth 25 years of age, individuals and families fleeing or attempting to flee domestic violence, members of the LBGTQ+ community, and veterans (HUD, 2020). In this study, persons experiencing homelessness will be defined as anyone living on the streets, in tents, abandoned or condemned buildings, under bridges, in alleyways, in cars or trucks, in ES, TH programs, at imminent risk (with a court ordered eviction from their current housing), with an abusive spouse or partner, or doubling up temporarily with family or friends.
4. Relationship - the state of being related or interrelated: the relation connecting or binding participants in a relationship (Merriam Webster, n.d.). In this study, relationship will be defined as the strength of the linear relationship between two or more variables, social worker perceptions (independent variable) and interventions and levels of care (dependent variables).

5. Perception - quick, acute, intuitive cognition, a capacity for comprehension (Merriam Webster, n.d.). In this study, perceptions will be defined as professional social workers' ability to fully understand and interpret the nature of homelessness and populations experiencing this dilemma and determine and provide the most appropriate interventions and levels of care while practicing self-regulation to minimize negative preconceived beliefs.
6. Perceptions of Homelessness – a professional social workers' ability to practice self-awareness, self-regulation, and recognize self-biases to minimize any negative preconceived personal attitudes and beliefs about persons experiencing episodes or long-lasting periods without a permanent, fixed, adequate night-time residence which may interfere with appropriate intervention selection and levels of care provided. Perceptions will be measured by surveying the sample of professional social workers with a 4-point Likert scale instrument (Appendix A).
7. Interventions - the act of interfering (positively) with the outcome or course especially of a condition or process (as to prevent harm or improve functioning) (Merriam Webster, n.d.). In this study, interventions will consist of professional social workers determining and selecting the most appropriate housing program from ES, TH, PSH, which fall under the definition of one of the three mentioned, to ensure housing stability and eliminate cycles of homelessness experienced by many individuals and families (de Vet et al., 2013; HUD, 2016).
8. Levels of Care – includes the determinations professional social workers make regarding the amount of time and intensity dedicated to assisting each individual/family experiencing homelessness (case management). In this study, it will be reflected in three

levels including: standard case management (SCM), intensive case management (ICM) and critical time intervention (CTI) (de Vet et al., 2013). Levels of Care will be measured by surveying the sample of professional social workers with a 4-point Likert scale instrument (Appendix A).

9. Pennsylvania - will be defined as any urban or suburban area that includes small, mid-sized, and large populations of people experiencing homelessness. In this study, the state of Pennsylvania is 46,000 square miles, the area under study will include those with high populations of both professional social workers and persons experiencing homelessness.

### **Delimitations**

This research is in no way comprehensive but involves specific boundaries. The target sample group to survey includes a wide range of professional social workers, licensed and unlicensed, and all members of the NASW with at least five years of experience. Perceptions of professional social workers will be restricted to a specific measurement acquired from the distribution of a Likert scale tool. People experiencing homelessness also cover a broad range of populations of individuals and families and demographic data. The geographic boundaries of the study cover the state of Pennsylvania, specifically areas with high populations of professional social workers who are members of the NASW and persons experiencing homelessness which are study constraints to be mentioned.

### **Assumptions**

The researcher will assume that respondents will answer truthfully when completing the survey. The reliability and validity of the survey instrument will be accepted and regarded as accurate when collecting, analyzing, and reporting results.

**Significance**

Social workers have influence and authority when intervening on behalf of clients, this may lead the social worker to function as an expert, when in fact a major theme in social work is the client is the expert of their own life, including decision making (Kirst-Ashman & Hull, 2012; Kilpatrick, & Holland, 2009).

This study will provide valuable information to the researcher who will disseminate this information to various stakeholders in Pennsylvania. The information collected and analyzed will prove valuable due to the lack of specific studies measuring professional social workers' perceptions of homelessness and interventions and levels of care as mentioned earlier. Adding to the body of knowledge available to federal, state, and local agencies with the goal of preventing and ending homelessness is a significant goal and one this researcher is not taking lightly. The statistics mentioned in the research regarding populations experiencing episodic and chronic homelessness magnify the need for research in this area.

The people who temporarily reside at emergency shelters and transitional housing programs only hoping to one day be placed in permanent housing, if it is the only significant reason to conduct this study, is reason enough. The Principal Investigator of this research has worked in the field of housing and homelessness for over 15 years and can testify to the fact that scores of individuals and families, single women with children, those with mental illness and substance use/abuse disorders are in desperate need of innovative solutions to reduce the cycle of homelessness. Research and study of social work professionals in the position to make life changing decisions on their behalf, which is infrequent, may lead to innovative solutions. The significance of research in the area of professional social workers' perceptions of homelessness could provide important new findings and give rise to fertile ground for future research.



## Chapter 2

### Literature Review

#### Global Homelessness

Social workers must be aware of the trap of believing they are experts and clients are incompetent, this misperception could come from the knowledge, insight, and ideas acquired by social workers during their practice (DuBois et al, 2019). Social worker perceptions about people experiencing homelessness can include the belief that homelessness is typical within certain populations of people who have, 1) problems with alcohol and substance use/abuse, 2) mental health disorders, and 3) those living in poverty (Welch-Lazoritz, et al., 2015; Colombo, 2019).

These perceptions may be a result of working in the homeless systems for many years and developing social worker bias regarding people experiencing homelessness. Social workers have the ethical obligation to recognize their own biases and work in a collaborative relationship with all clients and see the clients as the experts of their own lives with strengths and potential which will reduce bias, instill confidence, and inspire hope (DuBois et al., 2019; National Association of Social Workers, 2022).

Social worker perceptions regarding homelessness include, but are not limited to, 1) there will always be a homelessness problem, and 2) no matter how many services and interventions are developed and implemented there will always be a small percentage of the population who will experience homelessness. These common perceptions are understandable given the familiarity social workers have with this population and the cycle of homelessness (de Vet et al., 2013; Butterfield, 2010; HUD, 2020; Grant et al., 2013).

When discussing interventions used by social workers to prevent and end homelessness, the traditional method involves, 1) emergency shelters, 2) transitional housing, and 3) permanent housing programs. As previously mentioned, the HEARTH Act (2009) recognized that this traditional pathway to end homelessness is not adequate in all circumstances, so an Emergency Solutions Grant (ESG) was developed and implemented to meet individual and family homeless needs apart from the traditional paths (deVet et al., 2013). ESG interventions include Homeless Prevention (HP) financial assistance to prevent evictions, and Rapid Re-Housing (RRH) to rapidly re-house individuals and families where eviction prevention is not possible. Therefore, the interventions implemented by social workers are complex and determining a “good fit” may be challenging even for the most well-trained professional.

According to de Vet et al., (2013), there are four models of case management implemented to meet the housing needs of people experiencing homelessness. Standard case management (SCM), intensive case management (ICM), assertive community treatment (ACT), and critical time intervention (CTI). SCM involves assessment and intervention which may involve collection and documentation of individual or family information and involves a high level of involvement by social workers providing services. ICM is provided to those with the highest need for services and includes more frequent contacts. ACT case management includes a multi-disciplinary approach, while CTI strives to connect individual and family social and professional systems at critical moments, e.g., when transitioning from shelter to permanent housing (de Vet et al., 2013).

The available literature reviewed about homelessness suggests that there is a homeless crisis on a global scale in industrialized nations as well as in underdeveloped nations. In 2005 at the 61<sup>st</sup> session of the United Nations Commission on Human Rights, special reporter on

adequate housing Miloon Kothari estimated that those experiencing homelessness in the world's urban centers is between 20 and 40 million, while UN statistics indicate 78% of the population of the least developed countries live in slums (Capdevila, 2005). It is a challenging task to gain a good estimation of individuals and families experiencing global homelessness for various reasons: the definition of homelessness differs from country to country, census data is based on households, and a population of hidden homeless people exist. The UN Commission on Human Rights took place over 15 years ago. At that time Kothari also told the commission that over one billion people lack adequate housing, while one hundred million have no housing at all (Capdevila, 2005).

During the most recent UN Commission on Human Rights, special reporter for human rights John Knox linked the adverse effects of climate change to a wide range of human rights including rights to life, health, food, water, housing, and development (Targeted News Service, 2016). Leilani Farha, another commission reporter, stated that global homelessness is too often viewed as a social policy issue alone rather than a violation of human rights, which should and could be addressed with human rights responses (Targeted News Service, 2016).

Seventy percent of natural disasters are caused by climate change, the result of human actions, which has led to a new term called "environmental refugees" to refer to those displaced (Pourhashemi et al., 2012). Reports by the Intergovernmental Panel on Climate Change recognize climate change as the cause of migration and movement of millions of people. Natural disasters can be labeled events not controlled by humans such as earthquakes and storms, but when the effects can be linked to human actions they can be called, "semi-natural disasters."

Conflicts from North Africa to the Middle East starting in 2011 have led the UN to debate almost daily the most recent of these uprisings, the ongoing Syrian refugee crisis, where

over 450,000 Syrians fled their home country, to relocate in nearby countries (Fargues, & Fandrich, 2012). Thousands of Syrians flee the country every day due to the conflict and the numbers continue to rise; these refugees can be considered a population called the global homeless. Approximately ten million worldwide cross borders to flee conflict, persecution, or natural disasters, and another twenty-six million internationally displaced people experience this crisis in their own countries (Crowe, 2011).

While estimates by the United Nations suggest that, globally, close to one hundred million people have no housing at all (Capdevila, 2005), Berks County, one county in this study, reports 1,927 people experienced homelessness in 2022 (Berks Coalition to End Homelessness, Inc., n.d.). Some of the most common factors associated with homelessness in the Berks County area are disability, mental/physical/developmental, substance use/abuse, poverty, single parent households, educational level, and lack of employment.

### **Local Homelessness**

As of 2011 in Reading, Pa. 41.3% of people were living below the poverty line, and Reading, PA. had the highest poverty rate of any U.S. city with a population of 65,000 people or more (Census: Reading, PA., has highest poverty rate, 2011). During the annual PIT count conducted by the Berks Coalition to End Homelessness (BCEH) on one night in January 2022, the homeless statistics for Berks County counted 1,927 individuals and families staying in emergency shelters, in transitional housing programs, and those unsheltered and staying on the streets (Berks Coalition to End Homelessness, Inc., n.d.).

It is necessary to understand what homelessness is and how someone can be considered as going through a homelessness crisis in order to assist individuals and families access housing

programs. The federal definition of an individual or family experiencing homelessness is one who lacks a fixed, regular, and adequate nighttime residence, and to be considered chronically homeless, a person must have a disability and have been living in a place not meant for human habitation, in an emergency shelter, or a safe haven for the last 12 months continuously or on at least four occasions in the last three years (HUD, 2012).

The BCEH is the lead collaborative applicant for the COC grant in Berks County, Pa. The agency partners with over sixty other local agencies to ensure individual and family well-being through comprehensive coordination of innovative solutions and quality programs. Coalition agency partners collaborate to meet the needs of individuals and families by providing housing opportunities and other social services. Many residents accessing services through the coalition and agency partners have disabilities that contribute to experiences of homelessness or being at-risk. Complete intake and assessments are conducted by social workers in collaborative agencies using the strengths perspective focusing on client strengths rather than deficits to build self-confidence and inspire hope (Kirst-Ashman & Hull, 2012).

### **Local Solutions**

Individuals and families who experience traumatic transitions and disruptions can experience homelessness as a result and benefit from receiving micro/mezzo level case management services using the strengths-based perspective (de Vet et al., 2013). Available housing programs in Berks County that receive HUD funding provide case management services to vulnerable individuals and families experiencing homelessness. SCM, ICM, and CTI are coordinated approaches of service delivery, emphasizing ongoing supportive care to individuals and families with the greatest need, involving frequent client contacts and more intensive services.

BCEH agency partners provide housing opportunities and case management services including Service Access and Management, Berks Counseling Center, The Y, The Salvation Army, Opportunity House, Abilities in Motion, and the Berks County and Reading Housing Authorities. These agencies and the services they provide prevent and reduce homelessness. Funding for federal housing programs is in short supply, available subsidies and public housing units assist only a small percentage of the eligible poor, about one-fourth of those living in poverty (Butterfield et al., 2010).

### **Street Outreach**

The BCEH also employs a street outreach coordinator to train volunteers in data collection during street outreach patrols in the local community while supporting the chronically homeless population. The statistics show a small percentage of chronically homeless people exist in Berks County, but there are others, considered the hidden homeless, living out of plain sight. During street outreach, the evidence-based practices of motivational interviewing including change talk are utilized by social workers to encourage emergency shelter, treatment programs, and to apply for available housing programs. This marginalized population needs professionals trained to listen, support, and validate their emotions in a caring manner.

Using empathy to perceive and understand their experiences and respond is also a powerful intervention. Many individuals encountered during street outreach gladly accept necessities including toiletry kits, blankets, bottled water, and snack bars. The sites visited by outreach teams include drop-in centers, outdoor tent locations, abandoned or condemned buildings, under bridges, soup kitchens, and other areas frequented by the chronically homeless population.

**Housing Locator**

The BCEH, as the lead agency for preventing, reducing, and ending homelessness, refers people experiencing homelessness or at-risk individuals and families to housing options through the Berks County housing locator. The housing locator maintains a list of available units for rent and property owners to work closely with the at-risk population. When collaborating with at-risk clients and businesspersons it is necessary for the housing locator to advocate on behalf of this vulnerable population. Locating affordable units and assisting clients during the lease signing process promotes and ensures housing stability. Coalition agencies frequently contact the housing locator to refer their clients to housing options for rapid re-housing and/or relocation.

**Policy**

In the United States the federal government establishes policies and provides funding to address homelessness at the state and local levels. Programs established by the federal government are policy specific for certain populations of individuals and families experiencing homelessness. Program policies and funding come from the federal level while the implementation is administered on a local level, which makes possible the ability to meet specific needs of individuals and families by social workers in direct contact with the population.

The policy process from development to implementation to monitoring to renewal is closely evaluated on federal, state, and local levels as the data regarding the population served and the amount of money spent is closely monitored. Two recent specific programs implemented by the federal government to address homelessness for veterans and their families are the Supportive Services for Veteran Families (SSVF) and the Veterans Affairs Supportive Housing (VASH). These programs depend on case management services to assist veteran families with

housing, health care needs, and employment services, all provided on a local level involving community agencies in a position to make family well-being attainable.

### **Supportive Services for Veteran Families**

The SSVF program was developed to assist veteran families in need of homeless prevention (HP) or rapid re-housing (RRH) services. It is short term assistance to prevent homelessness and re-house and stabilize veteran families in crisis (HUD, 2016). Agency case managers link individual veterans or veteran families to affordable, safe, stable housing as quickly as possible. The Veterans Administration (VA) awards grants to community non-profits to administer two types of assistance to veterans and their families: RRH and HP assistance.

The first type, RRH assistance, is intended for homeless veterans and their families. RRH assistance of SSVF policy is designed to provide one of the most basic family needs, stable affordable housing. RRH assistance ensures veteran families most in need receive the assistance to end their homelessness (HUD, 2016). Implementation of this policy by agency social workers within local communities promotes family well-being by ending a homeless episode or exiting a veteran family out of an emergency shelter into affordable stable housing.

SSVF also provides HP funding to stop an eviction by paying past due rent. The BCEH is the lead agency for HUD funding disbursement which monitors and evaluates agency input of veteran family information into the Homeless Management Information System (HMIS). HUD requires each local agency assisting veteran families to enter data into HMIS to ensure grantees are meeting program goals (U.S. Department of Veteran Affairs, 2015).

Another important aspect of the SSVF program is supportive services, specifically, case management services offered to veteran families. Under the umbrella of supportive services of



case management, veterans and their families can receive assistance for: substance use/abuse and mental health treatment, domestic violence, financial support, housing searches, and service planning to remain stably housed. The SSVF program follows the housing first policy in delivering supportive services to veteran families, which eliminates common barriers to receiving assistance including documentation requirements, monthly income, abstinence, and participation and completion of treatment programs. Instead, the policy principle emphasized is providing housing first, then supportive services to follow to promote family well-being (U.S. Department of Veteran Affairs, 2015).

### **Veteran Affairs Supportive Housing**

The HUD-Veterans Affairs Supportive Housing (HUD-VASH) voucher program links housing vouchers with case management and clinical services for veterans and their family members. The HUD-VASH program provided \$50 million in 2011 to serve approximately seven thousand voucher families, and \$60 million in 2016 to serve approximately eight thousand families nationally (HUD, 2016). The recent push for meeting the overall needs of veterans and their families has been successful due to the investments of federal funding totaling \$110 million since 2008 for housing, health care (mental/physical), and employment services through HUD-VASH. This was made possible because of town hall meetings and family summits in Washington, DC, which laid the groundwork for policy solutions which benefited military veterans and their loved ones (US Fed News Service, 2012).

The millions of dollars poured into the HUD-VASH program since 2008 has provided over 85,000 housing vouchers administered to participating veterans through VA medical centers or community-based outreach clinics. The program uses a community collaborative approach working with local public housing agencies (PHA) and local PIT counts documented by the lead

COC. After the VA determines the highest homeless veteran need in an area, a local PHA will be identified to distribute the vouchers, at least one in every state (US Fed News Service, 2012).

### **Perceptions of Homelessness**

One source cited in this research discusses the general public's perceptions of homelessness which are varied and wide ranging (Tsai et al., 2018). Homelessness has been determined to be a public health problem and has drawn the attention of professionals from all disciplines and by the federal government as is illustrated by the amount of funding and policies developed to combat it (HUD, 2016; Clifford & Piston, 2016). In a large national survey sample of U.S. adults, the majority of respondents perceived that a lack of affordable housing, irresponsible behavior, and substance abuse were the strongest causes (Tsai et al., 2018).

It is important to acknowledge public perceptions about homelessness because they are major stakeholders who influence policy makers which contributes to the resources, services, and supports to end homelessness even though mixed feelings about this issue exist (Clifford & Piston, 2016; Tsai et al., 2018). The mixed feelings stem from people sleeping openly in public spaces, in cars, and panhandling. In another study, Tsai et al., (2017) found that public perceptions of homelessness were favorable, more compassionate, and liberal, over the past two decades, but with small to medium effect sizes. Since there are mixed feelings in the public sphere, and scarce research on professional social workers perceptions of homelessness, it is timely to conduct this study and investigate the relationship between social workers' perceptions and interventions and levels of care.

## Chapter 3

### Methodology

#### Research Design

The primary purpose of this survey research is to empirically evaluate whether General Systems Theory and Relational Theory concepts, when jointly applied to professional social workers assisting populations experiencing homelessness, reveal that a relationship exists between social work perceptions of homelessness and interventions and levels of care.

Professional social workers have an ethical obligation to promote client self-determination, and practice critical self-reflection including on their own biases (National Association of Social Workers Code of Ethics, 2022). Professional social workers could operate outside of the system not recognizing the General Systems Theory concept of being a crucial part of the system. It is also possible that social workers do not recognize the Relational Theory concepts of countertransference and projective identification when collaborating with individuals and families experiencing homelessness and impart negative projections towards the client.

This cross-sectional survey design is preferred due to the ease of access of the survey population and rapid turnaround in data collection by using a Qualtrics Likert Scale Perceptions questionnaire administered through online email to the sample population.

#### Sample

A convenience sample of current members of the National Association of Social Workers (NASW) in Pennsylvania, including licensed and unlicensed professionals in the field for at least five years will be utilized in this study. The NASW estimates the number of professional social

workers in Pennsylvania at 4,000 (NASW, 2022). The sample of social workers will include those directly collaborating with people experiencing homelessness as part of their full-time employment, and social workers who do not work directly with this population but have knowledge of agencies in place to assist them. Social workers are generalist practitioners and are obligated to be aware of social problems and be competent in confronting them, having the skills and knowledge of the communities they serve in and address problems from a systems perspective (Kirst-Ashman & Hull, 2012).

Professional social workers' practice on multi system practice (MSP) levels and view challenges and resources, with strengths and concerns when interacting with individuals in their social and physical environments (Gasker, 2018). The sample surveyed will include all professional social workers who meet the inclusion criteria and will also include those with limited contact of populations experiencing chronic or episodic homelessness. The questionnaires will be distributed via email to NASW members in Pennsylvania where data on homelessness illustrates continued trends in rates of homelessness among populations receiving professional social worker assistance.

### **Inclusion Criteria**

Inclusion criteria will be determined by a census of professional social workers, licensed and unlicensed, with at least five years of experience, and are members of the NASW Pennsylvania chapter who will be recruited using an email survey, anyone not meeting these criteria will be excluded from the study. A list of active members and their emails will be requested through NASW's Center for Workforce Studies and the Social Work Policy Institute. To increase participation, participants will be enrolled in a drawing to receive an Annual NASW Regular Membership Renewal as an incentive and the survey will be emailed one month prior to

the survey date. The inclusion criteria for this study consists of social workers who; 1) are current members in good standing of the National Association of Social Workers (NASW) in Pennsylvania, 2) are licensed or unlicensed, 3) have been working in the field for at least five years, and 4) can read and write English.

### **Exclusion Criteria**

Many individuals who have dedicated their lives to improving the well-being and restoration of social functioning of individuals, families, groups, organizations, and communities deserve admiration and respect for their efforts for their years of service but are not members of the NASW. These individuals are less likely to have formal training in the knowledge, values, and skills of the social work profession and therefore will be excluded from this study. Professional social workers who are members of the NASW but have less than five years of practice, student members, and those who desire not to participate for any reason will be excluded as well.

### **Recruitment**

A cross-sectional survey will be distributed via email to licensed and unlicensed NASW Pennsylvania chapter members based on availability, convenience, ease of access of the survey population, and rapid turnaround in data collection (Appendix A). The population will be selected through voluntary participation using fielded emails to the PA chapter of NASW as the recruitment method by completing the NASW Research Review Application Form. The recruitment letter can be found in Appendix B and the informed consent letter in Appendix C. The researcher will post a study invitation on NASW's social media channels as well, to increase recruitment and study participation.

## **Instrumentation**

The instrument in this study will include four sections (i.e., sociodemographic data, social worker perceptions of homelessness, homeless interventions, and levels of care). The sociodemographic section will contain inclusion criteria and sociodemographic characteristics of professional social workers, questions 1 – 10. The social worker perceptions of homelessness section will include three subsections of a modified version of a national online survey to assess public knowledge and attitudes about homelessness (Tsai, et al., 2018) used with permission and adapted to measure professional social workers attitudes, beliefs, and perceptions about homelessness.

Questions 11.1 – 11.8 include opinions about people experiencing homelessness; questions 12.1 – 12.8 ask what contributes to homelessness; questions 13.1 – 13.8 ask what restrictions should be applied to those experiencing homelessness. The homeless intervention section includes questions about selection of social work interventions to match client needs to the greatest extent possible; 14.1 – 14.8, and the levels of care section includes questions about selection of social work case management levels to meet client needs to the greatest extent possible; 15.1 – 15.8 (Appendix A).

After the inclusion criteria and sociodemographic questions, the succeeding sections and subsections will use a continuous 4-point Likert Scale Survey questionnaire; (1) Strongly Disagree, (2) Disagree, (3) Agree, and (4) Strongly Agree; a neutral option was purposefully left out to ensure a specific response to all questions. The social worker perceptions subsections will each contain eight items using the minimum scores of 8 and maximum scores of 32 in the responses, for a total minimum score of 24, and a total maximum score of 96. The intervention section will each contain eight items using the minimum scores of 8 and maximum scores of 32

in the responses, and the levels of case management section will also contain 8 items using the minimum scores of 8 and maximum scores of 32 in the responses. Items 11.3, 11.5, 11.6, 11.7, 11.8, 12.3, 12.5, 12.7, 12.8, 13.4, 13.5, 13.6, 13.7, and 13.8 will be reverse coded to ensure validity and consistency of answers. A professional review was completed by Marywood University faculty to ensure reliability and validity of the instrument as well.

### **Data Collection/Procedure**

Permission to conduct this study will be obtained from the Marywood University Internal Review Board through the expedited review process prior to beginning research. An expedited review is expected since data is to be collected through email, is not sensitive in nature, and has no identifiable information. Research data will be collected using an online survey tool through Qualtrics. The researcher will use a convenience sample and recruit participants from the Pennsylvania chapter of the NASW by completing the NASW Research Review Application Form disseminated by InFocus Marketing. Prior to participating in this study, potential participants must agree to the informed consent and acknowledge they meet the inclusion criteria inserted in the survey instrument.

Data will be collected using a Qualtrics survey and exported to a computer software program (IBM SPSS Statistics 28) for analysis. The electronic data will be password protected on a secure private memory device only accessible by the researcher. The files will be kept for three years in secure locations and the data will not have any identifying features that will compromise the confidentiality of research participants. The risks in this study are no greater than the risks experienced in daily life or activities.

### **Data Analysis**

A frequency distribution and other descriptive statistics will be utilized to analyze the first ten questions of the survey and for the first three sub-questions to reveal if patterns in data exist from survey respondents.

1. What are common social workers' perceptions regarding homelessness and persons experiencing homelessness?
2. What are the interventions implemented to prevent and end homelessness?
3. What are the specific services and levels of care designed to prevent and end homelessness?

To measure the degree of or verify that a relationship exists between the independent variable (IV) social worker perceptions and dependent variables (DVs) interventions and levels of care, a *Pearson r* correlation coefficient will be utilized for sub-question four.

4. What is the relationship between social worker perceptions and the interventions and levels of care they provide to people experiencing homelessness in Pennsylvania?

### **Supplemental Analysis**

Questions 1 – 10 will be further investigated to determine the degree of relationship (e.g., age, gender, ethnicity, educational levels) to the (IV) social worker perceptions, and (DVs) interventions and levels of care.

## **Chapter 4**

### **Data Analysis**

The purpose of this research is to examine if a relationship exists between professional social workers' perceptions of homelessness and the interventions and levels of care they provide



to people experiencing homelessness. The response data was collected through a Qualtrics survey as the result of one email blast distributed on August 28, 2023, to Pennsylvania members of the National Association of Social Workers. The researcher reviewed the Qualtrics site daily for a period of two weeks, there was a considerable initial response, and then responses subsided but continued to be reported. A determination was made after a two-week period to end the collection and begin exporting and analyzing the data. A total of 149 responses were collected during a two-week period.

### **Data Screening**

Two initial screening questions were asked after the informed consent form was agreed to, this was to ensure the inclusion criteria were met: 1) Are you a professional social worker, licensed or unlicensed, with at least five years' practice experience? and 2) Are you a member of the National Association of Social Workers? The final survey response data was exported from Qualtrics into SPSS version 28 for pre-data analysis and screening.

During the pre-data analysis and screening process, a determination regarding data quality, cases with missing values or incomplete responses, had to be determined. Options to manage missing or incomplete values included using the mean or mode value of all responses for missing values or deletion of the entire case response to clean the data. After reviewing the responses with missing or incomplete values, the decision was made to delete all case responses with missing or incomplete values since they included multiple missing values. A total of 149 responses were reported, and after deletion of the responses with missing or incomplete values, 120 responses remained.

## Demographics

One hundred and twenty participants completed the full survey and were included in this study. The majority of the sample population identified with the pronouns She/Her 81.7% and race/ethnicity as White/Non-Hispanic 85.8%. There was a fairly even distribution of participants in each age category. The majority of participants 84.2% have completed a Master's Degree, and the remaining participants have completed a Bachelor's degree 5.0%, and Advanced Degree 10.8%. The geographic locations of the participants reported were dispersed evenly in Pennsylvania among large cities 25.8%, small cities 17.5%, suburbs 25.8%, small towns 13.3%, and rural towns 17.5%.

Table 1

<i>Sample Population</i>		<i>N (%)</i>
Q1 Age	25-35	23 (19.2%)
	36-45	29 (24.2%)
	46-55	17 (14.2%)
	56-65	22 (18.3%)
	>65	29 (24.2%)
Q2 Pronouns	He/Him	15 (12.5%)
	She/Her	98 (81.7%)
	They/Their	1 (.8%)
	Other	6 (5.0%)
Q3 Race/Ethnicity	White Non-Hispanic	103 (85.8%)
	African American Non-His.	9 (7.5%)
	White Hispanic	2 (1.7%)
	Asian-Pacific Islander	5 (4.2%)
	Other	1 (.8%)
Q4 Highest Level of Education Completed	Bachelor's Degree	6 (5.0%)
	Master's Degree	101 (84.2%)
	Advanced Degree	13 (10.8%)

Q5 Residence Location	Large City	31 (25.8%)
	Small City	21 (17.5%)
	Suburb	31 (25.8%)
	Small Town	16 (13.3%)
	Rural Town	21 (17.5%)

**Social Worker Perceptions**

This section of the survey, tables 2 through 8, include questions or statements to examine professional social workers’ perceptions of homelessness. The data in these tables will include a calculation and analysis of the minimum, maximum, and total scores, and the mean and standard deviation of the total scores. All negatively worded items included in the survey were reverse scored, the numerical scoring scale was run in the opposite direction to ensure consistent analysis of answers. The items reverse scored in the analysis of tables 2 through 8 include: 11.3, 11.5, 11.6, 11.7, 11.8, 12.3, 12.7, 12.8, 13.4, 13.5, 13.6, 13.7, and 13.8. The mean total score for all questions about perceptions of homelessness was 83.59 (SD=6.30), while the median was 84.0 (range 67-97).

Table 2  
*Frequencies of Responses for Perceptions of Homelessness* *N (%)*

Question	Strongly Disagree	Disagree	Agree	Strongly Agree
Q6 In your community, would you agree or disagree that homelessness is a significant issue?	5 (4.5%)	15 (12.5%)	48 (40.0%)	52 (43.3%)
Q7 Over the last 5 years do you agree or disagree that homelessness has increased in your community?	4 (3.3%)	15 (12.5%)	61 (50.8%)	40 (33.3%)

In table 2, the first question asked professional social workers whether they agreed or disagreed, and to what extent homelessness was a significant issue in their respective communities in Pennsylvania. The survey respondents indicated that homelessness was in fact a significant issue in their communities, the majority 83.3% agreed. Question 7 attempted to measure professional social workers’ perception and the degree to which homelessness increased in their communities in the last five years. The responses revealed a compelling belief that homelessness has in fact increased over the last five years in their communities the majority 84.1% agreed.

Table 3  
*Frequencies of Responses for Perceptions of Homelessness* *N (%)*

Question	Often	Seldom	Sometimes	Never
Q8 How frequently do you see individuals experiencing homelessness in your neighborhood?	39 (32.5%)	27 (22.5%)	41 (34.2%)	13 (10.8%)

Question 8 asked respondents the frequency with which they witnessed individuals experiencing homelessness in their own communities. The answers to this question were spread out more evenly among the options, most participants 89.2% responded that they do in fact observe homelessness in their own communities.

Table 4

*Frequencies of Responses for Perceptions of Homelessness* *N (%)*

Question	Worse	Same	Decrease
Q9 Do you think that over the last five years the problem of homelessness has become worse in our country or not?	113 (94.2%)	5 (4.2%)	2 (1.7%)

Participants overwhelmingly agreed in question 9 that homelessness has become worse in our country in the last five years, 94.2%. The responses to the previous questions could also inform the responses to this question as the visibility of homelessness in their own communities could lead to perceptions that homelessness has become worse over the last five years nationwide.

Table 5

*Frequencies of Responses for Perceptions of Homelessness* *N (%)*

Question	Increase	Decrease	Same
Q10 Over the next five years, do you think homelessness will do the following	99 (82.5%)	5 (4.2%)	16 (13.3%)

Most professional social workers believed that there will be an increase of overall homelessness nationwide in the next five years 82.5%. Again, the previous questions regarding the frequency of seeing people in their communities experiencing homelessness and in the nation

in the last five years, could drive the respondents perceptions that homelessness will increase in the next five years.

### **Sub-Problem 1**

The statements in table 6 (below, eight items) will investigate further professional social workers' associations with specific characteristics of people experiencing homelessness. The aim of these statements is to determine the extent to which a professional social worker disagrees or agrees with whether this population: 1) has good job skills, 2) can take care of a home, 3) has trouble making friends, 4) will respect their neighbor's property, 5) will cause an area to be dilapidated due to their presence, 6) is more dangerous, 7) has trouble with family relationships, and 8) is more violent than others.

Statement one asks social workers if they believe people experiencing homelessness have good job skills. The responses indicate 55.8% of professional social workers agreed this population does have good job skills, while 37.5% disagree. The next statement involves perceptions about how much social workers agree or disagree that people experiencing homelessness can take care of a home. Most professional social workers agreed 90.0% that people experiencing homelessness could in fact take care of a home if given the opportunity.

The responses to the statement that people experiencing homelessness have always had trouble making friends show 95.0% of professional social workers disagree. The responses to statement four about respecting their neighbors' property reveal almost all of the respondents surveyed believe anyone experiencing homelessness would in fact respect their neighbor's property, 90.0% agree.

Table 6

*Frequencies of Responses for Perceptions of Homelessness* *N (%)*

Q11 Below are statements people sometimes associate with homelessness. Please indicate how much you agree or disagree with each statement.

Question	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Most people experiencing homelessness have good job skills	8 (6.7%)	45 (37.5%)	63 (52.5%)	4 (3.3%)
2. Given the opportunity, most people experiencing homelessness could take care of a home	1 (.8%)	11 (9.2%)	98 (81.7%)	10 (8.3%)
3. Most people experiencing homelessness have always had trouble making friends	28 (23.3%)	86 (71.7%)	6 (5.0%)	0 (0.0%)
4. Most people experiencing homelessness would respect their neighbors' property	2 (1.7%)	10 (8.3%)	94 (78.3%)	14 (11.7%)
5. The more people experiencing homelessness there are in an area, the more dilapidated the area becomes	6 (5.0%)	50 (41.7%)	57 (47.5%)	7 (5.8%)
6. Even when people experiencing homelessness seem all right, it is important to remember that they may be dangerous	22 (18.3%)	74 (61.7%)	24 (20.0%)	0 (0.0%)
7. Most people experiencing homelessness have always had trouble with family relationships	18 (15.0%)	82 (68.3%)	19 (15.8%)	1 (.8%)
8. People experiencing homelessness are more likely to commit violent crimes than other people	47 (39.2%)	63 (52.5%)	8 (6.7%)	2 (1.7%)

Uncertainty emerges when reviewing the responses to statement five, the more people experiencing homelessness there are in an area the more dilapidated the area becomes. The responses indicate almost half disagree 46.7%, and more than half agree 53.3%.

The responses to the following statement about people experiencing homelessness being more dangerous than others shows most of those answering disagree 80.0%. Statement seven shows that professional social workers do not believe people experiencing homelessness have always had trouble with family relationships as 83.3% disagree. Statement eight asks if those experiencing homelessness are more likely to commit violent crimes, the responses show 91.7% of professional social workers disagree.

The statements in table 7 (below, eight items) will require social workers to consider their own perceptions of what contributes to experiences of homelessness. The overall mean score for participants in question 12 was 24.52 (SD=2.09), while the median was 25.0 (range 18-29). The responses to statement one indicates that all those surveyed believed a lack of affordable housing is a main contributor to homelessness, 104.2% agree. The responses to the following statement that mental illness contributes to homelessness show 90.0% agree. The following statement asked if professional social workers believe that laziness on the part of those experiencing homelessness contributes to their situation, 97.5% disagree.

The next statement asks participants if they believe that those exiting mental health facilities have contributed to homelessness in Pennsylvania communities, which 70.0% agree. The next statement asked if the economic system favoring the rich over the poor contributed to homelessness, to which 94.1% agree. The next statement asks if illness and handicaps contribute to homeless experiences, which 86.7% agree. The statement about drug and alcohol use or abuse contributing to homeless experiences followed in line with previous perceptions, 91.7% agreed.



The last statement in this table about beliefs that irresponsible behavior on the part of this population is a contributor to homelessness, 73.3% disagreed.

Table 7

*Frequencies of Responses for Perceptions of Homelessness* *N (%)*

Q12 Below are statements people sometimes make when they talk about what contributes to homelessness. Please indicate how much you disagree or agree with each statement.

Question	Strongly Disagree	Disagree	Agree	Strongly Agree
1. A shortage of affordable housing	0 (0.0%)	1 (.8%)	29 (24.2%)	90 (75.0%)
2. Mental illness	0 (0.0%)	12 (10.0%)	67 (55.8%)	41 (34.2%)
3. Laziness on the part of the homeless population themselves	62 (51.7%)	55 (45.8%)	3 (2.5%)	0 (0.0%)
4. The release of mental hospital patients into the community	9 (7.5%)	27 (22.5%)	67 (55.8%)	17 (14.2%)
5. An economic system that favors the rich over the poor	3 (2.5%)	4 (3.3%)	40 (33.3%)	73 (60.8%)
6. Physical illness and handicaps	2 (1.7%)	14 (11.7%)	83 (69.2%)	21 (17.5%)
7. Drug and alcohol abuse	0 (0.0%)	10 (8.3%)	81 (67.5%)	29 (24.2%)
8. Irresponsible behavior	21 (17.5%)	67 (55.8%)	30 (25.0%)	2 (1.7%)

The statements in table 8 (below, eight items) asks professional social workers to consider what restrictions should be applied to those experiencing homelessness. The aim of these statements is to determine if social workers believe enforcement of ordinances would encourage people experiencing homelessness to access services, including emergency shelters

and other housing programs. The responses were divided regarding the statement that those experiencing homelessness should have the right to sleep in public places like parks, buses, and train stations, 55.9% agreed and 44.2% disagreed.

The responses were again divided regarding the statement that those experiencing homelessness should be allowed to beg or panhandle in public places; 55.0% agreed, and 45.0% disagreed. The responses were once again divided regarding the statement that people experiencing homelessness should be allowed to set up tents or other temporary shelters in public parks; 52.5% agreed, and 47.5% disagreed. The responses that those suffering from severe mental illness should be forced to go to mental hospitals against their own wishes indicated that majority of social workers; 80.8% disagreed.

The responses about current ordinances prohibiting the use of public spaces for sleeping and/or panhandling indicated professional social worker beliefs that they should not be enforced, 86.6% disagreed. The next item about police involvement in restricting the use of public spaces for sleeping and/or panhandling and if it would aid people experiencing homelessness by encouraging them to seek assistance found that 80.0% of social workers disagreed.

The statement asking professional social workers if local officials should update current ordinances to prevent the use of public spaces by people experiencing homelessness for sleeping and/or panhandling found that 69.2% disagreed. The last statement in question 12 asks professional social workers in general about enforcement of current laws and if they would encourage people to access services designed to assist them in receiving emergency shelter or housing revealed 68.3% of those surveyed disagreed. Professional social workers who participated in this survey seemed divided over statements 1 through 3 revealing ambiguities regarding certain items.

Table 8

*Frequencies of Responses for Perceptions of Homelessness* *N (%)*

Q13 Below are statements regarding what restrictions should be applied to individuals experiencing homelessness. Please indicate how much you agree or disagree with each statement.

Question	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Should have the right to sleep in public places like parks, buses, train stations	6 (5.0%)	47 (39.2%)	53 (44.2%)	14 (11.7%)
2. Should be allowed to beg or panhandle in public places	9 (7.5%)	45 (37.5%)	59 (49.2%)	7 (5.8%)
3. Should be allowed to set up tents or other temporary shelters in public parks	10 (8.3%)	47 (39.2%)	50 (41.7%)	13 (10.8%)
4. Those who are seriously mentally ill should be sent to mental hospitals even if they do not want to go	22 (18.3%)	75 (62.5%)	20 (16.7%)	3 (2.5%)
5. Current ordinances prohibiting the use of public spaces for sleeping and/or panhandling should be enforced, including fines and jail time	43 (35.8%)	61 (50.8%)	13 (10.8%)	3 (2.5%)
6. Police involvement in restricting the use of public spaces for sleeping and/or panhandling would assist in aiding people experiencing homelessness	42 (35.0%)	54 (45.0%)	21 (17.5%)	3 (2.5%)
7. Local officials should update current ordinances to prevent the use of public spaces by the homeless population for sleeping and/or panhandling	29 (24.2%)	54 (45.0%)	36 (30.0%)	1 (.8%)
8. Enforcing laws aid people to access services	27 (22.5%)	55 (45.8%)	33 (27.5%)	5 (4.2%)

**Sub-Problem 2**

Up to this point, the data analysis has involved the use of descriptive statistics and frequency distributions to gain an understanding of NASW Pennsylvania chapter members and their common perceptions regarding homelessness and people experiencing homelessness. Sub-Problem 2 Table 9 will use frequency distributions to begin to investigate professional social workers understanding of the interventions designed to address homelessness.

The statements in table 9 (below, eight items) asks professional social workers about interventions designed to assist people experiencing homelessness. The overall mean score for all statements about interventions to address homelessness was 25.75 (SD=2.59), while the median was 25.0 (range 21-32). Statement one reveals that those surveyed believe the housing interventions selected do have a direct impact on client housing stability 89.2% agree, while the second statement indicates social workers know the importance of their role in the assessment of client homeless situations; 94.2% agree. The statement that follows shows professional social workers believe that clients have the right to determine for themselves, with social workers help, the intervention to end their homeless situation; 97.5% agree.

The responses to statement four reveal a belief that clients may cycle through all interventions listed over and over without becoming stably housed; 91.7% agree. Statements 5 through 7 ask how much professional social workers disagree or agree about each specific homeless intervention. The majority of those surveyed responded that they were aware of the interventions listed and that they could in fact lead efforts to refer clients successfully, ES 97.5% agree, TH 94.2% agree, and PSH 96.7% agree. The final statement asks whether professional social workers believe they were well positioned to lead efforts to refer clients to each of these interventions; 81.7% agreed.

Table 9  
*Frequencies of Responses for Homeless Interventions*

*N (%)*

Q14 Interventions included in this study are emergency shelter (shelter for a short period of time), transitional housing (temporary housing with supportive services), and permanent supportive housing (long-term leasing/rental assistance with supportive services). Please indicate how much you agree or disagree with each statement.

Question	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Homeless interventions selected by professional social workers have a direct impact on client housing stability	0 (0.0%)	13 (10.8%)	78 (65.0%)	29 (24.2%)
2. Professional social workers assess clients' homeless situation to determine the appropriate housing intervention	0 (0.0%)	7 (5.8%)	89 (74.2%)	24 (20.0%)
3. Clients' have the right to determine the intervention that is right for them with assistance from professional social workers	1 (.8%)	2 (1.7%)	56 (46.7%)	61 (50.8%)
4. People experiencing homelessness may cycle through all interventions listed over and over without becoming stably housed	0 (0.0%)	10 (8.3%)	81 (67.5%)	29 (24.2%)
5. PSH combines permanent low-barrier housing with targeted supportive services and increases housing stability	0 (0.0%)	4 (3.3%)	90 (75.0%)	26 (21.7%)
6. ES remains a necessary component of the homeless intervention system due to a lack of permanent housing options	1 (.8%)	2 (1.7%)	70 (58.3%)	47 (39.2%)
7. TH provides housing for up to 24 months and supportive services until clients can move to permanent housing	1 (.8%)	6 (5.0%)	87 (72.5%)	26 (21.7%)
8. Social work professionals are well positioned to lead efforts to refer clients to the housing interventions listed as ES, TH, and PSH	1 (.8%)	21 (17.5%)	56 (46.7%)	42 (35.0%)

**Sub-Problem 3**

Sub-Problem 3 Table 10 (below, eight items) will use frequency distributions to begin to investigate professional social workers' understanding of the levels of care, SCM, ICM, and CTI, designed to support those experiencing homelessness. The overall mean score for all statements about levels of care for participants was 24.20 (SD=2.78), while the median was 24.0 (range 18-32). The first statement reveals those surveyed believe the interventions selected by professional social workers relate to client housing stability; 90.9% agreed. Ambiguity resurfaced while analyzing the responses to the second statement, professional social workers have adequate knowledge to select appropriate case management levels, as many of those surveyed agreed 65.0%, and 35.0% disagreed.

Statement three asks professional social workers how much they agree or disagree that it is challenging to determine the appropriate case management level for those experiencing homelessness; 74.2% agreed. Statement four asks professional social workers how much they agree with the statement that the level of case management provided to people experiencing homelessness is related to the availability of funding; the majority 91.7% agreed.

The responses to the remaining statements ask what professional social workers believe to be the most appropriate case management level for various homeless experiences. Statement five asks those surveyed how much they agree with SCM being appropriate for those experiencing chronic homelessness; 66.7% agreed, CTI for those experiencing episodic homelessness; 87.5% agreed, and ICM for those experiencing first time homelessness 84.1% agreed. The final statement asks whether professional social workers believe that if they had the opportunity to select SCM, ICM, or CTI, it would increase client housing success; 95.9% agreed.

Table 10

*Frequencies of Responses for Levels of Care**N (%)*

Q15 Case management levels included in this study are standard case management (a high level of involvement), intensive case management (provided to those with the highest need for services and includes more frequent contacts), and critical time intervention (a time limited, strengths-based approach). Please indicate how much you agree or disagree with each statement.

Question	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Case management levels selected by professional social workers directly relate to client housing stability	0 (0.0%)	11 (9.2%)	86 (71.7%)	23 (19.2%)
2. Professional social workers have adequate knowledge to select and provide the appropriate case management level	7 (5.8%)	35 (29.2%)	58 (48.3%)	20 (16.7%)
3. It is challenging to determine the appropriate level of case management for people experiencing homelessness	5 (4.2%)	26 (21.7%)	74 (61.7%)	15 (12.5%)
4. The level of case management provided to people experiencing homelessness is related to the availability of funding	1 (.8%)	9 (7.5%)	59 (49.2%)	51 (42.5%)
5. SCM is appropriate to provide to people experiencing chronic homelessness	6 (5.0%)	34 (28.3%)	62 (51.7%)	18 (15.0%)
6. CTI is appropriate to provide to people experiencing episodic homelessness	0 (0.0%)	15 (12.5%)	84 (70.0%)	21 (17.5%)
7. ICM is appropriate to provide to people experiencing first time homelessness	1 (.8%)	18 (15.0%)	76 (63.3%)	25 (20.8%)
8. If professional social workers had the opportunity to select either SCM, ICM, or CTI at their agencies, it would benefit client housing success	0 (0.0%)	5 (4.2%)	71 (59.2%)	44 (36.7%)

**Sub-Problem 4**

To answer the question in sub-problem four, what is the relationship between social worker perceptions of people experiencing homelessness in Pennsylvania and the interventions and levels of care they provide, a series of Pearson correlation coefficients were calculated. The Pearson's  $r$  will examine, 1) the relationship between professional social workers' total perceptions of homelessness and confidence in selections of interventions designed to assist them, and 2) the relationship between professional social workers' total perceptions of homelessness and confidence in their selections of levels of care designed to assist them.

The Pearson correlation coefficient calculated to examine the relationship between professional social workers' total perceptions of homelessness and confidence in selections of interventions designed to assist them revealed a positive correlation ( $r(118) = .32, p < .001$ ), indicating a significant linear relationship between the two variables (see Appendix D for scatterplot). As perceptions of homelessness increased, confidence in selection of interventions also increased. The effect size was moderate ( $r^2 = .10$ ).

The Pearson correlation coefficient calculated to examine the relationship between professional social workers' total perceptions of homelessness and confidence in their selections of levels of care designed to assist them revealed no correlation ( $r(118) = .08, p > .05$ ), there is no significant linear relationship between the two variables (see Appendix E for scatterplot). There was no meaningful relationship between social worker's perceptions of homelessness and confidence in selection of levels of care. The effect size was small ( $r^2 = .006$ ).

In this research study, the null hypothesis states there is no relationship between social worker perceptions of people experiencing homelessness and the homeless interventions and



levels of care they provide. The alternative hypothesis states there is a relationship between social worker perceptions of people experiencing homelessness and the homeless interventions and levels of care they provide. The data analyzed regarding social worker perceptions of people experiencing homelessness and the interventions they provide show support for the alternative hypothesis and the null hypothesis is rejected. The data analyzed regarding social worker perceptions of people experiencing homelessness and the levels of care they provide did not support the alternative hypothesis and the null hypothesis is accepted, no correlation was found.

### **Supplemental Analysis**

The Pearson correlation coefficient calculated to examine the relationship between confidence in professional social workers' selections of interventions and selections of levels of care designed to assist them revealed a positive correlation was found ( $r(118) = .55, p < .001$ ), there is a significant linear relationship between the two variables. As social workers' confidence in the selections of interventions increased, confidence in selection of levels of care increased. The effect size was large ( $r^2 = .30$ ).

An Independent-Samples T test comparing the means of professional social worker total perceptions of people experiencing homelessness by how participants identified by pronouns found no significant difference between the two means ( $t(111) = -.353, p > .05$ ). The mean of those who selected He/Him pronouns (2.73,  $SD=7.37$ ) was not significantly different than the mean of those who selected pronouns She/Her (83.33,  $SD=5.97$ ). Although there was no significant difference, it was considered that there were only fifteen professional social workers that selected He/Him pronouns, and therefore the lack of any possible differences may not be apparent with such a small N.

A one-way ANOVA was computed to compare total social worker perceptions of homelessness scores, interventions scores, and levels of care scores in five age groups. A significant difference was found regarding total social worker perceptions of homelessness scores among three age groups ( $f(4, 115) = 4.96, p = .001$ ). Bonferroni was used to determine the differences among the three groups. The analysis revealed a significant difference between the total social worker perceptions of homelessness scores of the 25 – 35 ( $M=88.04, SD=5.89$ ) and the 46 – 55 age group ( $M=82.23, SD=6.39$ ), the 56 – 65 age group ( $M=82.45, SD=5.72$ ), and the >65 age group ( $M=81.17, SD=6.33$ ). The effect size was small to moderate ( $\eta^2=.05$ ).

A one-way ANOVA was computed to examine total interventions scores by age. No differences were found ( $f(4, 115) = .946, p=.440$ ). The effect size was small ( $\eta^2=.03$ ). A one-way ANOVA was computed to compare the total levels of care scores by age. No difference was found ( $f(4, 115) = .824, p=.512$ ). Thus, no differences were found in interventions or levels of care scores among the age groups. The effect size was small ( $\eta^2=.02$ ).

A one-way ANOVA was computed to compare the total social worker perceptions of homelessness scores and education levels, Bachelor's Degree ( $M=84.0, SD=7.61$ ), Master's Degree ( $M=83.41, SD=6.38$ ), and Advanced Degree ( $M=84.76, SD=5.23$ ), no difference was found ( $f(2, 117) = .27, p= .759$ ). The effect size was small to moderate ( $\eta^2=.05$ ).

A one-way ANOVA was computed to compare the total social worker perceptions of homelessness scores and location, large city ( $M=83.03, SD=7.31$ ), small city ( $M=86.14, SD=5.18$ ), a suburb ( $M=84.45, SD=5.56$ ), a small town ( $M=82.43, SD=7.05$ ), and a rural town ( $M=81.47, SD=5.52$ ), no difference was found ( $f(4, 115) = 1.8, p=.12$ ). The effect size was small to moderate ( $\eta^2=.06$ ).

No significant differences were found between total social worker perceptions of homelessness scores, interventions scores, and levels of care scores and scores of all other demographic groups other than what was reported above.

## **Chapter 5**

### **Discussion**

#### **Summary**

This study was conducted to determine if a relationship exists between professional social workers (N=120) perceptions of homelessness and the interventions and levels of care they provide to people experiencing homelessness in Pennsylvania. It was hypothesized that there is a relationship between social worker perceptions of homelessness and the interventions and levels of care they provide. The alternative hypothesis was partially supported by the data analyzed regarding social worker total perceptions scores of people experiencing homelessness and interventions they provide; a significant relationship was found. However, the data analyzed regarding social worker total perceptions scores of people experiencing homelessness and the levels of care they provide found no significant relationship.

#### **Discussion**

Professional social workers believe the current state of homelessness in their own communities is a significant issue, and that it has increased in the last five years. They also responded seeing individuals experiencing homelessness in their own communities more frequently, that it has increased in the last five years, and will continue to increase in the US in the next five years. Professional social workers' responses to these survey questions indicate

their perceptions are consistent with the recent trend in the increase of overall homelessness nationwide illustrated by the statistics in figure 4 below.

<b>550,996</b>	<b>2017</b>
<b>552,830</b>	<b>2018</b>
<b>567,462</b>	<b>2019</b>
<b>580,466</b>	<b>2020</b>
<b>No PIT Count (COVID-19)</b>	<b>2021</b>
<b>582,462</b>	<b>2022</b>

Figure 4 Homeless Statistics (HUD, 2019; HUD, 2022)

Additionally, social worker responses about specific characteristics of people experiencing homelessness show a supportive perspective for this population. Professional social workers responded positively towards questions/statements about the abilities of those experiencing homelessness, and at the same time rejected the idea that this population is to blame for their situation. While there was ambiguity regarding some of the responses, overall social workers attitudes were positive. These responses are similar to the responses in two previous studies about public perceptions of homelessness which called for increased funding and were more liberal and compassionate towards those experiencing homelessness (Tsai et al., 2017; Tsai et al., 2018).

When responding to questions/statements about what contributes to homeless experiences, social workers again showed support for those experiencing homelessness and disapproved of statements that tended to blame them for their situation. Issues such as a lack of affordable housing opportunities, mental illness and handicaps, and drug and alcohol disorders

all evoked empathetic responses from social workers. While statements regarding common stigmas associated with those experiencing homelessness, such as laziness, and irresponsible behavior, were not supported. Again, this may indicate that professional social workers understand the complexities of this social problem and avoid believing in these stigmas.

Professional social workers demonstrated proficiency in generalist practice when responding to statements about the homeless interventions of ES, TH, and PSH. This is in accordance with their ethical obligation to remain proficient in professional practice and critically examine and keep current with emerging knowledge relevant to social work practice and social work ethical obligations (NASW, 2022). As social workers self-awareness and self-regulation regarding homelessness increased, confidence in selection of homeless interventions also increased. However, social workers responded that determining the appropriate intervention may be complicated due to factors previously mentioned.

Professional social workers also demonstrated proficiency in generalist practice when responding to statements about the case management levels of SCM, ICM, and CTI. However, no significant relationship was found between social worker perceptions and levels of care. The majority of respondents did answer that determining the appropriate case management level was challenging due to the factors previously mentioned. Although there were some ambivalences in responses about choosing the most appropriate case management level, most believed if social workers had the opportunity to make decisions of which level to choose, the result would lead to client housing success. The statements about specific case management levels in this study and which was appropriate for first-time, episodic, and chronic homeless experiences were subjective, but did show professional understanding and knowledge about the problem and various case management levels available to address it.

In this study, the operational definition of perceptions of homelessness includes a professional social workers' ability to practice self-awareness, self-regulation, and recognize self-biases to minimize any negative preconceived personal attitudes and beliefs about persons experiencing homelessness. The initial survey questions/statements were intended to examine social workers personal perceptions about homelessness and their professional obligations to be self-aware. The survey progressed from broad questions/statements about homelessness to specific questions/statements about homelessness in their own communities.

This process revealed that respondents upheld their professional obligation to separate personal biases with some inconsistencies (i.e., ambiguity surfaced about the populations job skills, areas becoming dilapidated due to their presence, and their rights to sleep/beg/panhandle in public). The individual response percentage scores to these questions/statements revealed some indecision, while the total overall percentage of perceptions scores were positive.

Differences in social worker total perceptions scores and how participants identified by pronouns revealed no significant differences in group means. It should be taken into consideration that the majority of participants identified by she/her pronouns, and only fifteen by he/him pronouns, therefore the lack of any possible differences may not be evident. There were significant differences in the total perceptions scores of the 25 – 35 age group and three other age groups, 46 – 55, 56 – 65, and >65. It is plausible that the ability to practice self-awareness, self-regulation, and recognize self-biases to minimize any negative preconceived personal attitudes and beliefs about people experiencing homelessness is developed over time and as social workers increase in age, their professional knowledge, values, and skills increase.

No significant differences were found regarding professional social workers total interventions scores defined in this research as the ability to determine and select the most

appropriate housing program from ES, TH, PSH. Additionally, no significant differences were found between professional social workers' total perceptions scores and education level, BSW, MSW, and Advanced Degree. It should be taken into consideration that the majority of participants reported having a Master's Degree in Social Work, therefore the lack of any possible differences may not be evident.

Finally, no significant differences were found between total social worker perceptions of homelessness scores and location by large city, small city, a suburb, a small town, and a rural town. There were no other significant differences found between total social worker perceptions of homelessness scores, interventions scores, and levels of care scores and scores of all other demographic groups.

The results from this research indicate the main findings to be: 1) professional social workers total perceptions scores of homelessness are related to the interventions they provide, 2) that social workers are aware of their professional obligations to practice self-awareness to prevent personal biases from interfering with professional practice, and 3) that the ability to practice self-awareness, self-regulation, and recognize self-biases is related to age. Possible reasons for these results include an understanding that perceptions influence professional social workers responses to homelessness, professional social workers further their knowledge through professional development, and professionalism in practice develops over time.

### **Implications for Professional Social Workers**

The main purpose of this study was to address a gap in the literature with regard to professional social workers and their perceptions of homelessness and whether there is a relationship between the interventions and levels of care they provide to people experiencing this problem. The theoretical framework discussed in this research included the General Systems

Theory and associated concepts of an open system in the environment with inputs and outputs. Professional social workers, as the survey responses suggest, are part of the complex homeless system when assisting individuals/families experiencing this dilemma. One implication this research showed is support for encouraging social workers to continue selecting interventions and levels of care and taking steps to operate as “inside the system,” to make the most appropriate selections of available interventions and levels of care, and ensure a “good fit” for client housing success.

Furthermore, the theoretical framework also included Relational Theory and the associated concepts of transference, countertransference, and projective identification. The survey responses indicate social workers in clinical settings collaborating with people experiencing homelessness should continue to relate to clients by accepting clients’ projections toward them, recognize their own redirections, and be supportive. The implication is that this may lead to effective client-worker relationships where social workers act in a participatory manner and aid clients in making the best mutually agreed upon interventions and levels of care that lead to client housing stability.

Professional social workers seek to enhance or restore the capacity of social functioning among individuals, families, groups, organizations, and communities. Their day-to-day activities in communities throughout Pennsylvania provide them with access to present-day social problems including knowledge and understanding of the prevalence of homelessness. As generalist practitioners, when working in agency settings providing homeless services, social workers meet the needs of program participants who also share information about their housing situations and struggles with housing stability. The implication here is that professional social



workers, due to their work with this population, have access to this valuable information and are major stakeholders who can contribute to planning and initiatives to address homelessness.

Efforts to continue to develop innovative solutions to prevent and end homelessness should include professional social workers since they, out of all the various helping professions, have knowledge about the complexities of homeless experiences and factors related to homelessness from their contact with those experiencing this problem.

Professional social workers are trained to apply the strengths perspective, focusing on client strengths rather than deficits to instill confidence, and inspire hope (Kirst-Ashman & Hull, 2012), but they are also aware of challenges this population has acquiring and maintaining employment, accessing treatment, and locating affordable housing. They may also be more aware of the circumstances that lead to and exacerbate homeless experiences due to their social work backgrounds. Nevertheless, they have the unique opportunity to engage with clients and function as advocates on behalf of participants as they respond to this issue in Pennsylvania and more broadly in the US.

Professional social workers are familiar with and provide homeless interventions and case management services currently in emergency shelters, transitional housing, and permanent supportive housing programs locally and throughout the US. This traditional staircase approach has been found lacking as the passing of the HEARTH Act by congress in 2009 points out. The Emergency Solutions Grant and the two components to address homelessness, Homeless Prevention and Rapid Re-Housing, filled the gap left by the traditional staircase approach. It is now time to develop more innovative policy solutions, while continuing to implement proven solutions including street outreach, housing locator, and supportive services for veteran families.

**Limitations**

The limitations existing in this research include the instrument which was borrowed with permission from another public perceptions study and was adapted for use in this study. It may need to be examined further for validity and reliability. The sample population was limited to professional social workers who are members of the NASW Pennsylvania chapter, and the survey reached only those on the email list and may have excluded other professionals who are not members of the NASW. The sample is not representative of the entire US and therefore the results cannot be generalized. The sample size was also relatively small (N=120), and the survey was conducted over a two-week period which may have limited the results.

**Suggestions for Future Research**

The results of this study indicate a need for furthering research into professional social worker perceptions to contribute to the current findings. Continued research will aid in understanding the relationship of social worker perceptions of homelessness and interventions and levels of care they provide and lead to the possible creation and implementation of innovative solutions. The survey used in this research can also be developed to a greater extent for validity and reliability to use with additional studies in this area.

It may also be beneficial to expand the geographic area in future studies and capture information on professional social workers perceptions and homelessness in other states and nationwide. This may lead to more generalizable findings and results and ultimately, a decrease in the rates of homelessness. If there is a significant relationship between professional social workers perceptions and homeless interventions, and if there is evidence that a relationship exists with the levels of care they provide, then it is necessary to continue to examine this phenomenon.

**Conclusion**

In conclusion, this study set out to understand the perceptions, attitudes, and beliefs of social workers and if they relate to services they provide to individuals and families experiencing homelessness. The study revealed three major outcomes: there is a relationship between professional social workers and services they provide, social workers are part of the homeless system and effect change from within, and social workers should continue to develop the client-worker relationship by practicing self-examination which will build relationships with clients.

Social workers initiate change with individuals, families, groups, organizations, and communities and work on these practice levels advocating for innovative solutions to homelessness. They are in a unique position to lead efforts to prevent, reduce, and end homeless experiences and as professionals are obligated to do so. With the recent trend of increasing rates of homelessness, this research confirms the need for professional social workers to continue to examine their perceptions of homelessness and attempt to prevent their perceptions from interfering with the homeless interventions and levels of care they provide.

## Appendix A

You are invited to participate in a survey to understand your professional experience, knowledge, and attitudes about homelessness. All your information will remain confidential. You were asked to complete this survey and will be enrolled into a drawing to receive an Annual NASW Regular Membership Renewal as an incentive for your participation. **Marywood University has granted ERC approval for this study.**

**The National Association of Social Workers (NASW) does not endorse this study.**

### Social Worker Perceptions Survey

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#### Inclusion Criteria

**Informed Consent:** You are invited to participate in a research study about professional social workers perceptions to determine if a relationship exists between the interventions and levels of care they provide to people experiencing homelessness.

By participating in the survey, if you choose, you will be enrolled into a drawing to receive an Annual National Association of Social Workers (NASW) Regular Membership Renewal as an incentive for your participation. If selected, you will be contacted by email after the drawing.

The survey questionnaire will take approximately 10 minutes to complete. The survey is anonymous, and your name and information provided will not be attached in any way to your responses.

By completing this survey, you are consenting to participating in this study. Please mark your consent if you are willing to participate. The National Association of Social Workers (NASW) does not endorse this study.

Yes

No

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Q2 Are you a professional social worker, licensed or unlicensed, with at least five years' practice experience?

Yes

No

---

Q3 Are you a member of the National Association of Social Workers?

Yes

No

---

**Sociodemographic Data**

Q1 What is your age?

25-35

36-45

46-55

56-65

> 65

---

Q2 What are your pronouns?

- He/him
- She/her
- They/their
- Other \_\_\_\_\_

Q3 Which of the following best describes you?

- White Non-Hispanic
- African-American - Non-Hispanic
- White-Hispanic
- African-American-Hispanic
- Asian/Pacific Islander
- Native America/Alaskan Native
- Other

---

Q4 What is the highest level of education you have completed?

- Bachelor's Degree
- Master's Degree
- Advanced Degree (DSW, PhD, EdD, etc.)

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Q5 Please indicate the type of location you reside in.

- A large city of 100,000 or more (Philadelphia, Pittsburgh, Allentown, Erie, Reading, etc.)
  - A small city (Lancaster, Bloomsburg, Bethlehem, Scranton, Wilkes-Barre, etc.)
  - A suburb (Exton, Franklin Park, etc.)
  - A small town (Gettysburg, Butler, Lititz, etc.)
  - A rural town (Honeybrook, Honesdale, Doylestown, etc.)
- 

Q6 In your community, would you agree or disagree that homelessness is a significant issue?

- Strongly Disagree
  - Disagree
  - Agree
  - Strongly Agree
- 

Q7 Over the last 5 years, do you agree or disagree that homelessness has increased in your community?

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Q8 How frequently do you see individuals experiencing homelessness in your neighborhood?

- Often
  - Seldom
  - Sometimes
  - Never
- 

Q9 Do you think that over the last five years the problem of homelessness has become worse in our country or not?

- Yes, become worse
  - No, stayed about the same
  - Homelessness decreased
- 

Q10 Over the next five years, do you think homelessness will do the following:

- Increase
- Decrease
- Stay the same



Q11 Below are statements people sometimes associate with homelessness. Please indicate how much you agree or disagree with each statement.

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
Most people experiencing homelessness have good job skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Given the opportunity, most people experiencing homelessness could take care of a home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people experiencing homelessness have always had trouble making friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people experiencing homelessness would respect their neighbors' property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The more people experiencing homelessness there are in an area, the more dilapidated the area becomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even when people experiencing homelessness seem all right, it is important to remember that they may be dangerous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people experiencing homelessness have always had trouble with family relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People experiencing homelessness are more likely to commit violent crimes than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q12 Below are statements people sometimes make when they talk about what contributes to homelessness. Please indicate how much you agree or disagree with each statement.

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
A shortage of affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laziness on the part of the homeless population themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The release of mental hospital patients into the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An economic system that favors the rich over the poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical illness and handicaps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug and alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irresponsible behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q13 Below are statements regarding what restrictions should be applied to individuals experiencing homelessness. Please indicate how much you agree or disagree with each statement.

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
People experiencing homelessness should have the right to sleep in public places like parks, buses, train stations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People experiencing homelessness should be allowed to beg or panhandle in public places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People experiencing homelessness should be allowed to set up tents or other temporary shelters in public parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People experiencing homelessness who are seriously mentally ill should be sent to mental hospitals even if they do not want to go	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current ordinances prohibiting the use of public spaces for sleeping and/or panhandling should be enforced, including fines and jail time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police involvement in restricting the use of public spaces for sleeping and/or panhandling would assist in aiding people experiencing homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local officials should update current ordinances to prevent the use of public spaces by the homeless population for sleeping and/or panhandling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enforcing laws aid people to access services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

Q14 Interventions included in this study are emergency shelter (shelter for a short period of time), transitional housing (temporary housing with supportive services), and permanent supportive housing (long-term leasing/rental assistance with supportive services). Please indicate how much you agree or disagree with each statement.

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
Homeless interventions selected by professional social workers have a direct impact on client housing stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional social workers assess clients' homeless situation to determine the appropriate housing intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients' as the experts of their own lives, have the right to determine the intervention that is right for them with assistance from professional social workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People experiencing homelessness may cycle through all interventions listed over and over without becoming stably housed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSH combines permanent low-barrier housing with targeted supportive services and increases housing stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ES remains a necessary component of the homeless intervention system due to a lack of permanent housing options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TH provides housing for up to 24 months and supportive services until clients can move to permanent housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social work professionals are well positioned to lead efforts to refer clients to the housing interventions listed as ES, TH, and PSH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15 Case management levels included in this study are standard case management (a high level of involvement), intensive case management (provided to those with the highest need for services and includes more frequent contacts), and critical time intervention (a time limited, strengths-based approach). Please indicate how much you agree or disagree with each statement.

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
Case management levels selected by professional social workers directly relate to client housing stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As generalist practitioners, professional social workers have adequate knowledge to select and provide the appropriate case management level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is challenging to determine the appropriate level of case management for people experiencing homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The level of case management provided to people experiencing homelessness is related to the availability of funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SCM is appropriate to provide to people experiencing chronic homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CTI is appropriate to provide to people experiencing episodic homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ICM is appropriate to provide to people experiencing first time homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If professional social workers had the opportunity to select either SCM, ICM, or CTI at their agencies, it would benefit client housing success	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16 Would you like to be enrolled into a drawing to receive an Annual NASW Regular Membership Renewal?

Yes

No

**Appendix B**

## PARTICIPANT RECRUITMENT LETTER

**Social Worker Perceptions of Homelessness and The Relationship Between Interventions and Levels of Care: A Quantitative Study****Research Participants Needed**

To whom it may concern,

My name is Anthony M. Calafaty, and I am a doctoral candidate at Marywood University. I am conducting a research study the purpose of which is to examine if a relationship exists between professional social workers' perceptions of homelessness and the interventions and levels of care they provide to people experiencing homelessness. There is currently limited data on the relationship between professional social workers' perceptions and the services they provide.

You are invited to participate in this study. To qualify, you must be a professional social worker, licensed or unlicensed, with at least five years' experience, and a member of the NASW Pennsylvania chapter. The survey will take 15 minutes to complete.

The benefits of this study may include providing valuable information specifically measuring professional social worker perceptions involving homelessness. The results of this study may add to the current body of knowledge available to federal, state, and local agencies and aid in the goal of preventing and ending homelessness.

For your participation in this study, you will be enrolled into a drawing to receive an Annual NASW Regular Membership Renewal.

If you are willing to participate in this study, please sign a consent form and complete the survey questionnaire.

Sincerely,

Anthony M. Calafaty

amcalafaty@m.marywood.edu

610-207-4285

## Appendix C

### INFORMED CONSENT FORM

#### **Social Worker Perceptions of Homelessness and The Relationship Between Interventions and Levels of Care: A Quantitative Study**

##### **Introduction**

You are invited to participate in a research study about professional social workers' perceptions and if a relationship exists between the interventions and levels of care they provide for people experiencing homelessness. There is currently limited data on this subject. You were chosen as a possible participant because you are a member of and provided your email to the NASW Pennsylvania chapter. Please read this form and if you have any questions, you may email them to [amcalafaty@m.marywood.edu](mailto:amcalafaty@m.marywood.edu) before agreeing to take part in this study.

This study is being conducted by Anthony M. Calafaty a doctoral candidate from Marywood University.

##### **Purpose - What the Study is About**

The purpose of this research is to evaluate if General Systems Theory and Relational Theory concepts, when applied to professional social workers perceptions of homelessness, illustrates a relationship exists between social worker perceptions of homelessness and interventions and levels of care they provide.

##### **Procedures - What You Will Be Asked to Do**

If you agree to be in this study, you will answer sociodemographic questions, questions about your attitudes, beliefs, and perceptions of homelessness, and questions about social work interventions and levels of care provided to people experiencing homelessness. The survey questionnaire will be completed online through Qualtrics and take approximately 15 minutes to complete.

##### **Risks and Benefits**

The risks involved in this study are no greater than the risks experienced in daily life or activities. Some questions may refer to sensitive subjects regarding homelessness, potential causes, relationships, illnesses, drug, or alcohol use which may be factors involving experiences of homelessness.

The benefits that may result from this study include the addition of new knowledge about social worker perceptions and their impact on experiences of homelessness, as well as improvements to how social workers determine interventions and levels of care offered to those experiencing homelessness. All information provided may lead to a greater understanding of problems related to homelessness and the development of innovative solutions.



**Payment/Rewards**

You will be enrolled into a drawing to receive an Annual NASW Regular Membership Renewal as an incentive for your participation. You will be notified if you were selected by email after the drawing.

**Confidentiality**

The records of this study will be kept private. It will not be possible to identify you from any information used in any written or presented report. Only the researcher, Anthony M. Calafaty, and others who assist the researcher may have access to the research records. The information received in this study may be shared for the purpose of improving existing or developing new housing related services. Records will be kept in a locked file and will be kept for a minimum of five years and then they will be destroyed. All computer-related files will be deleted.

**Taking Part is Voluntary**

Your participation is voluntary. Your decision to participate or not participate is yours alone. You may withdraw at any time before submitting a survey, after that your anonymous information cannot be withdrawn and will be used in the study.

**Contacts and Questions**

The researcher conducting this study is Anthony M. Calafaty.

If you have questions, you may contact the researcher at the student's Marywood University email address [amcalafaty@m.marywood.edu](mailto:amcalafaty@m.marywood.edu) or by phone at 610-207-4285.

If you have questions related to the rights of research participants or research-related injuries (where applicable), please contact Marywood University's Research Compliance Office at (570) 961-4782.

You will be given a copy of this form to keep for your records if requested.

**Statement of Consent**

I have read the above information. I have asked all the questions I have and have received answers. I consent to participate in this study.

\_\_\_\_\_  
Printed Name of Participant

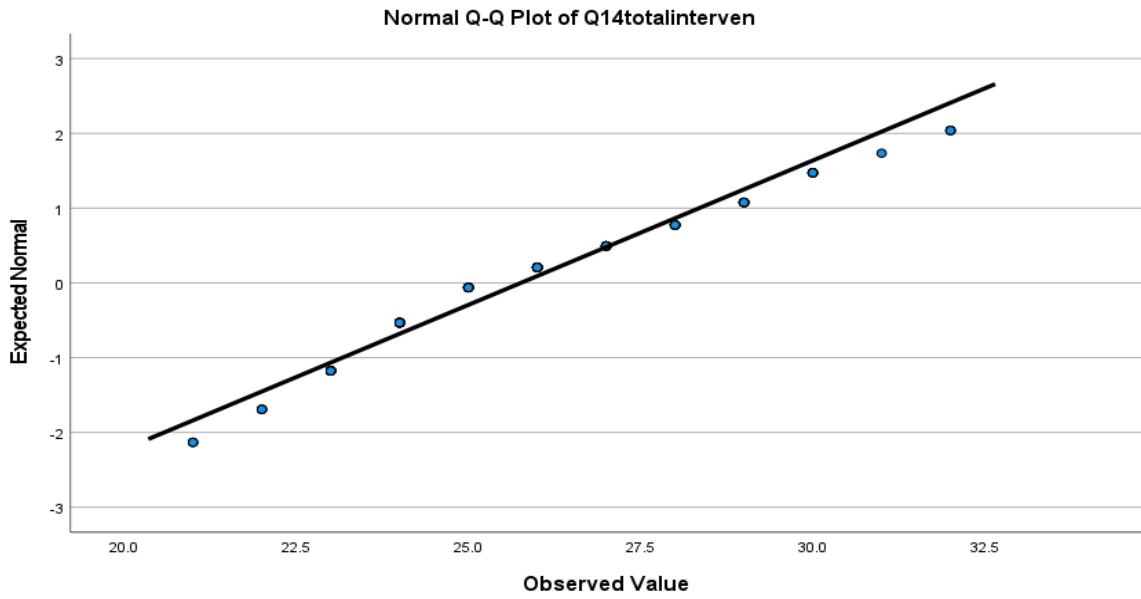
\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

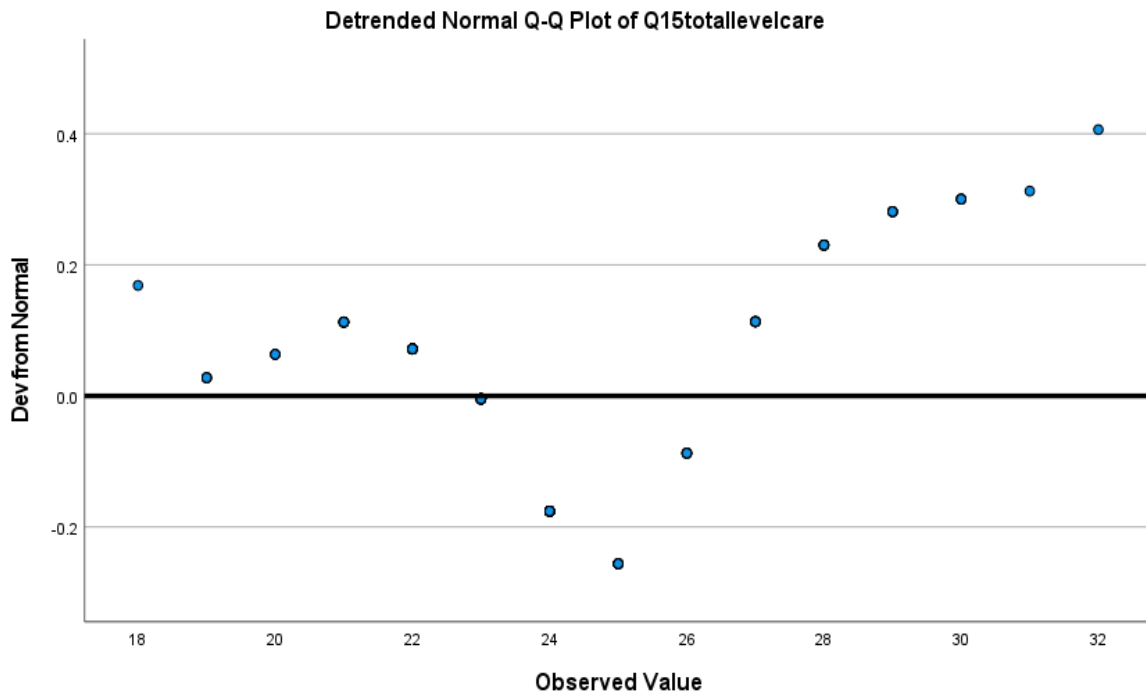
\_\_\_\_\_  
Name of Authorized Person Obtaining Informed Consent

\_\_\_\_\_  
Date

### Appendix D



### Appendix E



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