The "Lived Experiences" of a Chronically Homeless, Urban Population: Systemic Challenges to

Achieving Their Vocational and Rehabilitation Dreams

Kathy Wu

Northeastern University

Abstract

This paper reports on a qualitative examination of the lived experiences of individuals undergoing chronic homelessness in an urban setting, along with their interactions with the Social Security Administration's (SSA) disability determination process. Semi-structured interviews were conducted in a day-time shelter with a total of 20 women and men who either self-identified or were identified by their case managers as chronically homeless. The participants provided their definition of chronic homelessness, what they believed to be systems-level challenges to achieving their vocational and rehabilitation dreams, and their recommendations to service providers. Thematic elements related to overall experience of being chronically homeless while applying for disability benefits are provided. Implications for public policy, practice and research are also discussed.

The "Lived Experiences" of a Chronically Homeless, Urban Population: Systemic Challenges to Achieving Their Vocational and Rehabilitation Dreams

Background

Homelessness involves a population of vulnerable persons who merit comprehensive and ethical supports that treat the personal, social, political, and economic dimensions of the insidious condition (Berrett, Tyler, & Wright, 2010; Perl et al., 2013). Described by the McKinney-Vento Homeless Assistance Act as amended by The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 (S.896), being homeless is when one "lacks a fixed, regular, and adequate nighttime residence," when one's nighttime residence is a place not meant for human habitation (e.g., cars, parks, abandoned buildings, bus or train stations, airports, and campgrounds), or when one is at imminent risk of losing one's home (Sec. 103, 42 USC, P.L. 113-02; Perl et al., 2013). This current definition is the culmination of an energetic social reform movement led by the federal government and private humanitarian groups that started in the 1970s. Evolving from a few separate grants programs that addressed the obvious needs of food and shelter (e.g., Emergency Food and Shelter Program (P.L. 98-8), the Emergency Shelter Grants Program (P.L. 99-591), and the Transitional Housing Demonstration Program (P.L. 99-591)), there are currently seven primary federal agencies who have programs that function to help individuals or groups who are experiencing short-term and long-term homelessness. The agencies include the Department of Education (ED), Department of Homeland Security (DHS), Department of Health and Human Services (HHS), Department of Justice (DOJ), Department of Housing and Urban Development (HUD), Department of Labor (DOL), and Department of Veterans Affairs (VA) (Perl et al., 2013). Examples of effective programs include the Department of Health and Human Services' (HHS) Health Care for the Homeless, Projects for Assistance in Transition from Homelessness, and the Runaway and Homeless Youth, as well as the HUD's Homeless Assistance Grants, made up of grant programs that provide housing and services for individuals ranging from emergency shelter to permanent housing (Perl et al., 2013). While great strides have been made collectively by these agencies in recent years, there unfortunately remains a high prevalence of homelessness in our society today.

Just who in America is undergoing homelessness? With the national poverty rate at 15.9 percent and over 48 million people living in poverty in 2011, it can be said that no one is really immune to the condition (National Alliance to End Homelessness, 2013b). According to The State of Homelessness in America 2013 Report, which assessed the national-and-state-level numbers on homelessness between 2011 and 2012 using a point-in-time census reporting method, America's homeless population was at 633,782 persons during one night in January of 2012 (Cortes et al, 2012). It was found that 29 states identified an increase in their homeless numbers in the same time period. In general, for every 10,000 people in the general population, 20 people are currently without a stable night-time residence; and in the course of a year, the odds for a person in the general U.S. population to experience homelessness are one in 194 (National Alliance to End Homelessness, 2013b). And the crippling reach of homelessness appears far wider within urban settings. According to the *U.S. Conference of Mayors 2012 Status Report on Hunger & Homelessness*, there was a total count of 89,686 persons who are homeless on an average night in 25 U.S. cities between September 1, 2011 and August 31, 2012, alone accounting for over 14 percent of the total number of individuals who are homeless nationally. It is evident from these statistics alone that homelessness remains a profoundly challenging social justice and economic issue that requires urgent national attention.

Although well-intentioned, the data on homelessness to date are restricted to the etiology of homelessness in a rather impersonal manner. For instance, we know from the annual U.S. Conference of Mayors report that approximately 30 percent were said to be severely mentally ill, 18 percent were physically disabled, 16 percent were victims of domestic violence, and four percent were HIV Positive (U.S. Conference of Mayors, 2012). This data, however, do not capture the number of individuals who worked eighty-hour weeks before they were injured on the job and unable to make rent, had to drop out of

school because of an undiagnosed and embarrassing learning disability, or survived chemotherapy and could not pay for their medical bills and mortgages (Schutt & Goldfinger, 2011). This lack of multidimensionality in the data points, of personal stories, may perhaps be contributing to the perpetuation of homelessness for some, namely those who are "chronically homeless."

Being chronically homeless is characterized by current federal policy as involving unaccompanied (single) adults who have a serious disability and have been homeless continuously for one or more years, or four or more episodes in the past three years. In 2012, on a single night, there were 99,894 adults experiencing chronic homelessness in America; representing 15.8 percent of all people experiencing homelessness (National Alliance to End Homeless, 2013). Most individuals never make it into the shelter system nor make connections with public support services even though they often exhibit disabling mental and/or physical conditions. This subgroup of adults who are without a permanent home often contribute to high costs associated with frequent and avoidable emergency room visits, inpatient hospitalizations, detoxification facilities, and nursing homes. There is also a notably higher rate of incarceration as a result of non-violent offenses as a result of untreated mental illness or the tribulations of being street-involved (U.S. Interagency Council on Homelessness, 2013). Thus, by definition, serving this subgroup of individuals who are chronically homeless poses great difficulties for public agencies and programs.

Where can and should federal agencies begin when trying to adapt programs to the needs of persons who are chronically homeless? Farrell (2012) found in a case study of a 76-year old woman who had been living in a single homeless shelter for 20 years, that in order to successfully treat someone who is experiencing chronic homelessness, the service provider can do must first get to know the individual. After describing many failed attempts to help this client, it was discovered that "emphatic understanding does not obscure objective interpretations, but only enhances it, as the worker is in an excellent position to weave into and out of the person's experiences to accurately reflect and interpret the wide array of self-sustaining and maladaptive patterns of behavior" (Farrell, 2012, p. 345). While this recommendation is limited by its research design, the conclusion drawn from the case study is in accord with the mission of Opening Doors, the most recent federally driven program to prevent and end homelessness by 2015 (U.S. Interagency Council on Homelessness).

Thus, it appears that attempts to understand and confront chronic homelessness from a "top-down" perspective—from those in helping roles to those with cupped hands—have inadvertently led to greater confusion and despair for all parties involved. In an important study of feedback solicited from over 500 people who were homeless on the quality of their relationships with those in helping roles, Hoffman & Coffey (2008) found that most felt objectified and infantilized while on the receiving end of help that was perceived disingenuous. Likewise, with regards to the helper, high burnout rates as characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, is by now an empirically supported reality associated with most human services work (Siebert, 2005). Hence, when thinking about the ultimate goal of eliminating chronic homelessness, it appears crucial for helpers to learn how individuals who are undergoing chronic homelessness are reacting to and interacting with programs that are intended to help in times of grave need.

The Social Security Administration (SSA), while not officially designated as a federal agency primarily responsible for eliminating homelessness, is an example of a helping body that is in a unique position to assist in the advocacy against homelessness. This can be said because so many who are chronically homeless are invariably eligible to receive disability benefits (Culhane, Tsai, Rosenheck & Artiga, 2013). Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) benefits may reduce economic vulnerabilities for those who are chronically homeless (Montgomery, Metraux, & Culhane, 2013). Access to healthcare is facilitated by Medicare that is provided by SSDI; and SSI provides a small income to eligible beneficiaries (Noblitt & Noblitt, 2010). In fact, it was the Homeless Policy Academy Initiative, a series of collaborations among HUD, HHS, VA, DOL, ED, the Interagency Council on Homelessness, and the states, which took place from 2001 through 2007 that acknowledged the consequential role that the SSA disability benefits play in the lives of those who are

homeless. The SOAR initiative (SSI/SSDI Outreach, Access and Recovery), for instance, was actually developed as a result of feedback from many state representatives who expressed a wish to receive training in helping those struggling with homelessness navigate the SSDI and SSI application processes. SOAR now trains state and local human services workers to better serve claimants with mental illnesses or substance use disorders who may qualify for Social Security benefits. The success rate on the first application for claimants, homeless or not, was 31 percent in 2010, with appeals of denials taking an average of about a year to complete (Social Security Administration, 2010). Given all the other challenges associated with homelessness, the success rate is lower for homeless people, with only 10-15 percent succeeding on first application if they apply on their own without help from case workers or legal advocates (Dennis, Lassiter, Connelly, & Lupfer, 2011). Remarkably, 71% of SOAR-assisted SSI or SSDI applicants were approved for benefits in 2011 (Perl et al., 2013).

In addition to SOAR, the SSA likewise funded an initiative to assist people who are homeless called the Homeless Outreach Projects and Evaluation (HOPE) initiative. Recipient organizations of HOPE funding were able to conduct outreach to individuals who are homeless and have disabling conditions, assisting them with completing their applications for disability benefits. The program was also involved in connecting individuals to health care, counseling, and housing. While the program was found not to have a significant effect on the approval rate of disability benefits applications, its involvement improved housing conditions for HOPE program participants, with a smaller percentage of participants living on the streets, in shelters, or in places not meant for human habitation 12 months after participating in the program (Perl et al., 2013). With this track record, it is clear that SSA's involvement in the lives of individuals who are chronically homeless will produce positive other results. It appears that helping eligible individuals navigate through the SSI/SSDI application process without any reliance on programs such as SOAR and HOPE would be an ideal situation. The trouble with this is that much remains unknown about how those who are chronically homeless are interacting with SSA's established disability determination processes and procedures.

This study uses an integrative theoretical framework that borrows the storytelling technique from constructivist psychology (Bruner, 1986) and the organizational format found in Uri Bronfenbrenner (1976) ecological systems theory. It is hoped that opening the forum for individuals experiencing chronic homelessness to share their personal encounters with the Social Security Administration's current disability determination process may contribute to a more intimate knowledge of how certain systemic factors may contribute to the maintenance of their homelessness status. It is not often that the voices of those who are homeless are heard in public discourse, let alone integrated into critical problem-solving processes. It is hoped that their stories will put into sharper focus the often untold ways that individuals who are chronically homeless and seeking Social Security disability benefits experience the application process. Specifically, this qualitative study aimed (1) to learn how individuals living in an urban setting define chronically homelessness; (2) to see, from a comprehensive, ecological systems perspective, what the participants perceive to be systemic challenges to their vocational and rehabilitation aspirations (3) and to understand how the sequential evaluation process established by SSA are being navigated by this group. Altogether, it is believed that this "grassroots," qualitative perspective into how SSA procedures are being understood (or misunderstood) by claimants who are chronically homeless will add a new dimension to the understanding of general helping processes. The stories presented here is intended to ignite a united conversation between those in positions to help and persons who are chronically homeless, recognizing that disability claimants in general have the most to gain from a critically important system within the federal government.

Method

Design

This study used a qualitative methodology that focused on storytelling to understand homelessness as a phenomenological concept. Individual, face-to-face, in-person, semi-structured interviews were conducted. Participants were prescreened for eligibility by the investigator. Eligibility criteria included the

ability to speak English, is at least 18 years of age, full comprehension and the capacity to consent to the study procedures, self-identification as someone who is chronically homeless, and has applied for SSA benefits within the last five years. The time period was used as a cut-off mark because it was thought to be recent enough for the participants to recall accurately their impressions of the disability determination process and wide enough of a time range to represent a diversity of experiences. The participants could either be referred to participate by their case managers or self-referred via flyers posted at the shelter. The qualitative methodology also called for the participants to speak about their experiences with SSA and other helping agencies in any particular order within a 90-minute time frame.

Data collection

The data were collected in the winter of 2012. Consent for audio recording, a confidentiality agreement, and a standard demographics interview were completed immediately before the "story-telling" portion began. No questions about the participants' disabilities were asked in order to uphold the participants' rights to confidentiality, although many participants explicitly or implicitly mentioned the nature of their medical and/or psychological concerns voluntarily during the course of the meeting. For the purpose of this study, the participants were asked if they applied for SSA benefits because they themselves or medical professionals felt they qualified base on federally mandated criteria. The interviews were guided by a general ecological framework, consisting of open-ended questions related to the individuals' experiences as an individual who is homeless and trying to obtain much needed resources. The participants were asked to tell their stories about their experiences applying to SSI and/or SSDI and invited to suggest ways in which the disability determination process can be improved.

Data analysis

All digital data lasting between 30 and 90 minutes were transcribed verbatim by the investigator and two other trained transcribers. Irrelevant filler words and phrases were removed from the transcript during a second listening of the recordings for the purpose of clarity. Pseudonyms were assigned to each participant and identifying details were removed from the transcripts or disguised. Transcript files were entered into *QRS NVivo* (7th edition) qualitative data analysis software (QSR International Property, Ltd., 2007). The data analysis was guided by constructivist psychology's theory of the narrative mode of thought, with an emphasis placed on the meaning-making that individuals engage in as they try to make sense of their place in the world (Bruner, 1986). An inductive approach to explore patterns and potential ecological systems themes was used in the overall analysis (Charmaz, 2006). The thematic analysis was facilitated by the aims of the research and discussed among the author and her adviser. Constant comparative analysis was used to conceptualize possible relations within the data. Additional data included a brief demographic survey, interviewer summaries detailing context, process, content and self-reflection, and notes from interviewer debriefing sessions. Trustworthiness of the qualitative data was enhanced by credibility, dependability, transferability and confirmability (Sandelowski, 1986). Credibility was established by representative quotations from the transcribed text and discussions with the researcher and adviser leading to a broad agreement on the logic of classifications. Dependability was established by open dialogue throughout the research process to minimize inconsistencies and achieve a logical and clear documentation. Transferability was facilitated by a thorough description of the research process. Confirmability was established in that the interpretations of the findings were clearly derived from the data.

<div align="center">

Results

</div>

Participants

The study participants were recruited from a large day shelter in an urban, northeastern city via a snowball sampling design (Patton, 1990). This recruitment procedure resulted in a total of 20 English-speaking participants (12 females and eight males) who ranged in age from 28-58 years, with a mean age of 48 years from diverse multicultural backgrounds being interviewed for this study (see Table 1 in

Appendix). The average length of time the applicants had been homeless was nearly 5 years, ranging from two months to 15 years (the participant who had been living in a shelter for only two months had been temporarily staying with friends and family for over two years before going to the shelter). In terms of educational attainment, two individuals had an elementary level education, four had some high school, eight graduated with either a high school degree or General Education Development (GED) degree, four had some college education, one had a college degree, and one had a graduate degree. The majority had been residing in the shelter system, spending most of their time between several day and night-time shelters in the city where this study took place. Within this participant group, 18 were receiving food stamps, three had an income from the Department of Transitional Assistance of $300 a month (2013 dollars) issued by The Emergency Aid to the Elderly, Disabled, and Children (EAEDC), which is a state funded program which provides cash assistance to those in need to stabilize their lives (Health and Human Services, 2013). Additionally, 10 individuals received SSI or SSDI allowances, and the remaining 10 participants were at various stages in their applications. Each participant was offered a twenty-dollar-valued public transportation pass for their participation.

Chronic Homelessness Defined by Participants

Chronic homelessness was experienced similarly across the participants, with emphases placed on the extreme deprivation of one's *stability*, *freedom, and dignity*. Speaking to the constant feeling of instability, Alan C., a 53 African American male had this to say: "Having nowhere to go and no options, nothing to get out of the rain or the cold. No other options…Stand on the corner and wait for the time to float by. Hopefully, when the night comes, you wake up safely in the morning." Additionally, multiple speakers described how they experience chronic homelessness as lacking personal freedom. For instance, Todd A., a 43-year-old African American male, equated spending evenings in noisy shelters as spending a night in jail: "It feels like you're in jail, but you're free. So you get up trying to be positive, [but] you just slept in jail! You get up in the morning knowing that at the end of the day you have to go back to jail, and do it all over again." Even during the day when night-time shelters have to be vacated, the participants talked about feeling criminalized and wrongfully judged by domiciled people while passing their time in public spaces. Some of the participants shared how they at times contribute to the paradox of this predicament by turning anger onto themselves, feeling self-pity and dejected given their harsh realities. And with regards to dignity, Sam R. stated that he is constantly reminded of stereotypes that that were unmercifully bestowed upon him by society: "When people see you as homeless, then you're a bum, you collect cans, you have no pride, you're an addict, but that's not the case." Likewise, Mary D. stated this: "You feel less-than, you feel like nobody wants you. They'll look at you like you got two heads. You're stupid or you get too high. You drink too much." Other participants stated that their self-confidence and determination to move ahead had long been weathered away by the unrelenting and menacing stigma against those who are homeless.

Overall, the psychological toll that being homeless takes on individuals underscored every aspect of the participant's definition of chronic homelessness, often exacerbating existing mental or physical health concerns. Many talked about feelings of depression, hopelessness and frequent thoughts of suicide, and low self-worth. Tania G., a 42-year-old African American female, spoke to the permanent effects that homelessness has on individual's personality, alluding to the cyclical patterns found in chronic homelessness: "I know a lot of people that get their housing, but they still come here [to the day shelter] because they're used to being around a lot of people. They're not used to being by themselves." These comments indicate that homelessness is marked not just by a physical, but by a psychological displacement as well. Speaking to all these aspects of having to be without a home, Margie L., a 53-old-year-African American female, had the following to say: "When you're homeless you feel like the world [doesn't] care about you. And you feel less than a whole human being."

Systemic Factors in Maintaining Homelessness

Using Bronfenbrenner's (1976) ecological systems theory, we were able to consider how the

multiple levels of homelessness were experienced psychologically by the participants. Specifically, the participants' continuous struggle against homelessness was coded in the context of five inter-related ecological systems levels (i.e., *micro-*, *meso-*, *exo-*, *macro-*, and *chrono*) (see Table 2 in Appendix).

Micro-system. Bronfenbrenner (1977, 1994) defined the micro-system as patterns formed by the activities, social roles, and interpersonal relations individuals have in an immediate environment (e.g., family, peer groups, and institutions). It is thought that the experiences within the micro-system gradually and consistently influence the behavior of the individual or groups of individuals. With regards to navigating through resources such as the disabilities application process for the participants, having limited family and social networks, while also having to manage their mental and physical health concerns seemed to have a negative impact on their ability to complete tasks or engage in programs successfully. It was noted that not having social supports contributed to a diminished sense of self-worth and self-efficacy.

The majority of the participants stated that asking for help from family members made them feel ashamed of their homelessness, forcing them to dissociate or dissolve family ties. A few with intact families felt strongly about not wishing to burden loved ones with their personal problems, which included their applications for SSA benefits. Additionally, many connections made with the professionals in agencies and homeless support programs did not feel genuine to the participants. While the more formal relationships made with social workers, case managers, medical doctors, therapists, and other helping professionals were mostly tolerable and positive; these relationships did not seem to be without their own set of frustrations. Tania G., who has been homeless since age 17, asked: "Who cares? Name one person or place that cares. I'll sit down and bow down to them because I'm tired [of] being out here."

Aside from feeling unfulfilled interpersonally, the majority of the participants mentioned feeling "betrayed" by their bodies, both physically and mentally. For many of the participants, symptoms of serious psychological struggles were disclosed as both causing and maintaining homelessness, with alcohol and substance abuse as concomitant conditions. While all had access to state-subsidized medical care in the state that this present study took place in, many stated that the chronic pain they live with often makes it difficult for them to sustain their self-motivation to "do the leg work" required to not be homeless anymore. Applying for disability benefit was often seen as a stepping stone towards ending their homelessness.

Meso-system. The meso-system, as conceptualized by Bronfenbrenner consists of interrelationships between two or more micro-systems in which the individual is in contact with (e.g., shelter or SSA office). Experiences in one micro-level system or direct interaction (e.g., shelter) may influence another (e.g., SSA office). Many of the participants spoke about the lack of access to reliable and accurate information about the resources available to them, feeling put-off by the heavy bureaucracy they perceived in asking for and receiving help from public agencies. These barriers were said to create toxicity in the environment, causing some to avoid rather than to engage with federal agencies like SSA when it came to finding ways to earn permanent home.

Fully 100 percent of the participants stated that a great deal of information they received about services were from fellow shelter residents, via word-of-mouth. They often went long periods of time without knowing the information, as well as not possessing the wherewithal to ask. Todd A., who spent 10 years roaming the streets before connecting with a shelter, was truly isolated from society and did not have any idea that help was available to him. On the other extreme, one participant had a formalized guide on where to get services following her incarceration, but the information printed was obsolete. She talked about calling places and asking for help just to find out that the services she needed were no longer available. Other participants have little choice but to rely on others' trials and errors because they themselves do not have the technological or reading and writing skills necessary to find information. The participants stated that their relatives could not be of help either because they themselves were not knowledgeable enough about the steps necessary to improve their conditions. Ironically, a couple of the most informed participants, who in the past worked in social services, felt completely alien to the disability screening process while on the other side of the system. Margie B., who once managed a

homeless shelter on nights and weekends, recalled how she only found out about the day-time shelter when one of her night-time shelter mates, a woman originally from Africa, told her about it. Given that this shelter (also the site of this present study) had subsequently connected Margie to so many other services, including the Social Security Administration, she had this to say: "So when I found out about this place, [I thought] if I knew about it earlier, I might have gotten help earlier…When she [her shelter mate] brought me down here [day shelter], I said that it's a damn shame that someone from Africa had to come to America and bring me, an American, to get help."

Exo-system. The exo-system level is composed of interactions between two or more settings, of which one setting does not directly affect the individual. However, the occurrence of the event indirectly influences processes within the immediate setting in which the individual is situated (Bronfenbrenner, 1994). Explicitly stated exo-system factors found in the data included current economic conditions that pose risks and realities of budgetary cuts to essential programs supporting the homeless. Many of the participants recognized that the state of the economy forces them to compromise between "wants and needs." Among what is most needed, in their opinion are jobs and shelters; however, it was recognized by most that they may have to wait much longer than hoped for a job that can help them be economically sufficient, even if they could physically maintain work. In terms of jobs, over half of the applicants mentioned that their lack of skills and knowledge were keeping them from being marketable employees, speaking specifically to the limited number of spots available in educational, vocation and rehabilitation programs in the area. Surviving is more or less up to chance, as a result. Finally, the lack of affordable housing was noted to be pushing and maintaining people in homelessness. The scarcity in affordable housing was said to pose as an upward climb for those trying to get out of homelessness, creating discontent and disenchantment among the participants.

Macro-system. The macro-system level is referred to as a cultural "blueprint" that may determine the social structures and activities in the immediate system levels. This level includes organizational, social, cultural, and political contexts, which may affect the interactions within other systems. It also consists of the overarching patterns found in micro-, meso-, and exo-system level characteristics of a given culture or subculture, with particular reference to the belief system, bodies of knowledge, material resources, customs, lifestyles, opportunity structures, hazards, and life course that are embedded in each of these system (Bronfenbrenner, 1994).

The participants talked about having to carry the brunt of various forms of discrimination against the homeless on a daily basis. They discussed some of the concrete and practical ways in which being homeless and the discrimination resulting from this condition, keep them from landing a new job. Mary D. stated that she feels self-conscious because of the stereotypes that she knows exist in our society: "Appearance makes a difference when you wanna go and obtain something… I got a big old hole [in my clothes] and my shoes [are] raggedly…I think people are already stereotyping."

Issues of identity were addressed candidly by many of the participants. Even though the majority did not feel there was a difference in the level of access to services due to their race and ethnicity, observations of racial tensions were shared. Judy S., one of the only White women in this sample, seemed to have the strongest opinions about experiencing homelessness differently because of her race. She believed that she was being targeted by people of color because she seemed out of place among an urban shelter population that was disproportionately represented by African Americans and Latinos. One the men, Tim M., a 47 year-old male who identified as Latino, made this statement about perceived differences in the way race influences his experience of homelessness: "To a percentage, I feel it's easier for a white American to get a better shelter than it is for a Latino and African American and the only way I say that is because of networking with the people they know. If all your life you hung out with alley cats, don't expect to find a house cat that will help you." However, in spite of these personal reactions, it was clear that most did not really have a strong opinion either way about potential differences in treatment by service providers, especially when one is just too tired from having to struggle to survive each day. Alan C. cited that he was "too old" to engage in a debate about the effects of race on his livelihood, stating "When I was younger maybe. Now I don't look at [things] like that. I don't look at it like that. I

really don't. They see a person and go by a name on the application. That's all. I've never felt like there was a skin color thing. Not in a long time."

Where gender difference was concerned, most again did not see its impact on their ability to receive services; however, it was noted by both men and women that more programs that catered to the needs of women were available. Some of the men felt neglected, while the women felt sympathy for the perceived hardships that men have to endure, although the men's survival capabilities through homelessness were perceived as likely greater given their gender and society's overall male dominance.

Chrono-system. The final level of Bronfenbrenner's (1994) ecological systems theory, the chrono-system includes consistency or change (e.g., historical events) of the individual and the environment over the life course. For the participants, the idea of regret and "paying one's due to society" was addressed frequently. Many spoke about how their poor life decisions led them down the road to homelessness, or that perhaps they were destined to live without a home because of their disadvantaged starts. What was undeniable for the participants was that their present day realities could not be viewed without in part looking backwards in time. History as critical context is clearly important in any effort to understand and give voice to complex experiences.

The devastating effects that the Criminal Offender Record Information (CORI) systems have on some participants' perceived chances of moving forward in life were prominent features in the narratives of many of the participants. A CORI is a record associated with any individual who has been court-involved, including arrests, convictions, dismissals, and serious violations. While this system is specific to the state that this research took place, each U.S. state has a similar reporting and record keeping system as mandated by the Department of Criminal Justice Information Services (DCJIS, 2013). Many of the men and women interviewed stated that their criminal history made it more difficult for them to leave homelessness behind. Unfortunately, having a CORI automatically limits a person from opportunities to obtain housing, employment, loans, insurance, entrance to college, or becoming a guardian or foster parent. Even after completing a job training program, with his diploma in hand, Alberto I. was denied his ideal job because he had a criminal record: "They are basing the job off your record, they can't hire you 'cause this is a stressful job and they don't know if you are going to snap or something." Those who have reformed and outgrown their criminal pasts experience prolonged unemployment, exacerbating their frustration and likelihood of recidivism. Most of the participants who had CORIs stated that they just want a chance to prove that they have changed; instead they constantly face a state of "double jeopardy." Tim M, who served prison time on three occasions and had vowed to never return to prison again, stated that being homeless and having a CORI feels as though "you're a prisoner within yourself. You're a prisoner of society. You're a prisoner of the government, because they put rules on you like they put rules on you like in jail." It can be speculated that this complex issue – having a CORI and being denied active vocational access – further sets the stage for the need to apply for Social Security benefits even if any known disabilities are manageable.

Finally, given that the passage of time has been regarded as synonymous with chronological age in past studies of human development, it was noted by many of the story-tellers that their age affects their chances to succeed (Bronfenbrenner, 1976). Developmentally speaking, the men and women talked about feeling disappointed in not being able to fulfill their socially and culturally prescribed roles as mothers, fathers, and grandparents. They spoke about homelessness as a barrier to reaching appropriate developmental milestones. Losing a safe place for children and grandchildren to visit seemed to bring the greatest sense of void for all of the participants who had children. This feeling of having failed as parents was evident in all the men and women, and remained their greatest motivator to strive and reach their goals to live a mainstream life.

Experience of the SSA application process

Given the ecological systems factors presented by the participants, how does it all relate to the disability determination process? What did the women and men say about their experiences applying to either SSI or SSDI benefits. Of the 20 participants, 10 had either SSI or SSDI and 10 were still at various

stages of the application process. Of the ten who had Social Security Administration benefits (i.e., either SSI or SSDI), the average number of times they submitted applications was 2.7 times; of those who did not currently have support, the average number of times they submitted their applications was 3.1 times. Those with Social Security benefits appeared to have been homeless for a longer period of time, averaging 71.1 months (5 years and 9 months), and those without Social Security benefits had on average been homeless for 46.9 months (3 years and 9 months). While receiving an allowance did not seem to affect the average length of time spent homeless, the majority of the applicants indicated that the reason why they applied was so they could afford housing, but living in an urban setting where rent well exceeded their monthly checks made finding permanent housing difficult. Many of the participants spoke about how acquiring disability supports seem elusive or impossible given the cumbersome application process and limited access to helping professionals. With the exception of the veteran in the cohort, none of the participants could state exactly the steps involved in the disability determination process. They talked about how their applications were often denied without knowing why they were denied, adding to the mystery behind the disability determination process. Most problematic of all was how their motivation to follow through on requests was often short lived given the length of time spent waiting to hear news of the status of their applications.

SSI/SSDI Elusive. Due to a combination of a lack of information, under-education, or loss of "faith in the system," many of the participants who were waiting for news believed the SSA application process to be nearly impossible to complete successfully. Quite literally, speaking to the elusive nature of attaining these benefits, a few of the participants mentioned that the local SSA offices they visited to fill out their applications have moved location without much warning, adding that the case managers assigned to them are equally impermanent. Only a few of the more educated participants stated that they applied online. Several of the more savvy participants had to solicit the help of lawyers who specialize in Social Security claims. However, many more were unaware that newly established programs such as The Substance Abuse and Mental Health Services Administration's (SAMHSA) SSI/SSDI Outreach, Access, and Recovery SOAR are available to them (Dennis, Lassiter, Connelly, & Lupfer, 2011). They did not know that many other programs besides SSA's SSI/SSDI benefits were available to claimant like themselves who were undergoing extreme financial hardship.

Disability determination process a mystery. Of the ten participants who had SSI/SSDI benefits, only five received it after their first application submission; the other five claimants found themselves getting stuck in one of the initial four steps of the five-step sequential test to prove their eligibility for SSDI. Most of those who were recommended to appeal a denial decision stated that they did not know why they were denied. Alan C. had this to say about the decision making process: "It seems like they always want you to start over again. They want to deny you when you first apply and then they get you to appeal the decision, and then they deny you again and then once they deny you, they tell you, 'why don't you start over again?' But if you got one claim in already, why would you have to keep on changing it up?" Alan was referring to being asked to appeal to the SSA's Office of Disability Adjudication and Review after having been unsuccessful in the reconsideration phase of the disability determination process. This clearly indicates that there is a disconnection between how Alan C. understands the process and how it is supposedly done in reality. The mystery around why certain applications are authorized or denied was understandably met with frustration and anger in the participants, which was heightened by their ignorance of how the process is intended to function.

Waiting Drains Spirit. Most of the participants spoke at length about the many lengthy steps within the SSI/SSDI application process. Alberto I., a 45-year-old Latino male, shared the following: "You got to go through a process. Sometimes you get lucky and sometimes people do help you. Sometimes there's a waiting period. Sometimes you come back in 60, 90 days and in 60, 90 days they forgot about us. It's like that. I say to myself they do that so you can forget and don't come back. That's what I feel." When faced with uncertainty, the participants often felt positioned precariously between hope and their harsh realities, often deciding to remain still for fear of having to "start all over again."

Participants' Recommendations for Change to Disability Determination Process

 Asking the participants for their recommendations on how they think the disability determination process can be improved was met by both enthusiasm and bewilderment. Some had answers at the ready while others were seemingly caught off guard by the solicitation of their opinions. It was apparent from their responses that there is no easy answer, and that there is not only one way to affect change. However, what seemed to be clear was that they wished for those they perceive to have answers to show them more sensitivity and compassion throughout the process. Mary D., a 57-year-old woman who identified as both Native American and African American, and who has felt misunderstood in her interactions with helpers had this to say: "First of all, talk to me. Don't assume anything… I'm homeless for a reason. You just have to take time out with me and see what's going on before you judge me." They asked to be "judge by their actions, by their character, not by a theory" (Mary D.).

 More specifically, in terms of practical limitations to one's ability to become housed permanently, there appeared to be a lot of precious time lost because of a perceived one-size-fits-all helping model. Mike N., a 53-year-old African American male, hoped that helping professionals such as case workers could customize their approach instead of giving him standardized responses to his unique challenges with the application process: "A case worker, I see, should be a case-by-case type thing... I think it's happening a little bit more than it used to back in the day, [but] if you're helping, take it on like a case worker; by situation, and by what's going on." Other participants found themselves feeling more alienated and misunderstood after their interactions with those in helping roles, wondering why their own time is not regarded to be as precious as the professionals'.

 In addition, clearer communication of processes and procedures was thought to be helpful in alleviating anxiety during long waiting periods between decisions on applications for SSI/SSDI. Most importantly, efficiency does not seem to result from having specialists in the field. It appears that having a collaborative alliance across professionals is important in reducing the supposed systemic barriers. Steve J., a 53-year-old White male, recalled spending five months trying to contact his medical and mental health support network so that he could complete his SSA application only to find that his treatment team was all a part of the same health network. He had this advice to give: "A lot of the people that are in these things, they just specialize in their field and so you have to be wise enough or whatever to ask questions from the homeless people about what's going on around you."

 Speaking to whether chronic homelessness should be considered a proxy for SSA benefits, some of the applicants felt wary about implementing an absolutist strategy. They noted the negative long-term effects of being granted SSI/SSDI benefits and Section 8 (subsidized housing), suggesting that long-term dependence on public support creates atrophy and loss of independence. Todd A., a 43 year old African American male, who recently returned to the shelter system after being evicted from his Section 8 housing, made this bold statement: "For me to get out of homelessness, right, what am I supposed to do, get off of Social Security and Section 8? 'Cause that's probably the only way I'll be able to do that. Get off of Social Security and Section 8, throw both of them away, that's probably the only way I'm gonna get out of homelessness." Todd's feelings reflect the general need for continued care and support for someone who is chronically homeless beyond completing the application for disability benefits. Given that nearly half of the participants were already receiving SSI/SSDI benefits, but still considered themselves chronically homeless at the time of their interviews suggests a more deep-seated hardship that monthly allowances cannot eliminate altogether. Nonetheless, one participant summarized well was needs to be considered when debating whether homelessness should be considered a proxy disability:

  "There *are* abusers. You're always going to have abusers. But because of that, I don't think it
  should make it bad for everybody. I think there needs to be a way to find those people out and to
  deal with them in one way… But somebody new coming in, you give them a chance to earn their
  own merit…You don't just assume that they're just here to abuse the system. You don't know
  when you don't know" (Liz K).

Overall, most of the claimants of SSA benefits iterated that the much needed financial support will allow them to move out of basic survival mode and into a living mode that embodies a true potential for growth.

Discussion/Implications

Limitations

There were, as with any research study, some limitations to this qualitative study. First, data were only collected from participants who were willing and able to share personal information about their experiences as persons undergoing homelessness. Other individuals who did not participate in this study might have different opinions. Second, informants were interviewed only once; thus, qualitative data were not saturated. Third, the participants were all recruited from the same day shelter, which could contribute to a possible clustering effect (Cohen & Crabtree, 2006). Finally, the results of this study cannot be generalized to the entire population of persons who are chronically homeless because of the small sample size.

A Different Perspective on the Disability Determination Process

A different functional approach that incorporates the lived experiences of those who are homeless appears appropriate when recognizing how SSA's disability determination process cannot be divorced from the structural systems maintain homelessness. One common thread between the agency and experience of homelessness is the stories of those with a wish to live amongst those in mainstream society. And from the stories we hear a yearning to be understood. To this end, it appears that public discourse around help-seeking behavior among persons who are homeless and potentially living with a disability can we revisited. For instance, the person-first language emboldened by the disability rights movement seems to halt at the door of rhetoric involving person who are homeless and exchanged with disabilities. The label of "homeless" is instead used to negate the inalienable rights of poor persons with disabilities. Using the same model born out of the Disability Rights Movement that demanded Americans with disabilities be treated as persons first, perhaps the same address can be used when relating to persons who are homeless and living with a disability. What is important to note here is that as much as we can say that the disability determination process is fundamentally a list of criterion to establish eligibility for Social Security benefits, each step in the process seems to take on a deeper significance for the applicant. All of the participants mentioned undergoing to varying degrees a transformative growth as they navigated within and between federally run programs such as Social Security. While many were markedly disgruntled and weary from their journeys as men and women "down on their luck," they appeared to carry the marks of wise sages. Many credited their spirituality in their ability to persist and dream for the day that they can feel whole again. The dictums: "A closed mouth won't get fed" and "Do the footwork" were bought up frequently by those who have learned to set aside their pride and muster up the courage to ask for help. Speaking about her relationship to those who have been instrumental in her ability to stay positive, Sue F had this to say, "See, being an advocate for homeless people, you're like everything. You're like a therapist, a helping hand, everything." It is clear that working with individuals representing SSA is more personal for the claimant than what might be expected.

Social Security as a Source of Social Capital

Empathy coupled with access to relevant information was touted as essential elements to effective help by the participants in this study. Together these elements bisect the five levels of the ecological systems model, revealing the paucity of social capital available to those who are homeless. Social capital is "the sum of the resources, actual or virtual, that accrue to an individual or a group of mutual acquaintances and recognition" (Bourdieu & Wacquant, 1992, p. 119). What this means is that those who have more social capital are more likely to exit from a challenging predicament unscathed because helpful resources in the form of "social networks, shared norms, objective sanctions and mutual trust" are available to them (Kaljee & Chen, 2011, p. 113). In contrast, persons who are homeless are far less likely to have these resources at their disposal. Corroborating with past research on how the size of social networks affects outcomes of adults who are homeless (Byrne et al., 2012), the present study found that the majority of participants felt under-supported by family, friends, and agencies. With regards to having

accurate information about resources available and the best avenues to take to escape homelessness, having a large network of individuals willing to impart their knowledge may lead to shorter time spent homeless (Brodoff, 2010). More importantly, the psychological alienation experienced by virtue of being homeless may be buffered by a solid support network of caring individuals, as proposed by SSA sponsored programs such as SOAR and HOPE.

   With regards to the Social Security application process and its already critical role in reestablishing productive ties to society for its Social Security claimants, investing in the building of social capital for individuals who are homeless would assure long-term success. An extensive literature has established the link between social capital and health (Halpern, 2005). More specifically, studies of the social lives of individuals experiencing multiple, complex challenges have suggested that positive social capital in the form of family and friends can decrease symptomatology and decrease substance abuse behavior (Holtgrave, & Crosby, 2003; Laudet, Magura, Vogel, & Knight, 2000). Given that employees at any Social Security Administration office will surely come into contact with the chronically homeless population on at least one occasion during times in which the individuals are feeling most forlorn and isolated from social capital, can they perhaps double as an advocate and administrator?

   In a recent study conducted on youth without a permanent home and the function of the family as a main source of social capital, Barker (2012) found that families contribute most positively to the outcomes of youth who are homeless when there is (a) contact with family members, (b) when family members themselves have access to valued resources, and (c) when there are norms of trust and reciprocity. Perhaps the SSA office employees who process disability claims can also function as warm support system to those who are confused about what they must do to complete their applications successfully. In terms of being a source of valued resources, the SSA's disabilities programs' role in providing much needed financial and medical support in the form of SSI/SSDI allowances, can be conceptualized as part of the critical social capital needed to assist people who are homeless. These resources provide the foundation for those who are homeless to possibly return to the work force and regain a sense of normalcy and citizenship. Despite the fact that the processes and procedures outlines by federal policy remain an intangible process, the participants interviewed in this study seemed to anthropomorphize the system as "Uncle Sam." Steve J., the 53-year-old veteran became emotional when he stated this: "If my country is not going to take care of me after I served it, well, I got no use for it and I got no use for this life. I'm not suicidal, don't get me wrong, but I just don't have no use for it." When deconstructing the complex application process system within the SSA, it is about the relationship and unconditional mutual regard for one another, that participants who are homeless need in order to combat a profound sense of alienation and feeling of being the unwanted or undeserving.

Help Reduce Social Stigma

   If there is one moral to the stories presented above, it is that the effectiveness of any type of efforts against homelessness will be tampered by the current level of social stigma associated with this psychosocioecological condition. Social stigma, as conceptualized by Goffman (1963), is "the phenomenon whereby an individual with an attribute is deeply discredited by his/her society and is rejected as a result of the attribute" (p. 21). As described by the participants in this study, homelessness is often linked to a cacophony of overt and covert ridicule and denigration by the general population, often leading to internalized shame for the individual. Those without a home are often subjected to speculation regarding their morality. Issues concerning the public image of homelessness are still influencing how we conceptualize help. An important study conducted by Schneider & Remillard (2003) that looked at how the cause for caring for people who are homeless is often imbued with stigmatizing potentials against those who are homeless. Their results from seven focus groups consisting of housed individuals who identified themselves as advocates, found that in the act of helping, they in effect castigated those they deemed to help as "culpable for their state, yet incapable of correcting that state, and in need of proper management and control, for their own good" (Schneider & Remillard, 2003, p. 106). Additionally, the authors talked about how purported helpers have a tendency to categorize individuals who are homeless

as either deserving or undeserving of help, which unconsciously reinforces the stereotype that those without a home choose to lead an impoverished lifestyle.

Speaking to this underlying conundrum, Butters & Erickson (2003) found that stigma can negatively impact mental health access and any treatment outcome. Therefore, in regards to addressing inefficiencies within the Social Security disability determination process, and other efforts to reduce the effects of homelessness, it would be prudent to learn ways in which social stigma plays a negative role in a claimant's progress. For instance, several of the participants mentioned their initial reluctance to apply for SSI/SSDI benefits, indicating that they could not resolve within themselves the tradeoff of being considered a "low life" or "free-loader" to society. Somehow, in their minds, as conditioned by negative public opinion of individuals who are homeless, they would be admitting to an ultimate state of irreparable status loss. Thus, if the fear of "losing face" is so intricately tied to asking for help, then the SSA and other programs with a similar sensitivity to social injustice would be remiss not bring this concern to the public policy level. As a start, perhaps some basic level of education in the form of public service announcements can be developed to address the damaging social stigma connected with homelessness and receiving SSI/SSDI payments. Education that is both geared towards the general public as well as persons with disabilities and homeless, who are in the contemplation stage of seeking federal support, may help to ease any anxiety around the application process. Additionally, service providers tasked with assisting claimants may benefit from training to raise their awareness of the many systemic forces working against individuals who are sans a home.

Permanent exit out of homelessness through first receiving support from SSA is often a long journey littered with dashed dreams. Since alternative options are perceived as scarce along the way and "doing the footwork" blindly at times seems to be the only means for a claimant to move through the disability determination process, the ecological systems model may accelerate change. Keeping in mind that America's social policies on homelessness to mainly concentrate on the negative sufficiency principle in which its sole aim is to preserve life (i.e., providing night-time shelter to prevent freezing), it seems as if programs such as SSI/SSDI are ultimately aimed at treating symptoms, not the social factors maintaining homelessness (i.e., social stigma and lack of social capital). While this model has contributed to improving countless lives, the time has come to integrate differing perspectives. Griffin's (2012) called for a shift from a strict medical model that conceptualized disability as a personal trait with organic causes to a social model that views disability as a social construct that is the cause and effect of societal impediments seem extremely appropriate given the lived experiences of the participants in this present study. While much more research and planning is required, perhaps SSA's SOAR and HOPE programs can play a role in promoting the integration of other theoretical models into the practice of determining eligibility for disability benefits.

More than ever, we know that there is no argument that individuals who are homeless need homes. Practically speaking, they need an address so that they can register to vote, store their essential documents, give appropriate information on medical forms, receive the benefits to which they are entitled, and be counted in the census. An address is crucial not only for the formalities of citizenship in contemporary society, but for maintenance of dignity and self-respect. When individuals, for whatever reason, end up in a situation of destitution, social policies and personal biases facilitate and perpetuate the cycle of blame, ostracizing them to the point of permanent powerlessness. Unfortunately, through differing attitudes about distributive justice, those with the power to help often allege that those experiencing homelessness are internally responsible within a victim blaming meritocracy. The time has come for us to integrate what generations of astute researchers and thinkers have learned about the "problem" of homelessness in America, and to anchor our often fleeting collective will to preserve the most basic of universal human rights to what has proven resilient under extreme duress and incomprehensible trauma: the human spirit. More thoughtful public debates need to take place in the here and now.

References

Alvaro Cortes, A., Henry, M, de la Cruz, R. J., Brown, S., Khadduri, J., & Culhane, D..J. (2012). The 2012 Point-in-Time estimate of homelessness: Volume I of the 2012 Annual Homelessness Assessment Report. *TheSelectedWorks of Dennis P. Culhane.* Retrieved from http://works.bepress.com/dennis_culhane/120

Barker, J. D. (2012). Social capital, homeless young people and the family. *Journal of Youth Studies, 15*(6), 730-743.

Berrett, A. L., Tyler, K. A., & Wright, J. D. (2010). The new homelessness revisited. *Annual Review of Sociology, 36*, 501-521.

Brodoff, L. (2010). Lifting Burdens: Proof, social justice, and public assistance administrative hearings. *Journal of the National Association of Administrative Law Judiciary*, 30(2), 601-680.

Bronfenbrenner, U. (1974). Developmental research, public policy, and the ecology of childhood. *Child Development,* 1–5.

Bronfenbrenner, U. (1976). The experimental ecology of education. *Teachers College Record, 78*, 157–204.

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *The American Psychologist, 32*, 515–531.

Bronfenbrenner, U. (1994) In T. Husen, T.N. Postlethwaite (Eds.). *Ecological models of human development, international encyclopedia of education (2nd ed.),* New York: Elsevier Science, 1643–1647.

Bruner, J. S. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.

Burkhauser, R. V., & Daly, M. C. (2011). Social security disability insurance: Time for fundamental change. *Journal of Policy Analysis and Management, 31*(2), 454-461.

Butters, J., & Erickson, P. G. (2003). Meeting the health care needs of female crack users: A Canadian example. *Women and Healthy, 37*(3), 1-7.

Byrne, T., Munley, E., Fargo, J. D., Montgomery, A. E., Culhane, D. P., United States Department of Veterans Affairs, & National Center on Homelessness among Veterans (2012). New Perspectives on Community-level Determinants of Homelessness. *Journal of Urban Affairs*, 1-19. Retrieved from http://works.bepress.com/dennis_culhane/121

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* Thousand Oaks, CA: Sage Publications.

Cohen, D. & Crabtree, B. (2006). *Qualitative Research Guidelines Project.* Robert Wood Johnson Foundation: Princeton, NJ.

Culhane, D.P., Tsai, J., Robert A. Rosenheck, R.A., & Artiga, A. (2013). Medicaid expansion: Chronically homeless adults will need targeted enrollment and access to a broad range of services. *Health Affairs* 32(9), 1552-1559.

Dennis, D., Lassiter, M., Connelly, W. H. & Lupfer, K. S. (2011). Helping adults who are homeless gain disability benefits: The SSI/SSDI Outreach, Access, and Recovery (SOAR) program. *Psychiatric Services, 62*(11), 1373-1376.

Department of Criminal Justice Information Services (DCJIS), Commonwealth of Massachusetts. (2013, September 22). New national criminal background check law. Retrieved from www.massgov/eopss/agencies/dcjis/

Erkulwater, J. L. (2002). Judicial Transformation of Social Security Disability: The Case of Mental Disorders and Childhood Disability. *The Connecticut Insurance Law Journal*, *8*(2), 401-434.

Farrell, D. (2012). Understanding the psychodynamics of chronic homelessness from a self psychological perspective. *Clinical Social Work Journal, 40*(3), 337-347.

Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity.* New York, NY: Simon & Shuster.

Griffin, O. R. (2012). *Social Security disability law*. Law & Psychology Review, 36, 146-190.

Halpern, D. (2005). *Social Capital.* Cambridge, UK: Polity Press.

Health and Human Services, Commonwealth of Massachusetts. (2013, September 21). *Emergency aid to the elderly, disabled, and children(EAEDC).* Retrieved from www.mass.gov/eohhs/consumer/basic-needs/financial/emergency aid-to-the-elderly-disabled-and children.html

Hoffman, L., & Coffey, B. (2008). Dignity and indignation: How people experiencing homelessness view services and providers. *The Social Science Journal, 45*(2), 207-222.

Holtgrave, D. R., & Crosby, R. A. (2003). Social capital, poverty, and income inequality as predictors of gonorrhea, syphilis, Chlamydia and AIDS case rates in the United States. *Sexually Transmitted Infections, 79*, 62-64.

Kaljee, L. M., & Chen, X. (2011). Social capital and risk and protective behaviors: A global health perspective. *Adolescent Health, Medicine and Therapeutics, 2*, 113-122.

Laudet, A. B., Margura, S., Vogel, H. S., & Knight, E. L. (2000). Support, mutual aid and recovery from dual diagnosis. *Community Mental Health Journal, 36*(5), 457-476.

Montgomery, A.E., Metraux, S., & Culhane, D.P. (2013). Rethinking homelessness prevention among persons with serious mental illness. *Social Issues and Policy Review* 7(1), 58-82.

National Alliance to End Homelessness. (2013a). *Chronic homelessness*. In National Alliance to End Homelessness. Retrieved from http://www.endhomelessness.org/pages/chronic_homelessness

National Alliance to End Homelessness. (2013b). *State of homelessness in America 2013.* Washington, DC: National Alliance to End Homelessness.

Noblitt, R. & Noblitt, P.P. (2010). Psychologists and the economics of social security disability programs. *Professional Psychology: Research and Practice*, 40(3), 274-279.

Patton, M. (1990). *Qualitative evaluation and research methods*. London, England: Sage Publication.

Perl, L., Bagal, E., Fernandes-Alcantara, A.L., Heisler, E.J., McCallion, G., McCarthy, F.X., Sacco, L.N. (2013, June 7). *Homelessness: Targeted federal programs and recent legislation.* (CRS Report for Congress RL30442). Washington, DC: Congressional Research Services.

Poulin, J., & Walter, C. (1993). Social worker burnout: A longitudinal study. *Social Work Research & Abstract, 29*(4), 5–11.

Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science 8*, 27-37.

Siebert, D. C. (2005). Personal and occupational factors in burnout among practicing social workers: Implications for researchers, practitioners, and mangers. *Journal of Social Service Research, 32*(2), 25–44.

Schneider, B. & Remillard, C. (2003). Caring about homelessness: How identity work maintains the stigma of homelessness. *Text & Talk, 33*(1): 95-112.

Schutt, R. K., & Goldfinger, S. M. (2011). *Homelessness, Housing, and Mental Illness.* Cambridge, Massachusetts: Harvard University Press.

Social Security Administration. (2010). *SSI Annual Statistical Report, 2010.* Pub. No. 13-11827. Baltimore, MD: SSA.

Social Security Administration. (2012). Disability Determination Process. Retrieved from U.S. Social Security Administration website: http://www.ssa.gov/disability/determination.htm

Social Security Administration. (2013a). *2013 Red Book: A summary guide to employment supports for persons with disabilities under the Social Security Insurance and Supplemental Security Income programs* (SSA Pub. No. 64-030). Baltimore, MD: Social Security Administration. Retrieved from www.socialsecurity.gov/redbook.

Social Security Administration. (2013b). *SSA Supplemental Security record (2011): Facts and figures about Social Security.* Baltimore, MD: Social Security Administration. Retrieved from http://www.socialsecurity.gov/policy/docs/chartbooks/fast_facts/2012/fast_facts12.html

U.S. Conference of Mayors. (2012, December). *The U.S. Conference of Mayors 2012 Status Report on Hunger & Homelessness*: A status report on hunger and homelessness in America's cities a 25 city

survey. Washington, DC: City Policy Associates. Retrieved from
http://usmayors.org/pressreleases/uploads/2012/1219-report-HH.pdf

U.S. Department of Housing and Urban Development (2011, December 5). Homeless Emergency
Assistance and Rapid Transition to Housing: Defining 'homeless', 76 Federal Register 75994
76019.

U.S. Interagency Council on Homelessness. (2013, September 20). Opening Doors: Chronic
homelessness. Retrieved from http://www,usich.gov/opening_doors/annual_update_2012

Yamaoka, K. (2008). Social capital and health and well-being in East Asia: a population-based study.
Social Science and Medicine, 66, 885-899.

Appendix

Table 1
Participant characteristics (n = 20).

Age in years, mean (range)	47.85 (28-58)
Male, **n**	8
Race/ethnicity, n	
African American	11
White	3
Latino	3
Native American	2
Mixed	1
Education Level, n	
Grades 1 thru 8	2
Grades 9 thru 11	4
Grade 12 or GED	8
College 1 – 3 years	4
College Grad	1
Graduate School	1
Length of time since first homeless, mean in months (range in months and years)	59 months (2 months-5 years)
Place stayed last night, n	
Shelter	18
Street	1
Friend / Family	1
Source of income, n	
SSDI	9
SSI	1
Food Stamps	18
State-specific Transitional Assistance	3
Avg. number of times applied to SSA benefits, n (range)	2.9 (1-10)

Table 2

Systemic Factors	
Micro-system	• Limited family and social network • Mental health concerns (e.g., depression, substance abuse issues) • Physical health concerns (i.e., chronic and episodic illnesses)
Meso-system	• Limited access to accurate and timely information • Bureaucracy
Exo-system	• Current economy (e.g., budget cuts, lack of jobs) • Lack of affordable housing • Limited beds in shelters • Limited educational, vocational and rehabilitation programs
Macro-system	• Prejudice and discrimination against the homeless • Racism • Sexism
Chrono-system	• CORI (Criminal Offender Record Information) • Unable to reach life-span milestones • Waiting for change