Integrating the Homeless Population Back into Society

Abstract

The purpose of this research is to test out how different programs can help to integrate the homeless population back into working society. Homelessness is a problem that is widespread and ongoing. As of 2011, there has been a recorded number of 640,000 people who have reported to being homeless. It has been found that homelessness affects both children and adults as well as their whole family around them. Also, when it comes to most homeless families, they are exposed to environments more dangerous than usual, thus kids and teenagers have more tendencies to be around bad influences. In addition, many are mentally ill and are put situations where they had to face unemployment and/or foreclosure. However, there are several programs and initiatives that can be placed to help with the integration of the homeless population. Some of the emphases of these programs are put in the importance of education, job skills, health in general, in between others. This research is going to test initiatives such as more accessible health care, development of social skills, and accessibility to education and jobs. We are also looking to see how family relationships/close friendships will help to remove the chances of the ongoing elevation of homelessness in the world.

Introduction:

Homelessness is an international problem shared by other countries and cultures (Dragon, 2011; Lovisi, Coutinho, Morgado, & Mann, 2002; Ran et al., 2006; Williams & Stickley, 2011). The National Law Center on Homelessness and Poverty estimated that 700,000 people are homeless on any given night and 2 million people experience homelessness during one year in the United States (National Law Center on Homelessness and Poverty.)
Approximately 1.6 million American adolescents experience one night or more of homelessness annually (Toro, Dworsky, & Fowler, 2007.) Homelessness typically disconnects these youth from the family, peer, school, and community social systems that surround and support their housed peers. In the face of diminished financial and social capital, the experience of being homeless exposes these youth to stressful environments characterized by crime, violence, and a scarcity of resources to meet basic needs (de la Haye.) It is now reasonably well established that a longer duration of homelessness increases young people’s susceptibility to a host of negative outcomes (Johnson & Chamberlain 2008)

In contrast to slightly less than 5% of the general population that suffers from a serious mental illness, about 26% of the homeless population in the United States suffers from a severe mental illness (National Institute of Mental Health, 2009). In the United States the deinstitutionalization of state psychiatric hospitals in the 1960s was intended to lead to the provision of community-based psychiatric treatment for people with serious mental illness. However, the policy of deinstitutionalization led to the release of psychiatric patients into communities that were ill equipped to address their psychiatric healthcare needs. Many released patients did not have sufficient supports and became homeless (Torrey, 1997)

Thus, the psychiatric hospitals and jails have become revolving doors to the homeless mentally ill person involved in a lifestyle that is antithetical to the stable structure needed for medication and treatment adherence and for mental stability.(Pearson)

Records indicate that the majority of the homeless population are either suffering from mental illness or merely children. This part of our population must not be cast aside. We
must actively seek to empower them, enabling them to become productive members of our society.

Since the prevalence of diseases is much higher in the homeless population than in the general population, it is important to improve the access of people who are homeless to health care services in order to reduce diseases-related morbidity and mortality (Han, B)

Prior to 1986, health care was generally unavailable to the homeless population. (Brickner.)

The Health Care for the Homeless Program (HCHP) was established in 1987 by Title VI of the McKinney Act and was reauthorized under Section 330 (h) of the Health Centers Consolidation Act in 1996, consolidating the HCHP with other community-based health programs. The HCHP is the federal program providing comprehensive primary care that includes medical care, dental care, mental health and substance abuse services, case management, outreach, respite care, referrals to housing services, and other essential support for the special vulnerable population. (McMurray.)

While providing health care to homeless people is an obvious initial priority it is not the sole solution to the problems of homelessness. We agree with S.E. Nelson who said Helping homeless persons transition to independent living requires a multi-faceted approach (Nelson.) It is imperative that we approach this problem from all angles; education, job skills, interpersonal skills, mental health, physical health & all other aspects of a healthy, fulfilling lifestyle. Overcoming homelessness often requires the fortification of life skills (Daiski 2007)including social skills (e.g., communication, appropriate behavior, and team cooperation), workplace skills (e.g., working with technology), and personal skills (e.g., hygiene, nutrition, and self control). In recognition of these multiple areas of need, many health-service researchers have called for a movement away from the single-service
approach and toward integrated systems of care. Integrated treatment holds the potential
to provide greater continuity of care and reduce the duplication of services (Calloway and
Morrissey1998; Morrissey et al. 2002).
Several studies have indicated that relationships that are not street based have a positive
impact on homeless people. Most studies that we encountered we either focusing on
homeless youth or mentally ill homeless. In regards to homeless youth we found that many
studies noted a correlation between ties to family and wellness. Those who lack social ties
are more likely to engage in substance use and risky or “transactional” sex (Ennett.) Face-
to-face relationships with street-based peers were a risk factor for both anxiety and
depression, while contacting home-based friends through social networking technology was
found to be protective for depression(Rice.) Access to social support has been associated
with better physical and mental health outcomes (Unger et al., 1998) Social work services
and interventions need to focus, to a greater extent, on building and fostering reconnections
between young people and family members (Mayock.) A program that had case managers
working with isolated homeless people also found that contact with someone who was not
also on the streets was a health practice. Participants also identified isolation as
contributing to their poor health. Some described not having anyone to help them navigate
health and social systems, and others described the emotional toll of not having anyone to
talk to as a factor contributing to their health. Interwoven with their descriptions of social
isolation, participants explained that the gain of a personal relationship with a case
manager constituted a major component of what they valued in the case management
program. (Davis)
Results of Innovative and Supportive Learning Programs for Homeless Children and Adults reported Four-week summer academy programs served homeless children and adults in two contiguous innovative learning programs. The programs may be the first of their kind in the homeless literature in which both adults and children were exposed to career, academic, and leadership opportunities in the supportive learning environment of a university campus, and where academy children’s academic and self-perception results were compared with matched controls. Children experienced literacy instruction, a mathematics board game, robotics, leadership training, tennis instruction on court facilities, and computer, biology, and chemistry at respective laboratory sites. Adults participated in writing workshop, computer, health and self-care, urban economic, counseling, career, and yoga sessions. Academy children did not experience gains in norm-referenced vocabulary, spelling, or behavioural tests, but did demonstrate highly significant gains in writing ability based on state rubric criteria when compared with controls. In addition, they significantly increased in vocabulary understanding based on eight books read and in tennis skills. Adults significantly increased in keyboarding fluency based on their computer training. (Sinatra.)

It is important for us to come together as a global community to fight homelessness. Physical and mental health care programs are necessary to combat the problem but we must do more. An important next step is to socialize the homeless population with non-street based peers; that could be family, mentors, case managers, etc. Beyond that we should integrate them into our society. We need to create a system where those who are not homeless can help the homeless to live more fulfilled lives and the homeless can contribute to improving society.
Method

Participants

Participants for this experiment will be recruited through a convenience sampling technique conducted within the 6 homeless shelters in the Montgomery County, VA area. There will be an experimental group consisting of homeless children age 8-15 years old and a control group consisting of homeless children age 8-15 years old. The control groups in both the 8-15 year old range and the 25-50 year old range will not receive the intervention during this specified time. The members of the control group are to be put on a waiting list and will be given treatment upon completion of the study, especially if their results are favorable. All participants in this study are classified as homeless. Homeless is defined as student who lacks a fixed, regular and adequate nighttime residence or shares the housing of other persons due to loss of housing, economic hardship, or a similar reason. Participants will be selected based off of inclusion in the 6 Montgomery County shelter systems for a minimum of 6 months. Advertisement in the form of print flyers will be posted in each of the 6 homeless shelters to promote participation in the study. The total sample size for this study will be 52 participants per each age category for a total of 104 participants between the children and adult groups. This will yield a medium effect size with a power of $p=0.05$. The experimental group will be composed of 52 males and females ranging in age from 8 to 15 years old. 26 participants will be randomly assigned from the sample size to the experimental group and 26 participants will be randomly assigned to the control group. These students will currently be in or have completed 3rd-8th grade.

Adult participants will also be recruited through the Montgomery County, VA shelter system and will consist of subjects ranging in age from 25-50 years old that had been in the shelter system for a minimum of 6 months. Once desired participants are obtained, the
Experimental group will be composed of 26 males and females ranging in age from 25 to 50 years old. 26 participants will be randomly assigned from the sample size to the experimental group and 26 participants will be randomly assigned to the control group.

**Program staff**

Experimental participants will attend a 6-week multi-faceted educational program at a local community college. Participants will be instructed by a staff of 30 adults composed of full-time collegiate personnel and undergraduate students volunteering to help guide the study. Each classroom will be equipped with 2 teachers and 2 undergraduate teaching assistants. Each staff member assigned to spearhead a program is certified in instruction and administration of material. For example, mathematics instruction will be provided by one of the college’s mathematics professors. The undergraduate students will serve as teacher assistants as well as recreational assistants.

**Procedures**

**Measures**

Both adults and students will be administered multiple tests established to measure baseline and conclusion qualitative data regarding learning and intervention effectiveness. These measures will be given to both experimental groups and include the following scales to measure the academic features of the intervention: the Stanford Diagnostic Reading Test (4th edition) (SDRT4), which will measure vocabulary skills. The Wide Range Achievement Test 4 (WRAT4) will be given to participants and is designed to measure spelling abilities. To determine correlation in the intervention’s physical component, participants will be pre and posttest assessment in the skills of dribbling, shooting, and knowledge of rules and regulations of basketball. Adults will also participate in a pre and posttest assessment of dribbling, shooting,
and knowledge of the rules and regulations of Basketball. The same academic and physical assessments will also be delivered to the participants in each control group. Both adults and students completed project evaluations on the last day of their respective programs. Participants will be provided with all tools and materials necessary to complete the intervention. Upon conclusion of the study the effectiveness of the intervention on employment of the adult participants will be implemented. Adult participants will be asked to fill out a short survey describing their employment status at the beginning of the intervention, upon completion of the intervention, 6 months after completion of the intervention, and a year after completion of the intervention in order to track program effectiveness.

**Program components**

Two distinct programs with corresponding curriculum will be established for children and adults and those experimental participants will attend intervention sessions Monday to Friday during the six-week period. The participants’ day will be divided into four 60 minute periods of instruction with midday lunch provided by the community college. The participants will complete each section of the intervention with their corresponding group participants and that group will remain constant throughout the intervention; encouraging communication, teamwork, and positive social interactions between participants. A week’s schedule of the intervention will be comprised of curriculum including: literacy instruction, a general computer knowledge course, a course focusing on the fundamentals of leadership, and introductory courses in chemistry and biology that featured a once weekly interactive lab associated with each class. Participants will attend each class once a day every day with the addition of a 60 minute recreation break consisting of basketball practice offered Monday, Wednesday, and Friday.
Subjecting participants to daily, repeated measures of the intervention is expected to increase retention as well as increase intervention effectiveness.

During each class period, child participants will participate in teams and small groups in order to practice collaboration, forge partnerships, and encourage positive social interactions. During instruction in Chemistry and Biology, students will perform basic experiments and learn the fundamental scientific principles that compose the framework of the society and are central to the understanding of the Earth’s basic processes. The Leadership coursework will be interactive and will incorporate various scenarios requiring physical activity and small posters and brochures that will be presented to the class. Further, the class will also include discussion on the topics of effective decision making and developing positive self-esteem. The literacy subsection of the intervention will encourage participants to write and read literature that will increase their reading and retention levels. The readings and writings required in this section will familiarize participants with common societal issues (many that negatively impact the homeless) and will encourage the development of counteractive strategies. Literature selected will also incorporate awareness of societal issues. Participants will be required to write 6 essays over the 6-week program and will receive feedback from their instructor regarding their work. Upon completion of the course, the pre-intervention scores on the specified measures (the Stanford Diagnostic Reading Test (4th edition) (SDRT4) and the Wide Range Achievement Test 4 (WRAT4) will be compared to post-intervention scores on these measures.

The curriculum pertaining to adult participants is similar to those of the children, yet incorporates development of career skills. A week’s schedule of the intervention will be comprised of curriculum including: literacy instruction, a general computer knowledge course, a course focusing on the fundamentals of leadership, and introductory courses in chemistry and
biology that featured a once weekly interactive lab associated with each class. A 30 minute career counseling session will be added to the intervention schedule on Wednesdays, and adult participants will be taken on a field trip the final week of intervention. Participants will be taken to a local career fair and encouraged to apply the skills learned in the intervention to the task of searching for a job. Participants will attend each class once a day every day with the addition of a 60 minute recreation break consisting of basketball practice offered Monday, Wednesday, and Friday. Subjecting participants to daily, repeated measures of the intervention is expected to increase retention as well as increase intervention effectiveness. In literacy instruction, participants will be subjected to a writing workshop and will be required to submit and revise three types of writing: a copy of their resume, an essay on the topic of an ideal future, and an example of a business cover letter. These tasks will promote enhanced diction, a creative mindset, and will promote positive self-esteem. Subjects will be able to type their works in computer class and will become familiarized with computer processes and software common in most businesses. The work accomplished in the writing workshop and computer classes will be discussed in the weekly career counseling session. Also discussed in this session will be proper interview techniques, attire, and workplace etiquette. The leadership sessions will be composed of a roundtable discussion atmosphere upon which pertinent topics relating to homelessness will be discussed such as: substance abuse, self-esteem, and responsibilities in the education of their children.

Results
Children and adult participants will participate in a 6 week summer academy program that will serve homeless adults and children and provide them the skills necessary to reintegrate back into society. Participants will be measured on qualitative data regarding learning and intervention
effectiveness. Assessments will be measured by using ANOVA 2x3 repeated measures to statistically show any differences.

We expect children in the experiment group to significantly differ from those in the control group. However, the greatest measure that we hope to statistically prevail is the Stanford Diagnostic Reading Test that measures vocabulary skills which will show the success of the intervention by providing a more holistic program and will further enhance the abilities of the child to succeed. Since the control group will not attend the academic portions of the intervention, we hope to see vocabulary skills greatly enhanced.

By employing computer skills into the adult’s curriculum, it will further enhance their ability to successfully find and maintain a job. We hope to statistically find that adult participant’s will have a greater amount of computer knowledge; participants will be measured pre-test and post-test to show the improvement weekly on this skill.

Discussion

The purpose of this study was to integrate homeless individuals back into society through a six week summer academy for both children and adults. For the children we predict that the intervention group will score higher on post tests than those of the control group in addition to increased team work and coordination from involvement in basket ball training. For the adults we project that a year after intervention they will be able to maintain a job, exhibit higher self esteem and have an overall greater sense of purpose and direction.

The findings of this study would be consistent with those of Sinatra where children experienced significant gains in writing abilities compared to a control group in addition to increased vocabulary and tennis skills; and adults experienced an increase in computer literacy. The findings would also be uniform with those of Davis where homeless individuals described the
invaluable help that the support of a case manager brought to an intervention program. Taken together these outcomes suggest that homeless individuals benefit greatly from a multifaceted intervention approach that not only addresses mental health issues but prepares them to join the workforce with necessary skills to do so while at the same time reducing the isolation and dehumanization they so often feel. There is the possibility that children may not have significant gains on norm-referenced tests. This can possibly be explained by the fact that norm-referenced tests are often set with little to regard about the age/education level of the individual taking the test (since these tests are often school-wide) and may contain content too advanced for the current education level of the homeless youths. These tests also measure what level an individual is at compared to the level its peers are at as opposed to what level that both students should be at.

Other short comings in individual performance amongst adults and children could be related to individual participant motivation levels. We postulate that since many homeless individuals often experience low self-esteem that they may feel that prior failures or mistakes mean that they are incapable of improvement or worthless. If participants see their case as a lost cause and dismiss help offered to them by their case manager then gains in career building skills will be lower because they may be afraid to try for fear of failure.

Research on integrating homeless individuals into society could be continued in a variety of ways. First, since many individuals suffer from some form of mental illness a once weekly individual or group therapy session could be incorporated into the curriculum which would allow the participants to continue gains in self-esteem. Another way to continue this research would be to increase the intervention length from a six week crash course to a several month long program that would ensure prolonged gains in reading, writing, computer literacy, and career planning.
Second, larger testing samples would serve to make the results more credible and pave the way to incorporating similar programs around the country. Finally, adding a greater amount of physical activity and yoga or meditation time could lead to increased skill retention as well as increased self-confidence and sense of being at peace with oneself, perhaps calming the nerves of individuals preparing to face career fares or job interviews.

Conclusion

The results of this study would provide some compelling insights into the mental state and learning styles of homeless individuals. By taking into account their mental, physical, and personal needs successful intervention and reintegration into society may be possible. Homeless adults can see significant gains in computer literacy and use career-counseling to their advantage to maintain a steady job, and children can see significant increases in literacy and vocabulary on the individual level paving the way for future schooling success and the ability to forge meaningful relationships with peers. This research and research to follow would contribute to discovering the best intervention techniques to successfully integrate homeless individuals into society.