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The needs of rural homeless families in Grafton County, New Hampshire: A qualitative inquiry

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The needs of rural homeless families in Grafton County, New Hampshire: A qualitative inquiry

Abstract
This study explored the experiences of homeless families in the rural area of Grafton County in New Hampshire. In the literature review there is evidence that the needs of homeless people in rural areas are unique. Because of the unique needs of this population the service providers face different obstacles than their counterparts in urban areas. The researcher interviewed (N=7) homeless family members living in, or previously living in, a shelter as well as county government officials in the region. Through the use of a semi-structured interview and a grounded theory approach to the analysis of the data several themes emerged. This study identified some factors that appear to increase the risk of homelessness and what barriers exist to rural homeless families finding their way out of homelessness in rural areas. The author suggests that the best strategy for solving the issue of homelessness for rural families is an ecological one that attacks the multifaceted underlying issues.

Keywords
Sociology, Individual and Family Studies

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THE NEEDS OF RURAL HOMELESS FAMILIES IN
GRAFTON COUNTY, NEW HAMPSHIRE:
A QUALITATIVE INQUIRY

BY

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THESIS

Submitted to the University of New Hampshire
In Partial Fulfillment of
The Requirements for the Degree of

Master of Science
in
Family Studies
December, 2011
This thesis has been examined and approved.

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9/8/2011
Date
Dedicated to my darling husband, Steve,

and my sons, Nate and Ben, who follow me in always learning.
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ABSTRACT

The Needs of Rural Homeless Families in Grafton County, New Hampshire:
A Qualitative Inquiry

By

Pamela Thyng

University of New Hampshire, December, 2011

This study explored the experiences of homeless families in the rural area of Grafton County in New Hampshire. In the literature review there is evidence that the needs of homeless people in rural areas are unique. Because of the unique needs of this population the service providers face different obstacles than their counterparts in urban areas. The researcher interviewed (N=7) homeless family members living in, or previously living in, a shelter as well as county government officials in the region. Through the use of a semi-structured interview and a grounded theory approach to the analysis of the data several themes emerged. This study identified some factors that appear to increase the risk of homelessness and what barriers exist to rural homeless families finding their way out of homelessness in rural areas. The author suggests that the best strategy for solving the issue of homelessness for rural families is an ecological one that attacks the multifaceted underlying issues.

Keywords: rural homeless, support services, barriers.
CHAPTER I

INTRODUCTION

History of Homelessness in the United States

Throughout the history of the United States there have been people without homes. As early as the colonial period there were people forced out of their homes due to war and Indian uprisings (Kusmer, 2002). The early 1700s brought a downturn in the emerging business cycle as the economy became more connected to the world market and prices and markets fluctuated (Kusmer, 2002). By the eighteenth century an influx of poor immigrants, escaped former slaves, dismissed servants, and apprentices caused another increase in the number of people without homes (Kusmer, 2002). In the early 1800s slavery actually kept the numbers of homeless down. Later in the pre-industrial period as productivity grew in the mills and factories, wages fell and the number of independent craftspeople declined (Kusmer, 2002).

The Civil War introduced men to the idea of travel and the use of trains. They learned to forage throughout the countryside. Terms that have been used to describe homeless men came out of this period. Going off on a “tramp” or a “bummer” described when soldiers left their unit and foraged on their own (Kusmer, 2002, p.37).

During the recession of the 1850s the number of homeless children became more visible due to the increase in children being forced out of their homes by parents who
were not able to provide for them (Olivet, 2010). The 1870s was the first time that homelessness became a national issue. Until then it was still isolated in city areas. With the increase in train use travel became more common. An economic depression in 1873 increased the number of those without jobs. Unfortunately, each time the country recovered from a depression or economic downturn the homeless numbers did not recover as well (Kusmer, 2002). Industrialization, increase in child labor, seasonal work, injury, disability and uneducated immigrants all added to the overall numbers of homeless. People began to reject the ideas of industrialization and began to choose a life wandering the country (Kusmer, 2002).

The growth and changes in the homeless population brought changes in the public’s responses to this issue. The responses usually ranged from charity to intolerance (Kusmer, 2002). Examples of the responses included “tramp rooms” in police stations where homeless men could voluntarily spend the night (Kusmer, 2002, p.24). Conversely, there were treadmills constructed for homeless men to be put to work grinding grain as forced labor. Rollinson and Pardeck (2006) propose that the public’s, and later the government’s, reaction to homelessness and vagrancy was rooted in the Puritan beliefs that were brought over by the English settlers that came to found this country. The strong belief in a solid work ethic and taking care of your own directed their responses. Many programs were designed to help the deserving poor, not the able bodied men that chose not to work (Rollinson & Pardeck, 2006).

The Great Depression of 1929 brought unprecedented numbers of homeless men and an increase in women, children and families (Kusmer, 2002). Communities were
hard pressed to afford to provide any shelter for these people. In many areas the bands of wandering men became more aggressive and it strained the economy and goodwill of the people (Kusmer, 2002). During this time there were “lady hobos” as well (DePastino, 2003, p.203). Women were more likely to accept charity and shelter, however there were women who traveled with the hobo camps and used their sex to contribute (DePastino, 2003). As far as children were concerned there were many young boys called “wild boys” who roamed the streets (p.203) and girls without homes usually were taken into other homes for domestic service (DePastino, 2003). Lodging houses, flop houses, and cage hotels (small cell type rooms with wire mesh covering the top to prevent theft) became more common where for a few cents people could get a small spot or hammock to sleep in for the night.

Until this time services for the homeless primarily came from religious and charity organizations. The Charity Organization Society (Kusmer, 2002) was a leading group that believed that if the homeless were coddled and supported without work it would only lead to more homeless. In return for a meal in their wayfarer’s lodges the men and some women were expected to cut wood or break stone. During this time children without homes were sent to farms to work (Kusmer, 2002). By 1932 other charitable organizations such as the Salvation Army and YWCA urged the federal government to become involved in the solutions for the homelessness problem (DePastino, 2003). President Franklin Roosevelt commissioned the first homeless count (Kusmer, 2002 & DePastino, 2003). This led to the Federal Transient Program and the Works Progress Administration (WPA). The Transient Program operated about 600
camps across the nation to serve approximately one million individuals. The Works Progress Administration replaced the transient program and was meant to provide jobs for the heads of households (Kusmer, 2002 & Depastino, 2003). However there were never enough jobs for all of the homeless and it primarily targeted white males. After the Transient Program camps were closed the homeless numbers did not go down. The number of homeless continued to increase in city areas known as “skid rows” (Kusmer, 2002, p.224).

It is various authors’ opinion that for the next fifty years the federal government’s responses to the homelessness did more to increase the numbers than solve the problem (Kyle, 2005; Kusmer, 2002 & DePastino, 2003). In 1944 the Servicemen’s Readjustment Act (also known as the GI Bill) was intended to encourage men to return to family life rather than continue the military lifestyle of traveling and banding together (DePastino, 2003). As the suburb areas grew those remaining in the poorer areas of the cities grew poorer. In the 1940s and 50s there were several efforts to improve the skid row areas (Kusmer, 2002). There were several attempts to round up the men living there and then developers were encouraged to clear out the areas. Authorities stopped repairing the public areas and owners began to let the buildings deteriorate since they were not making any money on these dwellings. Through the 1960s and 70s the demolitions were complete as developers capitalized on the high value of the land in these inner city areas. Thus began the destruction of affordable housing for the poor. No one paid attention to where the poor and homeless went until the 1980s when the numbers once again reached a critical high (Kusmer, 2003).
The elimination of these housing structures was the last straw for the mentally ill who had been deinstitutionalized beginning in the 1950s. The original plan was to release these people to a network of community services. These were generally located near their cheap housing. These resources were wiped out along with their dwellings (DePastino, 2003).

In December of 1982 the term homeless was first used on several national news stories that described the experiences of those previously called street people (DePastino, 2003). President Ronald Reagan responded to the recession of this period by cutting welfare and housing programs. In 1983 HUD was commissioned to do a study of the homeless and they “downplayed both the severity and size of the problem” which caused a continuing debate about the extent of the problem (DePastino, 2003). With the rising public awareness Reagan was forced to sign the Stewart McKinney Homeless Assistance Act in 1987 although he was quoted as saying that those who were homeless were so, ”by their own choice” (DePastino, 2003, p.254). Some congressmen during the debates over this act felt that it was “an expensive welfare program that would do little to reduce homelessness” (Kyle, 2005, p.44). The goals of the McKinney Act were to supply emergency shelter, food, health and mental health care, children’s education, transitional housing and job training, however, over the next ten years the Act did little to address the causes of homeless, poverty and lack of affordable housing (Choi & Snyder, 1999).

Although cuts in federal Aid to Families with Dependent Children (AFDC) began in the 1970s, President Reagan continued the cuts in order to offset tax cuts. The federal government during Reagan’s eight years in office altered the eligibility requirements and
payment amounts reducing the number of people in the program by half of a million people. These were coupled with cutbacks in food stamps, disability and unemployment benefits (DePastino, 2003). Affordable housing continued to disappear due to cuts in federal housing programs. The funding of HUD went from $35.7 billion in 1980 to $7 billion in 1989 and the housing units subsidized by the government fell by 70 percent (DePastino, 2003). These cuts led to the increasing numbers of the minorities, women and children among the homeless (Kusmer, 2002 & DePastino, 2003).

Work requirements for able bodied people continued to be discussed among those debating federal aid. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and the Temporary Aid to Needy Families (TANF), which replaced AFDC, both had provisions for local communities “to require able-bodied homeless persons to work for their assistance” (Kyle, 2005, p.44).

In rural New Hampshire counties the history of homelessness included the use of county farms. It was common in rural areas for the county to be the destination for families and individuals who did not have work or family support in the early 19th century. For example in Cheshire County, New Hampshire a farm was purchased and an Almshouse was erected in 1869 (County of Cheshire, 2011). The intentions for this purchase included the following:

In 1876, the County Commissioners reported ‘Not only does the best financial interest of the county demand, but humanity also dictates the true policy that the wards of the County shall be kept at the Almshouse. It is a mistake to suppose that it is either generosity or good judgment to encourage the pauper to rather receive a meager weekly allowance that cannot suitably feed, or warm, or clothe him, than to go to the Almshouse, where he is sure to have plenty of food, warm shelter, comfortable clothing and kindly care, at no increased expense to the County. We feel that the people of Cheshire County have, through their agents,
prepared a good home for their paupers, and we earnestly invite inspection of the same’ (County of Cheshire, 2011).

The report goes on to state:

They go on to praise the managers of the farm and Almshouse, saying they have ‘. . . endeavored patiently and persistently to accomplish the end for which the institution was established, . . . to furnish comfortable accommodation, plenty of wholesome food, kindly care and nursing in sickness, and to perform the whole duty the public owes to its unfortunate poor, and in such a way as not to encourage indolence and pauperism, and make the institution a refuge for those who are too mean to help themselves’

The county jails, farms and nursing homes were built closely together and they were used as work places for those people coming to the county from the bigger towns and cities. The county provided places for these people to work and live. They provided food for the jails and nursing homes and received some health care from the nursing homes. When an inmate was released and had nowhere to go he could stay and work on the farm. Many inmates that had a trade such as carpentry or baking could fulfill a need there as well (Source: County official interview).

**Homelessness Today**

Currently, homelessness is once again at the forefront of United States policy. Recently, in 2009 the American Recovery and Reinvestment Act and the federal government infused $1.5 billion dollars into the Homeless Prevention and Rapid Re-housing Program. Also in 2009 the United States legislature mandated the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act). The HEARTH Act stated that there was a lack of affordable housing and a limited amount of housing assistance programs in all areas of the United States including rural, suburban
and urban areas (National Law Center, 2011). In addition, Congress commissioned the United States Interagency Council on Homelessness (USICH) to develop a comprehensive plan to end all types of homelessness in the United States (USICH, 2010). Within the plan, Opening Doors, there are different goals which include:

“Improving access to mainstream programs and services to reduce people’s financial vulnerability to homelessness; integrating primary and behavioral health care services with homeless assistance programs and housing to reduce people’s vulnerability to and the impacts of homelessness; advancing health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice; and transforming homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing” (USICH, 2010, p.7).

The USICH is committed to help each state to create a plan to end homelessness that is aligned with the federal plan. The New Hampshire Ten-Year Plan (NHICH) includes goals specific to this study. These include: “Increasing access to wrap around services 1) for people who are at risk of becoming homeless to prevent them from losing their homes, and 2) to help people who are currently homeless to obtain housing; creating a service system that is thoroughly and seamlessly integrated. Providing the most efficacious way to prevent and minimize homelessness by eliminating duplication and closing service gaps” (NHICH, 2006, pp.5-6).

On January 26, 2011, New Hampshire carried out a point-in-time count to assess the number of homeless people in the state (New Hampshire Department of Health and Human Services, 2011). This count resulted in 2,520 homeless individuals. This number was broken down by county and by type. In Grafton County there were 68 individuals
who were living in shelters. Of these 68, 29 constituted 11 families. In Grafton County there were 19 individuals who were not sheltered and 11 of these were in 3 families. Eight individuals were temporarily doubled up with other people. Of these 8, 5 were a part of 2 family units (Point in time count, Table A). These point-in-time counts are carried out every year across the United States and are surrounded by much controversy over their accuracy (Post, 2010).

The rationale for the change in strategies at both the federal and state level is the expense of traditional service delivery. Traditionally ways to manage the needs of homeless individuals include the use of emergency room services, and placement in relatively expensive motels, or congregate shelters. The extended stays due to lack of public housing and support services are costly. This is often repeated due to lack of ongoing support needed for formerly homeless people to maintain their own homes (NHICH, 2006, p.4, USICH, 2010). The cost of homelessness can be quite high due to hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses according to the National Alliance to End Homelessness (2011). For example the National Alliance (2011) cites a study by the New England Journal of Medicine which found that “homeless people spent an average of four days longer per hospital visit than comparable non-homeless people. This extra cost, approximately $2,414 per hospitalization, is attributable to homelessness.”

A recent Housing and Urban Development (2010) study found that the cost of providing emergency shelter to families is generally as much or more than the cost of placing them in transitional or permanent housing. Emergency shelter is a costly
alternative to permanent housing. While it is sometimes necessary for short-term crises, too often it serves as long-term housing. "The cost of an emergency shelter bed funded by HUD's Emergency Shelter Grants program is approximately $8,067 more than the average annual cost of a federal housing subsidy" (USHUD, 2010).

Despite some agreement on what needs to be done by policy makers there are issues that are preventing implementation. The following review of the research addresses the issues that perplex the United States' policies and programs that address homelessness in rural areas. This thesis answers the research questions: What are the experiences of rural homeless families, what experiences contribute to their homelessness, and what services do they need to move forward?
CHAPTER II

LITERATURE REVIEW

Challenges to Implementation

Defining Homelessness

HUD provides the following federal definition of a homeless individual from the United States Code:

1. An individual who lacks a fixed, regular, and adequate nighttime residence; and
2. An individual who has a primary nighttime residence that is-
   a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
   b. An institution that provides a temporary residence for individuals intended to be institutionalized; or
   c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (US Code, 2011).

New Hampshire’s ten-year plan adds to this definition with:

Those that are sharing housing with others, i.e., informal arrangements with relatives and friends where the host can tell the homeless individuals to leave at any time (this is known as ‘shelter at will’ or ‘couch surfing’) and runaways and homeless youth who have left home for any of a number of reasons (i.e., runaways, throwaways, or those escaping neglectful, physical, or substance abuse environments) and are not in the physical custody of a parent or legal guardian. (NHICH, 2006, p10)

The National Coalition for Homeless (NCH) notes that using the HUD’s limited definition of homeless as those who are literally homeless does not readily apply to rural homeless (2011). Since there are limited numbers of shelters in rural areas, homeless
people often find themselves doubled-up with friends or relatives or living in substandard housing. Wright, Caspi, Moffitt & Silva (1998) conducted a survey of those doubled-up with other friends or family. There is a strong correlation between living doubled-up as a precursor to homeless (Wright et al, 1998, Ellen & O’Flaherty, 2010). They also note that families and children experience higher stress when living in overcrowded arrangements and amid strained relationships.

Based on the HUD definition, if they are not in a shelter they may not be eligible for services to help them regain their own residence. Rollinson and Pardeck (2005) further break down the experiences of homeless into three categories: temporarily, episodically, and chronically. The temporarily homeless result from natural disasters, fires, evictions and family breakdowns. Examples of episodically homeless include youth who leave abusive homes, the mentally ill who may exhaust their family’s good will and women with children who stay with family while escaping domestic violence. The chronically homeless are those who have been without a home for more than a year.

In studying the homeless, homeless agencies have come to realize that there are differences in the needs and characteristics of homeless people depending on where they live (GAO, 2010, pp.7-8). However there is little agreement on who is homeless and where they live (GAO, 2010, pp.5-6, Mondello, Bradley, McLaughlin, & Shore, 2009). According to Housing and Urban Development (HUD) Congress directs what definition of homelessness is to be used for each federal assistance program. For example some of these definitions include “persons experiencing ‘literal’ homelessness: those living in shelters or in places not meant for human habitation, but not in precarious housing
situations” (GAO, 2010, p.4). Another program’s definition includes “youth and children who are living in substandard housing” (GAO, 2010, p.5). Yet another includes “those who are doubled up or living temporarily with another household because they cannot afford housing of their own” (GAO, 2010, p.5).

On January 26, 2011, USICH hosted a meeting with a broad representation of stakeholders. This day-long meeting allowed them to hear both the benefits people saw in developing a common vocabulary and a common data standard, in addition to some of the challenges associated with moving in this direction. A common vocabulary would, however, allow them to better measure the scope and dimensions of homelessness, and it could ease program implementation and coordination on the ground” (USICH, 2011).

**Defining Rural Homeless Populations**

Variations also exist regarding what constitutes rural populations. Many agencies define rural by what it is not. According to the U.S. Bureau of Census as cited by the National Coalition for Homeless “rural areas constitute all ‘territory, population, and housing units not classified as urban” (NCH Fact Sheet #11, 2011, Robertson, Harris, Fritz, Noftsinger, and Fischer, 2007, p.8-3). The GAO (2010) report notes there are three most common federal definitions of rural and these differ on “population density and proximity to urban areas” (p.6). This is significant because federal dollars are designated for different areas of the country and if the definitions are not consistent then the rural areas may not get the proportion of the funding they are eligible for.

Another issue that affects the proportion of funding is the actual number of homeless in rural areas. Homeless people in rural areas are not as visible as they are in
urban areas. In some rural areas people are living in overcrowded or substandard housing, they may use campgrounds seasonally and then find cheaper off season rentals. These people are mobile and they may seek shelter in secluded areas (GAO, 2010). For example, in New Hampshire, there is a tent city outside of Keene where many Veterans are living. The residents here are often mentally ill, addicted to drugs and alcohol and chronically homeless (homeless for more than 2 years) (Sentinel Source, 2011).

An accurate count is necessary to ensure proper funding for area agencies. Inaccurate counts prevent agencies from providing more services such as mental and health services to this population. An accurate count is also difficult because agencies only focus on the particular population that they serve such as Veterans, runaway youth or domestic abuse victims. Agencies within one county are often not required to share the data that they gather (GAO, 2010). One study found that when rural people lose their housing they often move in with friends or family, move into substandard structures such as barns, or move to urban areas looking for services and/or jobs (Post, 2002). Therefore, it can be quite difficult to get an accurate count of the rural homeless population.

Rollinson and Pardeck (2006) report that the problem with counts is that they usually rely on the literal homeless that the agencies can find. These rarely include those that are living doubled up, in substandard housing, cars, and outdoors out of view. This certainly applies to those homeless in rural areas.
Rural Homelessness

Causes

In general the reasons for rural homelessness are similar to issues in urban areas. The USICH (2010) lists a variety of reasons for the increase in homelessness including: “the loss of affordable housing and foreclosures; wages and public assistance that have not kept pace with the cost of living, rising housing costs, job loss, and underemployment, and resulting debt; and the closing of state institutions without concomitant creation of community based housing and services (p.10).” In addition in rural areas, there is a reduction in many industries such as agriculture, manufacturing, mining, timber and paper mills (NCH, 2011). Rollinson and Pardeck (2006) claim the changing economy from industry to one based on services has led a large portion of the poor to be at a greater risk of homelessness. They also list the following afflictions as reasons for the rise in homeless numbers: personal disabilities; health status; education, employment, and income; length of homelessness; and geographic location. Personal disabilities can include addictions and psychiatric disorders. A person’s health status concerns their physical health. Those who are homeless rarely get preventive or follow up care, and live in overcrowded settings or outdoors. The stress of being homeless also can aggravate existing health problems.

Rollinson and Pardeck (2006) have gathered research that supports that causes of homelessness can be grouped in two categories: individual vulnerabilities and structural conditions. The individual vulnerabilities could include mental illness, substance abuse and addiction, and family estrangement. These stressors would preclude people from
gaining and maintaining work and housing even if it was available. They cite Baum and Birnes (1993) statement that:

“America is in deep denial about homelessness. Compelling evidence suggests that the primary issue is not the lack of homes for the homeless; the homeless need access to treatment and medical help for the conditions that prevent them from being able to maintain themselves independently in jobs and housing.” (p.3)

Family estrangement can begin in early childhood as dysfunction and broken homes and can later lead to homelessness (Rollinson & Pardeck, 2006). Family violence and victimization are predictors of homelessness as well.

Structural conditions that can lead to homelessness include the employment market, family structure, income distribution and changing public benefits (Rollinson & Pardeck, 2006). The increasing income gap between the top and the bottom earners continues to grow. De-industrialization has shifted the labor market from unionized, full-time manufacturing jobs to those in the low-paying service industry. Marital patterns and family structure has also changed. People often live apart from their families and have little support nearby when they experience homelessness. Rollinson and Pardeck (2006) feel that it is unlikely that there will be a consensus about the causes of homelessness. They suggest that it is more important to recognize the lack of an accurate count and therefore a lack of services in rural areas. They state that “the lack of knowledge about the needs of people who are homeless in rural areas and about the causes of their homelessness has prevented social workers and policymakers from adequately addressing the problem” (p20).

A study entitled Family Homelessness: An Investigation of Structural Effect (Gould & Williams, 2010) examines other structural conditions that may affect the
number of families using emergency shelters. Gould and Williams (2010) examined the structural components of “the unemployment rate, the taxable sales revenue, the fair market rents, number of available beds in shelters, the size of the population and the population growth, and the income maintenance benefits” (p.177). Data from HUD reports, point in time counts and data from counties were used to determine the effects of these factors. The following results were reported:

- The unemployment rate is positively and strongly associated with the number of people in families in emergency homeless shelters per county.
- The taxable sales revenue is not associated with the numbers of families in emergency homeless shelters.
- The fair market rents are not associated with the numbers of families in emergency homeless shelters.
- The number of emergency shelter beds is positively and significantly associated with the numbers of families in emergency homeless shelters.
- Neither population size nor growth is associated with the numbers of families in emergency homeless shelters.
- General relief is inversely and significantly associated with the numbers of families in emergency homeless shelters (p.180).

Gould and Williams (2010) concluded that “the theory that family homelessness is related to economic conditions is strongly supported by this study. More attention should be given to how existing economic and other public policies can result in increases in family homelessness, contributing to the further growth of chronic homelessness, and how better policies and a more equitable economy may alleviate homelessness and consequent social ills” (p.186).

Other factors associated with homelessness can include “divorce, domestic violence, family conflict, physical health, mental illness, and substance abuse” (Gaas, 2009, p.7). Lack of transportation to jobs is both a cause of homelessness and as well as
a barrier to receiving supportive services (NCH, 2011). Another factor specific to rural homelessness is the stigma of being homeless and having your neighbors aware of your personal situation. This often leads to people waiting too long to get help and therefore losing their homes (Gaas, 2009; Post, 2002; Robertson et al., 2007).

**Individual Characteristics**

Rural homeless individuals are often male, white, between the ages of 35-44, with little education (high school or less) with involvement in juvenile detention or previous incarceration, and are often uninsured (Post, 2002, Robertson et al., 2007). In addition rural homeless are more likely to be employed, homeless for the first time, have more health concerns and less likely to have a drug addiction than their urban counterparts (Robertson et al., 2007). Rollinson and Pardeck (2006) report that the rural homeless appear “to include a larger proportion of the working poor, whites, and women with children” and “because of the high poverty rates among female-headed households in rural areas, rural women are particularly vulnerable to experiencing homelessness” (pp. 10-11).

In 1999 the Interagency Council on the Homeless (ICH) conducted a national survey of homeless assistance providers and clients (1999). In their study they found that:

- 34 percent of the homeless have minor children in their families.
- Most homeless clients are male (68 percent), nonwhite (53 percent), and poorly educated (38 percent).
- Sixty percent of homeless women have minor children, as do 41 percent of homeless men.
- Twenty-eight percent of the children live with their homeless parents and of those 20 percent are infants and toddlers, 22 percent are preschoolers, 33 percent are elementary age, and 20 percent are adolescents.
• Finding a job is the top need and the second top need is finding affordable housing (38%).
• Insufficient income (30%) and lack of employment (24%) are the top things keeping people homeless.
• Fifty-eight percent report problems with getting enough food to eat.
• Twenty-seven percent of homeless lived in foster care, a group home, or an institution when they were children (ICH, 1999).
• Twenty-four percent report experiencing child abuse and 21% were homeless as children.
• Many homeless adults were runaways (33%) and throwaways (22%).

The stress on a family as they near losing their home is quite high (Choi & Snyder, 1999, Friedman, 2000). However this is only the beginning of the trauma they will experience. When a family loses their home they often lose their belongings, clothing, and may go without food (Choi & Snyder, 1999). They often develop depression and anxiety due to the lack of security and the need to double up with family or friends. If they are forced to seek emergency shelter they may face other people with drug or alcohol issues, family separation, health and/or lack of privacy (Choi & Snyder, 1999). Friedman (2000) was troubled by the thought that some still think people may be looking for a handout and choose to be homeless. She believes that entering the shelter system is only the beginning of the trauma.

A study published in the American Journal of Evaluation (Rog, 1999) looked at the Homeless Families Program which was run by the Robert Wood Johnson Foundation and HUD beginning in 1990. The goals of the program were to create “systems change in support systems and develop service-enriched housing for families” (Rog, 1999). Rog (1999) found that:
"...families often presented with a web of interrelated and deep-seated challenges. Families had experienced a great deal of instability, having moved approximately every three and one-half months in the prior eighteen months. On average, families experienced their first homeless episode about five years before entering the program. Families had multiple needs, including mental health and physical health services, substance abuse treatment, education and training, and others. Mental health and domestic violence needs were the most pronounced areas of needs and appeared to be present for much of the women’s lives. Even after being in housing approximately nine months, more than half (59%) were considered psychologically distressed and in need of further evaluation for depression. Nearly all (81%) reported some type of abuse by a former partner, and 65% reported one or more severe acts of violence by a partner” (pp.559-560).

There are characteristics that are poor and homeless children share. Many poor children are already experiencing risk factors that affect their development such as hunger, unstable housing, poorly educated parents, family breakups, domestic violence, and dangerous neighborhoods (Choi & Snyder, 1999). These stressors are only intensified when they become homeless. Overcrowded living conditions can increase their exposure to communicable diseases and they usually have very infrequent health care and almost no preventative care (Choi & Snyder, 1999). Malnutrition and chronic illnesses are common.

Poor school attendance and developmental delays can cause further anxiety and depression for children and their families. Children often have to switch schools due to moves or they lack transportation, supplies or clothing to attend school. Although lack of residence or transportation is not supposed to interfere with a child’s attendance according to the Stewart B. McKinney Act it often does (Choi & Snyder, 1999).
Support Services

Supportive services that may be available in rural areas fall under the categories of housing, food, physical and mental health care and financial assistance (GAO, 2010). Housing may consist of congregate (shared space) or apartment style shelters, hotels, motels, or transitional housing. Some housing is restricted to certain populations such as domestic violence victims, women and children, single men, Veterans, Native Americans, or runaway youth (Gaas, 2009). Support services that involve food can be overnight shelters, day shelters, food pantries, or soup kitchens, food stamps, free lunch programs at schools or a nutrition program for Women, Infants and Children (WIC) (GAO, 2010). Physical and mental health is a large problem for rural homeless people. Even if the individual is employed it is unlikely that their job would offer health insurance (Post, 2002). They are more likely to wait longer to seek medical attention for a physical ailment or mental health issue such as post-traumatic stress disorder or substance abuse (Post, 2002). Urban areas often may have access to a mobile van for basic health care but this would be difficult in rural areas considering the distance between centers.

Barriers to Services

Several of the issues that cause homelessness are also the barriers to accessing service. Without housing, food, education, employment, transportation, and health care many people find it difficult to find help. In rural areas access to services to help someone fill these needs is often spread out in their county if they exist at all (Gaas, 2009, Mondello et al., 2009). Choi & Snyder (1999) found in their study that
transportation was essential to people finding an apartment, finding and maintaining a job, and getting to appointments such as a clinic.

If there is a shelter it may be designated for a specific population such as domestic violence victims (Gaas, 2010, GAO, 2010). Transportation is often a major obstacle in getting help as it is for finding and keeping a job. Most rural areas do not have public transportation (GAO, 2010). If and/or when individuals are able to get in touch with service providers they may find that the shelters that do exist are full or they do not have any affordable housing options for them in the area (GAO, 2010). Several public housing apartments have waiting lists of months to years (Choi & Snyder, 1999). Many communities find it difficult to get investors or developers to build affordable housing or communities are reluctant to have low-income housing in their areas due to the perceived undesirable population that would use it (GAO, 2010). Access to physical and mental health care is difficult due to the lack of services, the ability to get there, and the reluctance to admit that there is a problem (HCH, 2001).

There are barriers to delivery of services for the service providers as well. Agencies find that they are overloaded with cases, have trouble locating the homeless, and have little to offer them in the way of funding, housing, and health care (GAO, 2010). Caseworkers in rural areas are often charged with a variety of tasks from the grant writing for funding, to outreach, to transporting individuals to appointments, and to staying informed on all the resources that are available (GAO, 2010).
Research on Experiences of Homelessness

In reviewing the literature on homelessness in rural areas there is a lack of research on how individuals experience homelessness. Most of the research has been published by federal, state, or county governments or independent organizations. Research has focused on more general observations and the costs of homelessness, but lacks the perspective of the homeless individual. One exception is a study done in Cecil County, Maryland by researchers at Salisbury University (2005). This study used surveys and personal interviews of homeless individuals and service providers to get a firsthand sense of what it is like to be homeless and the barriers to accessing and delivering services. This study provides a detailed description of the county including its demographics, economic, social and housing characteristics. The significant findings of this Salisbury University (2005) study included a lack of affordable housing as the most frequent unmet need; that 40% of homeless respondents spent the previous night in a shelter; that 80% had their most recent meal at a community kitchen; and the majority had been homeless prior to this experience. This suggests that the immediate needs of housing and food are not being met and that homelessness is difficult cycle to break.

One study of homeless families was conducted by Choi and Snyder (1999). Their qualitative research study included conducting interviews of 80 parents at two shelters using open ended questions. A few interesting findings of their research include that nearly 22% became homeless due to non-payment of rent with family disruption or violence equaling over 16% each. Just over thirty-three percent came directly to the shelter upon losing their home and 20% had doubled up with parents prior to entering the
shelter system. And finally over 41% reported having no social support in their lives (Choi & Snyder, 1999). The authors recognize (as this author does as well) that the limitations of their study include a one point in time contact with the parents, the non-random selection process, and the lack of time to form a trusting relationship with the subjects.

Rollinson and Pardeck (2006) state that “the needs of the very poor extend beyond simply a roof over their heads and that homelessness is much more complex than a lack of shelter” and “homelessness results from a complex, often interrelated set of circumstances that can require people to choose between shelter, food, and other basic needs.” (p.1). Rollinson and Pardeck (2006) focused their study on rural homeless and their unique characteristics. They found that the proportions of rural homeless are higher than in the urban areas. The rural homeless are usually not as visible nor do they fit the usual stereotypes of those homeless seen living on the city streets.

Friedman (2000) conducted a study of homeless parents and shelter providers about the difficulties of parenting in public. The lack of privacy and overcrowded conditions of a shelter often make it difficult to discipline children. Often parents have different methods of parenting and sometimes the shelter personnel will get involved. Friedman (2000) found that several employees would take over the role of the parent for the children and the parents themselves. They felt the homeless parents did not have the skills to control their children and make good decisions.
Policy Focus

How national, state, and local governments appropriate their scarce funds will depend on what programs they think will be the most effective and cost efficient. The National Alliance to End Homelessness (2011) suggests that a comprehensive policy that addresses affordable housing for very poor families and their income and work needs should include:

- Increasing affordable housing;
- Providing appropriate income and work supports for low-income families;
- Providing survivors of domestic violence the necessary tools to preserve and regain housing;
- Preserving at-risk families;
- Providing states with resources to meet the housing needs of child welfare-involved families; and
- Promoting healthy families and child development.

In their Federal Homelessness Appropriations report the National Alliance to End Homelessness (2011) details the budget amounts enacted in 2011 and the proposed amounts for 2012. The following are HUD programs: The Homeless Assistance Grants program is proposed to increase by 25%; the Tenant-based Rental Assistance program may be increased by 5%; the Family Unification program will not be funded; the Project-based Rental Assistance program may be raised by 6%; and the HOPE VI/Choice Neighborhoods program is proposed to get an increase in funding by 75%. “HOPE VI focused on physical improvements to public housing and integration of social and community services to transform neighborhoods. While still embracing those goals, Choice Neighborhoods is an attempt to address the systematic causes of neighborhood
distress through mixed-income housing, public transportation, education, and job access” (Indiana association for Community Economic Development, 2011).

The Appropriation report continues with the U.S. Department of Health and Human Services’ programs (National Coalition to End Homelessness, 2011). Community Health Centers may get an increase of 36%; Health Care for the Homeless is projected to get a reduction of 5%; Community Services Block Grants may be reduced by 47% {These include Recovery Act funds meant to reduce poverty, revitalize low-income communities and the empowerment of low-income families and individuals in rural and areas to become fully self-sufficient (HHS.Gov/Recovery, 2011)}; and Family Violence Prevention and Services may get a 4% increase in funding. The numbers for the Transitional Living, Promoting Safe and Stable Families, and Social Services Block Grant have not been proposed yet. As of May, 2011 Congress had not included any funding for the Homelessness Prevention and Rapid Rehousing Program (National Coalition to End Homelessness, 2011).

According to a New Hampshire Public Radio report aired on June 22, 2011 (NHPR, 2011) New Hampshire lawmakers cut a program called the Unemployed Parents Program. This program provided assistance to parents who have not been able to find employment or are underemployed. This program assisted about 300 families between 700 and 800 dollars a month to provide food and shelter for their families.

It seems that cuts like these and others go against what governments profess to be their priorities. The federal government has declared they want states and localities to
implement their own plans to end homelessness but when it comes to funding initiatives the money is scarce.

**Solutions and Recommendations**

Clearly, more work is needed to understand the needs of rural homeless populations, as well as provide better supports for them. HUD recommends that a clear goal of ending chronic homelessness is needed which should include organizing at a community level, increasing resources from mainstream agencies and private funders, as well as support from elected officials and improved neighborhood relations (Salisbury University, 2005). Other recommendations include an expanded definition of homelessness, increased outreach to isolated areas, increased affordable housing, jobs with better wages, increased availability to heath care and transportation, creation of coordination of service providers and increased cultural awareness (NCH, 2007, Robertson et al., 2007).

The dominant program for dealing with the homeless that have mental illness or substance abuse issues is the linear residential treatment (LRT) continuum of care (Tsemberis, 2010). These types of programs include “outreach teams, drop in centers, safe havens, shelters, transitional housing, and permanent supportive housing” (Tsemberis, 2010, p.39). However, the requirement for entry into these programs is enrolling in and progress in treatment *first*. There are several problems with this system. For example, those who relapse are usually evicted and the cycle of homelessness begins again. Some communities do not want these supportive housing units in their neighborhoods, and some question the ethical principles involved in forcing someone to
be in treatment to get housing. This group doubts the effectiveness of treatment that is coerced (Tsemberis, 2010).

One program model that is spreading quickly throughout the United States and Canada is Housing First which was first created in 1992 (Tsemberis, 2010). This program does not require getting treatment prior to getting housing. Since many of the most vulnerable people with mental illness and substance abuse issues have difficulty overcoming their trust issues they are reluctant to enroll in treatment. After they are given housing they must agree to have a member of the staff visit them once a week and pay a rent equal to 30% of their income. Usually after this relationship is established they are more likely to agree to treatment and have a greater chance of success (Tsemberis, 2010). The program is based on four elements: consumer choice, separation of housing and treatment, recovery orientation (focused on recovery and shared decision making), and community integration (uses regular apartments in the community) (Tsemberis, 2010). HUD and others have done research that supports the long term success and cost savings of this housing model (Tsemberis, 2010).

Another proposal that would extend housing benefits to all of the poor who are entitled includes less use of low-income housing programs and increasing the subsidies for tenant-based assistance (Olsen, 2010). This “entitlement housing voucher program” would reach the poorest who are at greatest risk of becoming homeless (Olsen, 2010, p.91). Olsen (2010) believes that research has shown that there are plenty of available apartments to house those who need it and it would not cost any more than the project based housing does.
The GAO report (2010) summed up their recommendations with the following:

"To strengthen formal collaboration efforts, we recommend that the Secretary of Housing and Urban Development and the Secretary of Health and Human Services direct the appropriate program offices to further explore opportunities to more formally link housing with supportive services- in the most appropriate forms and combinations of mainstream and targeted programs identified by both agencies-with specific consideration for how such collaboration could minimize barriers to service provision in rural areas” (p.38).

To address this call to action, the current study aimed to reach out to the homeless families and county government officials in rural New Hampshire in order to explore the needs of this population and understand experiences of being homeless.
CHAPTER III

METHODOLOGY

Grafton County Profile

Grafton County occupies the west central border of and is located midway between north and south of the state of New Hampshire. The western border of the Connecticut River is shared with Vermont. According to the county website (2010) Grafton covers almost one-fifth of the state. It was one of the five original counties of New Hampshire established in 1769. Until 1803 it also included the neighboring county of Coos. The county contains a substantial amount of inland water, most of which is Newfound Lake or part of Squam Lake, and it includes half of the White Mountain National Forest.

Grafton County contains 1,713 square miles of land area and 36.6 square miles of inland water area. Based on the estimated 2009 population, the population density is 53.7 persons per square mile. Grafton County includes one city, Lebanon, 38 towns, and one unincorporated place, Livermore. The county seat is Haverhill.

Over the last fifty years, Grafton County has experienced population growth below the state average rate, with no substantial growth spurts. The county’s fastest rate of growth was from 1970 to 1980, when the population increased by 19.8 percent. The total population increased from 54,914 to 86,291. Grafton is the second largest county in New Hampshire based on land area, following Coos County. Population density for
Grafton County is about equal to that of Carroll County, which is about 775 square miles smaller (Grafton County, 2010).

The Grafton County website (2010) states that the total labor force is 48,630 with 46,100 employed leaving 5.2% unemployed. This has increased from 1.9% in 1999. The income per capita is $27,451 with a median household income of $51,492. The median earnings of males is $43,225, for females it is $33,581. The median sale price of a home is $172,750 and the median monthly rent of a two bedroom apartment is $934. Of the population there is 57,548 that are age 25 and older. Ninety point five percent have attained high school or higher education and 34.4% have a bachelor’s degree or higher (Grafton County, 2010).

Participants

**Family sample.** A shelter in Grafton County, New Hampshire was contacted in order to recruit a selection of families to interview. The directors of the shelter allowed the researcher to spend some time there and meet some of the residents. They also enabled the researcher to contact a woman who had left the shelter. Families were approached personally by the researcher. The study process was explained and consent was received before the interview began. The researcher was provided with a private office at the shelter to conduct the interviews.

The definition of family used for this study included at least one parent and at least one child. For the purposes of this study, the definition of homeless included any family that does not have a regular, fixed and adequate home of their own. Subjects
were drawn from those living in shelters, with friends or relatives, in substandard housing, transitional housing, or outside.

The homeless family sample consisted of seven people. Five of these people are currently living in a shelter. One had moved into subsidized housing and another was moving into an efficiency apartment. One female lives with her two children and another with her newborn. The others no longer live with their children for a variety of reasons. The average age of interview participants was 42 with a range from 21 to 62. Two of the seven people interviewed were males.

The participants are identified with pseudonyms and described with a few characteristics. “Katie” was a single, white, pregnant female aged 21 and a high school graduate. Her boyfriend, “Charlie,” is a 21 year old black male with a high school education. “Kelly” is a 28 year old single, white female. She is the mother of two girls ages nine and eleven who live with her.

“Karen” is a divorced white female aged 34. She is the mother of 3 children who no longer live with her. “Sharon” is a sixty-two year single, white female. She is the mother of three children and five grandchildren. “Tara” is the forty year old divorced white mother of two grown daughters who live independently and an 11 month old son with multiple health issues who lives with her.

“Eddie” is a fifty-four year old divorced white male. He has grown children. “Ben” is a fifty-five divorced white male who has grown children.

**Government sample.** The county government officials who were approached for interviews included county commissioners, corrections department employees, the county
attorney, and the county sheriff. These officials were asked to describe issues of homelessness in Grafton County based on their experience. The specific roles of each of the officials interviewed will be kept confidential.

These two samples were chosen in an attempt to get two different perspectives of the issue of homelessness. The researcher wanted to get the county officials’ perspective in order to see what measures were, or would be, taken to assist families in regaining their own homes.

Measures

The researcher created interview questions based on instruments designed by Salisbury University (2005) for the Cecil County, Maryland rural homeless study. (see appendix A) The interview consisted of 19 questions for the families. The questions covered their opinions about the issue of homelessness and their experience with being without a home. The interview focused on barriers that interfered with their needs being met. The county government officials were asked only the first seven of the same interview instrument. These cover the broader issue of homelessness in Grafton County. It was presumed that the officials had not experienced homelessness themselves. If this was not true then the rest of the questions were asked if the interviewee agreed.

Research Design

A qualitative research study was chosen for its interpretive basis. Homelessness is an experience or a process that a researcher seeks to understand. The best way to understand an experience or process is to interview, observe, and then examine the results from these techniques (Merriam, 1998). Merriam (1998) states that “Qualitative
research is an umbrella concept covering several forms of inquiry that help us understand and explain the meaning of social phenomena with as little disruption of the natural setting as possible” (p.5). A quantitative study would have only been able to get the concrete statistics and frequencies of occurrences and wouldn’t allow the researcher to get to the heart of the issues and experiences of homelessness.

Sherman and Webb (cited in Merriam, 1998) note that “Qualitative researchers are interested in understanding the meaning people have constructed, that is, how they make sense of their world and the experiences they have in their world. Qualitative research implies a direct concern with experience as it is lived or felt or undergone” (p.6).

A semi-structured confidential interview was conducted with homeless families.

“In semi-structured interviewing, a guide is used, with questions and topics that must be covered. The interviewer has some discretion about the order in which questions are asked, but the questions are standardized, and probes (follow-up questions) may be provided to ensure that the researcher covers the correct material. This kind of interview collects detailed information in a style that is somewhat conversational. Semi-structured interviews are often used when the researcher wants to delve deeply into a topic and to understand thoroughly the answers provided” (Harrell, 2009).

In the setting of the shelter the researcher was able to make the interviewees comfortable which allowed them to tell their stories. Prompts were given with the questions and follow-ups were used where needed to get the background story and to clarify a statement or the sequence of events.

Every attempt was made to sample from a diverse homeless population including those who are and are not receiving services, and those who are newly homeless or those who have an ongoing history of homelessness. The homeless family sample was not randomly chosen. The non-probability technique of purposive sampling was used. Non-
probability means that the results may not be useful in generalizing to a larger population (Merriam, 1998). Purposive sampling involves finding cases that are rich in information (Merriam, 1998). This maximum variation technique was chosen to try and get people who are at different points of the homeless experience. Patton states (as cited in Merriam, 1998) “Findings from even a small sample of great diversity can yield important shared patterns that cut across cases and derive their significance from having emerged out of a heterogeneous group” (p.63).

Grounded theory guided the interviews. Grounded theory focuses on processes (Schram, 2003). Grounded theory begins with a research situation. Within that situation, the researcher’s task is to understand what is happening there, and how the players manage their roles. This approach is mostly done through observation, conversation and interview (Dick, 1990). This study is focused on the experiences over time of people involved with homelessness. Although there was a framework for the interview questions, as information was gathered it affected follow up questions to gather information on emerging themes. Interviewees guided the direction of the interviews by their responses to the questions. Interviews of homeless families and county officials were conducted by the researcher. These were recorded and examined for themes. The themes continued to emerge through the interviews and examination of the responses. This methodology provided a profile of rural homelessness in Grafton County, New Hampshire, as well as some of the barriers that prevent homeless people from securing a home of their own.
Bio-ecological Theory

It is helpful to examine the issues associated with homelessness through the lens of Urie Bronfenbrenner’s Bio-ecological theory. Urie Bronfenbrenner, a well-known family theorist, is best known for his ecological theory which developed into the bio-ecological theory by his death in 2005 (White & Klein, 2008). Hawley (as cited in White & Klein, 2008) states that “The family is a social organization embedded in a larger kinship network” (p.253). White & Klein (2008) maintain that in bio-ecological theory the family is a key unit that should provide for the individual and therefore society. There are four concepts that are the basis of Bronfenbrenner’s complete theory and five system levels that are interconnected (White & Klein, 2008). The concepts are process, person, context, and time (Tudge, Mokrova, Hatfield, & Karnik, 2009). The processes involved in a person’s development begin while a very young child. These processes become more complicated as the person grows. These interactions involve “persons, objects, and symbols in its immediate external environment” (Tudge et al, 2009). These interactions are in the first level, the microsystem, and they differ in intensity due to the characteristics of the developing person and the environment.

The next concept is person. Bronfenbrenner recognized the importance of the biological and genetic traits brought into a situation by the developing person. These can include gender, age, race, past experience, skills, intelligence, temperament, motivation, persistence and resources such as good food, housing, education, and caring parents (Tudge et al, 2009).
The concept of context includes the relationships within the developmental environment and how they interrelate with the person. The contexts that we encounter are our environment (our immediate surroundings), parents' work environments, neighborhood safety, and cultural, or subculture, surroundings "whose members share values or belief systems, resources, hazards, lifestyles, opportunity structures, life course options and patterns of social interchange" (Tudge et al, 2009, p. 201). The final concept of time encompasses the period of time in which a person's life is lived. Time also addresses the order of how events unfold. For example, timely events may be get a job, get married, and then have a child. If these things are not done in this order they may seem wrong according to our perception of the correct time for these events.

The five levels of these systems are described below:

- **Microsystem** - Closest to the individual - family, school, neighborhood, church

- **Mesosystem** - relationships within the immediate environment - who lives with the individual, who is the teacher, what is the neighborhood like?

- **Exosystem** - social settings that indirectly affect the individual - parent's work, neighborhood safety, services, media

- **Macrosystem** - the culture, values, beliefs, attitudes - a value for family? a work ethic? a respect for elders? pride in possessions? ethnic & socioeconomic factors?
• Chronosystem- time, the changes over time in all systems - job change, family change, death/moving, school change, new sibling, getting older and having more responsibility (Syakinah, 2009).

There are important assumptions that are made by theorists using the bio-ecological approach (White & Klein, 2008). These include that an individual needs to adapt to its surrounding both biologically and socially. How well a child develops will depend on how well their needs are provided for. This leads to the understanding that “people are dependent on their environment for sustenance and air” and on “others for social support” (White & Klein, 2008, p.249). The interviews were developed using this theory in order to focus on understanding the effects of homelessness within and across the contexts. How this theory can help us understand the special issues of homelessness will be examined later in the Discussion section.

Data Collection

Prior to conducting the interviews a proposal was submitted to the Internal Review Board at the University of New Hampshire. This proposal covered the questionnaire to be used in the interviews and the consent forms for both the individuals and government officials. The confidential collection and storage of the data were addressed. The information was stored on a password protected computer and the notes and recordings were kept in a locked file until the study was completed and then they were destroyed.

Data was collected from individual interviews conducted by the researcher. The families were reached personally by the researcher at a shelter in Grafton County, NH.
The shelter provided permission to allow for the onsite interviews in a private setting. The directors were contacted at a shelter in Grafton County and were asked if they would allow a researcher to meet and interview people who were living at the shelter. The researcher visited the shelter three separate times to recruit people to be interviewed. Everyone that was approached was willing to talk with the interviewer. The shelter closes between 10:00 am and 2:00 pm each weekday so the interviews were conducted early in the day. Notes were taken and the interviews were tape recorded. All interviewees were comfortable with this arrangement except one who refused to be recorded.

The county government officials were contacted by telephone and interviewed by the researcher over the phone. The researcher left messages for the officials explaining what the study involved. Four of them returned the calls and were willing to talk about the subject.

**Content Analysis**

The design used for this research study was the qualitative method. Creswell (1998) defines qualitative research as “an inquiry process of understanding based on inquiry that explores a social or human problem. The researcher builds a complex picture, analyzes words, and reports detailed views of informants, and conducts the study in a natural setting” (p.15). Common themes found in the interviews were identified, described, and discussed with colleagues. The Grafton County population was characterized with descriptive statistics concerning their income, education, and local economy.
CHAPTER IV

RESULTS

Homeless Families’ Responses

The interviewees appeared to be quite enthusiastic and willing to participate. They seemed very open and honest. Considering the topic they showed no reticence in discussing their experiences. They agreed to talk before knowing about the stipend but still appreciated the ten dollar Wal-Mart gift card they received. The interviews lasted at least a half hour and at the most two hours. The interviews were audio taped (except for one woman who refused) and notes were taken. These notes were rewritten and expounded upon after listening to the tapes. The notes were examined for major themes.

There were several themes the majority of interviewees had in common. In the process of taking notes during the interview and rewriting the notes afterward themes emerged. In order to make sense of the results quotes that explained the themes were organized. Each of the resulting themes is examined below.

Themes

Job Loss

All seven interviewees reported that they had experienced job loss as a cause of their homelessness. They all stayed in a shelter and had no family that was able to support them after the loss of a job. The job losses were attributed to being unable to
work due to injury, pregnancy, or job elimination. “Eddie” who described himself as a laborer who had been in the National Guard said:

“I was working as a laborer and truck driver and I hurt my back and I was unable to work so they let me go. I am working with the local vocational rehab who is trying to retrain me for another job and I just got my GED. I had gotten married young and had a child.”

“Katie” first experienced homelessness when her mother lost her job after a divorce. Katie then worked in the fast food industry and would often lose her job. This caused her to have to move out of friends’ apartments. “Kelly” was trying to look for work as a certified nursing assistant. She had trouble keeping a job due to her “emotional disability.” “Karen” stated:

“I was on my way to New Hampshire from Harrisburg for a telemarketing company when I got a call that the job had been eliminated. I decided to stay in NH anyway and look for work. I could not find anything until I found the shelter. Now I work for a bar a few towns over and I am trying to save enough so I can move to Cincinnati.”

“Sharon” owned her own business for a number of years. Due to her mental illness she was not able to stay in her home and could not keep working at her trade.

“Tara” had a good industrial job while she was living in Thornton for 12 years. She shared that:

“I met a man and got pregnant. He was living in Seabrook and convinced me to quit my job and move in with him. I could not find a job and stayed home with my son, who had several health issues. My boyfriend became controlling and abusive, so I finally left.”
Divorce, Family Dysfunction and Disability

Six of the seven had experienced divorce (their own or their parents), described family dysfunction or disability. “Katie’s” parent’s divorce precipitated her first experience of homelessness at age 16. Her mother lost her job after the divorce and they lost their apartment. “Karen” shared her family dysfunction when she related the tale of her father bringing in another woman to their home while his wife was dying of cancer. This led her to marry at age 18. She realized she hardly knew him but wanted to get out of her parent’s house. The marriage lasted a month. She then accidentally got pregnant by another man and gave the child up for adoption.

“Sharon” claimed that she was being stalked and that her family no longer wanted to talk to her. Due to “Ben’s” disabilities, both physical and mental, he left his wife “so she wouldn’t suffer anymore.”

Transportation

All of the participants agreed that transportation was an issue for rural homeless people. Six of the seven did not presently have access to a car. They reported that they had to walk or get rides in order to go anywhere. They realized this was going to interfere with their ability to find work and help them get out of the shelter or transitional housing. “Karen” had a car but did not have the funds to use it. “Katie’s” boyfriend had a truck but it no longer ran. She said she had an aunt who sometimes would drive her places.
Evictions

The evictions experienced by the participants were as a result of job loss, being asked to leave an apartment by the lessee, or incarceration by the sole supporter. Those who maintained contact with family were unable to get their help because they were facing their own issues. For example, some had restricted elderly housing and therefore had restrictions on guests or family staying with them. “Katie” said her mother was “done with her.”

“Kim” said each time her children’s father was released from jail, after being arrested for drunk driving, he would move them to a nicer apartment and then default on the rent and they would get evicted.

Alcohol or Substance Abuse

Four of the seven respondents experienced the effects of alcohol abuse. Three of these people were involved with someone who abused alcohol to the point that they were unable to hold a job and one of them is the alcoholic. “Karen’s” boyfriend had been arrested numerous times for drunken driving and was currently in jail. She claimed she was done with him. “Eddie” said his alcoholism was a major factor in his divorce.

Education

Education was a factor for four of them in that one had dropped out of high school, one out of college, and two wanted to attend community college in order to be able to get a better job. These last two had only worked in the fast food industry. The woman who had dropped out of college had a rather lengthy and at times unbelievable story that involved family dysfunction, unwanted pregnancy, alcohol abuse, divorce,
physical and emotional abuse, incarceration, eviction, living with others and outside, depression, job loss, and multiple episodes of homelessness. She ultimately gave up her children who had been molested by their father because she felt she could not take care of them and she ended up in the shelter. She had been to college to become a minister and hoped to work with homeless women in the future.

Mental Illness

The seriousness of mental illness almost led the researcher to not include “Sharon” in the results. Sharon shared:

“I have been living in the shelter for seven months and do not consider myself homeless. I was being stalked while living in my home that I owned. I ran my own business and have three children and five grandchildren. In the fall of 2005 I believe that my neighbor’s ex-boyfriend began stalking me outside of my home. I then began to notice more people stalking me. I feared going outside so I was unable to continue working at my business. I finally left my home out of fear and ended up in the shelter because when I returned to my home it was gone. I will have to stay at the shelter until the police finish their investigation. I tried to live with my mother but I was accused of abusing her so I had to leave. I no longer see my children and grandchildren because they won’t talk to me and I don’t know why.”

When she was asked to explain what she meant about her house being gone she became quite angry and she was more agitated as the interview progressed and finished.

Upon completion of the interview the directors of the shelter asked the researcher into their office. They explained that this woman was severely mentally ill. They said that she had a history of stalking people and would wander away for days. Her house was foreclosed and she stalked her family to the point that they no longer have anything to do with her. Since the facility is never locked down she is free to wander and will walk for long periods of time. They believe that ultimately she will end up in a hospital.
for the mentally disabled. They said that there were times when she would become agitated especially when questioned about her reality. At no time did they ask what she had revealed to the researcher but they thought it would be helpful to know her history. The reason leaving her out of the study was considered was that she does not see herself as homeless and therefore does not utilize services other than the shelter. However, it was decided that she does represent a segment of the population that needs to be addressed.

The other person who has extensive mental illness is well aware of his issues.

“Ben” stated:

“I have been diagnosed with Type II bipolar schizophrenia. I also have been diagnosed with Lyme disease that has progressed into my bones causing me extreme pain. This went untreated for several years. I attribute my divorce to my illnesses and not wanting my wife to have to suffer along with me. I have little contact with my children or my brothers. I have a Bachelor of Fine Arts degree and I do some art work of my own but I am not able to work due to my mental illness. I prefer to spend my time hiking and I often live outside climbing mountains.”

The shelter director said that he is always welcome to stay there because he is quite easy going and cannot function for long on his own. The first time he came to the shelter it was because he was found on the doorstep of a food pantry and was in very poor condition. He also stated that he is autistic and feels there needs to be more help for adults with autism. He appears quite brilliant and can talk about numerous subjects intelligently and claims to have written three unpublished books.
Abuse

Two of the seven attribute their homelessness, in part, to abuse. “Karen” stated that her ex-husband assaulted her and sexually molested their three children. He is now serving 18-22 years in prison. She has given custody of her children to other family members because she felt they needed more than she could provide them emotionally and financially.

“Tara” had been living independently with her two older children. She met a man and accidentally got pregnant and he convinced her to move to his town and live with him. She did this and had a son with multiple birth defects. The father became very controlling and emotionally abusive. She finally was able to convince him she was going to visit her sister and left him to move into the shelter. She is now living with her newborn in transitional housing. “Tara” said when she first tried to get help from a shelter they said since she hadn’t actually been hit; only emotionally and verbally abused, she could not live in their shelter. She was ultimately referred to another shelter.

Other

Five of the seven individuals expressed that pride had been an issue in preventing them from getting assistance before they were in dire circumstances. One woman related that she was evicted with her husband and children three times before she finally called her father for help. One couple lived in their truck before ultimately going to a shelter.

Three of the seven had used food pantries, soup kitchens, complained of governmental red tape, and suffered from mental illness. The use of food pantries or soup kitchens usually resulted when the food stamps had run out for the month. It
seemed that pride may have gotten in the way of people accessing this resource because people stated that they weren’t looking for a handout. Two individuals stated that it was because of a mix up with paper work that caused their disability or welfare check to be late so they were evicted from their homes.

Many of these factors were interrelated in that some came before or after the others. For example, one woman explained that the father of her children once got arrested for drunk driving and went to jail. She was able to find work and managed living without him. He then got released from jail and did not like where she and the children were living so he moved them to another apartment and then got arrested again. This led to her being evicted and ended up in a shelter. One young woman had moved in to a family member’s apartment after being in a shelter and then got pregnant by her boyfriend which prompted her to be kicked out and ended up living in a truck with her boyfriend before getting back into a shelter.

Optimism

An interesting note to these interviews was the unanimous optimism held by all of the respondents. Despite the repeated experiences of homelessness, job loss, eviction, and poverty these individuals still have plans to move on. There may be some social desirability bias (saying what they thought the interviewer wanted to hear) in the reporting of this phase but it seems unlikely since the rest of the stories appeared to be told with such honesty.

One example of future plans was “Karen” who gave up her children and planned on finishing college, working with homeless in Trinidad, and marrying a man she met in
Cincinnati. “Kelly” claimed to be done with the father of her children who was in jail for drinking and driving “unless he has cleaned up his act.” The gentleman with severe mental illness, “Ben”, plans to save up his money this summer and attend graduate school in Boulder, Colorado and get his Master degree in Fine Arts. The pregnant young woman, “Katie”, who already had multiple episodes of homelessness and met her boyfriend in a shelter was quite excited to move into an efficiency apartment on his disability pay, food stamps, and the welfare support and WIC (Aid to Women, Infants and Children) they would get once the baby was born.

These examples show a relentless positive attitude in spite of their circumstances. It appeared to the researcher that a lower quality of life seemed to be acceptable to, or expected by, the people interviewed and therefore they were able to maintain their optimism.

These themes indicate that the needs of homeless families extend beyond just housing. Support services that include education, job training, and therapy to help with family issues, and long range planning. The following government response reveals different points of view.

County Government Response

A sample of county government officials was approached to get a sense of how they might see the problem of homelessness in their county. The Grafton County government consists of three elected commissioners, and four elected department heads which include a county attorney, a sheriff, a register of deeds, and a treasurer. These officials along with the head of county corrections were approached for the study.
The interviewed county officials were unanimous in their opinion that homelessness was a big problem in their county. They agreed that transportation, lack of jobs, and the economy were major factors causing this issue. Similar to the themes that emerged from the family interviews, they saw job loss, lack of transportation, and evictions as important factors. They did not mention the other possible causes such as family dysfunction, divorce, alcohol or substance abuse, lack of education, and physical or sexual abuse. They seemed to have a fairly removed and global view of the issue.

Two of the officials shared that they received phone calls from people in the community that were looking for shelter or housing for people. One official said they received a call “looking for a place for a Veteran who was also a sex offender who was living in the basement of a church by permission. However, he could not stay there much longer.” They were able to contact the shelters and find a place for him. They felt there was a need for additional shelters and especially for special populations such as sex offenders.

However, one official shared his unique perspective on the history of the counties and homeless families. This official explained that the county was the original destination for families and individuals who did not have work or family support in the early 19th century. He shared an account for a Grafton County farm similar to the one found in the previously mentioned history of homelessness for Cheshire County.

The county official related that this system of feeding and housing the homeless seemed to work well until the 1960s when the federal government created a regulation that the counties had to pay these workers a wage as well as the room and board. The
counties were not able to afford this and so the system fell apart. Now these families and individuals had nowhere to go. This official had strong opinions on how “the federal government has created too many regulations that burdened the counties. Now the county farm is no longer able to provide food for the jail and nursing home due to food and drug controls.” This official feels that “family should take care of family and if they are not able then it should fall to churches and non-profits because they can do it with less bureaucracy and costs.”

The following chapters will pull together the results and demonstrate the need to provide support for homeless families that goes beyond housing. The health and welfare of the family is central to the health of society. Providing families with the tools to become self-sufficient will make society stronger and ultimately save society money.
CHAPTER V

DISCUSSION

While perhaps society can limit the amount of time that a family may be without a home, there will always be homelessness due to the instability of some families’ lives. Living with low income, unstable partners, making poor decisions, and lack of family support will continue this pattern. Very few of these people expressed inaccessibility to services as the reason for their situations. As expected, they did mention the poor economy as the catalyst for a job loss if any. It is the opinion of the researcher that even if the economy was improved there would still remain a substantial number of families without stable homes, because the issues of family dysfunction, substance abuse, and lack of opportunities will still remain.

The questions addressed in this study were: What are the experiences of rural homeless families, what led them to this point, and what services do they need to move forward? The information gathered answered what experiences these families have had and what has led up to this point. However, the information needed to answer the question about how to help them move forward was not as easily found. Another question of what can be done to prevent them from becoming homeless in the first place was raised.

The parents that were interviewed spent very little time discussing the effects of being homeless on their children’s well-being. One mother mentioned that her children
were being transported to their original school which was an hour away so “they hadn’t been disrupted too much.” This is the same woman whose partner was in jail for driving under the influence and she was done with him “unless he cleaned up his act.” She had also mentioned that he had married someone else while they were together having children.

Results from these interviews suggest that improving access to support services alone is not the answer to solving the problem of homelessness. While attending conferences and workshops on how to improve the situations of homeless individuals, the researcher had concluded that it was primarily a transportation and economic issue. This does not appear to be the whole picture. The results suggest that until social issues such as alcoholism, abuse, better decision making and family planning are addressed there will be families without homes of their own.

The themes that arose from the interviews included job loss, divorce, family dysfunction, disability, evictions, alcohol and substance abuse, education, mental illness, physical or emotional abuse, and a few other miscellaneous topics. These will be addressed below in the context of the bio-ecological theory.

Bio-ecological Theory Applied

In an attempt to understand the issues involved in families being homeless the researcher has applied the bio-ecological theory. In order to apply the bio-ecological theory each concept and system level will be addressed. The first concept of process involves how the individual develops. If we look at the environments of a homeless individual we may see household insecurity, lack of food, and high levels of stress. This
may continue with multiple moves to the homes of friends and families until they are finally in a shelter. Lack of stability in their surroundings is bound to cause insecurity and stress for the individual and interfere with their development. The issues of job loss, evictions, mental illness or abuse would be major factors in how well an individual develops.

The second concept of person involves who is in the individual’s life. The resulting continuous stream of different adults in this individual’s world has a strong influence and a parent may have little control over this influence. The moves can also cause individual to not be able to interact with family members that they have become attached too. When a school age child needs to change schools frequently she may develop a reluctance to reach out and get to know others. Some parents feel that it is better to have their children stay with other family members until they are able to get back on their feet. It is debatable whether this separation is better than staying with the parent during their moves. Divorce and family dysfunction can be strong factors that cause homelessness and instability. They, also, are factors that may prevent a family from moving forward. A lack of family support, whether due to inability or unwillingness, leaves families with few alternatives to shelters and supported housing.

The third concept of context is especially important when talking about homelessness. The safety of the area where an individual lives is very important. Unfortunately many of the families who become homeless are already living in unsafe areas due to their poverty. Not to mention that they may encounter unsafe adults within their own families. Once they enter the shelter system they may encounter people with a
variety of substance abuse problems or mental illness. Living in such close quarters makes it very difficult to maintain a sense of family and any privacy. The evictions, lack of education, substance abuse, and poor paying jobs can be causes and results of the extreme poverty in which these families live.

As mentioned earlier in the results of the interviews it was revealed that many of the people interviewed had events that did not follow the standard chronology. Many had children before marriage, without a safe place to live, or a job to support them. This addresses the concept of time. The other use of time addresses the era in which they live. The politics and economics of the current period are extremely volatile. Families are dealing with job loss, poverty, foreclosure, and extreme stress. Governments are continuing to cut funding for support programs that could help families deal with the costs of living today rather than turning to abusing substances to deal with the stressors. Chronology is a factor in homelessness due to people having children before they are financially or emotionally ready to care for them. Young people need family support and education in order to later care for their children and having them “out of order” creates additional stress on an already fragile system.

If we look at the various system levels we can easily see the adverse effects of homelessness on a family. The microsystem includes the family, school, neighborhood and church. These can be the closest factors in an individual’s or families’ life. If these are not stable or healthy then the negative effects will certainly affect the family.

In the mesosystem who lives with the individual, the quality of the teacher and the school, and the safety of the neighborhood are all important. If the where and with whom
the individual is living is in constant flux this could create insecurity and stress for the individual. Evictions, doubling up and living in a shelter can create chaos and anxiety.

The exosystem includes areas outside the immediate area of the individual but have effects on the quality of their lives. If a parent works in a highly stressful job or is frequently losing and changing poorly paying jobs this can cause them to bring home a great deal of anxiety. How people are treated when they apply for services and having to admit that you need help can be quite humiliating for a parent.

The macrosystem plays a major role in the life of a homeless family. Families have their own culture, their religion or race can provide another culture and then being homeless creates yet another culture. Families that are trying to maintain their own cultures while living in a shelter with many other cultures can be quite difficult. If people start out with a work ethic, a value for taking care of your own, and a respect for themselves and their possessions they may lose these things over time if they continually get and lose poor jobs, need help to feed their children, and lose their possession in move after move.

The chronosystem of time, the changes over time in all systems, job change, family change, death/moving, school change, new sibling, getting older and having more responsibility are without doubt important factors in a families’ life story. Even if a family has some of these changes and they are positive, they can cause great stress. Imagine if you lose your job, your partner is arrested, you are evicted and you have to share a room at a shelter with another young mother with her children. Where would you begin to rebuild your life?
Can the questions raised by this researcher be answered with this study? While there is some information that can explain what has led a family to live in a shelter, the answer is not only an economic one. As previously stated the federal government is focusing on a housing first program. Yes, families need affordable housing but they also need education, better paying stable jobs, and available support services to deal with their youth, substance issues and mental health issues. Therefore, knowing what the experiences of rural homeless families are is helpful and is important in directing what policies should be funded to head off these issues before they end up homeless.

The next question was what led them to this point and what services do they need to move forward? Studies of what has led up to living in a shelter have given us important information such as that many families are doubled up just prior to entering a shelter (Choi & Snyder, 1999). This is important to know when trying to reach families before they are forced out on their own. Since we know about how stressful these doubled up situations can be we can allow these families to be put on short lists for supportive housing before it reaches a boiling point.

The new question that has been raised: What can prevent families from becoming homeless? seems to be critical in breaking this homeless cycle.

Ethical and Cultural Considerations

Benefits

The benefits of this study are similar at the level of the individuals, service providers, county officials, and the social service field. First, the individuals involved in
this study may have benefited because they helped to raise awareness of the issue of homelessness and the barriers that can get in the way of preventing homelessness or providing services to those who are already without a home of their own. Second, examining these barriers may be beneficial to the service providers and county officials in order to try and change the delivery methods and the services provided to be more effective and successful. And last the benefits may advance the social service field because it will raise awareness of the unique issues concerning homelessness in rural areas.

**Risks**

The risks of this study were no more than minimal especially because the interviews were kept confidential. There was some risk for the families since this may have been a sensitive topic for them and they may have feared being stereotyped and stigmatized. Every effort was made to be sensitive to this possibility.

**Considerations**

There are preconceived ideas about who the homeless are and why they are homeless. Many people believe that homeless people have brought it on themselves due to laziness, ignorance, and addictions. Consideration needs to be given to these attitudes. It is important that the population be described accurately and fairly.

**Social and Economic Justice Issues**

This study may help to improve society’s understanding of the experience of being homeless. The results will hopefully erase the stereotypes and prejudice people have toward the homeless. Society needs to realize that homelessness is a housing
problem. Communities need to find a way to provide affordable housing options for those people who are in poverty and unable to find work and/or support services that will help them improve their housing situation

Limitations

Limitations of Sampling Design

The sample size and analysis methods do not allow the conclusions to be generalized to other areas and populations. It should however give the reader some insight into the homeless population in rural Grafton County and the strengths and limitations of the services provided. The population in this sample will only give the reader an understanding of the experience of homeless people in rural New Hampshire.

Limitations of Research Design

The design of this study has limitations because the sample was not chosen randomly. This study does not propose to analyze a cause and effect relationship so there is no internal validity. External validity is not present either due to the fact that the study is not attempting to generalize the results to other rural areas in other states.

Limitations of Measures and Data Collection

The tools used to gather information have not been tested for reliability or validity. The interview questions may not be standard for each interview. Using grounded theory to guide the interviews increased the material covered but reduced the reliability and validity of this study. There was also the possibility of social desirability bias regarding the answers to the interview questions. Interviewees may have felt a
reluctance to be completely honest about the circumstances that have brought them to the point of being homeless.

Summary and Conclusions

Implications

This study showed that while there needs to be improvements in service delivery, the real need lies in the expansion of the types of services delivered. The families contributed to the knowledge needed to improve the services provided and to reduce the barriers that prevent access. Services related to job placement/training, mental illness, substance abuse, and family dysfunction, for example, need to be more accessible. Better access to these programs could improve a family’s chances of breaking the cycle of homelessness. There has been a lack of recent research examining this issue and with the recent federal focus on homelessness there is a need for current analysis. Barriers to better paying jobs and education could still prove to be important subjects to study. Of course, subsidized and transitional housing are important but these must be coupled with other support services to help families.

Future Research

Future research in this area should include larger samples of both homeless families and service providers. Rural areas from across the country should be sampled so the results can be generalized. Purposive sampling may still need to be the sampling method due to the fact that finding homeless people is difficult and a large enough sample to randomly select from would be difficult to collect. A longitudinal study would
provide valuable information about the processes that are successful in getting this population into stable housing and keep them there.
References


Dick, Bob (1990) *Convergent interviewing, version 3: An interviewing method which uses structured process, unstructured content, and a procedure for increasing the rigour of qualitative information.* Brisbane: Interchange.


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Appendix A: Key Informant Interview

(Based on survey constructed by Salisbury University, 2005)

The following six questions were asked of all key informants including previously homeless informants:

1. From your perspective, how large a problem is homelessness in Grafton County?
2. How would you rank the problem of homelessness compared with other problems facing the county?
3. What factors do you think contribute to homelessness in Grafton County?
4. In your opinion, overall what are the three most critical unmet needs among homeless individuals and families in Grafton County? Why?
5. What barriers prevent people from getting the services and supports they need to improve the situation they are in?
6. For each critical unmet need you identified, what do you think would be the most effective way to address them?
7. Is there something you can think of that would prevent future homelessness in the County?

The following 12 questions were targeted to previously and currently homeless individuals only:

1. What has been your experience with homelessness?
2. How many times have you been homeless?
3. Where were you at that time (State, County, and Town)?
4. For each time, how long were you homeless?
5. What were the primary reasons that you were homeless each of those times?
a. Were you employed? b. What type of work were you doing?

6. Did or didn't you use the shelter? What type of shelter was it?

7. Where else did you live during those periods?

8. What other resources did you use in the community?

9. How did you/or will you overcome your situation of homelessness?

10. How secure do you feel your current living situation is now?

11. Do you need any assistance now?

12. What resources do you/or will you need to feel more secure in your current situation?
Appendix B:

CONSENT FORM FOR FAMILIES IN A RESEARCH INTERVIEW STUDY

This form will be read to the possible subjects for this study.

TITLE OF RESEARCH STUDY

A study of rural homeless families in Grafton County, NH and the barriers that prevent access and delivery of support services. I am the researcher and my name is Pamela Thyng and I am a graduate student at the University of New Hampshire in Durham, NH.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this research is to gain a better understanding of the families who are without a home of their own and the support services that are available in Grafton County, NH.

I estimate that 7-10 families will be interviewed. Four to five key county government officials will be interviewed.

WHAT DOES YOUR PARTICIPATION IN THIS STUDY INVOLVE?

You will be asked to voluntarily answer approximately 19 interview questions with 1-2 follow up questions for each. While it is understood that the subject may be uncomfortable, the hope is that you will answer the question to the best of your ability. It is anticipated that the interviews will take about one hour and will be recorded on audio tape.

WHAT ARE THE POSSIBLE RISKS OF PARTICIPATING IN THIS STUDY?

There is no more than normal risk in participating in this interview, although this may be a sensitive subject.

WHAT ARE THE POSSIBLE BENEFITS OF PARTICIPATING IN THIS STUDY?

You will not necessarily benefit from this study. There is a benefit to those in the field to have more current and accurate information about rural families without homes and the service providers in their area.

IF YOU CHOOSE TO PARTICIPATE IN THIS STUDY, WILL IT COST YOU ANYTHING?

It will not cost you anything to participate.

WILL YOU RECEIVE ANY COMPENSATION FOR PARTICIPATING IN THIS STUDY?

After the interview is complete a $10.00 Wal-Mart gift card will be given to you.
CAN YOU WITHDRAW FROM THIS STUDY?
If you agree to help in this study, you are free to stop at any time without problems or concerns. If you do not finish the interview then you will not receive the $10.00 Wal-Mart card.

HOW WILL THE CONFIDENTIALITY OF YOUR RECORDS BE PROTECTED?
I promise to do my best to keep all the data and records connected with your helping in this research private and safe.
You should understand, however, there are rare times when I may be required to share your information in the case of a complaint about the research. Officials at the University of New Hampshire, designees of the sponsor(s), and/or regulatory and oversight government agencies may access research data.
You also should understand that I am required by law to report certain information to government and/or law enforcement officials (e.g., child abuse, threatened violence against self or others, communicable diseases).
The interviews will be recorded and will be in my possession at all times and will not be listened to by anyone else except perhaps my advisor. The results of this study will be anonymous and reported in my master’s thesis. There is a chance that a portion of the study may be published in a journal but it will not include any identifying information. The recordings will be destroyed at the end of the project.

WHOM TO CONTACT IF YOU HAVE QUESTIONS ABOUT THIS STUDY
If you have any questions pertaining to the research you can contact Pamela Thyng at (603) 767-3610 to discuss them.
If you have questions about your rights as a research subject you can contact Dr. Julie Simpson in UNH Research Integrity Services, 603-862-2003 or Julie.simpson@unh.edu to discuss them.
CONSENT FORM FOR VOLUNTARY PARTICIPATION IN A RESEARCH INTERVIEW STUDY
County Government Officials

TITLE OF RESEARCH STUDY - A study of rural homeless families in Grafton County, NH and the barriers that prevent access and delivery of support services. The researcher’s name is Pamela Thyng and she is a graduate student at the University of New Hampshire in Durham, NH.

WHAT IS THE PURPOSE OF THIS STUDY? - The purpose of this research is to gain a better understanding of the families who are without a home of their own and the support services that are available in Grafton County, NH.

The researcher estimates that she will interview 8-10 families. She will also interview four or five key county government officials. The interviews will be audio taped.

WHAT DOES YOUR PARTICIPATION IN THIS STUDY INVOLVE? - The researcher will ask you 7 questions unless you have been homeless previously and are willing to share your experiences then she will complete the remaining questions.

WHAT ARE THE POSSIBLE RISKS OF PARTICIPATING IN THIS STUDY? There is no more than minimal risk in participating in this interview.

WHAT ARE THE POSSIBLE BENEFITS OF PARTICIPATING IN THIS STUDY? You will not necessarily benefit from this study. There is a benefit to those in the field to have more current and accurate information about rural families without homes and the service providers in their area.

IF YOU CHOOSE TO PARTICIPATE IN THIS STUDY, WILL IT COST YOU ANYTHING? It will not cost you anything to participate.

WILL YOU RECEIVE ANY COMPENSATION FOR PARTICIPATING IN THIS STUDY? There is no compensation for participating in this study.

CAN YOU WITHDRAW FROM THIS STUDY? If you consent to participate in this study, you are free to stop your participation in the study at any time without prejudice, penalty, or loss of benefits to which you would otherwise be entitled.
HOW WILL THE CONFIDENTIALITY OF YOUR RECORDS BE PROTECTED?

The researcher seeks to maintain the confidentiality of all data and records associated with your participation in this research.

You should understand, however, there are rare instances when the researcher is required to share personally-identifiable information (e.g., according to policy, contract, and regulation). For example, in response to a complaint about the research, officials at the University of New Hampshire, designees of the sponsor(s), and/or regulatory and oversight government agencies may access research data.

You also should understand that the researcher is required by law to report certain information to government and/or law enforcement officials (e.g., child abuse, threatened violence against self or others, communicable diseases).

The interviews will be recorded and will be in the researcher’s possession at all times and will not be listened to by anyone else except possibly her advisor. The results of this study will be anonymous and reported in her master’s thesis. There is a chance that a portion of the study may be published in a journal but it will not include any identifying information. The recordings will be erased at the end of the study.

WHOM TO CONTACT IF YOU HAVE QUESTIONS ABOUT THIS STUDY

If you have any questions pertaining to the research you can contact Pamela Thyng at (603) 767-3610 to discuss them.

If you have questions about your rights as a research subject you can contact Dr. Julie Simpson in UNH Research Integrity Services, 603-862-2003 or Julie.simpson@unh.edu to discuss them.