



## Rolling forward: addressing needs in the homeless community

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### ABSTRACT

The purpose of this pilot study was to use a bottom up, or grounded, approach to understand, from the perspective of the individuals living in the homeless community, what they feel would enable them to become housed and stay permanently housed. Organizations which serve homeless individuals often use a top down approach and implement programs without asking the homeless what they most need to find permanent housing. This project used intensive interviews to determine the needs of unhoused individuals in a mid-sized city with a tourist-centered economy in the south eastern United States. Working local homeless shelters, and various other intermediaries we collected data from 102 homeless individuals and 11 service providers. The major theme that emerged in our research is that the homeless individuals we interviewed were, for the most part, they were able to meet many of their basic needs, such as securing food, clothing, a place to bathe and wash their clothes, as well as obtain physical and mental care. However, they perceived lack of reliable and affordable transportation to be a significant barrier to obtaining and maintaining employment, making and keeping appointments, and maintaining their social support network.

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## Introduction

It has been well established that homelessness is a chronic social problem in the United States. It is estimated that there are 17.7 homeless individuals per 10,000 people in the general population (National Alliance to End Homelessness in America, 2016). Homelessness has serious consequences for both individuals experiencing homelessness and the larger society in which they live. At the individual level, lack of housing affects a person's ability to find employment, his/her physical and mental health, and his/her relationships with others. On a societal level, homeless individuals use resources and services including food pantries, shelters, law enforcement, emergency rooms, and jails that are funded by taxpayers. Studies find that each homeless individual cost taxpayers between \$30,000 and \$40,000 per year (Central Florida Commission on Homelessness, 2014; Culhane, Metraux, & Hadley, 2002). These costs increase if the persons experiencing homelessness are mentally ill.

There are many pathways that can lead to homelessness. Homelessness may result from individual level factors, such as low educational attainment and/or limited skill set, substance abuse problems, familial discord, and physical and mental health problems and structural or societal level factors such as poverty, inadequate education and health care, inadequate mental health care, lack of jobs, low-paying jobs, and lack of adequate low-income housing (Chamberlain & Johnson, 2013; Crawley et al., 2013; National Alliance to

End Homelessness in America, 2016; U.S. Department of Housing and Urban Development, 2010). Despite the vastness of the problem and the costs associated with homelessness for individuals and the community at large, this topic is understudied and undertheorized. Most research focuses on sub populations of the homeless community such as veterans or youth. Large scale projects such as housing first programs have been assessed, but there is little to no data about the needs expressed by people experiencing homelessness themselves.

## Literature review

In this study, we approach the issue of homelessness using a perspective outlined by Anthony Giddens (1981). Giddens maintains that theories of individual agency and theories of the effects of social structure are inadequate for understanding the plight of people experiencing homelessness when examined in isolation. Giddens' theory, which he terms "structuration," asserts that neither structure nor agency reflect the entire picture, but that social structure and individual agency are intertwined to affect life chances. Social structures affect the way that people behave, and in turn, the behavior of individuals affects social structures and policy. This approach can be enhanced by including critical theory. In this view, if the needs of homeless individuals are to be addressed, there should be an open debate between the homeless, providers of

services to the homeless community and policy makers. Without this discourse, decisions are made that may not be in all the stakeholder's best interests. All the stakeholders involved must contribute to the discourse for constructive change to occur. With coordinated input and effort the policy makers, the providers, and the homeless interact resulting in more meaningful policy solutions (Giddens, 1981).

In this study, we acknowledge that there are issues of both structure and agency which create an environment that is conducive to homelessness. We are not concerned, however, in why individuals become homeless or whether the blame should be placed on the individual or the structural environment. Instead, we are interested in understanding the homeless' awareness of the structural hurdles they face and their perceptions of structural barriers to becoming housed, and about what policies or programs could be implemented to best help individuals overcome these barriers. Without communication between the population being served and the service providers, the impact of any policy or program can be weakened. This study's primary theoretical framework aligns most closely with Giddens' theory of structuration (Giddens, 1981). The individual, the environment, and the providers must share information to create change and be the most effective.

As structural barriers faced by the homeless are often hidden, the U.S. Department of Housing and Urban Development (2010) articulated the importance of surveying the environment and identifying needs that are not being met by agencies serving the homeless and gathering information about successful and what is not. Homeless individuals meet unique structural barriers because they often lack access to traditional modes of communication (e.g. phone or email), transportation, a stable home address, or the identification documents that most programs require (U.S. Department of Housing and Urban Development, 2010). Moreover, unlike housed individuals, the homeless spend a disproportionate amount of their time securing shelter and food (Charles and Helen Schwab Foundation, 2003). Structural barriers can potentially reduce the homeless individuals ability to obtain and maintain employment, medical and mental health treatment and follow-up, housing services, social services (such as Temporary Assistance for Needy Families, General Assistance, food stamps, Medicare/Medicaid, housing, Supplemental Security income/Social Security Disability Income) and programs (such as Alcoholics or Narcotics Anonymous) (Crawley et al., 2013; Douglas, Torres, Surfus, Krinkle, & Dale, 1999; Greysen, Allen, Rosenthal, Lucas, & Wang, 2013; McBride, 2012; National Coalition for the Homeless, 2009; U.S. Department of Housing and Urban Development, 2010; Walker, Hempel, Prabha, & Pogrebin, 2014; Wille, Kemp, Greenfield, & Walls, 2017). Minimizing structural barriers provides the best opportunity for

increasing homeless individuals' ability to obtain the services and benefits they need to move towards permanent housing (U.S. Department of Housing and Urban Development, 2010).

Most studies of people experiencing homelessness focus on the personal pathologies of homeless individuals, or on evaluating the relative success or failure of a social program. Studies which ask individuals experiencing homelessness what led to their loss of housing, or what resources could benefit them in the pursuit of permanent housing, are scarce. Few, if any, studies have asked homeless individuals about the services or support they use or need. Even shelters and social service agencies often fail to ask the individuals about their needs. Too often they tell their "clients" what programs they offer and hope that individuals will use the services offered. The programs are likely useful, but without the input of the individuals needing those services, we do not have the full picture. Moreover, local policies and programs are often based on the accumulated knowledge of service providers, without an empirical underpinning.

In this paper, we discuss a project designed to understand the needs of the homeless community from their perspective. The purpose of this research is to address the gap in the literature on homelessness and use a bottom up, or grounded, approach to understand, from the perspective of the individuals living in the homeless community, what they feel would enable them to become housed and stay permanently housed. We are seeking to understand gaps in services from the perspective of the unhoused community through conducting in depth interviews. The questionnaire we administered was designed to explore the following questions: (1) What services do the homeless community use? (i.e. local food pantries/banks/community kitchens, referral services, medical services) (2) How useful are the services offered in helping meet the needs of the community? (i.e. are respondents able to obtain food, medical treatment, mental health treatment, clothing, a place to bathe) (3) What types of services and/or donations would benefit the population in the short term? (4) What types of services and/or benefits would help the population move forward in the long term? We also gathered data regarding the respondents' social and demographic characteristics (i.e. place of birth, level of education, marital status, parental status, veteran status, criminal record); experiences with homelessness (i.e. how long s/he has been without permanent housing, previous experiences with homelessness, barriers to securing permanent housing), work experiences (i.e. currently employment and barriers to employment), physical and mental health (i.e. how healthy s/he perceives him or herself to be, existing health problems, and whether the respondent feels sad or depressed) and experience with transportation (i.e. how do they get from one

place to another, are they able to go where they need to go, do they need more or different transportation). Additionally, we interviewed service providers regarding the strengths and weakness of the services provided to people experiencing homelessness in the local community.

## Methods

### Participants

Data for this study were collected in a mid-sized metropolitan area (approximately 32,000 residents) in south-eastern United States (U.S. Census Bureau, Population Division, 2018). There are more than 400 people documented as experiencing homelessness in the area according to 2017 Point in Time Count (South Carolina Interagency Council on Homelessness & Civitas, LLC, 2017). However, there are concerns that this underestimates the homeless population by at least two-thirds. Estimates of the number of people experiencing homelessness by the professionals servicing them are closer to 1200. The local shelters only have room for about 140 individuals. The county is served by one shelter for men, women, families, and teens, respectively. There are also four agencies that assist with low income housing and ten agencies that provide services for homeless individuals (i.e. food, clothing, financial assistance, and referrals).

Our study included 102 homeless individuals residing in and around the local homeless shelters. We employed availability sampling. The researchers visited the shelters in the evenings (after dinner was served), and asked respondents if they would be willing to participate in a short interview. We also interviewed 11 staff members working in local agencies serving people experiencing homelessness.

### Procedure

All study protocol was approved by an IRB. There are a variety of “legal” definitions of what it means to be homeless. For this study, we consider an individual homeless if they are living on the street, in their cars, in hotels, “doubling-up” with another person or family, in a shelter, or other non-permanent areas. Homeless individuals were surveyed at a homeless shelter for men, a homeless shelter for women, a shelter for homeless families, a service agency for homeless individuals and on the street.

Surveys were conducted from August 2016 through March 2017. All participants signed informed consent forms. Interviews were conducted in a private setting. Each interview lasted approximately 30 min. Respondents were asked about how they became homeless, the services they use, and the problems they were having meeting their needs. Interviews were recorded

**Table 1.** Demographic characteristics.

Characteristic	Frequency	Percent
Sex		
Male	88	83.0
Female	18	17.0
Age		
18–25	7	6.8
26–35	21	20.6
36–45	23	22.5
46–55	29	28.4
56–56	21	20.6
65 and older	1	.9
Length of time homeless		
Less than one month	32	32.0
One month – three months	15	15.0
Three – six months	12	12.0
6 months to one year	13	13.0
Over one year – Less than five years	19	19.0
Greater than five years	9	9.0
Ethnicity		
Caucasian	72	80.0
African American	15	17.0
Other	3	3.0
Years of formal Education		
Less than high school	8	4.0
High school diploma	22	44.0
Some college	15	30.0
College graduate	3	6.0
Employed	32	29.9

using tape recorders and interviewers also took extensive notes. The recorded interviews were transcribed by the authors and analyzed thematically using an inductive grounded approach (Table 1).

## Results

Respondents reported that, for the most part, they were able to meet many of their basic needs. Over 90 percent are able to obtain food when they are hungry, 70 percent are able to find a place to bathe, 72 percent are able to obtain clothing, and 89 percent have the opportunity to wash their clothing. Eighty percent reported the ability to get medical treatment when they need it and 58 percent of respondents felt they had options for dealing with feelings of sadness or depression. Adequate transportation emerged as an unmet need and unaddressed structural problem. Sixty-seven percent of respondents said finding transportation was problematic. In comparison, only three of the eleven service providers mentioned transportation in their interviews. The lack of awareness or transportation as a structural barrier for homeless individuals is mirrored in extant research. We found very limited academic or provider research on the transportation needs of homeless individuals. This issue is understudied and given scant attention by most policy makers.

When asked about when transportation posed a problem, 34 percent of respondents indicated that transportation was a problem for them either “all the time” or “every day.” The majority of respondents relied on walking as their primary mode of transportation, through several noted that physical ailments made this difficult for them. Others indicated that

walking was particularly problematic in the hot weather, rain, or at night because of safety issues (Table 2).

Analysis of the qualitative comments from the interviews reveal that problems with transportation are extensive and impact various aspects of the homeless individual's lives. Our conversations centered around three major themes: (1) problems with transportation services, (2) problems with transportation policies at the shelter and (3) ways lack of transportation affects individuals.

**Problems with transportation services**

The first theme of transportation problems, was that the only public transportation system available to them (public buses) was inadequate. Martin summed up a common sentiment among respondents when he said, "The bus system sucks; I have to walk where I want to go." The men in the shelter indicated that the lack public transportation at night posed a problem for employment, and returning to the shelter before curfew; women in the shelter mentioned that transportation problems were problematic for finding and keeping employment and additionally they had safety concerns walking at night. Tony told us, "I used to be in the shelter, but I got kicked out for being late. I was at the movies and I couldn't find a ride home."

Respondents reported multiple problems with the public transportation (bus) system, indicating that there were not enough busses at night, the routes were too infrequent, and the routes did not take them to the places they needed to go. For example, Dana reported that the bus drops her off two miles from her job,

I ride the bus to work, but it takes too long. I have to leave the shelter early and I get home very late. I have to walk two miles from the bus stop before work, and two miles back after. When I have the money, I take a taxi, but that takes up most of my income.

The only means of public transportation available is a county-funded bus system in which routes were neither extensive nor frequent enough. A map of the bus routes we obtained corroborated the stories of the respondents. There are ten bus routes to serve the 1255 square miles of the county in which the study took place and

the 1035 square mile adjacent country. Twenty-one vehicles operate the fixed-route service, thirty-four vehicles operate during peak hours (Horry County, 2011). There are a few formalized bus stops within the city limits, but no formalized stops with covered seating in the unincorporated areas of the county; people must flag the bus down to ride.

The second theme is that the cost of transportation is disproportionately high for homeless individuals. David reported that he spends most of his income on buying bus passes. Likewise, John noted that most of his money is spent on his car and hotels. Tom reported, "Transportation is not a problem for me. I have a bike. I gave plasma to buy my bike. They wouldn't have let me give plasma if they knew I was homeless." Robert, owns a moped but cannot drive it because the battery died and he does not have the money to replace it. Several respondents reporting using taxi services, when they had money, but noted that it was very expensive. For example, Stephanie reported she spent over \$300 a month on taxi rides.

**Problems with transportation policies at the shelter and other social services**

A common theme among the respondents with transportation difficulties was that it was not easy to receive bus passes from the shelter staff. A number of respondents indicated that they received bus passes from a local social service agency, but as Watson noted that the agency will only give out 2 or 3 at a time. When asked what types of services could be implemented to help right now, Jim responded. "We need more bus passes. The shelter will only give bus passes if you can prove the location you want to go, I want to use the bus to look for a job, but I can't." If a resident wants to use a bus pass to go to a shopping area to look for employment, it will not be provided.

The caseworkers at the men's shelter reported that they have a van to take residents where they need to go, however a number of respondents reported that relying on shelter transportation was not a viable option. Wayne noted that "You have to sign up for the (shelter) van in advance, but sometimes I don't know in advance." Mike also remarked on difficulties securing a ride on the shelter van, "They make you sign up for transportation 24 h in advance, and if you don't... they won't take you. They won't even take you to doctor's appointments." Darren reiterated this, "You can't get a ride unless you have a specific place to go, like a job." Similarly, JD said, "It's a privilege to be driven, they won't drive us if it is too close." This is especially problematic for shelter residents like JD, who suffer from multiple chronic health conditions and have trouble walking. There is one van to serve the approximately 150 residents of the men's, women's and family shelter.

**Table 2.** Primary mode of transportation.

	Frequency	Percent
Walk	54	61.4
car	4	4.5
bike	8	9.1
bus	9	10.2
moped	6	6.8
shelter transportation	1	1.1
friends	5	5.7
cab	1	1.1
Total	88	



### **Ways lack of transportation affects Individuals**

Some respondents indicated specific places they wanted to go, but could not get regular, reliable, transportation to go there. Themes of difficulty meeting daily needs, obtaining and maintaining work, and obtaining medical treatment emerged from the interviews. Specific places mentioned included Alcoholics Anonymous, work, school, the supermarket, social service appointments, church, and medical appointments. Jeff noted that “Because I have to walk, I spend half a day just trying to get food.” When asked what the biggest obstacle to meeting his daily needs, Tim responded that “I could really use a moped, it is really difficult without a vehicle.” Billy noted that he would like to talk to his priest when he is feeling sad or depressed, but the church is too far away and he doesn’t have transportation.

When respondents who indicated that finding transportation was a problem for them were asked “When is finding transportation a problem?” sixteen respondents that lack of reliable transportation was posed a problem in finding and maintaining work. JR’s comment resonated with comments made by other respondents when he said, “we need transportation that would take people straight to their jobs.” Paul’s story highlights the centrality of transportation for employment and how lack of transportation in itself can lead to homelessness “My wife took me to work. After she kicked me out, I had a hard time getting to work. I lost my job because I missed too many days. I didn’t have a ride.” Jeff had a similar experience after his wife went to jail. John, a counselor at an agency serving people experiencing homelessness acknowledged, that walking to work is not generally a viable option, “Employers won’t hire you if you don’t have a ride. No one wants you showing up to work all hot and sweaty after walking two miles in the summer.” In a competitive work environment, lack of transportation can compound the challenges faced by individuals with limited work experience and skill sets. This additional barrier can reduce employment opportunities even further and increases the likelihood of underemployment or unemployment (Central Florida Commission on Homelessness, 2014; Goetz & Schmiege, 1996; Johnson, 1999; Mukiti, Singh, Nemil, Best, & Ellis, 1992).

Access to transportation services also became problematic when participants sought medical treatment. Don, who was seeking treatment for depression, reported walking over 18 miles (and taking 7 h) to reach a hospital. JD, who suffers from multiple health problems, also mentioned that lack of transportation has prevented him from going to the doctor when he is sick. Mike, who suffers from epilepsy and diabetes, reported problems seeking treatment because he couldn’t get a ride to the doctor. Likewise, Laura who

hurt her arm in an accident, is not getting the treatment she needs because she does not have a ride to the doctor.

### **Discussion and future research**

Our findings are consistent with those reported by the U.S. Department of Housing and Urban Development (2010), we found inadequate public or individual transportation, lack of program funds for transportation, and the amount of time it takes to secure travel or use public transportation make more difficult for homeless people to make use of services. Our homeless participants clearly articulated that lack of adequate, reliable transportation was a structural barrier in terms of obtaining and maintaining work, making and keeping medical and social service appointments, and well as meeting their day-to-day needs and maintaining a social support network. Lacking the funds to secure personal vehicles, our respondents relied on public transportation and shelter transportation. Both were inadequate for meeting their needs. Similarly, it was difficult to secure transportation through the shelter, and often shelter transportation was not available to carry them to their destination.

One of the least researched issues of the homeless community is transportation. This issue is understudied and given scant attention by most policy makers. The reports by the U.S. Department of Housing and Urban Development (2010) and the Charles and Helen Schwab Foundation (2003) are among the few studies that recognize transportation as a structural barrier for homeless individuals. Access to reliable, affordable transportation is a critical component of exiting homelessness and poverty. Without it, it is very difficult to get and keep a job, schedule and keep mental and physical health care appointments, apply for and maintain benefits, and access and utilize other community resources (Central Florida Commission on Homelessness, 2014; Johnston, 2013). Many homeless people rely on public transportation to reach service destinations. However, the public transportation accessible to homeless individuals often does not adequately meet their needs. It is often prohibitively expensive, and in many locations, the hours of operation, limited routes, and frequency of buses are often inadequate for many jobs and does not allow them to make and keep appointments (Charles and Helen Schwab Foundation, 2003).

The homeless adults were almost three times as likely to identify transportation as a structural problem compared to the service providers. This highlights the importance, as Giddens (1981) stress of asking both the individuals receiving the service and the professionals providing the service about individual, the environment, and the providers must share

information for to create change and be the most effective. Lack of public transportation poses a significant barrier, not just funding for travel fares. In a survey of 301 homeless individuals in Buffalo, NY transportation was rated as one of the top needs difficult to meet using community resources (Acosta & Torro, 2000).

We acknowledge that the results from our study may not be generalizable to other locations and homeless populations. First, we interviewed individuals who were residing in a shelter; homeless individuals who are sleeping outside, in structures unfit for human habitation, or in cars may have different experiences from the homeless individuals we interviewed. Additionally, in cities with more developed public transit systems or better transportation systems for shelter residents, transportation may pose less of a structural barrier.

### Future research

In order to address this structural barrier on a local level, in conjunction with a local social service agency serving people experiencing homelessness we have started a new program, Rolling Forward. This program seeks donations of bicycles and fundraises to purchase bicycles. In April of 2017, we received donations of six bikes with locks from a local church. We gave those bikes to homeless individuals we had surveyed. Five of the six became employed shortly after receiving their bikes and remained employed the last time we contacted them (four months later). Based on this pilot program, we have expanded to create a bike sharing program in which 40 bicycles have been made available to the residents of a local shelter for people experiencing homelessness. Residents are allowed to borrow a bike each day to use as they need.

Bike programs are not new; we found that bike programs (in which organizations give bikes to homeless individuals) are available all across the country in places such as Savannah, Georgia, Clearwater Florida, and Phoenix Arizona, amongst others. However, despite the numerous bicycle programs throughout the country, we have found no research on the long term effects of increasing the mobility for this group. As the program moves forward, we will conduct needs assessment interviews with the individuals before giving them bikes. In this interview, we will ask about drug and alcohol use, housing history and mental health status, as well as their ability to travel to work, the doctor and other destination. We will conduct three follow up interviews (3months, 6 months, and 9 months later). Given the transient nature of the homeless population, we will coordinate with the local social service agency as to changes in address, telephone number, or other contact information. In the follow up interviews we will repeat the questions from the first interview and ask questions about any

changes having a bicycle made in their lives (e.g. were they better able to find a job, keep a job, and accomplish other necessary tasks?). The goal of this research is to determine if bicycle projects for homeless individuals are a viable way to address transportation as a structural barrier.

### Disclosure statement

No potential conflict of interest was reported by the authors.

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This work was supported by Coastal Carolina University.

### Notes on contributors

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