ARIZONA AND THE AGING HOMELESS POPULATION

2015

Preparing for the Future

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Acknowledgments

I would like to express my deepest gratitude to all the Arizona providers who recruited participants and enthusiastically supported me in conducting focus groups and completing this study. These providers are already working tirelessly to support older adults experiencing homelessness and were open and willing to assist as all of us continue to work towards best practices: A New Leaf, C.A.S.S., Justa Center, Primavera.

I would also like to thank the 44 focus group participants who graciously and freely shared their time and their life-experiences to contribute to our understanding and to help us be prepared for the future. May their hard-earned wisdom inspire providers and citizens to ensure that one day there will no longer be older adults experiencing homelessness in Arizona.

I could not have completed this study without the support of the Department of Economic Security and many staff members who mentored me, supported me, and even helped me practice facilitating focus groups.

I would also like to acknowledge some resources that I used to assist me in learning how *(or as an example)* to properly conduct research, facilitate focus groups, and analyze data:

- Krysik, J. L., & Finn, J. (2013). *Research for effective social work practice*. New York, NY: Routledge.
- OMNI (n.d.). Toolkit for conducting focus groups. Retrieved from http://www.rowan.edu/colleges/chss /facultystaff/focusgrouptoolkit.pdf
- Palepu, A., Hubley, A. M., Russell, L. B., Gadermann, A. M., & Chinni, M. (2012). Quality of life themes in Canadian adults and street youth who are homeless or hard-to-house: A multi-site focus group study. *Health and quality of life outcomes*, *10*(1), 93. *(used as example)*
- Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American journal of evaluation*, *27*(2), 237-246.

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Abstract

Background: The purpose of this report is to call attention to the increasing numbers of older people experiencing homelessness in Arizona, give voice to their unique needs, and stimulate further research and changes in practices for the future.

Methods: Five focus groups were conducted with 44 participants ages 33-76 who were homeless or recently homeless, with the average age of 61 and the majority (84%) of participants aged 50 or older. These groups were conducted on-site at four service provider agencies in Maricopa and Pima Counties in Arizona. The questions discussed were aimed at exploring and determining what variables and concepts are important to consider when working with the aging homeless population in Arizona.

Results: Participant "complaints" were re-framed as "needs-expression" and 8 overall themes emerged relating to these underlying expressed needs: respect & dignity, practical services/items, shelter/living conditions, case management services, better communication, system needs, professional services, fulfillment of participant goals.

Discussion and Conclusions: This study, combined with other research, points to effective strategies leading to the ultimate goal of helping clients find and maintain safe housing. The themes discovered may be useful in creating future surveys and conducting more focus groups with a larger sample size, but they can also be used to develop more effective case-management strategies and service plans right now.

Arizona and the Aging Homeless Population: Preparing for the Future

Aging Trend Data

Introduction

Homelessness is a reality that touches almost every system and every person in society, from policymakers to businesses to neighborhoods to individuals. Theories about solutions, stereotypes of causes, and programs to "fix" the homeless problem abound, but the problem still remains. Duplicating existing programs and repeating the same strategies are not enough, and it is time to consider the actual needs of the individuals experiencing homelessness today, while preparing for the unique challenges coming in the near future. Culhane, Metraux, Byrne, Stino, and Bainbridge (2013) reveal evidence that the contemporary single adult homeless population is aging, and existing systems and policy must adjust to the upcoming surge of people age 62 and over that will soon flood existing resources and challenge old methods of assisting the homeless. The purpose of this report is to call attention to the increasing numbers of older people experiencing homelessness in Arizona, give voice to their unique needs, and stimulate further research and changes in practices for the future. This report will begin by exploring the aging trends in the general and homeless populations in the United States and then more specifically in Arizona. Then qualitative data will be introduced from a series of five focus groups conducted with 44 people experiencing homelessness in Arizona. The results of each discussion question, as well as the overall themes will be explored. The final section will include a discussion of the results, a short literature review, and the conclusion with recommendations.

United States & Arizona Census Data—General Population

Census data clearly shows the trend of an increasing population of older adults throughout the United States. According to 2010 US Census data compiled by Howden and Meyer (2011), the entire population of people age 62 and over has grown by 21% in the previous ten years. Not only that, but their report shows that the group of individuals ages 45-64 has shown a 31.5% increase. These increases contrast sharply with all other age groups which showed increases of only 0.6%-13%, and an actual 3.4% *decrease* shown in the 25-44 age group (Howden & Meyer, 2011; see Appendix A).

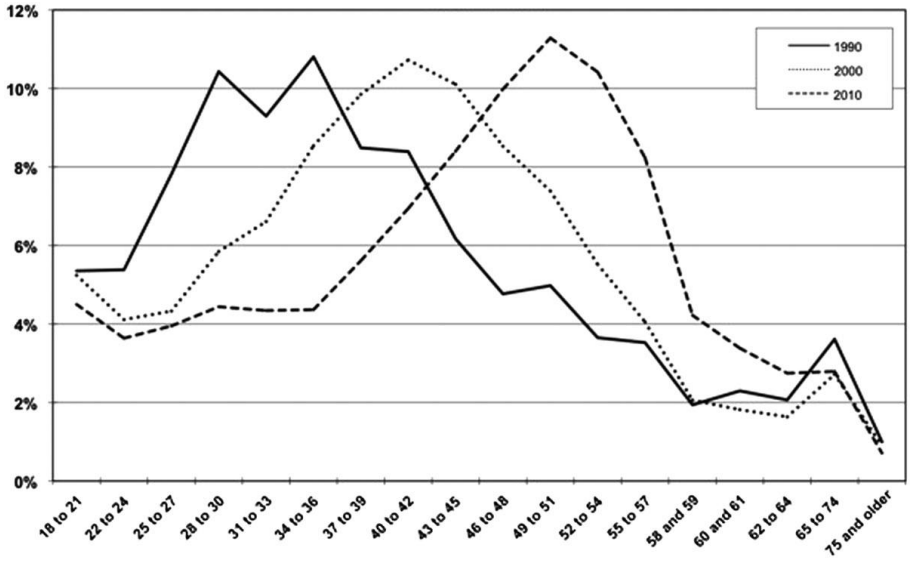
The 2010 Census Data specific to Arizona shows a 32% increase in the population of individuals 65 years or older since the 2000 census, revealing that Arizona's data not only reflects the general U.S. trends, but to an even greater extent (US Census Data provided by CensusViewer.com; see Appendix A). As new medical knowledge and treatments continue to extend the lifespan, and as the large population of "baby-boomers" born in 1946-1964 continues to age, these already significant numbers will only continue to increase and demand attention.

Study in U.S. & New York City—Homeless Population

As the entire population of the United States grows older, these trends will also be seen in the numbers of older homeless individuals. But Culhane et al. (2013) go a step further and provide a

wealth of data supporting the idea that there is a unique aging trend among single adults experiencing homelessness that goes beyond the general aging trend in the U.S. (see Figure 1). This aging trend is centered around those that are part of the latter half of the baby-boomers born between 1954-1967, a "cohort" of individuals that face the highest risk for homelessness (Culhane et al., 2013; see Figure 1). The 2010 Annual Homeless Assessment Report (AHAR) to Congress confirms this trend, showing an increase in the homeless population of individuals over age 50, with data showing 23% in 2007 and then 26.5% only three years later in 2010.

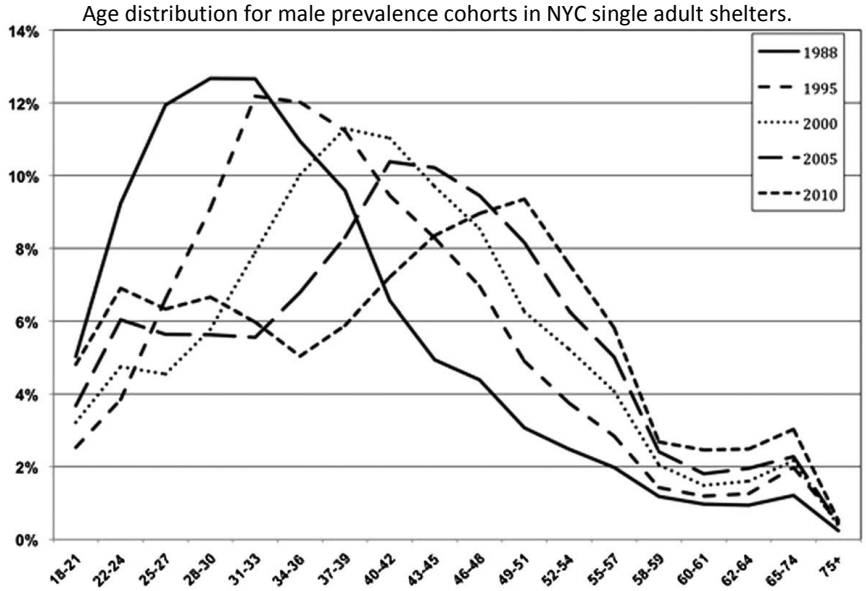
Figure 1. Age distribution for male* shelter users in the U.S., 1990, 2000, and 2010 (U.S. Census).



**Note. As the U.S. Census did not enumerate homeless adults by household status (i.e., single adult or adult with family), adult male homeless persons were used as a proxy for single adults, as men are homeless almost exclusively as individuals and the single adult homeless population is predominantly male* (Culhane et al., 2013, p. 233 & 235).

Culhane et al. (2013) narrowed their research further by comparing the general U.S. trends with data from New York City. The Department of Homeless Services (DHS) in New York City has been keeping extensive records on the number of individuals in their shelter system since 1987 and this data allowed Culhane et al. to create a comparison chart to the trend they saw in the United States (see Figure 2). Though the numbers decrease a bit with time, this data also shows a large cohort of aging individuals in the shelter system of New York City.

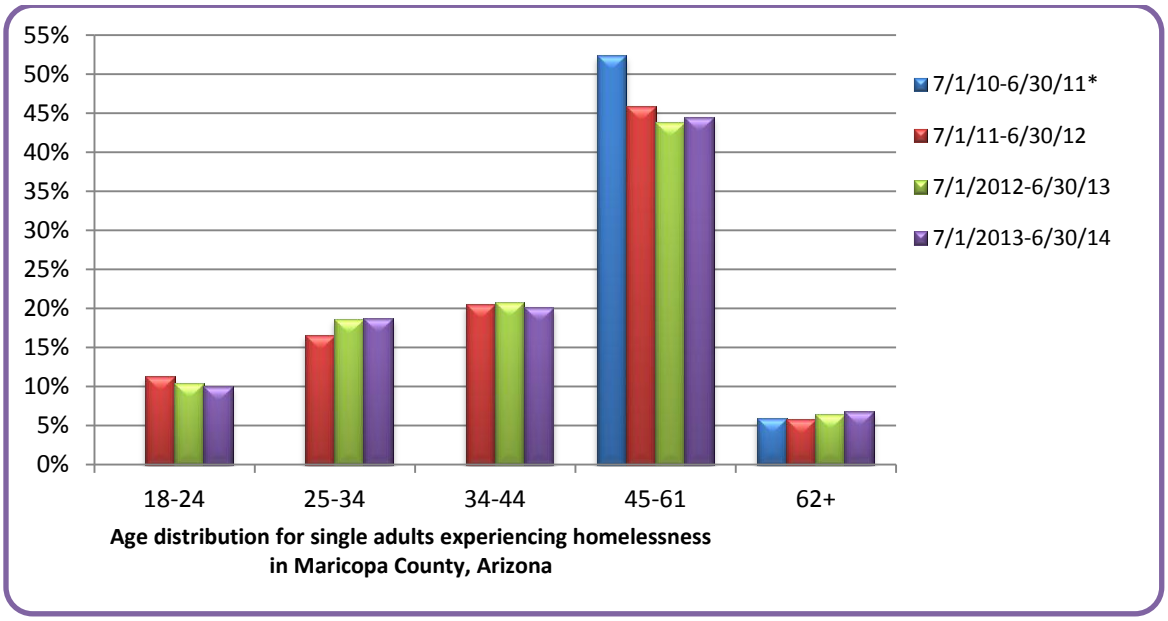
Figure 2. Age distribution for male prevalence cohorts in NYC single adult shelters.



Arizona Aging Trend—Homeless Population

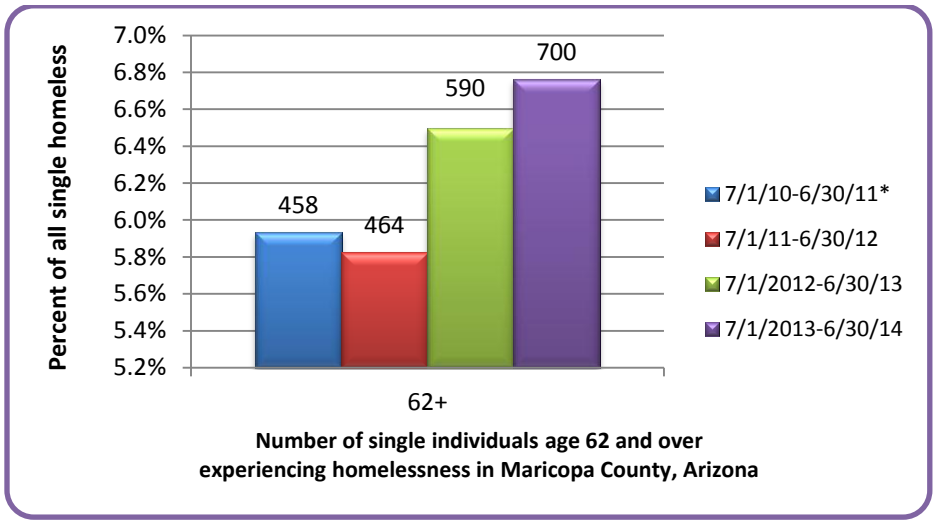
As Arizona moves forward in creating policy and providing services for the large homeless population, it is important to consider whether these same trends are evident here. In the state's largest county, Maricopa County, data from the Homeless Management Information System (HMIS) provides some insight to help plan for the future. Unlike New York City, however, Arizona's system only has detailed information dating back to 2010. Despite this limitation, Maricopa County's data carries more weight when considered alongside the trends already verified in the entire U.S. and in another big city. The HMIS data collected since 2010 already shows that over 50% of the homeless population is age 45 or older, with a growing population of individuals ages 62 and over (see Figures 3 & 4 created from HMIS data).

Figure 3.



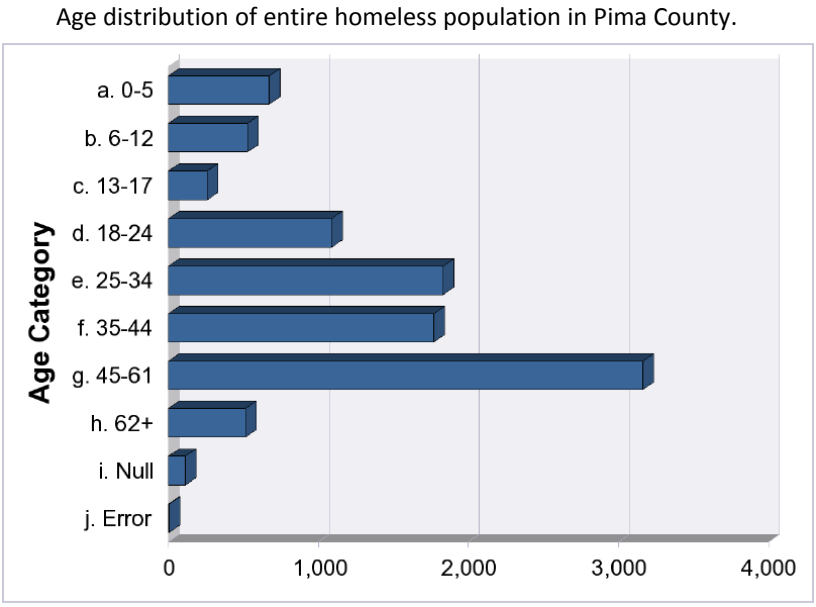
**Note: Age data for 7/1/10-6/30/11 is only included in the ≥45 age groups because that year's data did not separate out data for singles and this age group is more likely to include single adults. Some of these numbers (for this time period only) may reflect individuals in families.*

Figure 4.



The data in the two largest areas of Arizona calls attention to the growing populations of older individuals experiencing homelessness. Maricopa County has identified over 10,000 single adults experiencing homelessness in the past year, with 700 of those individuals being age 62 or older (HMIS Report, 2014). Calculations from the HMIS reports (2011-2014) reveal that just in the last 4 years, there has been a 34% increase in homeless individuals over the age of 45 and a 53% increase in homelessness in people age 62 and over. According to the Continuum of Care Demographics Report (2014), Pima County has nearly 4,000 individuals age 45 or over experiencing homelessness, with 515 of those individuals being age 62 or older (see Figure 5).

Figure 5.



(Continuum of Care Demographics Report, 2014)

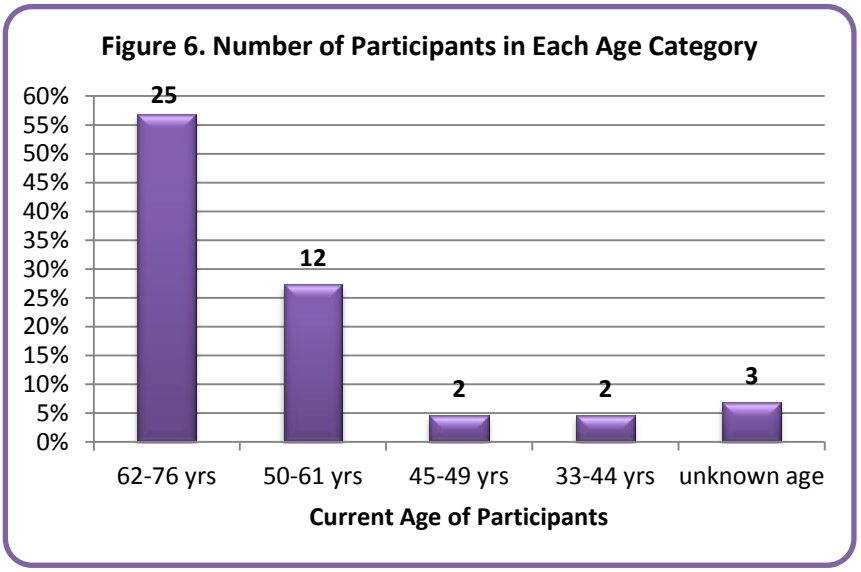
Focus Group Data

Introduction

Perhaps the numbers of older homeless individuals appear small right now, especially when compared with the total population of individuals experiencing homelessness. Looking at statistics and quantitative data can have a numbing affect as one may consider that these folks are only 6.8% of the single homeless population in Maricopa County (HMIS Report, 2014). But stop to consider for a moment that there are 1,215 people ages 62 and over who are experiencing homelessness right now in Maricopa and Pima counties (HMIS Report, 2014; CoC Demographics Report, 2014). Many reading this report are already that age themselves, or have parents or even grandparents that age. This section attempts to give a voice to the actual people behind the numbers through focus groups that were conducted in Maricopa and Pima counties with people experiencing homelessness. The methods and procedures used will be followed by a discussion of the strengths and limitations, and will conclude with the results, a discussion of the results, and the conclusion with recommendations. The intention is to begin the discussion about the unique needs of the older homeless population and encourage further research and collaboration by listening to the actual people who are suffering.

Methods

Settings and participants. Five focus groups were conducted with the cooperation of four service provider agencies in Maricopa and Pima Counties in Arizona. Three of these agencies provide overnight shelter for individuals experiencing homelessness and one agency is a day resource center for homeless seniors. The providers were instructed to ensure that participants were age 62 or older and currently homeless or recently homeless. Actual participants included 44 individuals ages 33-76, with the mean (average) age being 61 (see Figure 6 and Appendix B). A written questionnaire was also filled out by 42 of the 44 participants.

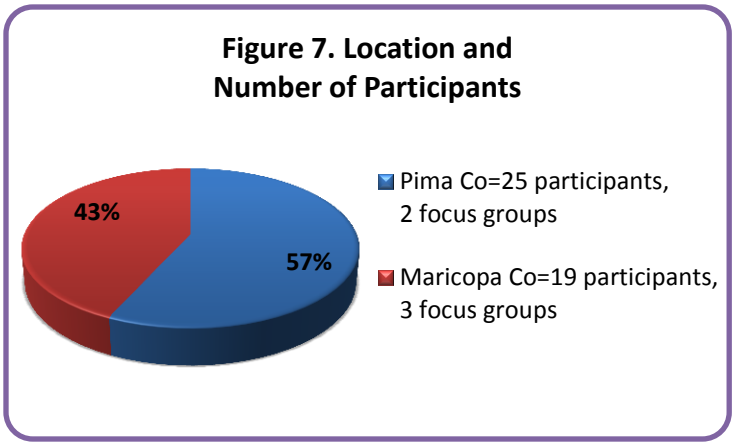


Focus group facilitator. All focus groups were conducted by a single facilitator who traveled to each provider location to conduct the focus groups. The facilitator was not currently employed by any of the providers and steps were taken to ensure participants had the opportunity to speak

without provider staff present. The facilitator had previous experience working with individuals experiencing homelessness and other vulnerable populations, but no previous experience in moderating focus groups. Eleven questions were used to guide the discussion in all focus groups and all participants received the same written questionnaire.

Focus groups were used to allow for greater participation in this study with a single facilitator and researcher, with the goal of identifying system-wide changes that could assist the entire group of older people experiencing homelessness. Focus groups ensured greater discussion about the common needs of the aging homeless population as a whole, instead of focusing on individual problems, and encouraged participants to discuss the issues with one another.

Procedure. Four provider agencies were contacted by phone and email and asked to recruit 5-10 participants for one or two focus groups at each site. The goal was to have the groups be large enough to represent a wide variety of experiences, but keep the groups small enough to allow for more candid sharing. Actual groups varied in size, with one group having as few as 3 participants and another group having 22 participants. Of the remaining three groups, two had 6 participants and one had 7 participants. One provider in Pima County was able to organize two focus groups with a total of 25 participants. The other 3 providers each organized one focus group and were all in Maricopa County (see Figure 7).



Focus groups were conducted in a variety of settings at the provider locations. One group was conducted in an entryway, while another in a cafeteria, and the other three groups in private meeting rooms of various sizes. Each focus group session was 60-90 minutes long and was audiotaped, with the first part of the time used to have participants complete the written questionnaire. The facilitator also recorded answers to the group discussion questions on a large whiteboard or flipchart, giving participants the ability to confirm the accuracy of what was written and to see and comment on all the responses to a particular question before moving on to the next. Responses were written as spoken and not edited by the facilitator. The overall goal was to encourage open discussion while responding to the discussion questions, with the final question allowing for discussion on any topic that may not have been asked. Participants were given oral and written information about the purpose of the group and about the voluntary nature of their participation. The facilitator did not have incentives to offer, but some providers chose to offer incentives consisting of food or a small gift card to assist in recruiting volunteers.

As participants entered the room, they were given an optional written questionnaire to fill out that consisted of 10 questions (see Appendix C). These 10 questions asked a variety of demographic questions, such as gender, age, and past military service. Race and ethnicity data were not tracked in this study. Other questions included information about the length of time the participant had experienced homelessness, the number of shelters they had stayed in, and information about any disabilities they may have. Participants were also asked to share something they enjoy doing in order to permit a well-rounded picture of each person. The final question asked them to share what their first job was, and this was then used as a guessing-game icebreaker to relax the group and stimulate discussion. Great care was taken in the wording of the questionnaire to impress upon the participants the voluntary and relaxed nature of the entire questioning and discussion that would soon follow. Almost all the participants filled out the questionnaire, at least in part, with only 2 out of 44 choosing not to participate.

Once the written questionnaires were collected and the icebreaker completed, the facilitator began the audio recording and asked the first discussion question. If necessary, the facilitator encouraged further responses or gave an example to start the discussion. Care was taken to ensure participation of all group members, as much as possible, by intentionally asking quiet members of the group if they had anything to add. Answers to all the discussion questions were written on a whiteboard or a flipchart as the participants spoke. Examples of questions included: What barriers have you experienced when trying to get into shelters or housing? What services and organizations have been most helpful? What advice would you give to shelters or service providers? Is there anything else you would like to say? (see Appendix D). If enough time remained, the facilitator attempted to go back through questions 5-10 and have the participants rank their responses. This proved difficult for participants to understand, as well as time-consuming, so this process was abandoned.

Transcription and analysis. All of the focus groups were audiotaped, but transcription of the recordings was only done on a limited basis. The discussion surrounding question 1 was transcribed for three of the focus groups, and questions 10 and 11 were transcribed for one of the groups. Other miscellaneous quotes were transcribed as needed from throughout the discussions in the different groups. Transcription was limited because there was only a single researcher, facilitator, data-analyst, and writer for this entire project, as well as time constraints. Data analysis, therefore, relied heavily on the written questionnaire and the responses written on the flip charts or whiteboards. Handwritten answers on paper from the flip charts and from photos taken of the whiteboards were typed into a spreadsheet as written. The audio recordings were used to clarify answers or add answers that were not previously written down. All the themes, categories, and inferences were carefully drawn from the data, but limited by the subjective analysis of the researcher.

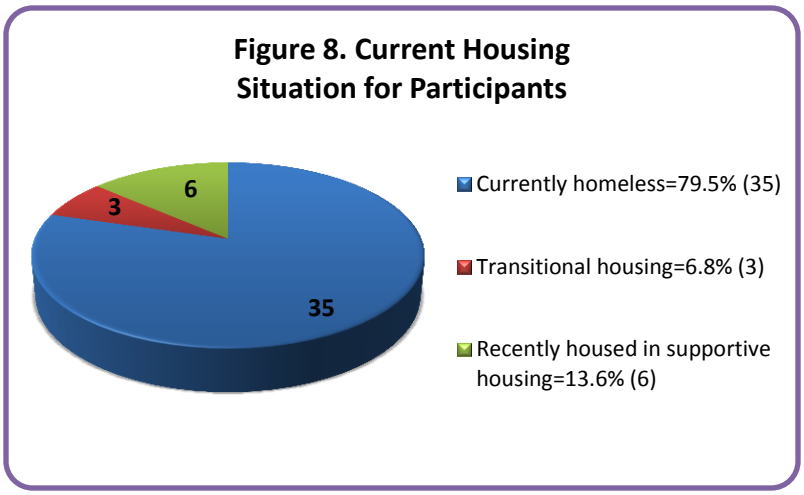
Strengths and Limitations

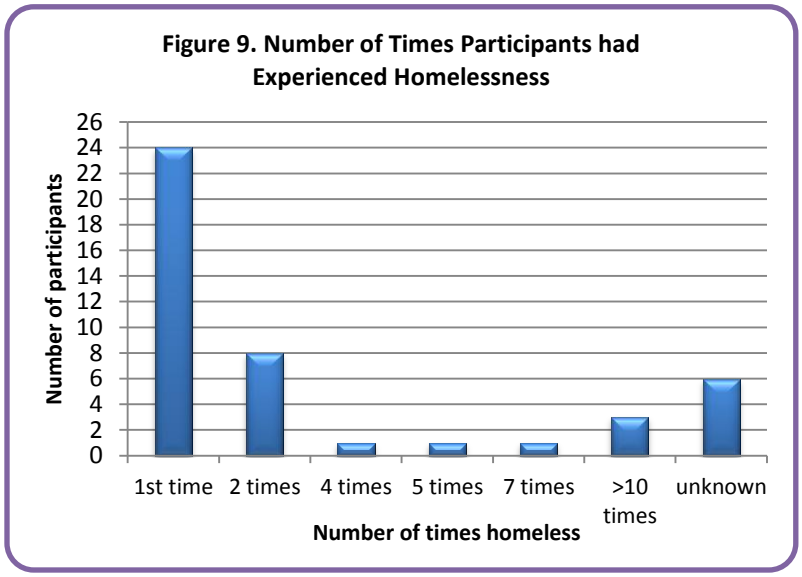
This report is intended to be a preliminary study exploring the experiences and needs of older adults experiencing homelessness in Arizona. The strength of this study is that the needs of this group were discussed with the actual people in need, from the perspective of those participating in four very different programs in three different cities in Arizona. Having a single facilitator allowed for consistency in each focus group. Focus groups provided a forum to gather subjective information and stimulate discussion regarding the participants' real-life experiences and needs.

There were many limitations to this study and many are discussed throughout this report. As previously mentioned, there were time constraints for the completion of this study and a single person conducting all phases of research. Other limitations included small sample size, widely varying settings and group sizes, and the unintended inclusion of younger participants. Also, some participants had limited cognitive ability and three participants in different groups chose to leave before the entire discussion group was over. In some groups, participants could not be sure that staff would not overhear their responses because of the setting. Also the facilitator had been previously employed by one of the providers and, as an employee, had interacted with 3 of the participants prior to having them in one of the focus groups. Because of these limitations, and others noted throughout this report, all the results cannot necessarily be generalized to the entire older homeless population.

Results

Participants. The participants consisted of 44 people living in Maricopa and Pima Counties currently or recently experiencing homelessness. Thirty-five (79.5%) participants were currently homeless, 3 (6.8%) were in transitional housing, and the other 6 (13.6%) had been recently housed in supportive housing (see Figure 8). The participants included 38 (86.4%) men and 6 (13.6%) women ages 33 to 76 years, with a mean age of 61 years and a median age of 63 (SD=9.5 years) (see Figure 6 and Appendix B). Given that 25 (57%) of the participants were known to be age 62 or older, and 37 (84%) of participants were age 50 or older, the data presented is still considered largely representative of the experience of older homeless adults. The disproportionate numbers of men in this study were assumed to reflect the general makeup of the single homeless population, given that Pima County, for example, reported that 83.7% of homeless individuals age 62 or older were male (CoC Demographics Report, 2014).





Other information collected may be of interest for further understanding of this study. Thirty-eight of the participants answered question 4 on the written questionnaire, revealing that 24 (63.2%) of those participants are experiencing homelessness for the first time (see Figure 9 and Appendix E). Eighteen (46.2%) participants who answered question 3 had experienced homelessness for one year or longer, with the mean (average) age of all participants being 54 when they became homeless for the first time (see Appendices B & E). Of those that completed the questionnaire, 16 (35.6%) reported previous military service (see Appendix E). Of those answering question 7, a staggering 31 (79.4%) report having a disability, with 17 (43.6%) reporting a serious physical disability and 6 (15.4%) self-reporting a serious cognitive or mental disability (see Appendix E).

Focus group discussion. As the participants answered and discussed all of the following questions, the facilitator wrote the answers on the flip chart or whiteboard for all participants to see. If necessary, the facilitator asked the participant if what was written accurately reflected what they were trying to say. Questions 2-4 in the group discussion were the same as questions 4-6 on the written questionnaire (see Appendices B & C). This was done intentionally to help all the participants know and consider each other's experiences during the rest of the discussion, as well as to assist the facilitator since there was no time to review the questionnaires until after the discussion was finished. It was assumed that the written questionnaire solicited more accurate data, especially since not everyone responded to these questions orally, so the answers to these questions were only recorded in the written questionnaire section of the data (see Appendix E). Therefore, the remaining questions 1 and 5-11 formed the main basis for discussion and these will be the questions considered in this section. Each discussion question was analyzed for themes from the participant responses, as well as overall themes.

Discussion Question 1. *Think for a minute about the word "homeless"…if you had to say what that word means using only one word, what word would you choose?*

After the icebreaker discussed previously, the main discussion began with the question above. Four themes emerged in the answers given to this question: feelings while homeless, what homelessness is like, how others see and treat them, and where they have had to sleep (see Appendix F). These themes emerged in all the focus groups. Many started to answer with the obvious, with answers such as *"no home," "without a home," "houseless,"* or began listing

places like *"alleys," "the streets," "car," "shelters"* to speak of where they have had to sleep. But in the all the groups, the discussion soon led to words expressing emotion and feelings, such as *"hopeless," "helpless," lost," "desperation," "sad."* Many groups then started to speak of how they had been treated or the negative way that others saw them now that they were homeless: *"not wanted," "not acceptable," "ostracized," "outcast."* Several participants expressed anger at being viewed as a criminal: *"In this state now? Criminal…'Cuz they've made it a crime in this state to be homeless."* Another said that being homeless was *"to be innocent and not be wanted…"*

Discussion question 5. *What barriers have you experienced when trying to get into shelters or housing?*

The answers to questions 5 and 7 showed many overlapping answers and themes, so there may be benefit to viewing all these answers together to form a more complete picture. After reviewing all sources of data for question 5, five themes emerged: actual and perceived flaws in the "system," personal limitations, lack of resources, inability to meet requirements, and dislike of the options (see Appendix G). By far, comments regarding flaws in the "system" dominated the discussion, leading to additional categories noted within this theme: waiting, staff issues, procedural issues, ulterior motives, confusion, and practical matters. These actual and/or perceived flaws in the system included much discussion about being on long *"waiting lists"* in order to receive services, lack of *"availability"* of resources, and even delays in the ability to see a case manager or confusion about requirements. One participant stated:

> *I've only been here a week, but I haven't even had, um, what do you call it?, my consultation or whatever…so I don't even know how all this works yet…I've been in and they keep going 'no, no, no'…*[facilitator clarifies and writes "delay in case management" on the whiteboard—then participant continues] *2 weeks, 2 days…no one's outlining, um, what do you need to do…*

As previously mentioned in the data from the written questionnaire, many participants had identified disabilities, so in the discussion, "*health problems*," "*medical issues*," or "*disabilities*," were repeatedly mentioned as barriers. Lack of income was also frequently mentioned with responses such as "*no money*," "*finances*," "*no job*," "*no steady work*" or "*can't afford housing*." "*Transportation*" needs were also a key issue discussed in the groups. Others became willing to share their struggles with felony convictions, some from more than 20 years ago:

> *About the rules and regulations about felonies. If you have a felony, they charge you…and you already spent time, and when you come out, where do you go*?…[client struggling to speak because of severe progressive disease, very difficult to understand] *you can't get a job…you are a free man…if you paid for your mistake…when you come out, you're a new person…here if you have a felony…they will haunt you all your life…*

Discussion question 6. *What has been your reason for leaving shelter in the past?*

Answers to this question were fairly straightforward and were not further divided into themes (see Appendix H). Out of the 40 participants who chose to answer written question 6 about how many shelters they had stayed in, 26 (65%) reported that they had stayed in more than one shelter. The remaining 14 had never left shelters in the past, so this data was only discussed by part of the group (approx. 35%-40.1% because of the 4 unknowns) and cannot be considered representative of the whole group (see Appendix E). Of those that had left shelter in the past, most reported leaving because their "*time was up*," they "*got a place to live*," they "*couldn't stay sober*," or they got "*kicked out*." Many also reported disliking the conditions at the shelters, and mentioned "*unsanitary conditions*," "*curfews*," "*fear of being robbed*," "*being around other people*," and even stated that the experience was "*like prison*" or "*worse than prison*." As all the participants began to add to the discussion, these answers quickly led to an easy transition to discussion question 7 about dislikes.

Discussion question 7. *What don't you like about some of the services you have received?*

As previously mentioned, this data should be considered along with the data from question 5 about barriers, as many answers will naturally overlap. When analyzing the answers to this question, seven themes emerged: what's missing, bad conditions, staff issues, rules, practical matters, waiting, and other (see Appendix H). Participants identified the "*lack of communication*," and recounted their difficulties in navigating the system without any kind of "*orientation*" or in trying to read small print on informational forms and paperwork. Also discussed was the lack of the ability for providers to help those with disabilities or health problems, the mentally ill, or people with substance abuse problems.

"Bad conditions" included many safety issues that were brought up, and more of the women spoke up at this point. This is especially important to consider because the participants were mostly older adults living in shelters with others of all ages. Many reported not feeling "*safe*," and mentioned "*stealing*," "*violence*," "*bad language and fighting*," and "*overcrowded*" conditions. Many of the women felt unsafe with male staff members in the women's areas, and both the men and the women in one group thought that many men were "faking" being transgender just so they could be in the women's section.

Many problems with staff were mentioned at this point, as well as being mentioned when discussing barriers in question 5. Several participants felt that there was a "*lack of training for staff*," and many felt that staff or security were "*rude*," "*unprofessional*," or "*uninterested*." Along with this came mention of "*favoritism*," or constantly changing or confusing "*rules*."

Many practical matters were also discussed, such as needing somewhere to "*get away*," "*transportation"* to get to different services, "*safe storage"* for belongings, and a place to do "*laundry*." "*Waiting*" was brought up once again as a very frustrating part of the process, and included stories of waiting in long lines *(often outside in the heat)* for everything while the younger folks cut in front of them or having tons of confusing *paperwork* to fill out.

Discussion question 8. *What services and organizations have been most helpful?*

The services and organizations named by the participants as being most helpful would not be considered an exhaustive list, especially when taking into account the different geographic areas where the participants were staying, as well as the difficulty many participants had when trying to recall the exact names of helpful organizations (see Appendix I). It was interesting to note that some participants became aware of other resources that they were not previously aware of while participating in the focus groups, and they stated their intention to follow-up with some of these agencies. Many specific agencies or parts of agencies were named, as well as many churches or faith-based organizations (see Appendix I). Positive comments usually referred to how the person was treated, such as "*…they were so polite and helpful*." Another participant described his positive experience at a shelter as follows:

> *Now this is my first time, but, you know, my alternative was sleeping outside, so when I got here, um…I found everything to be run like a clock. They took me from place to place, and, um, they treated me very well…So, thank you...*

The helpful *people* mentioned were local pastors and individual caseworkers. On several occasions, participants pulled out pamphlets or flyers they had found helpful and showed them to the facilitator as an example of a helpful resource, with others remarking that the print was too small to read. Other helpful *programs* mentioned were AHCCCS (Arizona's Medicaid system) and food stamps.

Discussion question 9. *Are there any positives about being homeless?*

This question took some by surprise initially, but ultimately generated some lively discussion. Most expressed that they had learned to "*appreciate the little things*," be "*more thankful*," and "*not take anything for granted*." Others brought up the joys of "*getting to meet new people*" and "*making friends*." One participant describes his experiences when meeting new people: "*There are homeless people I've seen who will give you the shirt off their back and some of them will do whatever they can and not even bother you...They've got a heart...I've seen 'em cry too."* Others expressed how they enjoyed the "*freedom*," "*variety*," and "*exploring*," but most were quick to add that "*not all are homeless by choice, but by circumstances*."

Discussion question 10. *What advice would you give to shelters or service providers? What would you have them change or do more?*

Many of the participants were eager to share at this point in the focus group and gave advice both for the providers and occasionally for other clients (see Appendix J). Much advice was also included in question 11 as participants were invited to say anything else they had not yet shared. By far, most of the comments related to how they would like to be treated and to dispelling negative stereotypes. Many directed their advice towards staff: *"The staff, I mean, the security, um…they could be a little more polite and gentle with the people coming in, you know—bag-checkers and things;" "Don't hear—really listen;"* and *"Be fair helping everyone."* All participants were eager to help others challenge their own prejudices and stereotypes of the

homeless: *"Recognize the fact that homeless people are human beings…"—"That's right!"* [another participant interjected]—"*…and not animals." "Also recognize that not all homeless people are that way by choice…that some of us got that way by circumstances."*

Some of the advice also included more practical matters, such as *"give better training* [to staff]," "*have orientations*," and "*make shelters less like jail."* Also included were several suggestions to have more possibilities for the participants to have a voice and be heard: "*Have more focus groups*," "*have bitch sessions*," and "*have an advisory board of current and formerly homeless*."

Discussion question 11. *Is there anything else you would like to say?*

It was interesting to note that several times at this point in the focus group a flood of questions came from participants who wanted answers about different kinds of benefits or about rumors they had heard about program cuts. But since this question immediately followed the previous question about "advice," most of the discussion yielded more words of advice (see Appendix J). Many participants mentioned the *difficulty in reading the small print* on paperwork and the need for help getting *prescription eyeglasses*. Others referred to the difficulty in finding resources or even in knowing which services exist, asking for a "*resource map/list*" and a "*centrally located place with information*." Others brought up the need for "*group activities at the shelter*" and many expressed the need for "*exercise equipment*" and "*vitamins*" to help them stay healthy. One person pleaded for more holistic services: *"If I'm not right mentally, physically, spiritually, I'm not going to sleep or have a good day. I've got to work up to that challenge*."

One group even felt that *group activities* may help change the public's negatives stereotypes of them as a group, stating that others observing might then say, "'*They're not doing anything wrong…They're not drunk; they're not acting up. Maybe they're not so bad.' Right*?" Others agreed and said "*We've gotta do something to be able to get them, uh, get their minds off of stereotyping us as being nothin' but drunks…and losers*."

Other final topics mentioned depended on the group. One group spoke again about the struggles some had with past felony convictions: *"It still will haunt you, you end up to be homeless…even after 5 year or 10 year…"* Another group expressed frustration with the priorities in many programs: "*Money is more important than people*." Others wanted to express thanks: "*Thank you to Primavera*!" and "*I'm still alive because God cares*."

Overall Themes

In order to more fully capture the actual needs being expressed, I analyzed all the participant responses and made a list of possible needs expressed *behind* the "complaints," labeling these "researcher inferences" (see Appendices F-K). Throughout the discussion of all of the focus group questions, 8 overall themes emerged relating to these underlying expressed needs: respect & dignity, practical services/items, shelter/living conditions, case management services, better communication, system needs, professional services, fulfillment of participant goals (see Appendix K).

Respect & Dignity. By far, this theme emerged most often and throughout the discussion. Instead of immediately talking about practical needs or even their desire for housing, many were first anxious to *dispel negative stereotypes* and repeatedly expressed their desire to be *heard* and *valued*. Participants want to be *treated like adults*, be *empowered*, be *treated fairly*, and have *freedom* and *choices*.

Practical Services/Items. All of them desired *housing*, but other practical needs included availability of *clothing*, *laundry facilities*, and *showers*. Some requested just a simple cup of *coffee*. Most frequently mentioned were the needs for *safe storage* for their belongings and accessible *transportation*.

Shelter/Living Conditions. Here there is an overlap with the theme of "respect & dignity" as in many different groups the participants requested *trained and courteous staff*. Others described the difficulties of trying to manage their *medical conditions* and *medication* at the shelters. *Safety* and *security* were also of prime concern, especially for many who had been victimized by much younger and stronger clients in the same shelter. Some specific requests were for *non-smoking areas* or areas where they could just enjoy some *peace and quiet*, perhaps reflecting the older age of the participants.

Case Management Services. This need centered around the frequently mentioned problem of the older participants struggling to find a *source of income*. Many reported too much pressure from programs to get a job, when they were really no longer able to work. Even if they could still work, many needed *more time* than the younger clients. Others needed help or more time finding housing or employment because of *past felony convictions*.

Better Communication. Questions about services available and overall *confusion* were frequent points of discussion throughout the focus group sessions. Many participants requested an *orientation* from the providers and asked that they would take the time to *clarify* and *explain*. A practical request was simply for information materials to be printed with *larger print*.

System Needs. System needs mentioned were often very broad, with participants simply mentioning the need for "*more services*" or "*more affordable housing*." Again, the need for a *source of income* emerged as part of a system-wide problem with the older homeless population, and many must wait in shelters for over a year before receiving needed disability income. Another recurring need expressed was for *faster help*, with this request seen in many of the "complaints": *waiting to get into shelter*, *to see a case manager*, or *to get into housing*; *long lines*, *mountains of paperwork*, and *red tape* in order to receive services. Participants also called attention to the fact that older adults usually fall into the category of "single, childless adults," so more *help for singles* is needed when considering that this vulnerable population often does not qualify for aid.

Professional Services. These kind of services were not the first needs expressed, but the need for *mental health* and *substance abuse services* was mentioned, though some mentioned it negatively with regard to being *forced* to use these professional services. *Physical health* needs, however, were frequently mentioned throughout most of the discussions. As mentioned in the written questionnaire data, a large number of participants reported having some kind of *disability*, so the availability of professional services may be a greater need than even the participants realize.

Fulfillment of Participant Goals. Ultimately, many inferred needs expressed seemed to relate to the participants' goals, many of which are less tangible than might be expected: *hope*, *comfort*, *joy*, *love*, *peace*, *quiet*, and *freedom*. Other goals included a *safe home*, *friends*, *community*, and *independent living*.

Discussion of Results

All the participants in this study were currently or recently homeless. Their responses tended to reflect the intensity and difficulty of their current day-to-day struggles, and it was assumed that it would be easier for them to voice the negative parts of their experiences. By analyzing all the participant responses from these questions, the researcher compiled a list of possible needs. The following 8 overall themes were discovered relating to needs: respect & dignity, practical services/items, shelter/living conditions, case management services, better communication, system needs, professional services, fulfillment of participant goals (see Appendix K).

This analysis assumes that people currently in crisis may have difficulty expressing their needs in a way that allows providers to really hear them and take action. For example, some participants reported that they left shelter in the past because it was "*too nasty*" or because of "*unsanitary conditions*" (see Appendix H, question 6). The researcher inferred from this that there is a need for "*clean shelters*," but with more probing of participants, this could be further refined, for example, as a simple need for more trash cans or a more frequent change of sheets. In this manner, this study provides an example to encourage providers and researchers to look beyond the nature of complaints to see the possible real needs being expressed.

The needs expressed and the general themes revealed in this study are consistent with findings and recommendations in other research. This study, combined with other research, points to effective strategies leading to the ultimate goal of helping clients find and maintain safe housing. Gonyea, Mills-Dick, and Bachman (2010) discuss the lack of attention given to the growing population of older people experiencing homelessness, and the recent changes in policy that have helped push a paradigm shift in programs to serve the homeless that may offer more help for the elderly. They propose that this population has common physical, cognitive, and mental health problems that require long-term support that goes beyond simply providing a place to live. Dennis, McCallion, and Ferretti (2012) add to this idea by explaining that Self-Determination Theory, derived from a core value in adult protective services, is a key theory in understanding

success in working with older homeless populations, and that self-determination can only thrive when proper supportive services are in place. These authors specifically mention needs similar to those uncovered by the focus groups, including helping with chronic health problems, providing transportation, and developing supportive relationships. They further identify these as important factors in reaching the goal of self-determination and ultimate success in maintaining housing (Dennis et al., 2012). Tompsett, Fowle, and Toro, (2009) studied the varying barriers for homeless populations of different age groups and found that physical health problems are a significant barrier for the older homeless population. They further suggest that services may be more effective if they were specifically optimized for specific age groups and their unique needs (Tompsett et al., 2009).

Conclusions and Recommendations

One of the main goals of this study was to explore and determine what variables and concepts are important to consider when working with the aging homeless population in Arizona. Most programs are designed for the homeless population in general, without regard to the unique needs of subpopulations. As previously discussed, the number of people age 62 and over who are experiencing homelessness is growing and now is the time to consider possible changes in service delivery and prepare to meet their unique needs.

Although this study had some limitations, the intention is to stimulate dialogue among service providers and encourage further and more in-depth research. The themes discovered may be useful in creating future surveys and conducting more focus groups with a larger sample size, but they can also be used to develop more effective case-management strategies and service plans right now. If nothing else, this data can and should be used to show the need for careful listening, as we work towards showing older adults experiencing homelessness the respect and dignity they deserve while working together to end homelessness once and for all.

References

Continuum of Care (CoC) Demographics Report. (2014). Tucson Pima Collaboration to End Homelessness.

Culhane, D. P., Metraux, S., Byrne, T., Stino, M. and Bainbridge, J. (2013). The age structure of contemporary homelessness: Evidence and implications for public policy. *Analyses of Social Issues and Public Policy*, 13: 228–244. doi: 10.1111/asap.12004

Dennis, C. B., McCallion, P., & Ferretti, L. A. (2012). Understanding implementation of best practices for working with the older homeless through the lens of self-determination theory. *Journal of gerontological social work,55*(4), 352-366.

Gonyea, J. G., Mills-Dick, K., & Bachman, S. S. (2010). The complexities of elder homelessness, a shifting political landscape and emerging community responses. *Journal of Gerontological Social Work*, *53*(7), 575-590.

Homeless Management Information Systems (HMIS) Reports (2011-2014). Maricopa County, Arizona.

Howden, L. M., & Meyer, J. A. (2011). Age and sex composition: 2010. *2010 Census Briefs, US Department of Commerce, Economics and Statistics Administration. US CENSUS BUREAU*. Retrieved from https://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf

Tompsett, C. J., Fowler, P. J., & Toro, P. A. (2009). Age differences among homeless individuals: Adolescence through adulthood. *Journal of Prevention & Intervention in the Community*, *37*(2), 86-99.

U.S. Census Data (2010). *Arizona*. Provided by CensusViewer.com. Retrieved from http://censusviewer .com/state/AZ

U.S. Department of Housing and Urban Development. (2011). *The 2010 annual homeless assessment report to Congress*. Washington, DC: Author.

APPENDICES

Appendix A

Entire U.S. Population

Population by Sex and Selected Age Groups: 2000 and 2010

(For information on confidentiality protection, nonsampling error, and definitions, see *www.census.gov/prod/cen2010/doc/sf1.pdf*)

Sex and selected age groups	2000		2010		Change, 2000 to 2010	
	Number	Percent	Number	Percent	Number	Percent
Total population	**281,421,906**	**100.0**	**308,745,538**	**100.0**	**27,323,632**	**9.7**
SEX						
Male	138,053,563	49.1	151,781,326	49.2	13,727,763	9.9
Female	143,368,343	50.9	156,964,212	50.8	13,595,869	9.5
SELECTED AGE GROUPS						
Under 18 years	72,293,812	25.7	74,181,467	24.0	1,887,655	2.6
Under 5 years	19,175,798	6.8	20,201,362	6.5	1,025,564	5.3
5 to 17 years	53,118,014	18.9	53,980,105	17.5	862,091	1.6
18 to 44 years	112,183,705	39.9	112,806,642	36.5	622,937	0.6
18 to 24 years	27,143,454	9.6	30,672,088	9.9	3,528,634	13.0
25 to 44 years	85,040,251	30.2	82,134,554	26.6	–2,905,697	–3.4
45 to 64 years	61,952,636	22.0	81,489,445	26.4	19,536,809	31.5
65 years and over	34,991,753	12.4	40,267,984	13.0	5,276,231	15.1
16 years and over	217,149,127	77.2	243,275,505	78.8	26,126,378	12.0
18 years and over	209,128,094	74.3	234,564,071	76.0	25,435,977	12.2
21 years and over	196,899,193	70.0	220,958,853	71.6	24,059,660	12.2
62 years and over	41,256,029	14.7	49,972,181	16.2	8,716,152	21.1

Sources: U.S. Census Bureau, *Census 2000 Summary File 1* and *2010 Census Summary File 1*.

(Howden & Meyer, 2011)

Arizona Population

Arizona - Overview	2010 Census		2000 Census		2000-2010 Change	
	Counts	Percentages	Counts	Percentages	Change	Percentages
Total Population	6,392,017	100.00%	5,130,632	100.00%	1,261,385	24.59%
Population by Age						
Persons 0 to 4 years	455,715	7.13%	382,386	7.45%	73,329	19.18%
Persons 5 to 17 years	1,173,299	18.36%	984,561	19.19%	188,738	19.17%
Persons 18 to 64 years	3,881,172	60.72%	3,095,846	60.34%	785,326	25.37%
Persons 65 years and over	881,831	13.80%	667,839	13.02%	213,992	32.04%

Source: US Census Data provided by CensusViewer.com; http://censusviewer.com/state/AZ

Appendix B

FOCUS GROUP DEMOGRAPHICS

TOTAL PARTICIPANTS IN GROUP DISCUSSION=**44**

[only 42 filled out written questionnaire]

5 separate focus groups *conducted at 4 different service organizations*
October-November 2014

Pima County=25 total participants (56.8%); 2 focus groups

Maricopa County=19 participants (43.2%); 3 focus groups

Total Men=38 (86.4%), Total Women=6 (13.6%), Total Veterans=16 (39%)

PARTICIPANTS ≥ AGE 62	
Total participants ≥ age 62	**25 (61%)**
AGE WHEN FIRST HOMELESS	**AGE NOW**
23	68
35	65
40	67
44	62
48	63
49	69
49	65
56	64
58	67
58	63
58	62
60	64
62	63
63	63
67	67
67	67
69	69
70	71
71	71
73	74
73	73
73	73
75	76
unknown	76
unknown	62
MEDIAN AGE WHEN FIRST HOMELESS	***MEDIAN AGE NOW***
60	**67**
AVERAGE AGE WHEN FIRST HOMELESS	***AVERAGE AGE NOW***
58	**67**

PARTICIPANTS < AGE 62	
Total participants < age 62	**16 (39%)**
AGE WHEN FIRST HOMELESS	**AGE NOW**
33	33
38	38
43	45
44	61
48	59
48	53
48	50
48	48
48	unknown
51	54
51	53
53	59
55	55
56	56
60	60
unknown	50
unknown	58
MEDIAN AGE WHEN FIRST HOMELESS	***MEDIAN AGE NOW***
48	**54**
AVERAGE AGE WHEN FIRST HOMELESS	***AVERAGE AGE NOW***
48	**52**

ALL PARTICIPANTS	
MEDIAN AGE WHEN FIRST HOMELESS	***MEDIAN AGE NOW***
54	**63**
AVERAGE AGE WHEN FIRST HOMELESS	***AVERAGE AGE NOW***
54	**61**
(Standard deviation=9.5 years)	

Appendix C

FOCUS GROUP QUESTIONNAIRE

Getting to know you

We would like to hear from you. Thanks for helping us!

Your participation is *voluntary* and you can choose to leave the group at any time. You don't have to answer any questions you don't want to. If you decide not to participate at any time during the discussion, your decision will in no way affect any services you receive.

What is your *first* name or what would you like us to call you? _____

Gender: _____

1. Would you mind sharing your current age? Age:_____
2. Have you ever served in the military? _____
3. Can you tell us how long you've been homeless? _____years _____months
4. Would you share with us how many times you've been homeless in the last 3 years (since 2011)? _____time(s) *(just put a "1" if this is your first time)*
5. How old were you the *first time* you became homeless? _____ years old
6. Would you let us know how many shelters you've stayed in? _____
7. Can you tell us if you have any disabilities? _____
8. Please tell us about something that you enjoy doing: _____

_____

Something fun to share with the group:

What was your first job?
*(shhh…don't say it out-loud…)*_____

Appendix D

FOCUS GROUP QUESTIONS FOR PARTICIPANTS

1. Think for a minute about the word "**homeless**"…if you had say what that word means using only **one word**, what word would you choose?

2. *(Also written)* Would you share with us **how many times** you've been homeless in the last 3 years (since 2011)? _____time(s)

3. *(Also written*) **How old** were you the **first time** you became homeless? _____ years old…Is it different now than when you were younger?

4. *(Also written*) Would you let us know **how many shelters** you've stayed in?

5. What **barriers** have you experienced when trying to **get <u>into</u> shelters or housing**?

6. What has been your **reason for <u>leaving</u> shelter** in the past?

7. What **don't you like** about some of the <u>services</u> you have received?

8. What <u>services</u> and <u>organizations</u> have been most **helpful**?

9. Are there any **positives** about being homeless?

10. What **advice** would you give to shelters or service providers? What would you have them **change** or **do more**?

11. Is there **anything else** you would like to say?

Appendix E

FOCUS GROUP COMPILED DATA--WRITTEN QUESTIONNAIRE (Page 1 of 2)

Gender	Q1: Age	Q2: Veteran	Q3: # Yrs homeless	Q4: Times homeless	Q5: Age first homeless	Q6: # Shelters	Q7: Disabilities	Q8: Enjoy doing	Q8: Enjoy doing *(cont.)*	Q9: First job
female=6	**76=2**	**yes=16**	7 days	**1st time=24**	75	**not in any shelter=2**	**UNSPECIFIED**	**HOBBIES**	**ACTIVITIES**	**nursing asst=3**
male=36	74	**no=25**	**1 mo=6**	**2 times=8**	**73=3**	**1 shelter=12**	"yes"=8	arts & crafts	**walking=4**	**mowing lawns=3**
*(also **2 males** who did not fill out question-naire)*	**73=2**	**Unknown=1**	2 mos	4 times	71	**2 shelters=15**	**COGNITIVE / MENTAL DISABILITY** ***(6 total)***	ceramics	**dancing=2**	**newspaper delivery=3**
	71=2		2.5 mos	5 times	70	**3 shelters=3**	*COG*: depression & anxiety	crochet	**volunteering=2**	**mechanic / auto repair=2**
	69=2		**3 mos=7**	7 times	69	4 shelters	*COG*: developmental disability	leatherwork	**working=2**	**gas station attendant=2**
	68		4 mos	20 times	**67=2**	5 shelters	*COG*: mental illness	sewing	farm work & whatever is available	**construction / labor=2**
	67=4		6 mos	"more than 10 times"	63	**6 shelters=2**	*COG*: poor memory	building things	help people & families	manpower jobs
	65=2		**7 mos=2**	"all of them"	62	7 shelters	*COG*: psychiatric	cooking	staying busy	basket factory
	64=2		11 mos		**60=2**	15 shelters	*COG*: SMI	**SPORTS**	automotive repair helps me relax	cab driver
	63=4		**1 yr=3**		**58=3**	"dozens upon dozens of times"	**PHYSICAL DISABILITY** ***(17 total)***	**playing pool / billiards=3**	**LEISURE ACTIVITIES**	truck driver
	62=3		1 yr, 6 mos		**56=2**	15 or so	*PHYS*: bad back, neck, left shoulder, bad knee & feet	**swimming=2**	**reading Bible=2**	delivery person
	61		1 yr, 8 mos		55	"don't know"	*PHYS*: chronic back pain, COPD	bowling	Bible study	home caring
	60		**2 yrs=2**		53		*PHYS*: COPD	body building/power-lifting	reading	Taco Bell
	59=2		2 yrs, 3 mos		**51=2**		*PHYS*: COPD, Emphysema	sports	watching movies	pizza maker
	58		**3 yrs=2**		**49=2**		*PHYS*: COPD, Emphysema, bronchitis	wrestling	watching TV	weeding cotton fields

Note: numbers after "=" indicate the # of responses that were exactly the same on different participant questionnaires

FOCUS GROUP COMPILED DATA--WRITTEN QUESTIONNAIRE (Page 2 OF 2)

Gender	Q1: Age	Q2: Veteran	Q3: # Yrs homeless	Q4: Times homeless	Q5: Age first homeless	Q6: # Shelters	Q7: Disabilities	Q8: Enjoy doing	Q8: Enjoy doing *(cont.)*	Q9: First job
	56		3 yrs, 9 mos		48=6		*PHYS*: diabetes, high blood pressure, degenerative genetic disease	**OUTDOORS**	**MUSIC**	egg ranch at 13 years of age
	55		4 yrs		**44=2**		*PHYS*: hearing loss	**fishing=4**	**music=2**	farmwork
	54		4.5 yrs		43		*PHYS*: hypertension, rods in back	**camping=2**	singing	picking peppers
	53=2		6 yrs		40		*PHYS*: lame right leg	**hiking=2**	making songs	stable maintenance
	50=2		15 yrs		38		*PHYS*: legally blind	hunting	playing guitar	cooking
	48		"20 yrs off & on"		35		*PHYS*: legally blind, hbp, diabetes	travel	karoke	copper mine
	45		30 yrs		33		*PHYS*: osteoarthritis in my hips, knees, and ankle joints	riding bikes	**OTHER**	dishwasher
	38		"can't remember"		23		*PHYS*: spinal/back & neck injury	riding on a motor bike	drinking coffee	Navy
	33		"basically all my life"		Unknown=4		*PHYS*: titanium leg, hip, back, stomach		driving	office work
	Unknown=1		Unknown=2				*PHYS*: walking		growing cactus	sales
							PHYS: wheelchair; Alzheimer's--per staff		smoking	trimming around tombstones
							PHYS: yes-physical dis		drinking beer	TV cameraman
							UNKNOWN / NONE:		getting my life back together	"matt."
							not sure		sleeping an entire night out of rain & snow	"do not know"
							none=8		"do not know"	
	ages 33-76; 25 known to be ≥ 62; 27 ≥ 60; 32 ≥ 55; 37 ≥ 50		**7 days-30 years living homeless; 18 report ≥ 1 year homeless**		**age 23-75 when first homeless**		**2 legally blind; 4 self-report mental illness; 4 with COPD**			

Note: numbers after "=" indicate the # of responses that were exactly the same on different participant questionnaires

Appendix F

FOCUS GROUP DATA--FROM GROUP DISCUSSION: Q1 DEFINE "HOMELESS"

PARTICIPANT RESPONSES	*RESEARCHER INFERENCES*
Feelings while homeless	***POSSIBLE NEEDS:***
hopeless=2	**HOPE**
helpless	**HELP**
helplessness	**EMPOWERMENT**
lost	**DIRECTION, VALUE**
sad	**COMFORT**
depressing	**JOY**
confusion	**ASSISTANCE, PATIENCE, CLARIFICATION**
desperation	**SECURITY**
humbling	**DIGNITY**
traumatic	**SAFETY**
rock-bottom	**A HAND UP**
What homelessness is like	***MORE POSSIBLE NEEDS:***
no home / without a home / no apartment / houseless=5	**A HOME**
needy / need help=3	**BASIC NEEDS, HELP**
unfortunate=2	**BLESSINGS**
cold	**SHELTER FROM THE WEATHER**
health problems	**MEDICAL CARE**
lack of money / no money=2	**INCOME**
not affordable	
don't own anything	**OWNERSHIP**
without	**THINGS TO CALL OUR OWN**
without anything	
no job	**EMPLOYMENT**
showerless	**SHOWERS**
sleepless	**GOOD NIGHT'S SLEEP**
How others see them & treat them	***WHO THEY REALLY ARE:***
abuse	**VULNERABLE**
criminal to be homeless	**TREATED UNFAIRLY, PUNISHED**
dissident	**COMPLIANT**
not acceptable	**ACCEPTABLE**
not wanted	**LOVABLE**
ostracized	**LONG TO BE INCLUDED & LOVED**
outcast	
stereotyped as "loser"	**WINNERS, RESILIENT**
stereotyped as "wino"	**MISUNDERSTOOD, UNFAIRLY STEREOTYPED**
second class	**UNDERVALUED**
refugee	**SURVIVORS**
felony?--no help	**STILL PAYING FOR PAST MISTAKES**
foreclosure/fraud!	**VICTIMS**
no family support	**ALONE**
Where they have had to sleep	***NEEDED:***
alley, the streets, car, truck, shelter, halfway house	**A SAFE HOME**
****For answers to discussion questions Q2: # TIMES HOMELESS, Q3: AGE FIRST HOMELESS, Q4: # SHELTERS, please see answers to Q 4-6 from written questionnaire***	

Note: numbers after "=" indicate the # of responses that were exactly the same in different focus groups.

Appendix G

FOCUS GROUP DATA--FROM GROUP DISCUSSION: Q5 BARRIERS

PARTICIPANT RESPONSES	*RESEARCHER INFERENCES*
ACTUAL & PERCEIVED FLAWS IN THE "SYSTEM"	***POSSIBLE NEEDS / REQUESTS:***
Waiting	
waiting lists	**BE READY FOR US, FASTER SERVICE!**
waiting lists for low-income housing	
availability	
wrong timing	
delay in case management	
Staff Issues	
disrespectful staff/ security	**RESPECT FROM STAFF, EMPLOYEE TRAINING**
inexperienced staff	
staff members with attitude	
Procedural Issues	
paperwork!	**HELP NAVIGATING RED TAPE, "SYSTEM"**
red tape	
medical system in Phoenix	
Ulterior motives?	
gov't not interested in helping--more interested in cover-up; want to make us not visible	**NOTICE US, LISTEN, CARE**
no one cares what we have to say	
sources more interested in multiple visits to get gov't funding than in helping us find housing	
Confusion	
not knowing rules	**EXPLAIN, BE PATIENT, COMMUNICATE, BE CLEAR**
poor communication	
not knowing about resources	
terminated section 8--client didn't understand what happened	
multiple TB tests required--results lost, no communication	
not knowing the right people	
Practical Matters	
location of cheap apartments not near transportation	**TRANSPORTATION**
no storage for stuff	**SAFE STORAGE**
PERSONAL LIMITATIONS	
health problems / medical issues=4	**MEDICAL CARE!**
disabilities=2	
people's attitudes	**COUNSELING**
pride	
loneliness / socially isolated	**FRIENDS, COMMUNITY**
staying sober	**ACCOUNTABILITY, SUPPORT**
LACK OF RESOURCES	
no money / finances=3	**INCOME**
no job / no steady work=3	**EMPLOYMENT**
no transportation=2	**TRANSPORTATION**
lack of ID	**IDENTIFICATION HELP**
can't afford housing	**AFFORDABLE HOUSING**
INABILITY TO MEET REQUIREMENTS	
need an address to get some services	**REALISTIC REQUIREMENTS**
told too "old" for job training	**SOURCE OF INCOME BESIDES A JOB**
under or over-qualified	
background checks, poor credit rating	**HELP NAVIGATING CONSEQUENCES OF PAST MISTAKES**
prison and / or sexual and drug felonies--no matter how long ago!	
citizenship revoked	
drug/alcohol use	
DISLIKE THE OPTIONS	
being around other people--(congregate living)	**INDEPENDENCE, FREEDOM**

Note: numbers after "=" indicate the # of responses that were exactly the same in different focus groups.

Appendix H

FOCUS GROUP DATA--FROM GROUP DISCUSSION: Q 6 & 7

PARTICIPANT RESPONSES	*RESEARCHER INFERENCES*	PARTICIPANT RESPONSES	*RESEARCHER INFERENCES*	PARTICIPANT RESPONSES	*RESEARCHER INFERENCES*
Q6: REASON FOR LEAVING	***POSSIBLE NEEDS:***	**Q7: DON'T LIKE**	***POSSIBLE NEEDS:***	**Q7: DON'T LIKE *(cont.)***	***POSSIBLE NEEDS:***
time was up=3	**MORE TIME**	***What's missing***		***Staff Issues***	
got a place to live=3	**MORE HOUSING!**	**lack of communication=2**	**COMMUNICATION**	**lack of staff training=2**	**TRAINING FOR STAFF**
couldn't stay sober, drug/alcohol use=2	**SUBSTANCE ABUSE SERVICES**	no provision for disabilities/ health prblms	**SHELTERS EQUIPPED TO HANDLE PEOPLE WITH DISABILITIES AND HEALTH PROBLEMS**	favoritism/exceptions by staff	**FAIRNESS**
kicked out / booted out=2	**PATIENCE, GRACE**	couldn't get meds	**MEDICATIONS**	rude staff/ security	**TREAT US WITH DIGNITY AND RESPECT**
gained employment	**JOBS, INCOME**	no help for mentally ill or drug users	**MENTAL HEALTH & SUBSTANCE ABUSE SERVICES**	unprofessional security staff	
too nasty	**CLEAN SHELTERS**	don't help singles as much as families	**HELP FOR SINGLES**	lack of interest from staff	**INTEREST IN OUR STORIES, OUR NEEDS**
unsanitary conditions		no civil rights	**RIGHTS**	staff not on the same page with rules & regs	**CONSISTENCY**
can't respect the rules	**LESS / MORE REASONABLE RULES**	no orientation	**ORIENTATIONS**	male staff in women's areas	**SAFETY**
can't handle the rules		lack of information	**INFORMATION**	***Rules***	
fear of being robbed	**SAFETY**	not enough awareness of what help there is	**EXPLANATION**	**curfews=2**	**FLEXIBILITY**
felonies	**FORGIVENESS**	no coffee	**COFFEE**	"revolving rules"	**CONSISTENCY**
health problems	**MEDICAL CARE**	not enough funds for programs	**FUNDING FOR PROGRAMS**	little enforcement of rules	**ENFORCEMENT / SAFETY**
unhealthy environment	**CLEAN, PEACEFUL LIVING SPACE**	no follow-through	**FOLLOW-THROUGH**	making people get psych help	**FREEDOM / CHOICES**
like prison	**FREEDOM**	cuts in services	**MORE SERVICES**	forced to go to AA mtgs	
worse than prison		lack of clothing available	**CLOTHING**	***Practical Matters***	
over-checking / too much security		***Bad conditions***		food offered at different locations on different days with no transportation	**TRANSPORTATION**
costly housing in area	**AFFORDABLE HOUSING**	poor/no structure	**STRUCTURE, ACTIVITIES**	Resource center closes at 6pm--nowhere to go to "get away"	**PEACEFUL "GETAWAY"**
traveling		unhealthy environment	**CLEAN, PEACEFUL LIVING SPACE**	missing belongings	**SAFE STORAGE**
don't fit in	**INDEPENDENT LIVING**	too loud	**PEACE AND QUIET**	storage for stuff is terrible/ a mess	
other clients		cigarette smoking	**SMOKE-FREE AREAS**	hard to do laundry	**LAUNDRY FACILITIES**
lack of justice: fighting and stealing, getting blamed for actions of others	**JUSTICE**	filth	**CLEAN SHELTERS**	***Waiting***	
stress--can't unwind	**PEACE**	bad language and fighting	**SAFETY**	Long lines, waiting--for everything!!!	**FASTER, LESS COMPLICATED HELP**
discrimination	**FAIRNESS**	too many crazy people		long, drawn out, takes forever	
stereotypes/profiling	**LISTEN BEFORE JUDGING**	too much security, but only in lobby		too much paperwork	
curfews	**TREAT LIKE ADULTS / CHOICES**	lack of safety in other areas: stealing, men in women's areas, violence		***Other***	
		men allowed to be in women's areas if they say they are transgender		geared towards job-seekers	**SOURCE OF INCOME BESIDES A JOB**
		overcrowded		unable to arrange transportation in time	**TRANSPORTATION**

Note: numbers after "=" indicate the # of responses that were exactly the same in different focus groups.

Appendix I

FOCUS GROUP DATA--FROM GROUP DISCUSSION: Q 8 & 9

PARTICIPANT RESPONSES	
Q8: HELPFUL	**Q9: POSITIVES OF BEING HOMELESS**
Specific organizations	**makes you appreciate the little things / more thankful / don't take anything for granted=3**
Veteran's Admin (VA)	**get to meet people / meeting people=2**
East Valley Men's Shelter	**making friends / friendship=2**
Justa Center--"they really care"	**freedom=2**
CASS-overall & Welcome Center	meet strangers that help you
Healthcare for the Homeless	find unconditional love in others
Primavera--esp their food	exploring
Salvation Army	variety--no boredom
Gospel Rescue Mission	appreciate not being homeless
St. Vincent de Paul	appreciate time to think once housed
St. Vincent de Paul & Andre House provide food; they are trying, but could be better--need funds	chance to think in solitude
Interfaith Community Services	teamwork--esp in Veterans' groups
CODAC Behavioral Health	taught to be cautious
Other organizations	learn how to survive with very little
churches=2	learn patience
churches and indep-run organizations that don't take state money	makes you grow up
church-run thrift stores that help with clothes and some food	therapeutic
County Medical	leads you in the right direction
Helpful people	eat regularly
Local pastors	loss of weight
Caseworker	plenty of fresh air
Helpful programs	save your money
AHCCCS	getting help
Food Stamps	
Other helpful	
list of shelters	
pamphlets with info	
information/referral agencies	
discount bus passes	

Note: numbers after "=" indicate the # of responses that were exactly the same in different focus groups.

Appendix J

FOCUS GROUP DATA--FROM GROUP DISCUSSION: Q 10 & 11

PARTICIPANT RESPONSES	
Q10: ADVICE	**Q11: ANYTHING ELSE?**
less bureaucracy	Rules & regs about felonies need to change! Forced to keep paying for mistakes! Can't get help!
get with managers and give better training	Bigger print on all handouts please!
respect civil rights	Need help with glasses and contact lenses
empathy	would like a resource list/map
"everyone is different"	wished someone had told me about Justa Center
don't stereotype/ judge	need more chairs in the TV room
too much pressure to get a job	would like vacancy list to see a case mgr
have more focus groups	need to learn from each other, help each other
have orientations when people come	need more people "bending over"--money won't help / not enough
have bitch sessions	participants had questions about Veteran's benefits and Social Security ben's
"Everybody needs to be on the same page" *(staff & clients)*	participants had questions about rumors of programs being cut
go undercover and see what it's really like	"God will help you and you have to put forth the effort"
security: be polite	"Our happiness depends on our attitude!"
"recognize homeless people are human beings and not animals"	centrally located place with info would be nice
"some of us are very educated"	"The truth hurts"
recognize not all are homeless by choice, but by circumstances	"Please don't put us in FEMA camps."
too many animals! Shouldn't allow so many service animals; maybe just for the blind	Thank you to Primavera!
make shelters less like jail	"I'm still alive because God cares."
"Please help Primavera" *(with funding)*	Please add exercise equipment, vitamins, sports so we can keep up our strength and be healthy
"Be fair helping everyone."	group activities at the shelter
"Don't hear--really listen."	We need help mentally, physically, and spiritually
"Don't believe everything you hear."	hygiene needs improvement
Have an advisory board of current and formerly homeless	
"Don't forget--this could be you"	
"Don't forget you were once homeless" *(directed at staff who were homeless in the past)*	
(*to other clients*: "Don't give up--keep digging until you find something!")	
(*to other clients:* work as a team, help each other out)	
(*to other clients:* "get real, grow up")	

Appendix K

SUMMARY OF PARTICIPANT NEEDS *BASED ON RESEARCHER INFERENCES* FROM FOCUS GROUP DISCUSSION

RESPECT & DIGNITY	PRACTICAL SERVICES/ITEMS	SHELTER/LIVING CONDITIONS	CASE MANAGEMENT SERVICES	BETTER COMMUNICATION	SYSTEM NEEDS	PROFESSIONAL SERVICES	FULFILLMENT OF PARTICIPANT GOALS
treat like adults	clothing	trained, courteous staff	help finding jobs for older folks who can work	clarify	more services	medical care	hope
freedom / choices	showers	shelters equipped to help people with chronic conditions/disabilities	help finding a source of income besides a job for those who can't work	communicate	funding for programs	mental health services	comfort
empowerment	laundry facilities	safety	help / assistance	be clear	help for single adults	substance abuse treatment	joy
value	safe storage	security	help navigating the "system"	explain	faster help	counseling	love
care	coffee	clean	support	have orientations	more affordable housing		friends, community
fairness	shelter from heat and cold--night and day	peaceful	accountability	more information	blessings for the unfortunate		peace and quiet
justice	transportation	quiet	direction	less complicated help	jobs for older folks who can work		a safe home
rights	basic needs	non-smoking areas	more time	consistency	source of income besides a job for those who can't work		independent living
listen before judging	A HOME!	structure	help navigating consequences of past mistakes	bigger print			freedom
flexibility		good night's sleep	follow-through				
forgiveness / second chances		community	flexibility				
grace		friends	be ready for us, faster service				
notice us		independent living	help getting identification				
listen		group activities	a hand up				
take interest in our stories/needs							
be patient							
realistic requirements							
less/more reasonable rules							
ownership							