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Homelessness is a social system plagued by limited resources, access issues, and influenced by a relational social construct. A challenge for homeless service providers working with the unsheltered is addressing individual issues while managing the different system influences on homelessness. Within the ecosystem of homelessness there are multiple variables influencing how to cope and manage through personal, emotional, and health and wellness concerns. As homeless service providers engage a list of tasks as part of their organizational duty and roles, for providers to manage homeless consequences there is a need to know how to sustain provider-client relationships.

When considering services to the homeless, fundamental to the helping process is provider attitude and professional behavior. Providers use of essential skills and display of professional attitudes can help reduce negative homeless outcomes. In terms of professional behavior and attitude, having multiple roles to play, staffing, and agency capacity are underlying influences on human service work. In considering approaches to service, professionalism and display of *Relational* care are vital. When trying to understand the best approaches to homeless services, elements such as leadership style, level of lived experience, ability to foster empathy and compassion, and professional knowledge are significant. In recognizing what are essential skills to service, considering the variety of service conditions, building rapport, empowering, developing the individual, addressing basic needs (psychological and physiological), instilling hope, and conflict resolution are vital.

For homeless service providers to be effective and reduce positive effects of homelessness, they must recognize a two-pronged approach to homelessness, (i.e., to assess

structural and client system conditions). A fundamental and principal part of helping unsheltered populations is building strong, healthy relationships that show understanding of individual client issues and being aware of the macro and mezzo issues that impact daily work.

Next to understanding ecological issues is identifying client-specific needs and engaging external agency community partnerships that are collaborative in addressing homelessness. These elements encompass professionalism, advocacy, and engage a relational interaction. Having an active role that possesses the ability to advocate and address extreme social disparities connects to the humanity of others and breaks down the barriers that prevent individuals from attaining housing, maintaining health and wellness, and exiting homelessness. Maintaining a supportive attitude, professional skill, and assessing ecosystem factors are principal elements for providers to be aware when working with unsheltered populations and navigating homeless barriers.

Keywords: Homelessness, Health Disparities, Care Approaches, Relational Care, Service Approaches, Leadership

IMPROVING THE HEALTH AND WELLBEING OF HOMELESS INDIVIDUALS USING RELATIONAL CARE APPROACHES

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CHAPTER I: INTRODUCTION

Introduction to Homelessness

Homelessness has several health and wellness consequences for people within society. Homelessness presents a cost burden, increases the risk of mental health issues, and produces barriers in access to social, economic, and medical opportunities. Being unsheltered subjects' individuals and groups to deplorable situations and conditions (Herbers et al., 2011). Those that are homeless often lack protection from macro structural system forces and ability to address individual problems within the macrosystem (Kim, 2020). When unsheltered individuals and groups lack housing, the lack of housing has a ripple effect, they experience a reduction in access to social liberties and the ability to maintain their physiological and psychological needs (Ramsbottom et al., 2018; C. Watson et al., 2019). Some of the consequences of homelessness are increased health issues, housing insecurity, and strained social relationships (Hodgetts et al., 2007; Pearson & Monico, n.d.).

This research presents on the scope and history of homelessness, alluding to many of the problems and issues part of homelessness. Below is an outline to the problems, factors and issues impacting homelessness that create an enormous task for providers in addressing homeless disparities. The goal within this research is to examine when providing health and human services, how does applying relational human care approaches help address the issues within homelessness.

Homelessness: A Social Problem

Homelessness is a social epidemic impacting millions (Cobb-Clark et al., 2016). As an epidemic, the situations, and conditions of being resource-poor influence social health and quality of life. The ecosystem of house-poor populations is distinguishable as a social condition

within a system resulting from unanticipated situations. Unsheltered groups and their position within the homeless ecosystem determine their ability to manage a range of psychosocial factors like physiological and psychological needs, housing requirements, and demographic disparities (Annual Homeless Assessment Report [AHAR], 2017; Mosites et al., 2021).

For providers working within the homeless ecosystem, service providers are tasked to work through a list of disparities alongside of clients. In doing so, providers must problem-solve through intersecting ecological issues. Problems in doing this are influenced by providers ability to reduce the risk and barriers to homelessness resulting from harmful environmental influences, the location of resources, client level of motivation and beliefs, income status, and community connectedness. The ability to identify and manage the various aspects of intersecting elements is part of addressing homelessness' consequences. Additionally, in providers engaging essential interventions, there are essential fundamental skills to use to ensure homeless service negative outcomes. Providers need to sustain relationships, manage issues, and reduce overlapping concerns within the ecosystem of homelessness.

Homelessness as a Pervasive Social Problem

Homelessness has many *influencers, and to develop helpful homeless solutions*, being able to describe the life unsheltered populations inhabit contributes to conceptualizing the widespread nature of homelessness. According to the Point-in-Time (PIT) count, which is used to conceptualize the scope of homelessness, is a one-day, unduplicated count of sheltered and unsheltered individuals and families taken in the last 10 days (about 1 and a half weeks) of January by the National Alliance for Ending Homelessness (NAEH). As a result of the COVID-19 crisis, the estimated PIT count for unsheltered groups in 2020-2022 was difficult to measure (NAEH, 2021). According to the federal government’s national count, unsheltered conditions

increased by 3% (NAEH, 2021; NCCH, 2019) from 2017 to 2019. In 2019, 171,670 people reported being house-poor, 8.6% unsheltered, and 91.4% sheltered. From 2019 to 2020, unsheltered situations increased by 2% (NCCH, 2019). Post COVID-19, The National Alliance for Ending Homelessness (NAEH, 2021) reports a change in the percentage of people homeless. Pre- and post- change from seventeen to eighteen out of every 10,000 people experiencing unsheltered situations on a single night in the U.S. Of those experiencing homelessness, twenty-two percent are chronically homeless, six percent are veterans, and five percent are unaccompanied youth under twenty-five years old. The percentage of homeless occurrences provides the opportunity to call attention to the risks,[1] barriers,[2] and protective factors[3] (subsequently identified as *homeless influencers*) for unsheltered groups.

Among homeless populations, recognizing the social and environmental indicators of homelessness reveals the service gaps that resource-deprived groups encounter (Coles et al., 2012). Within the U.S., an estimated 3 million people experience homelessness, and 1.4 million persons attempt to access shelter and transitional housing yearly, with 582,562 on any given night (Centers for Disease Control and Prevention [CDC], 2021; Mosites et al., 2021). Impoverished conditions are responsible for most of these occurrences. As exhibited in North Carolina, Michigan, and Pennsylvania, extreme poverty rates lead to higher house-poor situations, such as high eviction rates, couch surfing, and chronic homeless episodes. Specifically considering North Carolina, statewide, of a population of 10,832,061, nine out of 10,000 experience homelessness, equaling 9,268 on a given night representing 1000 veterans, 1000

[1] Medical issues, mental health, substance use, communicable and non-communicable disease, living conditions & susceptibility.
[2] Chronic and Episodic homelessness, criminalization, Poor health, Lack of access, Economic limitations.
[3] Social supports network, Friends and family, supportive services, resources and privileges, increased access, Knowledge, Positive attitudes, personal empowerment, and advocacy.

unaccompanied children, 3,000 families, 1,000 chronically homeless individuals and 2,500 unhoused groups (NAEH, 2023a). The poverty level in these states is due to living in areas with a higher-than-average cost of living (Burt, 2004; USA Facts, 2022). Similarly, California, New York, Florida, Texas, and Washington comprise 57% of individuals experiencing homelessness due to income insecurities. Within homelessness there is a need to continue to identify the structural and individual influences on house-poor populations. Pointing out the direct and indirect influences on homelessness occurrences helps in recognizing, conceptualizing, and engaging effective homeless solutions.

The Significance of Homelessness in Society

Different perspectives have been used to define homelessness to better understand unsheltered conditions. Recognizing homelessness is not just a product of decision-making; rather, other psychosocial environment factors are essential. Salhi et al. (2018) identified five facets of house-poor populations. As an individual or family who lacks a fixed, regular, and adequate nighttime residence. As a person whose primary nighttime residence is a public or private space not designed as regular sleeping accommodations, such as parks, buses, train stations, airports, or camping grounds. Another criterion defines *homelessness* as an individual or family living in a publicly or privately operated shelter; these are temporary designated living spaces arranged to provide supervised living options. In addition, homelessness categorizes groups as residing in places not meant for prolonged periods of human habitation, such as exiting an institution of temporary residents. The last facet is for those who will imminently lose their housing.

In the recent decade, having a housing standard is essential to defining homelessness. Boyd et al. (2020) identifies that defining standard categories of homelessness is essential to

distinguish and work through types of unsheltered situations. According to Mosities et al. (2021), categorizing homelessness supports the explanation and rationale for homeless conditions. Typically, homeless conditions *are* classified as not owning, renting, residing without paying rent, sharing with others, and rooming in a hotel or motel (Boyd et al., 2020).

Scholars such as A. Russell (2013) and Mistry (2017) state that homelessness is determined based on a 14-day eviction or departure-of-resident standard. Three common scenarios lead to entering a homeless state. Based on Callejo-Black et al. (2021), individuals and families are issued a court-ordered 14-day eviction in the first scenario. The second scenario is an individual or family residing in a hotel or motel as a primary nighttime residence, lacking the resources for no more than 14 days (about 2 weeks). The third situation is having credible evidence that a property owner will not allow an individual or family to stay for more than 14 days (about 2 weeks). Another form of homeless verification is through *self-testament*, an oral or written statement from an individual or family seeking homeless assistance, in conjunction with the U.S. Department of Housing and Urban Development (HUD), which defines unsheltered classification (Armstrong & Chamard, 2014).

Individuals experiencing homelessness fall into two categories: unsheltered or sheltered. The entire homeless population is *unsheltered*: those living on the streets and those temporarily housed (Melis et al., 2020). Typically, unsheltered people sleep in a place not meant for human habitation, such as streets, abandoned buildings, or vehicles whereas *sheltered* homelessness includes emergency shelters, transitional housing programs, safe havens, or hotels (Anderson et al., 2021; Chamberlain & Johnson, 2013). In addition to recognizing the distinct categories of homeless situations, providers must also understand how and why homelessness occurs. Understanding the process and context of homelessness is vital to addressing the risks/barriers of

homelessness to improve the homeless quality of life. Among those that are homeless, their living circumstances causes them to be disconnected from society, creating challenges for providers. These challenges are in communication and gaining clarity about the issues to be resolved.

Additionally, homelessness occurs in three phases: chronic, episodic, and transitional (McAllister et al., 2011). *Chronic homelessness* encompasses individuals experiencing homelessness for a year or more (NASEM, 2018). *Episodic homelessness* describes those transitioning between housed and houseless over less than a year (Macia et al., 2020). Finally, *transitional homelessness* is short-term, usually less than a month (Remester, 2021). The duration of homelessness is influenced by economic and social security, such as the level of resources, ability to manage resource limitations, and access issues that perpetuate homeless disparities (Hocking & Lawrence, 2000). Also, the duration of homelessness highlights the severity of an individual's homeless issues and the level of intervention necessary among providers.

Populations Impacted by Homelessness

House-poor situations indiscriminately impact individuals and families alike across all demographic distinctions, including but not limited to youth, women, men, members of the LGBTQ+ community, and those with criminal records (Cobb-Clark et al., 2016; Gubits et al., 2018). Among all homeless individuals, 61% are men and boys, and 20% are youth. According to national statistics, of every 10,000 people, at least 22 men (67.5%) and 13 women (32.5%) will experience house-poor situations (NAEH, 2021). Among populations 55 plus, the number of individuals homeless has rose from 5% to 30% in the past 4 years (NAEH, 2023a). Typically, 76% of homeless individuals are single, while 24% are married (NAEH, 2023b). Among single-

parent households, female-headed households represent 85% of homeless families (Nunez, 2000). Overall, among families, 23% of families are a growing demographic, those commonly experiencing homelessness with more than two children (Aratani, 2009).

Regarding ethnicity and race, among the general population, 41.6% are White, 37% Black, and 7.2% multi-race. Based on population statistics, African Americans experience homelessness at a higher percentage compared to other groups. African Americans represent 42% of the total unsheltered population, as compared to those who identify as White (28%), Hispanic (20%), and Asian (2%) and Native American (4%). Additionally, 26.2% of all sheltered persons experience severe mental illness, and roughly 30% are chronically homeless (NAEH, 2021; USA Facts, 2022). In comparison, over 60% of chronically homeless people have experience with a mental health problem. Regarding substance abuse, 34.7% of sheltered adults have chronic substance use issues, 50% have co-occurring issues, and 80% have a lifetime occurrence of alcohol or drug problems (NAEH, 2021; USA Facts, 2022). Regarding education, 27% have an education beyond high school, while 21% finished high school, and 53% do not have an education beyond high school or less. Likewise, 20% of most people experiencing homelessness seek employment with jobs lasting less than 3 months, 25% engage in day labor positions, and 44% cannot secure employment (NAEH, 2021; USA Facts, 2022; Welfare Info, 2019).

In sum, homelessness devastates local communities and the U.S. society at large, as it undermines people's ability to maintain a healthy living standard and perpetuates gender, racial, cultural, social, or wellness disparities (Bretherton, 2017). Individuals, groups, and families experiencing homelessness lack essential resources to remain housed, impacting their quality of

living and well-being. Among homeless providers, they have a responsibility to identify effective ways to manage through the social difficulties of homelessness.

Understanding Homeless Well-Being

Well-being refers to maintaining basic physiological needs, such as food, water, warmth, and safety, and ensuring healthy psychological welfare, which impacts relationships, self-esteem, and autonomy (Calvo et al., 2018; Stewart & Townley, 2019). Unmet health needs (i.e., access to resources, income, and ability to build support) have a drastic effect, impacting chances at housing and ability to manage through homelessness. For the homeless population, achieving a moderate sense of well-being is unpredictable and out of their grasp (Ziegele et al., 2018). Within the ecosystem of homelessness, health encompasses the physical, mental, and social well-being of individuals and groups, not merely the absence of infirmity (Walter et al., 2016).

Seven domains are essential to homeless health: mental health, physical health, economic health, emotional health, social health, environmental health, and spiritual health. Homeless individuals' holistic health and their experiences accessing and using health care affect their well-being and the duration of homeless episodes. For example, untreated mental health can increase the duration and frequency of homeless episodes and negatively impact decisions to seek services and providers (Aubry et al., 2016). Untreated and undertreated medical issues have a domino effect on the homeless community (Anderson et al., 2021). Compared to housed populations, unhoused populations' life expectancy is 20 years lower than housed groups (CDC, 2021). Prolonged medical issues perpetuate and create other psychosocial problems, such as concerns about their ability to search for/secure employment and their likelihood to apply for public aid (Baxter et al., 2019; Belcher & DeForge, 2012).

While the homeless need help enduring the terrible experiences of homelessness, homeless providers need to engage effective approaches that help manage the social hardship of homelessness (Remeser, 2021). Historically, approaches in service and professional expertise used during interactions become tools to influence health and wellness outcomes and improve the quality of life for homeless populations (Guarino & Bassuk, 2010). Among service providers, attitude, competency levels, and communication style (value-cared[4] or bureaucratic style[5]) can influence the type of interaction (R. D. Williams & Ogden, 2021). Providers' attitudes, professionalism, and communication styles during the helping process are essential to help manage homeless consequences (Wen et al., 2007).

Breadth, Scope, and Severity of Homelessness

Since Colonial America, there has been an ongoing debate about accurately describing the causes and contributions to homelessness (Yungman, 2019). Historically, the deplorable conditions of homelessness have led to poor and houseless groups being subject to criminalization and imprisonment (Aykanian & Fogel, 2019). The lack of wealth and social position of unsheltered groups has led to characterizing the homeless as a plague on society (Rankin, 2019), leading to discrimination and marginalization of homeless groups, and sustaining continued oppressive situations for various racial groups and cultural subsects (Marks, 2009). The atrocities that have transpired against homeless groups is a result of cultural disparities for unsheltered groups in history, such as Black oppression[6] (subjecting groups to unfair and inhumane treatment; Palmer, 2018) and cultural conflicts based on reduced economic

[4] A Method of delivering care that helps improve health by ensure quality of service, understanding system issues, risk factors and wellbeing utilizing relationship as significant to engagement.
[5] Utilizing an inflexible style of engagement that is structured, procedural, influenced by power and authority and note being creative in solutions.
[6] A chronic historic denial or lack in equal access to growth, resources, and opportunity based on racial factors.

status (poor White versus non-poor White;[7] Olivet et al., 2019). These historical elements describe the need for alternative approaches when engaging the displaced poor and indigent (Kusmer, 2002; Vamos, 1993).

Insufficient resources, limited power, a need for government aid, and a lack of social and economic equality where common for the homeless during colonial times (Kusmer, 2002; Vamos, 1993). Many factors have influenced the effects of homelessness, such as times of oppression resulting from times of recession (1903) (Faber, 2019). The devastation of homelessness throughout history in the U.S. revealed the need for a "*New Deal*" (Clifford et al., 2019) to address the social welfare of the community and a need to raise public awareness about homelessness, change building codes and social conditions, introducing dormitory style living (Dinh et al., 2018), and attempting to address the fact that people cannot avoid homelessness due to a list of social conditions, income susceptibility, and structural system issues (Hanratty, 2017).

Considering homeless history is necessary to understand past approaches and future opportunities to address unsheltered situations. Over the decades, many have developed strong, inaccurate opinions about homelessness and its contributing factors. To accurately identify and address the disparities existing for unsheltered populations, it is important to determine what opportunities homeless groups should be provided. Rather than blame homeless populations for their circumstance, there is a need to examine further how rising housing prices and stagnant minimum wage perpetuate wealth and income inequalities within homelessness. Looking at homelessness as a system issue also provides a broader outline of factors influencing insecure housing, such as people losing their housing due to foreclosures, government orders, upscaling

[7] A distinction in social cultural classification describing economically disadvantaged groups or low-income individuals lacking resources or are at an economic and social disadvantage.

areas with high rises, and rent surges (Lee & Evans, 2020; Tache, 2022), in addition to, chronic health factors (Lewinson, 2021).

In recent decades, agencies have begun to adopt the term “afflicted” to describe the homeless narrative (Tsai et al., 2021). Afflicted recognizes the impact of psychological needs, such as mental disorders and substance use, on homelessness. One third of homeless men and women in the United States suffer from severe psychiatric disorders (Alpert, 2021). The need to examine mental status, attitudes and beliefs associated with homelessness is common. These factors often drive service agendas and play into service consequences, helping to guide changes in approaches to service.

Since the redefining of homelessness, there has been a change in approaches to unsheltered solutions. Efforts have been made to establish a 10-year plan to address house-poor situations (Evans & Masuda, 2020). A housing first model (Baxter et al., 2019) that recognizes the significance of the McKinney-Vento Act (Clemens et al., 2018) and the need for homeless assistance and rapid rehousing (Homeless, 2007; Clemens et al., 2018) has been proposed. The model also intends to ensure recovery from homelessness (American Recovery and Reinvestment Act of 2009) and utilize Emergency Shelter Grants (ESG) (Alpert, 2021; Cunningham & Batko, 2018).

Why Homelessness Exists

Within the scope of homelessness, unsheltered situations are the product of multiple factors: accessibility, risks, social-ecological barriers to change, and inadequate interventions (Anderson et al., 2021; Calvo et al., 2018). Disparities within the ecosystem of homelessness impact overall life satisfaction (Broner et al., 2009). Housing insecurity, level of access, and safety diminish the sense of security (De Chesnay & Anderson, 2016). For example, a felony

record can influence an individual's employment qualification, and a criminal background can create restrictions in housing; both can impact the perception of obtaining help while homeless (M. Liu & Hwang, 2021). As a result, for those homeless and financially deprived, resource insecurities predetermine a list of disparities that impact the quality of life (access to health, income, and social support; Fazel et al., 2014).

Consequently, housing, and homeless health and wellness are representative elements, highlighting how the homeless disposition is crises driven (Somerville, 2013; Toro et al., 1992). Unfavorable social conditions perpetuate issues among the homeless. Impoverished conditions create vulnerabilities from social woes impacting permanence (health, housing, or income; Chen et al., 2004; Parpouchi et al., 2016). Impoverished conditions make house-poor groups more susceptible to adverse life outcomes (e.g., chronic homelessness, higher death rates, increased susceptibility to communicable and non-communicable diseases) (Ravallion, 2007; Sharam & Hulse, 2014; Susser, 1996) because, unlike individuals with sufficient income, houseless groups have difficulty taking preventative safety measures to ensure their physical well-being (Chen et al., 2004; Walter et al., 2016).

The prolonged occurrence of multiple disparities slows down the ability to address factors influencing the length of homelessness (Beck & Foli, 2021; Benfer et al., 2020). Certain circumstances, like the COVID-19 pandemic, exacerbate the most common issues for homeless groups by reducing, limiting, or restricting access to resources and creating gaps in service opportunities (Mosites et al., 2021; Okonkwo et al. 2021).

Daily unsheltered groups face an imminent risk situation. The social condition of homelessness creates a list of risk factors and susceptibilities (AHAR, 2017). Susceptibilities include lack of income, disease risk, and exposure to deplorable situations (Hoffart et al., 2020;

Office of Disease Prevention and Health Promotion [ODPHP], 2020). Homelessness is a growing disparity due to increased financial needs, the multiplied strain of addressing growing bills (medical, utility, rent, mortgage), increase chances of a homeless episode, and continuing chronic homelessness (Koziel et al., 2020). The pre-existing lack of resources amplifies the social and economic conditions of groups in despair, which impact the length of homelessness and increases structural disadvantages to overall health and wellness (Baxter et al., 2019).

The Ecology of Homelessness

A conglomerate of psycho-social-medical and environmental factors impact homelessness. Swick and Williams (2006) apply Bronfenbrenner's five ecological systems (chronosystem, macrosystem, ecosystem, mesosystem, and microsystem) to categorize the various influences on homelessness. All five systems display the proximal factors that compound the effects of homelessness, which include changes over time, social and cultural values, indirect environment, connections, and immediate environment. Part of the ecology of homelessness, also encompasses financial viability, social status, economic opportunity, disease, disability, mobility, and education (Cahill et al., 2019; Kasinitz, 1986; Rosell, 2019).

Within the ecology of homelessness, different ecosystem elements intersect within the microcosm of homelessness at a macro, mezzo, and micro level. The intersecting combination of significant ecological components links the problems within homelessness. Structural, systemic, and individual barriers must be categorized to highlight the elements that overlap within the context of homelessness (Nooe & Patterson, 2010). Structural elements relate to legal rules and economic limitations. System issues reflect agency, aim, capability, and how policies or funding impact organizational capacity to serve. Likewise, individual barriers refer to the interpersonal and intrapersonal communication issues among clients served.

In understanding the ecological framework of homelessness is vital to gauging the breadth of homelessness. Combing through homeless ecology aids in identifying fundamental approaches to managing health, wellness, and life quality issues while engaging in service interventions (Nooe & Patterson, 2010). Understanding historical, structural, and institutional issues and their interplay with the bio-psychosocial, medical, and environmental risk factors of homelessness is also essential (Crosby et al., 2018). Specifically, within the ecological framework of homelessness, health and wellness outcomes are influenced by length of homelessness, quality of life lived, and level of interaction and engagement with service providers.

Key Factors to Helping the Homeless

Generally, life quality helps shape the level of sustainability in society. The length of homelessness and socialization affects health and wellness (Allegrante & Sleet, 2021; Power et al., 1999). The inability to afford, obtain, and access assistance are traditional factors discussed when examining homelessness. Mental health, medical issues, and environmental disparities are growing in influence as additional risk factors for homelessness. Each of the listed factors influences an aspect of homeless stigma and attitudes toward helping homeless individuals with their social situation (Beadnell, 2018; Boesveldt, 2019; Budescu et al., 2021; Stenius-Ayoade et al., 2017). For example, social and political factors influence service delivery to the homeless. These factors relate to policies to reduce homelessness, such as adapting housing regulations or creating programs that support homeless behaviors (drug use, decision-making, and mental health; Depp et al., 2015; Ekelund et al., 2014; Shiner, 1995).

When considering approaches to service, bureaucratic processes and policies contribute to social exclusion due to housing restrictions and eligibility criteria (i.e., income level,

background) (Pawson & Kintrea, 2002). With bureaucracy, a power dynamic to mediate impacts the relationship between the homeless and staff at all levels assisting through the housing process (Burraway, 2020). Additionally, part of the bureaucratic process is the use of coercion, often relating to methods of social control engaged as part of the interventions to housing (Johnsen et al., 2018). Using coercion among homeless groups through legal enforcement of laws may criminalize homeless groups or affect their housing opportunity. For example, while criminal record, eviction status, and economic position are bureaucratic elements used to determine the ability to assist, each factor impacts the helping systems to change homeless disposition (i.e., level of disparity) (Crane et al., 2005; Sulkowski, 2016). Furthermore, how service providers work through the issues of homelessness is significant, and the approaches they take help in protecting homeless persons opportunity at change (Lenon, 2000; Meinbresse et al., 2014; National Academies of Sciences, Engineering, & Medicine, 2018).

Among approaches to address homelessness, advocacy methods used in coordination with governmental efforts continue to be necessary to resolve the structural issues within homelessness and improve interactions with vulnerable groups. Reports from interventions with homeless populations suggest that providers who use *relational care approaches* to engagement are more effective at reducing disparities for their clients. For example, interaction methods (i.e., case management) with individuals experiencing homelessness or on the verge of homelessness facilitate conversation about psychosocial issues (i.e., stress, anxiety, trauma, grief, and multiple disparities), influencing a sense of security. Interventions and the use of case management skills provide an opportunity to work through the process and context of homeless ecology (Anderson et al., 2021). Furthermore, alongside interventions, fundamental to the helping process is

ensuring relationships. Connection is foundational to addressing homeless disparities (Kochtitzky et al., 2006; Seeger et al., 2020).

Why A Relational Care Approach; exampling Servant Leadership Characteristics

Although *Servant Leadership* is a managerial style of engagement practiced by organizational leaders; it is also a philosophy on how to prioritize service. *Servant Leadership* is effective at ensuring organizational and service-oriented objectives. *Servant Leadership* employs a bi-directional lens to address issues impacting groups that are important in helping improve health, wellness, and life quality (Yildiz & Yildiz, 2015; Orfaly et al., 2005). *Servant Leadership* display and care skills are fundamental in working through the socioeconomic issues that impact homeless health, provider interaction, and social-economic opportunities. *Servant Leadership* utilizes several essential attributes that support a *relational care approach* for health and human service providers to improve the quality of life among homeless individuals and families.

In service delivery, there are various leadership philosophies staff and managers may use when communicating (C. A. Wong et al., 2013); additionally, service outcomes would benefit if providers were instructed to prioritize a relational care methodology within service interventions among vulnerable homeless groups. For instance, there is a traditional top-down model within an organization's structure where leaders influence agency staff and interactions and can dictate engagement methods. When understanding how providers help homeless populations, there is a need to recognize a bottom-up model for effective interactions, service delivery, and what interaction and relational approaches to display in the helping process among individuals other than primary leaders (Mejido Costoya & Breen, 2021).

When considering health and wellness among the homeless, effective outcomes alludes to having the ability to obtain essential services such as prevention, diagnosis, treatment, and

management of basic needs (Nelson et al., 2018). Utilizing *relational care approaches* can support intervention tools service agencies use to improve the wellbeing and reduce social barriers that impact homelessness. Within the helping process, measuring the importance of social engagement between providers and clients is essential. Engaging relational elements are foundational to addressing the common issues groups experiencing homelessness manage (Baggett et al., 2020; Tsai & Wilson, 2020).

Among *Relational-Care* approaches, such as servant leadership provides a perspective that uses transferable skills despite positions of power (Farrugia & Gerrard, 2016; Sitzman, 2007). Applying relational approaches to addressing homelessness has the potential to influence the underlying forces influencing structural and system barriers in homelessness (Carmichael, 2020; Hoffman, 1991; McAllister et al., 2011; Neimeyer & Raskin, 2001; Rodriguez et al., 2021). Between provider-client interactions, managing homeless circumstances is impacted by ability to address the underlying elements influencing those interactions in the context of service delivery (Cronley, 2010; Stonehouse et al., 2021).

To better understand what solutions are effective within homelessness, there is a need to explain the social narrative of homelessness. The social narrative in this research refers to the provider-client service relationship, any professional interactions, and attempts to meet basic needs (Sturm, 2009). The provider-client dynamic is significant in working through homelessness and reducing disparities (Bavik, 2019; Kiker et al., 2019). The social context of homelessness and service provision helps highlight the importance of utilizing essential approaches when engaging homeless populations and working through homeless disparities.

The Social Construct of Homelessness

Within society, power dynamics, social position, and intellectual constitution is essential in managing homeless consequences (Juškevičius & Balsienė, 2010; Nicholson & Matross, 1989). Within homelessness, there is a perpetual conflict or struggle arising from resource limitations that creates a social and economic divide among people (Fowler et al., 2019). Conventional social structural belief helps in understanding why homelessness is an issue. These components stem from underlying assumptions about the impact of homelessness within a community and society (Tsai et al., 2017). Those assumptions are based on several rationales: (a) what the problems of homelessness could bring, (b) the likelihood of unsheltered groups increasing community issues, (c) the impact on services, (d) the strain on support, and (e) knowing to what extent to display compassion for homeless disposition (Toro & McDonnell, 1992). According to social constructivism, there are structural elements within the ecology of homelessness causing different socio-political forces and empirical facts to collide (M. S. Kim, 2014; Mabhala et al., 2017). As a result, influencing how sociological elements influence equity and opportunity and impacting homeless outcomes, and the fundamental beliefs and values that shape change behavior (Cronley, 2010; Lincoln et al., 2011; Lord et al., 2021).

According to a conflict theory model, problems in homelessness can be explained as a social problem (Nickerson, 2021), while constructivism helps investigate the different social system influences on homelessness (i.e., provider-client interactions, client-environment, client-internalization; Neimeyer & Raskin, 2001). Conflict Theory and Constructivism help in conceptualizing how different ecological and underlying structural forces influence homelessness (von Glasersfeld, 1995). For example, essential to service to the homeless is addressing the negative assumptions and working to reduce the risks and barriers to

homelessness. When considering community well-being issues, and conceptualizing homelessness, unsheltered issues represent a public health concern. As a public health issue, it is significant to address environmental issues that impact physical, mental, and social well-being, in addition to dealing with policies and interventions that promote healthy relationships, activity, health, and overall safety (Fransham & Dorling, 2018).

Impacting the lifestyle of unsheltered groups is challenging. Assessing the connection between the various personal, social, economic, and environmental issues that influence homeless health and well-being can be difficult (Banerjee & Bhattacharya, 2021). However, in understanding the social misfortunes of homeless groups, conceptualization of the ecological, and public health issues aids description of the homeless construct (McNaughton, 2008). Likewise, in assessing in approaches to care, constructivism and conflict theory highlight the individual and collective struggles in civilization, pointing to a need to address homelessness as not just an individual problem but also a social problem (Vissing et al., 2019).

Relevance to Social Work

Social workers place a substantial value on service (Trahan et al., 2019). That is, assisting groups in understanding and coping with personal, emotional, health, and various environmental problems. Through service, there is an opportunity to promote welfare, help with improving the ability to function within society, and safeguard vulnerable populations. Forms of service relate to the display of leadership (attitude and professionalism), use of care skills, advocacy, being a liaison, investigating, developing, reviewing, counseling, and maintaining case information (Manthorpe et al., 2015).

For social work, addressing homelessness is about bridging the different system gaps and identifying practical ways to address missing social determinants of homelessness (Abrams &

Szefler 2020). For example, to address health and wellness issues, it is essential to promote improved health and address individual barriers to health and wellbeing (Cederbaum et al., 2019) or engage in relational-based interactions that impact homeless outlook. This helps address psychosocial issues (such as mental health or alcohol misuse) and works toward reducing and addressing health and wellness issues, preventable disease, death, and improving quality of life (Parikh et al., 2019).

In supporting social work purpose, agenda, and service provisions for the homeless, addressing the continued and prolonged system inequalities and inequities in homelessness is essential to the grand challenge of social work (Choi & Hastings, 2019; Hall, 2018). Part of the purpose and agenda is identifying and engaging methods that help maintain vulnerable populations' psychological and physiological needs—for example, evaluating and recommending best practices for engaging vulnerable populations. Incorporating and exercising ideas that help maintain the person's dignity is a hallmark of engaging in human relationships. Engaging the idea and expectation that all have the human right to safety, dignity, and positive self-worth is essential to sustaining fair and equitable rights for all (Mapp et al., 2019). This is part of engaging the purposeful value within social work, ensuring, and helping maintain the treatment needs, and addressing issues of discrimination, oppression, and missed opportunities for the homeless (Banerjee & Bhattacharya, 2021).

For social workers, engaging interventions rely on some aspect of interpersonal interaction that influences emotional-mental state, perceptions of esteem, and self-sufficiency (Andrasik & Mead, 2019; Owczarzak et al., 2013). Thus, to reduce short-term and long-term effects of homelessness and help maintain the health and wellness of vulnerable homeless groups, methods of interaction and engagement can be a supportive tool (Herbers et al., 2011).

When engaging professionalism and skill within social work, it is essential to use approaches and interventions that reduce marginalization, prejudice, and intimidation (Youker, 2013). Approaches to service support the social work goal of helping advance a social cause, advocate for change, and address social issues impacting vulnerable populations (Yonkers, 2020).

Furthermore, in considering the history and consequences within homelessness, engaging in collaborative transdisciplinary interventions that incorporate behavioral and objective expectations that improve interpersonal health and wellness opportunities is essential (Clifford et al., 2019). Case in point, the CDC (2021) *Interim Guide for Homeless Service Providers*, issued during COVID-19 contains guidelines, tips, and support tools for people experiencing homelessness. The guide encourages people to connect with community partners, ensuring collaboration and communication. These changes support addressing structural and systemic changes to ensure homeless services (Beharie et al., 2015; Radywyl, 2019). The connection between this practice and social work is, globally, within human service fields, there is an ethical and moral responsibility to evaluate and reevaluate methods of engagement, interaction, and relational display. The reevaluation ensures mitigating strategies are inclusive and increases prevention opportunities for the disenfranchised, encourages supportive organizational procedures through culturally sensitive education and training and creates education opportunities for staff and volunteers that reduce marginalization and help address homeless consequences (Bishop & Angelo, 2021; CDC, 2021; Hwang et al., 2008; Perri et al., 2020). Specifically, use of *Relational Care* approaches provides a unique perspective and philosophy to engage when helping groups based on their social position.

CHAPTER II: LITERATURE REVIEW

As identified by the previous chapter, exploring the circumstances of homelessness is measured by examining its prevalence, impact, history, definition, influencing factors, and it as a societal problem. This next section expands on the issues impacting homelessness focusing on narrowing the issues of homelessness to identify how providers must approach working through homelessness. The clarification helps provide a rationale behind the process and context of homelessness essential to understanding interventions and approaches in homelessness.

Homeless Risk and Protective Factors

Homelessness is a persistent social problem because it is influenced by a fundamental social order, affected by power, status, access, and financial capability (Johnsen et al., 2018). The list of risk factors for homelessness is extensive as there are multiple intersecting circumstances (i.e., living conditions, environmental factors) within life perpetuating homelessness (Dinha et al., 2018; Maness et al., 2019). For instance, fair housing restrictions have impacted housing stability. In 1968, the civil rights movement led to the passage of the Fair Housing Act, which includes guidelines established to work against housing discrimination practices and encourage desegregation methods (Massey, 2015). The Fair Housing Act addresses discrimination in the sale and rental of housing based on race, economic status, social position, mental health condition, or criminal background (Shukla et al., 2020). Lack of fair housing is an indirect/direct threat to homelessness (Oyama, 2009).

Disparities such as reduced access, negative stigma, economic barriers, and housing limitations within the homeless community make it challenging to address homeless quality of life (i.e., improve level of equity and equality) (Davies & Wood, 2018; Smith & Anderson, 2018). According to Garey et al. (2019), health-related quality of life (HRQoL) is

multidimensional and consists of numerous subgroups impacting homeless status. According to CDC guidelines, improving approaches to communication influences the ability and delivery of effective interventions. To avoid premature death and disability and reduce human suffering, use of professional skill support systems impacts control and prevention of homeless issues (Sleet, Hopkins, & Olson, 2003). Based on social media research, effective communication influences provider-client engagement (Chen et al., 2018). The Denver COVID-19 Joint Task Force examines lessons learned from engaging CDC protocol with high-risk populations. The study points out the need for community collaboration, assessment protocol, and engagement in essential behavior that ensures health and wellbeing outcomes. As a result of engaging alternative ways to respond to homeless issues nimbly, the study highlights the essential nature of changing strategies and provides an opportunity to triangulate and address homeless issues more effectively (Scott et al., 2022). Improving methods of communication and surveillance, being proactive in coordinating responses, forming community partnerships, and highlighting the specific needs of at-risk populations is a comprehensive approach to addressing issues within homelessness.

Proceeding the description of barriers and protective factors within homelessness is discussing homeless consequences. Considering Bronfenbrenner's ecological systems (Swick and Williams, 2006), this section highlights structural factors such as components of social policy, institutional issues, social networks, community, and individual barriers that impact health and wellbeing within the macrosystem (D. P. Watson, 2012; J. H. Kim, 2020). Examination of Individualistic factors influencing homelessness will include highlighting components of the law, environment, interpersonal life, knowledge, beliefs, norms, and social supports within the microsystem (Knecht & Marinez, 2012; O'Flaherty, 2012). Likewise,

examining organizational and institutional systems factors will help to understand influences on the mesosystem. These factors include administrative processes, programs, interactions, and professionalism (Boyd et al., 2020; Mistry, 2017).

Consequences of Homelessness

Within the microcosm of the ecological model, ensuring biophysical boundaries is essential to human development (i.e., meeting basic needs). A disruption, conflict, or injustice in one area often crosses ecological borders depending on the degree of influence, disrupting sustainability (Agyeman et al., 2016; Dryzek & Pickering, 2018). In these instances, the level of health and wellness is affected by the ability to maintain physiological/biological needs (Pasgaard & Dawson, 2019).

When homeless groups are faced with high barriers due to structural and systemic factors, these issues grow to impact other systems within the ecological model. For example, when individuals experience homelessness (a structural issue), they have limited access to assistance (reduced structural and systemic support) (Desmond, 2022). The reduced system support to meet basic needs leads to multiple disparities. Individuals cannot seek help due to a lack of insurance, transportation, or availability of services, and medical/psychological treatment conditions deteriorate. The reduction of basic needs contributes to additional inequalities, such as an increase in the homeless mortality rate alongside of sense of social connectedness and house-ability (CBPP (Center on Budget and Policy Priorities), 2019). Deprivation within the list of these ecological factors worsens social concerns about the ability to be self-sustaining and negatively impacts health and well-being outcomes by reducing the ability to meet basic needs. For homeless groups, the continued and prolonged deprivation of key basic resources results

from structural and system factors. These factors reduce access, marginalize, exacerbate, worsen, and prevent homeless individuals from maintaining human rights (Evans & Masuda, 2020).

Having a low-income status or having no income makes it difficult to meet daily needs. Within homelessness, an assumption is made about those who are poor and impoverished. They are often affected by multiple inequalities and hardships and cannot afford food, housing, health needs, or the cost of living. Affordability and social viability are crucial drivers of homeless issues within health and wellness (NAEH, 2021). Lack of Income equates to the chances of experiencing material hardship, food insecurity (Deeming & Gubhaju, 2015), and physical well-being (Walter et al., 2016). Sustainable income is identified as having consistent and steady income over time. Within sustainability, low-income status creates a high-risk condition due to unemployment, underemployment, or labor market influences. Sustainability is also influenced by education level, gaps in work history, criminal record, and social position (NAEH, 2021). According to social consensus approaches, income level affects the ability to meet basic needs (Deeming, 2010) and financial stress (Higgs & Gilleard, 2006). For the homeless, reduced ability to ensure essential items such as food, clothing, transportation, and overall wellbeing compounds their homeless experience (Crane et al., 2005; Assistance Secretary Planning and Evaluation [ASPE], 2022).

According to Zheng et al. (2019), the demand for housing creates multiple obstacles. There are determinants of housing, such as renting behavior, policy and regulatory needs, and behavioral control. A restricted housing market hinders an individual's ability to find and maintain stable, habitable, affordable housing. Being priced out or evicted leads to emotional distress, loss of hope, and perpetuation of structural barriers to change, increasing susceptibility to physical and emotional risks (Jane Place Neighborhood Sustainability Initiative & Finger,

2019). Likewise, renting behavior around voucher programs highlights the intersection between the macro, mezzo, and microsystems. For example, on a macro level, the federal government has a Housing-First program which provides opportunities for homeless individuals to move into housing; however, within the mesosystem, landlords can discriminate based on an individual's source of income (Tighe et al., 2017). Additionally, the ability of property owners to independently set rental prices without oversight increases the potential for chronic and episodic homelessness at a micro level, disrupting the social well-being of individuals unable to meet renter restrictions and making them vulnerable to a host of health factors (Quigley et al., 2005). Therefore, homelessness is a key driver of poor health, and social, physical, and emotional wellbeing is an essential social determinant for house-poor populations.

Historically, the homeless have been characterized as high-risk due to their transient lifestyle. While the homeless have varied experiences, homelessness is characterized by extensive time in open spaces and often outdoors, lacking access to stable shelter, infrastructure, and services (DeMarco et al., 2020; Hwang et al. 2008). Thus, unhoused individuals are often exposed to various environmental hazards (Y. J. Kim et al., 2019), and conditions, putting the homeless at an increased risk of disadvantages (i.e., risk behavior, and lack of hygienic practices) (C. Y. Liu et al., 2020). Homeless individuals respond, behave, and achieve based on their social opportunities. Their predisposition due to age, pre-existing medical conditions, homeless chronicity, lack of health insurance, economic ability, and access impact their social circumstance (Suhrcke et al., 2011). Amiri et al. (2018) identified a need to collectively address social, behavioral, and environmental hazards of homelessness in a cross-sectional study. Homeless disposition postulates specific engagement and interaction practices when working with groups in crisis. The authors identify knowledge, attitude, and style of interaction influence

behavior, such as adherence to safety guidelines, ensuring safety protocol, and level of effectiveness to address issues impacting vulnerable populations. Additionally, according to Grief and Miller (2019), risky behaviors are associated with survival needs, increasing the likelihood of disparity. Finally, addressing the hazards of environmental experiences reduces many risks, such as infectious disease, health vulnerabilities, exposure to substance use, or stigma (Hwang et al., 2008; Neiderud, 2015).

Homeless Health & Wellness Indicators

Homelessness and economic, medical, social, and emotional issues are indisputably interconnected (Aldridge, 2020). Poor health is the accumulation of social and economic conditions that increase disease risk, exacerbate health issues, and limit usage and access to health care. Within the Mezzocosm of the ecological model, sociological factors impact access to a better living quality (D'Alessandro et al., 2020; Gory et al., 1991; Lenon, 2000). In a study on hospital admission among the homeless, hospital attendance was reduced as housing needs were met. Stafford and Wood (2017) discovered that treating homelessness as a combined health and social issue assisted in addressing homeless issues. Within the ecology of homelessness, socioeconomic risk factors influence health vulnerability (Flaming et al., 2021) and illustrate how housing sustainability and economic foundation impact health opportunities (Ogojiaku et al., 2020).

Likewise, housing is classified as a determinant of health (Onapa et al., 2022). In their study on health outcomes, housing is a key solution to addressing health disparities. Furthermore, according to a systematic review and meta-analysis research on house-first approaches, house-first approaches improve some aspect of overall wellbeing. Indicators show that housing stability can influence fewer hospitalizations, fewer emergency department visits, and less time

hospitalized based on the number of days housed (Baxter et al., 2019). Similarly, in engaging or improving homeless outcomes (medical, social, or mental health), case management is linked to increasing care outcomes. In a systematic review of 258 articles regarding the development and organization of programs to improve the wellbeing of homeless groups, the study yields that coordinating treatment through programs results in better care outcomes (Frankish et al., 2005).

Furthermore, reduced access, resources, and care affect pre-existing system barriers, exacerbating historical, structural, institutional, and cultural narratives influencing the homeless quality of life outcomes. Suhrcke et al. (2011) conducted a systematic review of 230 articles exploring economic crises' impact on communicable disease transmission and surmised that infectious disease rates worsen during a crisis. Evidence has shown that economic crises often increase transmission rates, which vary based on transmission routes (substance-sharing, overcrowding, and poor living conditions). As a result, high-risk environments such as prisons, shelters, and other heavily populated environments become breeding grounds for infectious diseases due to risk behavior and poor indoor air quality (Lambdin et al., 2019).

Among marginalized and under-resourced populations, inequalities in social conditions affect access to services, exacerbate underlying health disparities and stigmas within homelessness (Padgett et al., 2016). In navigating house-poor situations, health is not an isolated condition. In examining homeless status, health influencers span a mix of social-economic-political-environmental spectrums. According to Okonkwo et al. (2021), homeless health inequalities have been occurring in the US a long time. US research shows an unparalleled reality in reduced wellbeing based on access, quality, and emergence of unstable conditions. As evidenced by COVID-19, the imbalance in homeless social determinants contributes to and challenges health and wellbeing outcomes. Based on a behavior risk surveillance survey,

additional research is needed to examine causes and consequences that influence health and wellness outcomes (Downing & Rosenthal, 2020). Additionally in addressing the complex care management needs of the homeless, there are core characteristics to use when helping the homeless to ensure optimistic outcomes (i.e., social care models[8]) (Jego et al., 2018).

Homeless Interventions and Effective Approaches

There have been several initiatives to combat the barriers impacting house-poor groups. These initiatives use adaptive approaches to confront the mix of health and wellness issues within homelessness. Initiatives include primary prevention programs, such as standard case management,[9] assertive community treatment,[10] critical time intervention[11] (Hwang & Burns, 2014), biomedical intervention,[12] education,[13] and environmental and policy strategies[14] (Frankish et al., 2005).

Within homelessness, reducing disparities and promoting equity are linked to the applied approaches and interventions engaged. For example, case management as primary prevention is rooted in having a service framework guided by effective strategies that apply prevention ideas to a case plan, address sub-issues and individual issues, and environmental factors that affect wellbeing outcomes (Ponka et al., 2020). Within the United States, closing disparity gaps is a provision of the homeless initiative. Section 8 Housing choice vouchers, Emergency Solution Grants (ESG), Rapid Rehousing (RRH) initiatives, and temporary shelter services are part of this

[8] A social model of health that examines the factors which contribute to health such as social, cultural, political and environment factors.
[9] A way of organizing and delivering health care services to mee the need of individuals with complete health conditions.
[10] A team-based approach to help people with severe mental illness living within n the community.
[11] A model of care coordination that helps vulnerable people during a time of transitions in their lives by strengthening their network of support in the community.
[12] Use medication in tangent with non-bio medical efforts to address behavior and physical needs.
[13] Ensure basic academic concerns are addressed, provide reeducation opportunities, use evidence-based practices.
[14] Ensuring racial equity, reduce administrative and regulatory barriers, reduce waiting list for housing, cultivate political partnerships.

enterprise (Byrne et al., 2021). In reducing homeless barriers that influence insecure housing trends, addressing factors affecting premature death and targeting service initiatives such as case management to help reduce significant barriers to homelessness is essential.

Providing supportive initiatives that address the health factors that impact housing is essential (Cunningham et al., 2015; Marr, 2005). For example, according to the Department of Housing and Urban Development (HUD), most Section 8 recipients cannot secure housing outside high-poverty areas (Marr, 2005). According to Rosenheck et al. (2003), through a 3-year longitudinal study, the housing environment influences social interaction, engagement, and housing duration. The author also highlights the integration of clinical services assists in navigating the risks and barriers of homeless environments and uses services to advocate for continued homeless intervention.

When addressing wellbeing, there is a need for alternative intervention methods to ensure service. Hopkins and Narasimhan (2022) conclude that homeless groups experience higher burdens than the general population. Pointing out that social problems result from systemic access issues in transportation, treatment options, and service quality. Thus, engaging self-care as an intervention, establishing support systems, changing health policies, improving the ability to navigate, and advocating for rights are methods of improving homeless outcomes. Hopkins and Narasimhan (2022) identify five crucial factors. These factors are supportive organizations working with people, healthcare workers with specific roles, robust case management approaches, linkage to health systems, and engaging policies examining improving access. Hopkins and Narasimhan (2022) conclude that alternative interaction approaches can help address the convergence of individual vulnerabilities and structural factors resulting from broken social support networks.

Other research provides anecdotes that address complex social needs and barriers to access the homeless face. Based on Hollenberg et al. (2022), improving health and wellness is influenced by multiple coinciding factors, such as service engagement and incentives in addressing health outcomes. Through a synthesis and descriptive narrative of multiple studies targeting health behavior (decrease, increase, or prevention/promotion) of change behavior, wellbeing is improved based on the methods used to support the client's self-efficacy. Positive and negative reinforcement were identified as behaviors that support self-efficacy. Specifically, the health service engagement study linked financial incentives and provider engagement as influencers of homeless health behavior.

Hanlon et al. (2017) systematically reviewed interventions for managing overall health and wellbeing, examining communicable and non-communicable disease spread. They found that case management and similar support methods may improve knowledge and adherence to health need—using health utilization as an outcome. Likewise, a study of eHealth interventions by Polillo et al. (2021) discovered that innovations improved care access and service delivery. Interventions such as eHealth present an opportunity to help reduce medical barriers to homeless populations, reducing the challenge of access and the need for an active address to receive care. Using eHealth along with case management provides an opportunity to address service challenges and establishes a protocol for communication to reduce disparities.

Within homelessness, situations, and conditions compound, making reducing and eliminating disparities difficult. Medical issues and other health problems common in homelessness can be intensified by psychological, physical, and social challenges (Lenhard et al., 2021). However, methods of communication and approaches to service influence exposure to disparities and homeless susceptibilities (M. Liu & Hwang, 2020).

Rationale for Relational Approaches in Homelessness

When working with vulnerable populations, there is a moral philosophy behind human engagement, social practices, professionalism, and display of skills. It is essential to practice professionalism and values that build a healthy provider-client relationship when engaging in interventions to reduce disparities (J. T. Whetstone, 2002). In short, connecting to others or building rapport is a method of social interaction that can be used to advocate and address social and political agendas to ensure individuals and groups are treated with dignity and value (Coetzer et al., 2017; Van Dierendonck & Nuijten, 2011). Based on a literature review regarding homelessness and social inclusion/exclusion, ensuring strategies for meaningful engagement are at the core of response to homelessness. Utilizing inclusion strategies reduces unequal power relations issues that impact health and wellness (Norman & Pauly, 2013).

Furthermore, care approaches exist as a transaction that can be transformational, focusing on improving self-esteem,[15] self-fulfillment,[16] and self-actualization.[17] Professional skills are techniques that can focus on addressing basic human needs (psychological and physiological; Kiker et al., 2019). Professional skills can be used to build support, face stigma, and address disparities to improve health access opportunities. A two-wave mixed methods study engaging 18 Continuum of Care (CoC) networks points out that in assisting homeless individuals, using effective approaches is beneficial when working through challenges and using collaborative networking. Additionally, *Relational-Care* models that engage human care characteristics are

[15] Positively reenforcing through verbal encouragement, building confidence, empowering, and being positive able self.
[16] Supporting mental health, encouraging self-care, acknowledge feelings and goals, helping to visualize dreams.
[17] Advocate, link to opportunities, be conscious of motivating towards personal goals and with prioritizing expectations.

transformational and essential to raising moral awareness and engaging social behaviors important to intervention practices (Martin & Bartol, 1998).

The approaches used when engaging homeless populations affect the perception homeless individuals have of homeless providers and their services. Understanding the unique qualities that comprise a focused care approach can be used to address the adversities and factors that impact homeless livelihood and wellbeing outcomes (Tsai & Wilson, 2020; World Health Organization, 2020). Thus, the display of care is beneficial to building relationships and key to homeless intervention (Flaskerud, 2000; Groh et al., 2011). To counteract health disparities and improve intervention support, care approaches is essential to addressing the compounding and pre-existing conditions of homelessness, targeting client beliefs, factors impacting service engagement, building support to improve access to needs, and addressing homeless stigmas and rigid service barriers (Perri et al., 2020).

Research Gap to Fill

Homelessness presents many factors that need examination for their impact on society and its members. Within the ecosystem of unsheltered situations, an inventory of the intersecting elements clarifies different homeless dynamics. Clarifying homeless determinants provides meaning and definition to homeless conditions and identifies methods that help improve interventions for homelessness. For example, the COVID-19 pandemic unearths a need to assess methods of value in interaction and engagement within homelessness (Fuchs et al., 2021; C. Martin et al., 2021). The presence of COVID-19 influenced the general public and individual sections of society, increasing issues of homelessness. Through efforts to contain and control the pandemic, the level of social interaction became a delicate subject within society. The pandemic unveils a pattern of how behavior, health, and wellness outcomes are interconnected, drawing a

connection between communication and behavior influence, public health and leadership, and disease control and death rate (Aldossri et al., 2021; Prochaska et al., 1994). The COVID-19 pandemic exposes how interaction methods are essential when engaging homeless populations, postulating a need to examine the specific factors within an interaction that impact behavior between provider and client. Considering provider-client interactions highlights the elements that reduce homeless disparities within the macro, mezzo, and microsystems (Chua et al., 2020).

Within homelessness, there is a need to examine a bidirectional influence on homeless behavior, not just their actions. Within the homeless ecosystem, there are individual[18] and collective[19] features of behavior. There is an interplay between provider-client interactions that guide behaviors when working through the complexities of homeless consequences. How these elements are engaged influences homeless outcomes (Bastani et al., 2019). Engaging different methodologies within homelessness is vital when helping. Alternative methods present a new perspective to addressing systemic issues and improve on existing practices. Case in point, stigmas toward homeless present bias in help (Anderson et al., 2021). Bias is based on elements of behavior (i.e., mental health, criminal status, and drug use) that are viewed as controllable. So foundational to help is believing a homeless individual or group is attempting to address their risks and barriers (Benfer et al., 2020; Burt, 2004).

Within research, more knowledge is needed to address living conditions, environmental factors, professional behavior, health and wellness, and agency-client interactions that impact the length of homelessness (Baggett et al., 2020; Bartholomew et al., 2020; Beck & Foli, 2021; Benfer et al., 2020; Burt, 2004). For example, the pursuit of *service coordination* has been a

[18] The belief that individuals are separate being with person differences that make them unique. These differences require more individualized interactions and supporting the rights and concerns of the individual.
[19] Represents a social pattern that consists of individuals who are interconnected as a group or being part of a community requiring conformity and collaboration.

prominent theme in local responses to homelessness and the current federal housing policy incentives (i.e., how we engage and interact; Borum Chattoo et al., 2021). However, some conditions make coordination difficult (i.e., mental health symptomology, pandemic preparedness; Clift, 2019). Thus, agencies engaging in different tactics are necessary to address homeless issues. This could encompass altering the environment to improve safety, security, and quality of life or communication methods that enhance engagement levels (Walter et al., 2016). Considering COVID-19, the pandemic introduced an ideology and need to alter interactions and engagement methods to decrease disparities (Koziel et al., 2020; Tsai & Wilson, 2020).

Additionally, there is a need to look at the impact of valuing and utilizing relational interaction within homelessness and theories that support such qualities. As a widespread social problem, the financial and social toll of homelessness is challenging to the community and society (Moore et al., 2007; Toro & Warren, 1999). The complexity of social disadvantage and the need for a timely crisis response can often be problematic in addressing desperate situations (Bamberger, 2016). Even so, highlighting the social influences that reinforce, perpetuate, or change the homeless narrative is essential to ensuring the homeless quality of life (Shinn & Weitzman, 1990). There is a contribution that interaction and engagement play within the personal and social context of homelessness. Individual and social contexts represent critical elements in the dynamics that impact the entry to and exit process of homelessness, as well as bring to light social policy at both micro and macro levels that are essential in the homeless response (Bamberger, 2016; Moore et al., 2007; Shinn & Weitzman, 1990).

Essential Theoretical Models for the Research

As indicated throughout research, homeless groups experience reduced social determinants (De Chesnay & Anderson, 2019). The lack of basic needs diminishes the ability to

address social, physical, and economic desires (Stergiopoulos et al., 2015). Within homelessness, their social status affects their opportunities. This status is influenced by socioeconomic situations, cultural barriers, environmental behavior, and political agendas (K. Kim & Garcia, 2019; van der Laan et al., 2017). When homeless people face multiple pressing concerns, such as material hardship, social marginalization, and strained relationships, they experience multiple barriers to housing (Hodgetts et al., 2007). The increase in disparities is often due to deep-rooted barriers to attaining equity and care equality. As a result, homeless deficits exacerbate homeless experience and outcomes (Bassuk & Geller, 1996; Brown et al., 2017).

Homelessness, Structural, and System Issues

Within homelessness, there is a need to reshape and structure the homelessness narrative. A constructivist paradigm and Conflict Theory lens provide an opportunity to structure the narrative for issues within homelessness (M. S. Kim, 2014; Mabhala et al., 2017). In conceptualizing how the different ecological issues and underlying forces influence homelessness, social constructivism recognizes structural elements within the ecological system (Cronley, 2010). Constructivism acknowledges how different socio-political forces and empirical facts collide, how sociological elements influence equity, opportunity, and impact homeless outcomes, and the fundamental beliefs and values that shape change behavior, outlining the social, economic, and access disparities, influencing homelessness (Lincoln et al., 2011; Lord et al., 2021; Stonehouse et al., 2021). Coupling with constructivism, conflict theory assists in describes society as fragmented into groups competing for social and economic resources (Robbins & Leibowitz, 2021; Taylor, 2013). Conflict Theory assists in pointing out the system issues that create a struggle within homelessness that explains homelessness through larger systems of influence (social order, poverty, homelessness, disparity, and access issues; Bartos &

Wehr, 2002; D. Jacobs, 1979; Ten Brinke & Kelter, 2022).Within homelessness Conflict Theory reveals the social problem is linked to the contributing factors (i.e., policies, guidelines, decisions made) that deny homeless individuals housing (Neimeyer & Raskin, 2001). Social Constructivism and Conflict Theory offer an opportunity to understand the structural and system barriers and the need for specific kinds of support in addressing homelessness (Carmichael, 2020; Hoffman, 1991; McAllister et al., 2011; Neimeyer & Raskin, 2001; Rodriguez et al., 2021).

To address the disposition of homelessness, a list of theories below highlights the structural, system, and individual barriers that influence homeless quality of wellbeing (Thompson et al., 2003). The theories highlight a need for relational intervention (Kyprianides et al., 2021; Marks, 2009). The following theories, the Human Care Model—focusing on the process of service delivery and provider-client relationship, The Social Cognitive Theory of Reasoned Action/Planned Behavior—helping explain homeless individuals' behaviors and change behavior, and the Transtheoretical Model Stages of Change---supporting change as a process, work parallel with the ecological perspective and public health model. Each model is specific to engaging vulnerable populations, including a patient-centered model, engaging resiliency factors, and recognizing the bi-directional responsibility of addressing behavior (Greenberg et al., 2019; Lu et al., 2021; Sarkar & Fletcher, 2014). The identified theories engage facets of health and wellness that commonly impact the narrative of desperate groups (DeMarco et al., 2020)—examining the medical health, mental health, physical health, economic health, emotional health, social health, environmental health, and spiritual health influencing homelessness (Aubry et al., 2016). The quality of improvement of health and wellbeing factors is influenced by the approach used while engaging in interventions (O'Flaherty, 2012).

Understanding how and when to engage these elements can act as protective factors that bridge the gap to addressing the limitations of the homeless experience (Rodriguez et al., 2019).

Homelessness problems are shaped by basic social behavior; in turn, social behavior is characterized through interactions (Sosin et al., 1990). These interactions are based on cause and effect influenced by cognitive processes, the environment, culture, and social factors (Gory et al., 1991). The Human Care Model, The Social Cognitive Theory of Reasoned Action/Planned Behavior, and the Transtheoretical Model Stages of Change each provide a unique view of social characteristics to engage that aid intervention (Campbell, 2006; Hashemzadeh et al., 2019; Sitzman & Watson, 2018). Incorporating Servant Leadership characteristics supports the existing characteristics, identifying a set of foundational skills that support homeless groups and service initiatives and explain how to manage through the social construct of homelessness.

Human Care Model

Human connection and relationship are vital between the provider and client. In a Human Care framework, health outcomes are formed around the meaningfulness of the client and practitioner interaction (De Chesnay & Anderson, 2019). Watson's Theory of Human Care functions by 10 Caritive factors. Carative is a philosophy of caring for and helping people to attain or maintain health; distinguishable from the term "curative" because Carative factors are helpful rather than curing. The Carative factors of Watson's Human Care Model stress how interaction with vulnerable groups should build a partnership and problem-solve with clients (J. Watson, 1999). These factors include a humanistic-altruistic system of values, faith and hope, human sensitivity, developing trust, open expression, scientific knowledge, teaching and learning, a supportive environment, addressing human needs, and applying holistic approaches (Clayton & Myers, 2015). Engaging in this philosophy of human connection is essential for

improving health decisions among vulnerable populations and identifying what impacts homeless groups' health and well-being (De Chesnay & Anderson, 2019; Harding, 2011). Watson's Human Care Model helps conceptualize and frame the patient and provider relationships that can improve health status by adding value to the interactions. This value is shaped by standards that ensure dignity and self-worth, reduce the feeling of disenfranchisement, and build a bond among vulnerable populations and health providers (Opaliński et al., 2019). Watson's Theory provides some understanding of the patient's perception, background, and opinions of factors that influence service engagement (Sitzman & Watson, 2018).

The Human Care Model requires providers to possess a non-judgmental, non-biased, interactive communication style to promote client vulnerability and provider awareness (Baggett et al., 2018). Awareness about general patient concerns, thinking, and culture provides valuable information on how these factors influence decisions, such as cultural beliefs and values. To manage cultural restrictions, Watson's Theory of Human Care acknowledges the client's need to establish trust and acknowledge cultural and personal beliefs. Using value care practice also helps reduce the effect of social, environmental, or cultural disparities by embracing factors impacting the soul, body, and mind (De Chesnay & Anderson, 2016; Opaliński et al., 2019). Working through the factors influencing homeless patients' health decisions can also use human experience to create a healing environment that influences decision-making (De Chesnay & Anderson 2016).

Social Cognitive Theory of Reasoned Action/Planned Behavior

As the Social Cognitive Theory of Reasoned Action/Planned Behavior (The Social Cognitive Theory) points out, cognitive determinants[20] influence behavior. The Social Cognitive Theory identifies that behavior is predicted by behavioral intentions,[21] influenced by attitudes toward behavior, subjective norms, and perceived behavioral control (Fuglestad et al., 2020). Attitude toward conduct refers to the overall evaluation of life. Subjective norms are perceptions of others' behavior (Gonzalez et al., 2022). Perceived behavioral control relates to the belief or capability to perform the behavior—in this case, maintaining health and well-being by accepting provider nudges to change essential actions to improve homeless consequences, such as, during COVID-19 changing beliefs about testing, quarantine, and vaccination to reduce spread (Gonzalez et al., 2022; Mahmud & Yusof, 2018).

The Social Cognitive Theory uses information to predict health behaviors and plan and implement health promotion for disease prevention. Subjective norms describe the behaviors of healthcare providers, patients, and others. For instance, increased cases of COVID-19 are linked to multiple social factors impacting susceptibility (i.e., physical distancing; Lima et al., 2020). Ensuring reduced outbreaks impacts the ability to address independent control factors (age susceptibilities, living conditions, and crowding). The Social Cognitive Theory justifies how attitude, conduct, subjective norms, and perceived behavior contribute to outcomes in health and wellness (Ziegele et al., 2018).

The Social Cognitive Theory identifies behaviors based on collective ideology. For example, knowing that COVID-19 led to at least 4.1 million deaths, 219 million cases, and 164

[20] Cognitive determinants are about setting outcome expectation through knowledge, behaviors, intentions, and self-efficacy.
[21] The individual's readiness to perform a given behavior, comply to services, seek or access.

million recoveries worldwide, behaviors engaged in obtaining a vaccine will be based on the perception of impact on self and others (Hesse et al., 2020; Johns Hopkins University, 2020; Worldometer, 2021). Likewise, attending to the health and wellness in homelessness can be limited by disbelief in executing a behavior or limited ability to extinguish the widespread issue. Such as, the ability to reduce homeless disparities (health access, homelessness) is influenced by being able to identify what social, economic, and environmental factors need to be addressed to reduce the overall issue of homelessness (Gonzalez et al., 2022; Mehrolia et al., 2021).

Using The Social Cognitive Theory examines normative beliefs, subjective norms, and behavior patterns that impact outcomes (Christian & Abrams, 2003; Yzer, 2017). Specifically, considering health and wellness, normative beliefs refer to how the behaviors of others and the level of collective compliance impact change. Subjective norms relate to the number of individuals accepting and adhering to the same attitudes about specific behavior practices (Broadhead-Fearn & White, 2006; Taylor Harris et al., 2017). Utilizing these perspectives (normative beliefs, subjective norms, and behavior patterns) provides a model to understand the multivariate influences of social, economic, and environmental factors impacting health and wellness outcomes and working through the ecosystem of homelessness (Bastani et al., 2019).

Transtheoretical Model Stages of Change

The Transtheoretical Model Stages of Change (Transtheoretical Model) looks at health and wellness through a six-stage process: pre-contemplation, contemplation, preparation, action, maintenance, and termination (Hashemzadeh et al., 2019). This model utilizes stages of change to engage relevant background factors that influence choice and behavior, providing steps to measuring and addressing health and wellness outcomes (Prochaska, 2020). Improving the human condition is difficult at times. Doing so requires applying a method that involves patient-

centered care. Promoting positive[22] outcomes in unfavorable conditions, such as poverty and lack of access, is essential (Brady, 2019; Champion & Skinner, 2008). The Transtheoretical Model increases conscious awareness about behavior to generate a response through self-reappraisal, pushing toward the desired change (Prochaska, 2020).

While engaging in prevention interventions for homeless conditions, the Transtheoretical Model incorporates three factors necessary for change. First, the Transtheoretical model incorporates a change process, balances decisions, and supports self-efficacy. These elements are essential to seeking information about behaviors that impact change. Second, the Transtheoretical Model effectively understands how people go through changes in behaviors that influence decisions and social outcomes, for example, realizing unhealthy behaviors, seeking social support, increasing positive behaviors, or realizing social norms. Third, assessing readiness and willingness determines the stage of change desired or taken, influencing the level of conviction and pursuit toward change within the Transtheoretical Model (Johnson & Pleace 2016).

Exampling Servant Leadership to Explain Relational Approaches

Servant Leadership is not a typical theoretical approach to addressing homelessness; it is a leadership theory inspired by religious values. Coined by Robert Greenleaf, *Servant Leadership* is a philosophy that provides guidelines for caring for the well-being of those being served (Nullens, 2019). Sturm (2019) modeled the guidelines through ethnographic data, highlighting some of Servant Leadership's common behavior attributes. In a community health nursing study, Sturm proved that engaging empowerment skills within resource-deprived environments improves professional judgments in interaction and engagement. The attributes developed

[22] decreased homeless disparities, homeless duration, and inequalities.

increase the level of provider-client collaboration and development toward an improved health outcome (Sturm, 2009). Additionally, within servant leadership, the foundational tenets provide important steps describing how to help people.

Historically, Servant Leadership is rooted in Judeo-Christian ethics, where values are grounded in ensuring justice and equal opportunity for all (E. Simon et al., 2022). In addition, literature on Servant leadership identifies it as a paradoxical behavior practice that serves as an effective measure for helping address social, emotional, system, and structural issues of concern (Van Dierendonck, 2011). Ten characteristics provide the scope of Servant Leadership's reach: listening, empathizing, acting intentionally, dedicating time to others, empowering others, removing obstacles, serving others, helping with humility, interacting with integrity, and persevering. These attributes provide Servant leadership the lens to engage the multi-system ecological issues, behavior education, and promotion needs with public health.

Servant Leadership is applied in four ways. First, Servant Leadership can represent characteristics to use during provider-client interactions; for example, *Servant Leadership* incorporates skills that display listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community (Coetzer et al., 2017). These characteristics can be used during provider-client interactions to promote courage and humility. Secondly, *Servant Leadership* also benefits relationship building, connecting, and understanding the individuals and groups served. *Servant Leadership* provides an opportunity to review organizational processes, express integrity, and compassion, identify accountability, and engage others, and is spiritual, transforming, forgiving, and inspiring, among other features (P. T. Wong et al., 2007). These are essential to promote humility and embrace empowerment, working through system issues that can hinder helping. A

third component of Servant Leadership is that it works to reduce social injustices. Through advocacy skills, servant leaders take on the social responsibility to reduce or eliminate inequality for underprivileged individuals or groups (Ferch, 2003). The last component of servant leadership is based on value promotion. *Servant Leadership* values community and allows individuals to experience interdependence, respect, trust, and growth (R. F. Russell, 2001). Knowing what characteristics to use during interaction is instrumental and impacts provider-client engagement.

Furthermore, Servant Leadership examples the need to use a multidimensional lens, examining leader behaviors, potential client outcomes, organizational performance, interpersonal development, and societal impact (Dennis & Bocarnea, 2005; Van Dierendonck & Nuijten, 2011). Servant Leadership provides a foundational method of interaction and engagement in addressing health, social wellness, and income factors impacting the homeless quality of life. Servant leadership improves service delivery through shared decision-making and interdisciplinary teamwork to promote improved wellbeing outcomes (Neill & Saunders, 2008).

Incorporation of Relational Care Approaches

When individuals, families, or groups are presented with high barriers, they experience risks to multiple social determinants. Therefore, they need a methodology that can co-facilitate the various risks and barriers to help recognize the intersection of ecological factors on the person, the situation, and the intervention (Hashemzadeh et al., 2019; Ramsbottom et al., 2018; Sharam & Hulse, 2014). When considering effective methodologies in homelessness, connecting causes and effects is essential (Marcus & Stinger 2017), as well as identifying approaches that derive meaning from a reflective and interactive point of view (Guta et al., 2013). The above explanation of the conceptual framework and the different theoretical perspectives highlight why

there is a need for relational care models to service approaches and identifying why a relational methodology would be beneficial as a tool to engage the homeless (Christian & Abrams, 2003). Essential to this research is understanding the display of care and the use of relational approaches (Baggett et al., 2020; Gonzalez et al., 2022). Social factors influence behaviors, and social support addresses disparities (Champion & Skinner, 2008; Johnson & Pleace, 2016); thus, using relational care skills is essential when taking steps to improve outcomes within homeless systems (Prochaska, 2020).

Study Purpose

Considering the above-supporting paradigms and theories is essential to addressing the factors impacting the homeless quality of life. Utilizing relational interaction is a growing method while engaging in service interventions among disciplines such as nursing, public health, and service-oriented professions. Identifying fundamental tenets to professional attitudes among homeless service providers characterizes the need for relational care methods within homelessness. Additionally, supporting the value of essential professional skills when serving vulnerable homeless populations identifies how specific behavior characteristics can counteract adverse homeless outcomes.

Professional service approaches have a direct and indirect, impact on risks and barriers to homeless quality of life. This research will discuss problems with interaction and engagement and define how care methods such as utilizing a relational approached are used by providers to engage homeless services. Within social work, these solutions work toward addressing the grand challenges of homelessness. *Relational* approaches are unique as intervention support because:

1. Relational approaches engage an alternative method to address issues impacting vulnerable groups.

2. Relational approaches highlight the significance of engaging a human care model to help.
3. Relational approaches provide a method that can integrate the multiple concurrent aggravators of homelessness (Eva et al., 2019).
4. Relational approaches behavior perspective is a unique method of engagement that can be utilized within each aspect of the homeless ecological system
    a. As an approach that presents behavior characteristics that systematically address intermediary issues (i.e., individual, and interpersonal factors).
    b. As a method that engages specific behavior characteristics that attend to systemic factors (i.e., organizational, structural, social issues).
    c. As an approach that presents behavior characteristics that work through structural issues (i.e., stigmas and policy barriers).

In this way, relational interventions mediate issues within homelessness, addressing the risks and barriers through social connection (Finley, 2012). A *Relational* support approach provides steps to engaging change behavior within social work by targeting needs through a *Relational Care* based model by encouraging healthy interpersonal interactions. Engaging a *Relational* model maintains a person-centered approach that works through barriers in decision-making, improving service approaches, influencing communication with the client, and within the community. A *Relational* model is essential for collaborating, minimizing disparate power dynamics, and influencing beliefs that influence outcomes (Kiker et al., 2019; Noland & Richards, 2015).

While homelessness is a layered issue, a Relational model would help moderate the multiple layers of homelessness by engaging techniques that influence behaviors that influence

health and wellness-related quality-of-life results (Yildiz & Yildiz, 2015). Within this study, the research question to answer is: What is the helping approaches service providers use and how are those approaches beneficial in reducing health disparities among homeless individuals in Greensboro, North Carolina?

CHAPTER III: METHODOLOGY

Before introducing the methodology, it is essential to clarify facts about health, wellness, and quality of life within homelessness. It is also important to provide details about the research process, procedures, and data collection and analysis methods. Defining the comprehensive research approach helps in describing the scope and boundaries of this study, in addition to outlining the research plan (Babbie, 2013). This chapter identifies how this investigation applied rigor regarding work with human subjects.

Study Approach

The academic literature on homelessness suggests that individual behavior choices and provider interaction methods influence the health and status of homeless groups (Woith et al., 2017). Contemporary interventions that address this social problem recognize that individual and collective behavior and interaction methods are essential when helping vulnerable groups (Drury, 2008). This study sought to analyze the experiences of local providers serving the homeless population in Greensboro, North Carolina. The goal was to propose a model for addressing homeless disparities and improving their well-being.

Social constructivism and conflict theory help to explain the theoretical base for factors influencing homelessness. The methodology involved semi-structured interviews with service providers working to address unsheltered situations. The research question to examine is, what are the helping approaches service providers use and how are those approaches beneficial in reducing disparities among homeless individuals in Greensboro, North Carolina?

Interviews utilized the Strengths, Weaknesses, Opportunities, Challenges (SWOT) framework to analyze the providers' experiences with organizational system-level factors that affect provider-client interactions. The SWOT framework drew upon provider experiences to

help identify and document the strengths, weaknesses, opportunities, and challenges within homelessness impacting housing, health, and exiting homelessness. The SWOT analysis collects information to focus on four perspectives and assess the internal and external factors impacting homeless outcomes (Ostrom, 2011). The SWOT provides a useful perception of what methods help address issues of homelessness and what could be better. Among interviewees, questions helped explain interviewees' perceptions of organizational-level factors that affect provider-client interactions. In addition, supplemental questions helped answer any follow-up questions or expound on initial interview questions to examine further provider use of relational styles, understanding of methods of interaction and engagement, and application of valued-based care skills. The subsequent questions and SWOT questions were part of an informal conversation, with a set of guided responses to standardized open-ended questions. The information gleaned broadens our understanding of how providers engage in behavior, foster change, and address disparities within homelessness. SWOT is an essential measurement tool among industries collaborating with people in the public domain (Kim et al., 2008).

Rapid Analysis assisted as a thematic analysis for provider interviews. Rapid Analysis is a method of inscribing and categorizing qualitative information to address research objectives (Taylor et al., 2018). Rapid Analysis characteristics use a repetitive cycle of data collection and analysis that incorporates procedures like sort and sift, think and shift (Renfro et al., 2022). The information in the interviews was placed in domains to reduce information overlap, provide an accurate interpretation of data, and formulate perspectives about care techniques used with homeless populations (Ramírez & Lee, 2020). A Rapid Analysis identified patterns and emerging themes in service delivery to this population. Identifying essential themes can aid in discussing any overarching influences on health and other homeless disparities. Rapid Analysis

is an efficient method of compiling and summarizing data after interviews and transcription of recordings (Trotter et al., 2001). A matrix assisted in summarizing participant responses and organizing within the domains to analyze and interpret them (Renfro et al., 2022). A matrix is a way of charting information to better understand data relationships (Bucher, 2008).

This study engaged a qualitative descriptive methodology. The use of an observational design is through the creation of a provider narrative. The narrative is from homeless service providers that can describe the methods used to provide services. In this study, no controlled or research groups are engaged (Henwood et al., 2015). The qualitative approach taken is to explain the issues of homelessness, health, homeless status, and essential service approaches. Qualitative data are essential for exploratory purposes. Within homelessness is a list of extraneous variables, and engaging in an exploratory study provides flexibility to address the changes in the qualitative narrative within the ecosystem of homelessness. Qualitative exploration also assists in forming a base for future research on homeless issues and confounding factors (Polillo & Sylvestre, 2021).

Qualitative inquiry assists in examining and interpreting observations to discover underlying meanings and patterns within homelessness (Hochschild, 2009; McCallum et al., 2020). Fundamental components to qualitative research in this study are information gathering, helping to determine the scope of house poor conditions, explaining factors impacting progress toward ending homeless depravity, and different methods that assist outcomes within homelessness. Including qualitative elements helped explain essential factors: the context and process of homelessness, approaches to service, unsheltered barriers, professionalism and behavior, and general information about services and effectiveness. The primary goal was to recognize that qualitative methodologies provided a rich and concise understanding when

conducting research that looks to influence unsheltered group outcomes (Benjaminsen et al., 2005; Guta et al., 2013).

Epistemological Stance

Homelessness is a public health issue where homeless individuals experience a list of chronic issues so widespread that unhoused individuals are at risk of exposure to health problems that exacerbate existing ones. High rates of chronic mental illness, physical health issues, co-occurring disorders, barriers to health, and the inability to afford housing affect the social determinants of homelessness. These public health factors intersect within the ecological framework of homelessness (Fowler et al., 2019).

In addition, understanding the ecological model is essential to the work of homelessness because it frames how the different micro, mezzo, and macro system factors collide. The ecological model helped explain the interaction between the multiple risk factors and conditions (individual, socioeconomic, structural, and environmental conditions) that impact episodes and duration of homelessness (Rodriguez et al., 2021). Likewise, employing a public health lens provided an understanding of everyday behavior, the bi-directional influence of behavior (community-wide and individual-level responses), and how to use relational care approaches to promote change through communication, connection, awareness, and issue identification. Engaging perspectives to address homeless health and social well-being can help frame these issues for what they are: subcategories of public health matters. Moreover, it clarifies why individuals and collective behavior impact homeless outcomes (McAllister et al., 2011).

Homelessness is a social problem that stems from a process of social construction. A constructivist paradigm can consider social factors influencing the risk and barriers to homelessness, such as how homeless individuals and groups deal with various structural

influences as part of their social challenges (Lincoln et al., 2011). Utilizing the described social narrative of homelessness helps address homeless disparities (Carmichael, 2020). Homeless episodes examine the diversity of issues houseless groups experience. Understanding the social construction of homelessness explains other social disparities (health access, income issues) to better explain the phenomena impacting house-poor populations.

Based on this research, use of professional skills, and provider attitudes toward service impact homeless outcomes. Furthermore, individual, and collective behavior impact decisions. This research sought to identify if staff or individuals working with homeless populations recognize the fundamental methods of interaction that help address health and homeless status, among other determinants. The equity and inequality issues within homelessness reflect the social effects of a mixed theoretical paradigm, incorporating a constructivist and radical approach, engaging aspects of conflict theory (Raskin, 2002; Wynne-Edwards, 2003). Within constructivism, conflict theory can examine the social problems of homelessness to inform and explain the situation of homelessness as a social issue in society (Nickerson, 2021). Constructivism can investigate the different social systems influencing homeless populations and their meaning (i.e., provider-client interactions, client-environment, client-internalization; Neimeyer & Raskin, 2001) while emphasizing and explaining human issues, creating a way of navigating through life, and understanding the external reality (i.e., homeless duration and health outcomes; von Glasersfeld, 1995). In addition, conflict theory recognizes there is a power dynamic and a list of risk factors impacting social interactions (Robbins & Leibowitz, 2021). The phases of inquiry used to explain this research are in the following sections. The paradigm of constructivism and lens of conflict theory help examine the lack of basic assets among resource-deprived populations (K. Jacobs et al., 1999; Wynne-Edwards, 2003).

In understanding the complexities of house-poor situations, it is essential to recognize the barriers that impact homeless progress. When gathering information about the effect of relational approaches on homelessness, the origins and present-day experiences of homeless groups informed this study. This provides supportive facts that can help determine and establish a need among stakeholders working with vulnerable homeless groups to engage in relational care models, to ensure service objectives. Furthermore, in navigating through provider interviews, the use of constructivism helps explain how individuals and groups endure throughout life, highlighting events and overlapping social-ecological influences (Cahill et al., 2019; Raskin, 2002). Likewise, part of this approach uses homeless experience to highlight three factors: a particular circumstance (health inequality), taking action associated with that circumstance (methods of increasing health status), and setting an expectation that the action taken would produce a predicted result (reducing health disparity), choreographing a unique perspective of individual and community perspective (M. M. Jacobs, 2014), and recognizing essential interventions (Raskin, 2002).

Context of Homelessness

Multiple circumstances influence populations with significant resource deprivation. Conceptualizing these risk factors and how the variables intersect helps understand provider behavior and methods—or elements—of engagement that benefit the helping process (Nooe & Patterson, 2010). The disparities of homelessness are part of a social problem that reflects systemic failures in dismissed or disregarded social issues.

As a social problem, multiple mediums[23] and policy agendas play a key role in its existence and influence on unsheltered groups. Central to homeless sustainability is having the power to influence life course. Among those experiencing reduced means, limited choice within society is due to power and position. Thus, decision-making, or non-decision-making ability influences their homeless experience (Nelson et al., 2021). Homelessness is an individual issue because of social misfortune, such as a lack of resources, or struggle because of a capitalistic market where people are without housing or remain destitute because of low-income and impoverished conditions (McNaughton, 2008).

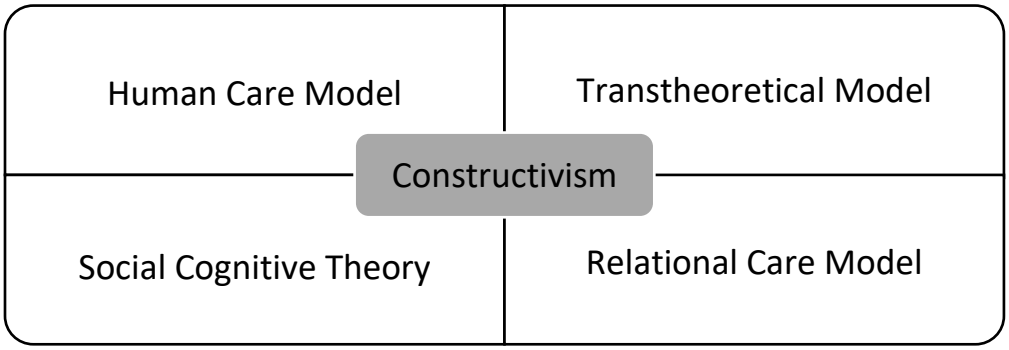
Developing a Constructivist Narrative

As a social phenomenon, homelessness exists as a social concept that requires social action, a detailed explanation of it as a social issue, and redefinition within the world (Ivanova et al., 2019). As Figure 1 presents, constructivism helps recognize that there is a relationship among each conceptual model: Human Care, Transtheoretical Model, Social Cognitive Theory, and relational models such as Servant Leadership. Each of these theoretical anchors helped frame the methods of engagement in this research (see Chapter II). Within a Human Care model, creating cultures of trust and care must be constructed through provider-client connection (Leclerc et al., 2021). Among a Transtheoretical framework, when engaging practice approaches and services, it is important to visualize an individual's or group's level of readiness for change (Lord et al., 2021). Likewise, within Social Cognitive Theory, examining the communication between service providers and unsheltered persons, helps to identify how interactions can shape service outcomes (Clapham, 2003). Within the three previously mentioned theories, Constructivism aids

[23] Impressions about homelessness, access to resources, level of supports, ability to address hierarchy of needs, transportation, literacy level, mental status, eviction history, criminal background, substance use, income status.

explaining what type of ideals and interaction methods are beneficial to addressing the complex needs of resource-deprived groups. In addressing the social issue of homelessness, conceptualizing the impact of behavioral interactions and essential types of relationship aid change using relational tools as a Human Care method to assist in explaining why lifting the human spirit, changing performance measures, adapting methods of interactions, and building relationships are effective for managing day-to-day practice (Wheaton, 2022).

Figure 1. Constructivism Framework



As a meta perspective, constructivism ties these theories together by helping shape the social reality of homelessness by the continuous interactions among individuals, systems, and structures. Thus, recognizing that constructivism is a foundational paradigm to analyze homelessness allows one to conceptualize the factors influencing social disparities. Identifying homeless inequalities allowed the discovery of the similarities and differences among social, political, and economic forces influencing unsheltered situations. The investigation into homeless disparities also underlined approaches that strengthen the ability to address issues influencing reduced resources, limited access, and social barriers, among other hardships. Constructivism is a foundational paradigm that helped describe how relationships are essential to improving the extreme social disposition of house-poor populations.

The Ecological Systems Narrative of Homelessness

This research recognized the interconnection of ecological elements[24] within homelessness, in addition to understanding the foundational factors that influence social despondency. Among unsheltered groups, proximal[25] and distal[26] elements influence their disposition. Multiple intersecting factors are influenced by underlying issues and conditions stemming from power dynamics, subsystems, cultural constructs, and environmental influences that must be analyzed using a multilayered methodology (Otiniano Verissimo et al., 2021). For example, when disparate groups have reduced quality of life, it can be influenced by a lack of economic and social system resources. Additionally, when groups experience homelessness and lack resources, they are disempowered, affecting decision-making (Fowler et al., 2019). The inability to make effective decisions influences intrapersonal, interactional, and behavioral choices within homelessness (O'Shaughnessy & Greenwood, 2020). Within homelessness, it is essential to identify how laws or policies influence access to resources and impact organizational capability on unhoused outcomes to change the typography of distressed homeless situations (Rankin, 2019; Walsh, 2011).

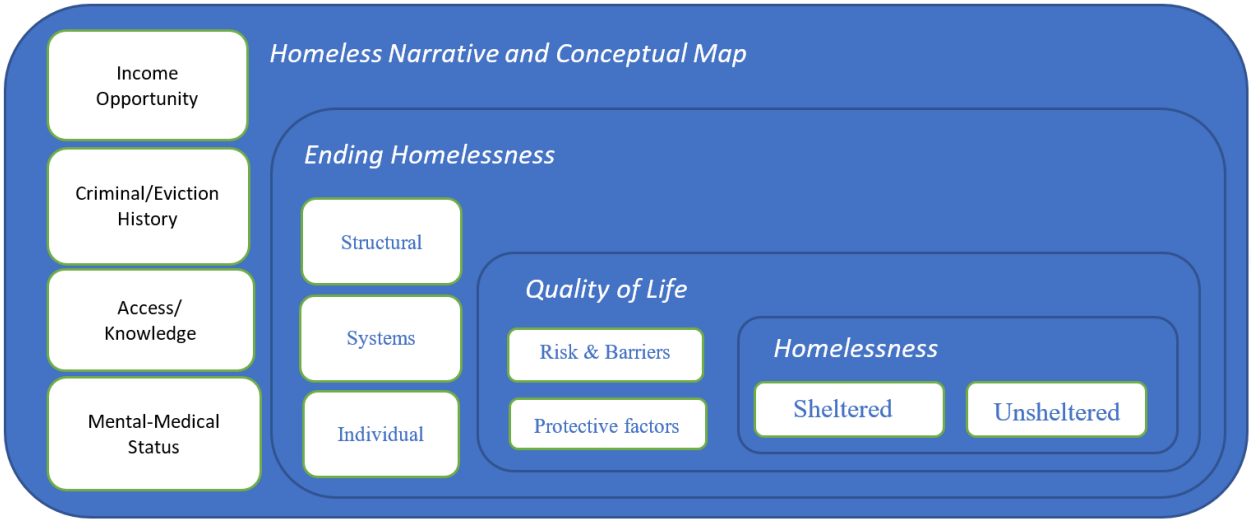
Within the construction of homelessness is a conceptual diagram, represented below. The map helps categorize the different components that encompass homelessness. The different ecological elements of homelessness highlight circumstances that affect securing sustainable living and resource acquisition, the factors that impact quality of life, and the types of unhoused dispositions. To understand the daily life of unsheltered groups, creating a map of the factors that influence unsheltered populations assisted in explaining the qualitative and descriptive narrative

[24] Ability to meet basic needs, access to transportation and medical help, level of supports and mental, physical, economic, emotional, social, environmental, and spiritual health.
[25] Decision-making ability, fears and stigmas, level, and types of interactions.
[26] Level of Income, Opportunities for housing, and access to essential resources.

of homelessness. The explanation of ecological elements and how they intersect helped identify a homeless storyline that clarified how to address the intersecting factors that impact homeless outcomes.

Figure 2 gives space to recognize the barriers that influence socially deplorable situations directly and indirectly (Mosley & Park, 2022). In addressing the quality-of-life issues unsheltered populations experience, it is necessary to understand what risk factors impact their life and the settings unsheltered groups must manage (Mik-Meyer & Haugaard, 2021). Using providers as the interview subject created an opportunity to examine provider concerns within homelessness and to determine the best approach(es) to control for interventions.

Figure 2. Homeless Narrative and Conceptual Map



Research Design

Qualitative Interview Design

The qualitative interview methodology used in this study gathered a thick description of the risks, barriers, and protective factors within homelessness. The data collected through this descriptive study helps enhance understanding of the fundamentals supporting daily interventions affecting homeless groups. The Principal Investigator (PI) took sole responsibility

for conducting this research and acting as the single interviewer, reviewer, data collector, and analyzer of the data.

The interviews were to identify the care approaches that influence the delivery of service to the homeless and homeless disparities. The semi-structured interview included nine primary and 23 secondary open-ended questions for data collection (see Appendix A). Only one interview was conducted with each participant. During each interview, the primary and auxiliary questions ensured a detailed response.

This study worked to describe underlying behavior engagement skills that influence structural causes of unsheltered situations, proposing new and innovative solutions to addressing the devastating social problem of homelessness. This research supported identifying provider interactions that help address behaviors perpetuating desperate conditions and aggravating homeless disparities.

Following is an examination of the perspective taken to carry out this research. Qualitative research can be complicated depending on the methodology. This research design incorporated an interview protocol. The interview protocol provided in-depth information about participant experiences and various viewpoints on unsheltered livelihood. Preceding the interview was the data collection process for collecting and analyzing the information. The interviews engaged in a formal conversation, with guided responses based on standardized open-ended and closed-ended questions. This assisted in obtaining thick, rich, qualitative data.

Research Plan

This qualitative study sought to engage health and human service providers within the Greater Greensboro Area, specifically looking at agencies working with homeless populations to identify social behavior influencing homeless health outcomes. Agency interviews assisted in

confirming how relational care models are useful to service engagement. The interview is a focused method of gathering specialized knowledge about a specific issue, allowing providers to account for a lifetime of experience regarding significant topics (Charmaz & Belgrave, 2012; Hochschild, 2009).

By engaging participants in their perceptions and experiences with homelessness, facts developed essential knowledge about risk factors, protective behavior, and factors impacting homeless duration (Finley, 2012). In addition to better understanding how behavior influences (positive provider interactions) are associated with addressing homeless disparities (i.e., increasing health, status, improving income opportunity, and reducing and ending homelessness), agencies were engaged based on their degree of work with these disparities (Moore-Nadler et al., 2020).

Agencies within the Greater Greensboro area could provide multiple services. Items to discuss considered common impressions about factors impacting the length and duration of homelessness and homeless disparities, as well as factors influencing outcomes such as health access, income opportunities, and social influences among the homeless (see Appendix B). The SWOT analysis focused on four perspectives to categorize the internal and external factors impacting homeless outcomes, helping identify approaches beneficial to service interventions (Ostorm, 2011).

Furthermore, interviews collected information essential to conceptualizing the provider-client interaction. Providing context and background into the observed experiences of homeless groups and discussing the need for relational care in service. While it was difficult to address all the disparities homeless groups face and end homelessness through this study, it was possible to highlight and identify tools that assist in maintaining and promoting improved quality of life

(e.g., health access, reduced homelessness, income stimuli). Furthermore, examining *relational care approaches* is categorically a new methodological approach when engaging homeless issues and provides an alternative ideological approach to addressing unsheltered disparities to improve outcomes.

Sample

Within this qualitative design, the provider interview sample size was 12 community health and human service agencies. The minimal sample size was predictive of engaging participants who could provide in-depth information rich in context on homelessness, inequalities, and outcomes. The sample was also based on the ability to conceptualize a construct about homeless access and choosing providers who could provide a wealth of information on issues impacting homelessness. Results recognize aspects within agency findings that acknowledge shared knowledge about homeless circumstances. This is significant in generalizing study findings to all agencies serving homeless groups and identifying effective intervention supports to programmatic factors despite service differences (Patton, 1990).

Agency service providers in Greensboro, North Carolina, comprised the population for a purposive sample. Those serving the homeless population provided vital information on the structural factors influencing the level of homeless inequality. Among each agency, select staff members provided essential details relevant to the intention of this study, gauging provider-client interaction and factors impacting disparities. The sampling goal was to engage maximum variation among providers of interviewing agencies that engage in various homeless services. Selecting a small sample of providers that provide multiple homeless services assisted in describing the central themes of service risks, barriers, and protective factors across homeless environments (Patton, 1990).

To identify the participating agencies, agencies selections came from the NC211 agency database, the City of Greensboro Homeless Prevention Services list, and the Guilford County Continuum of Care Partnership list assisted in agency determination (City of Greensboro, 2021). Service providers on these lists work with homeless populations and provide services within the scope of this research. Individuals interviewed were providers serving in leadership roles and have direct experience with agencies working with homeless populations. Depending on the agency, specific agency staff in leadership roles to interview included Executive Directors, Program Directors, Managers, Supervisors, Case Managers, practitioners, or medical personnel. Interviewing personnel with direct contact with homeless individuals provided a rich understanding of influences related to behavior, social environment, and homeless outcomes.

Inclusion criteria included agencies helping homeless populations and working to address issues of health access, income opportunity, and social health. The agency's selections consisted of those agencies that interact daily with homeless populations. Inclusion criteria also considered whether homeless agencies provide shelter, advocacy, health care, financial assistance, and case management and are part of the Continuum of Care and Partners Ending Homelessness agency lists. Exclusion criteria from the agency search and selection criteria related to agencies solely working with populations under 18 years of age, did not provide direct services to the homeless, or did not have an office in Greensboro (Patino & Ferreira, 2018).

Recruitment Process

A list identified potential candidates, and correspondence was sent out for potential participants (see Appendix C). Recruitment methods entailed an email listserv, announcements, and word-of-mouth marketing. Information via email sought provider assistance to engage this study before determining the agency sample. The email acknowledged that this study aimed to

gain information on provider-client interaction from stakeholders working with vulnerable homeless populations to address health issues, among other determinants. There was a request to assist in a 60-minute interview to collect information from participants. After identifying essential agencies and selecting participants based on the criteria above, interviews were conducted via phone, Zoom, or in person. Participants learned of the purpose and context of this study at the end of the interview.

Data Collection

Data collected did not have personally identifiable information on any participants or stakeholders, only listing information such as age, race, gender-specific, and educational type information if necessary. Interviews were conducted in person or electronically (by phone lines, cellular phone, or Zoom Audio). Interviews were recorded using a digital audio-recording device, not a personal cell phone. The use of audio (not video) recording served as a means of collecting data, and Scribie.com, an audio recording transcription company, helped with translation and caption services for the summary of interviews. Immediately following each interview, the Principal Investigator reviewed the interviews. Transcripts received at least two reviews to ensure the accuracy of the transcriptions. A semi-structured interview script ensured the collection of any information. To ensure confidentiality, providers received individual consultations. Contacting through unshared emails and direct phone calls ensured privacy and confidentiality. Participants' willingness to engage was based on consent agreement and follow through with each aspect of the study (email or phone consult to do a 60-minute interview).

Data Analysis

Each interviewee provided background to the questions based on the categories within the (SWOT) framework related to current service approaches, essential interaction methods,

outcomes and disparities, and important social factors. The data collected through the primary interview questions were placed into nine essential topic areas for simplicity. The topic areas were summarized into three categories. The categorization of the topic areas assisted in the identification, explanation, and discussion of the internal and external factors that impact service delivery and homeless outcomes.

Thematic analysis was used to help collect and examine interviewee content (see Appendix D). The information captured the narrative and perspective description of homelessness by interviewees. The emerging themes and the SWOT analysis assisted in the categorization of information. Data collected helped weave a description of the process, context, and influencers to homeless disparities and establish a background narrative and perspective on homelessness from current providers. In tackling the overall issues within homelessness, homeless agencies serving homeless populations, need to understand more the list of factors and relational elements crucial to reducing homeless disparities, as well as what mechanisms within social interaction or engagement are a catalyst to ending homelessness and addressing homeless disparities, and how that happens.

Rigor in Mixed Methodology Research

One element of rigor is *credibility*, that is exploring experiences to describe phenomenon through qualitative methodology that has *transferability* and is applicable to other homeless situations and individuals (Cope, 2014). The method of information gathering sustained the credibility of this research, that is, asking questions that would pull from interviewee knowledge and experience with homelessness, providing background into how service providers work through homeless issues (Thomas & Magilvy, 2011). The data collection methods and transcription assisted in the analysis of information, providing effective categorization of the in-

depth information. The interviewees' insights helped maximize *dependability* and develop a solid foundation of study validity through information saturation (Hayashi et al., 2019). *Trustworthiness* of the findings are based on the *confirmability* of the information collected among homeless service providers through the rapid analysis matrix. Rigor in data analysis is established by providing a thick description of the experiences of homeless individuals, their disparities, behaviors, and their interactions with service providers.

Construct

Within the homeless system, there is a social construct to compare impacting homelessness and interventions for homelessness. At all levels, stakeholders assisting vulnerable populations must consider behavior (how individuals engage), service impressions (what individuals notice happening), common beliefs (what individuals feel should be happening), general expectations (what individuals feel is happening), and service interventions (current approaches), in addition to client expectations (what they would like to happen), intervention procedures (current expectation of job performance), service dynamics, and organizational leadership approach. Multiple variables were engaged within each aspect of this study, with human care features, health access, homeless duration, increase in income, and social health.

Risk to Human Subjects

As defined in the IRB, this study had minimal risk for participants. There was no concern with physical risk within this study and the emotional risks were minimal. No data collected put the participants at risk of legal consequences for themselves and their employer. Financial and personnel records were not analyzed. The benefits to the participants included producing knowledge about skills and tools that can help address issues for vulnerable homeless

populations. Information obtained in this study was strictly confidential unless the law requires disclosure.

Disposal of electronic data occurred after transcription and verification of information. Pseudonyms identified the participants. Information was de-identified in the transcription, analysis, and final report. This study experienced limits in guaranteeing absolute confidentiality of data through the internet due to the limited protections of internet access. Any voice recordings were potentially identifiable by anyone who heard the recording, impacted confidentiality. Participant information was recorded and will be disposed in five years. The interview recordings were stored safely by the primary investigator.

This study ensured the privacy of participants. Gifts were not part of this study; only voluntary participation was necessary. Participants provided verbal consent but no signature of authorization. Additionally, minimal psychological, social, or economic risks occurred. However, the issues addressed may have challenge the psychological and social understanding of working with vulnerable populations. The only potential impact was in assisting in an interview. Interview questions required participants to speak from their experience. Due to participant experience, participants could have unearthed any concerning moment during their history of service. If psychological risk emerged, participants would have been referred to a local mental health care provider. Participants had the right to withdraw from the study at any time, but no one did.

Positionality Statement

It is essential to note the primary researcher's experience. I have been engaging in issues of homelessness for over 7 years, and my personal experience working with homeless groups provides background knowledge to the paradigms being engaged and perspectives measured (Corbin & Strauss, 2008). My knowledge and experience with homeless populations and health and human service providers was an advantage in adding depth to the interviews and distinguishing potential bias and influence on the interviews. In analyzing any findings, my knowledge assisted in theme identification (Punnarut & Sriharee, 2010).

CHAPTER IV: RESULTS

Introduction

In this chapter, the qualitative review is organized into two parts. The first part describes the findings of the study. The first part examines interviewee responses to briefly describe the context of provider work and the purpose of homeless intervention and conceptualize essential service elements. The second part is analyzing the findings. The second part derives from a compilation of expressed ideas and lessons learned within provider responses, detailing some of the main variables impacting homelessness and provider impact on unsheltered issues. Through analysis of each part, this study introduces an in-depth explanation of homelessness and a narrative providing an account of the intertangled factors impacting homelessness. The domains are derived from provider responses to the interview questions. Parts of each interview question are essential topics of interest that aid in theme and domain identification, in addition to examining the Strengths, Weaknesses, Opportunities, and Threats to service engagement analysis and summary.

The information collected in this study is based on responses from a semi-structured interview protocol consisting of a list of nine primary inquiries alongside a set of auxiliary questions. The formalized questions help identify specific interview topics such as current service approaches, essential interaction methods, outcomes, and disparities within homelessness. The qualitative design provides a viewpoint and characterization of experiences providers have in servicing homeless populations. Twelve homeless service providers were interviewed for this study. Providers engaged offer assorted services, including transitional housing, health access, and resource opportunities. The qualitative design helps to examine the factors within provider-client interaction impacting homeless consequences and point out the

internal and external factors that impact the process of helping the homeless. Before examining the different parts of this research, context will be given of the interviewees' level of knowledge, the agencies engaged, and outlining the essential interview topic areas that will identify common provider themes and lead to the different domains of this study.

Interviewees

All twelve participants providing information hold over 8 years of experience working with homelessness. Provider background consists of administrative experience to direct community practice. Interviewees possess a collective knowledge of house-poor populations based on professional and lived experiences, political and policy interactions, level of advocacy, and level of practice in significant service roles[27] over their lifetime. Interviewees present an opportunity to discuss the complexities presented within the ecology of homelessness related to their length of service. Interviews were with participants from the following agencies: Greensboro Urban Ministry, The Servant Center, West Market Methodist Church,[28] The YWCA and My Sister Susan,[29] Cone Health and Community Health and Wellness,[30] Community Solutions, Housing Coalition, Welfare Reform Liaison Project, and Women's Resource Center,[31] and Partners Ending Homelessness.[32] Interviewee order[33] does not represent interview categorization below; categorizations reflect the type of direct practice and interviewee responses.

[27] Pastoral, case management, administrative, advocacy, community collaboration, medical provider, and intake and service delivery.
[28] Direct practice group providing shelter for individuals.
[29] Direct practice group providing shelter to families.
[30] Direct practice groups providing medical services.
[31] Direct practice groups with service specific agendas within homelessness (i.e., training, education, linking).
[32] Direct practice groups that are administrative.
[33] (1) YWCA, (2) Cone, (3) GUM, (4) Church (5) Community Solutions, (6) Housing Coalition, (7) WLRP, (8) My Sister Susan, (9) The Servant Center (10) Partners Ending Homelessness, (11) Community Health and Wellness, (12) Women Resource Center.

Interview Topics

There are nine essential areas based on the research questions that interviewees offer responses to help identify, describe, and evaluate essential components of providing services to unsheltered populations. The topics entail organizational duty, interviewee role, types of issues, provider-client interaction, and the impact of interactions on securing—housing, health care, and exiting homelessness, in addition to relational care approaches, essential skills, and professional behaviors—strengths, weaknesses, opportunities, and threats—to engagement, and leadership and service impact on—housing, health, and homelessness. These nine areas represent Part 1 of the information that will allow the reader to identify, in Part 2, the major themes and domains of provider-client interaction and engagement (see Appendix I).

The qualitative description of provider interviews below highlights the essential factors interviewees identified within each topic area. Following the responses to each topic area will be a response to the SWOT framework and a perception of professional behavior and skill display. Each item significantly characterizes the crucial factors for addressing disparities among disparate populations.

Part 1: Interviewee Responses

Organizational Duty

In conveying agency duty to address homelessness, community agencies have a specific obligation and a collaborative responsibility. The organization can help homeless families and provide shelter, health advocacy, rapid rehousing, and partner with supporting agencies [I1, I8]. Agencies can also work to provide medical care within the hospital setting [I2] and a clinic within the community and shelter environments [I11]. Within organizational aim, services can be

temporary [I3], seasonal [I4], and address basic needs [I9].[34] Along with distinctive organizational aims, partnerships are essential to help manage the factors impacting health, housing, and exiting homelessness. In defining the value of partnerships, providers highlight, "Working within a system of providers helps the homeless get care" [I2], "Partnering helps people obtain housing" [I3], "Partnerships help work collaboratively" [I5], "To engage training programs, partnerships are essential" [I7], and "Working with other agencies is important to help offer technical and educational assistance, especially when the agency is not equipped to provide organizational training" [I12].

Interviewee Agency Role and Service Gaps

In thinking about the role agencies play while working with desperate homeless populations, homeless providers experience limitations in service scope of practice. It is hard to help families navigate community resources and secure housing [I1]. To advocate for families, we need key staff [I8], such as case managers, and knowledge to deal with mental health [I4]. Coordinating services is difficult because homeless individuals have to navigate multiple service systems (e.g., health, mental health, employment), which slow the progress these individuals make toward permanent housing. For providers, the multiple issues homeless groups must manage influence the ability to change unsheltered circumstances. When describing ecosystem factors, one provider highlighted, "I work for a hospital system, helping in the emergency room, but there are no beds after discharge" [I2]. Another provider highlighted, "finding solution to gaps in care for the uninsured is hard" [I11].

Due to layered system issues, providers need to be creative, collaborative, and adaptive in their response to homelessness. In defining these features, interviewees point out, "As a provider,

[34] Provide services to get essential documents like birth certificates, ID's, or social security, and medical clinic.

we need to take on [the] responsibility to meet basic homeless needs" [I4], "We need to stay current on what's happening in the continuum of care" [I3], and "We need to work with outside agencies using case managers to work toward client goals" [I9]. According to providers, ensuring cross-sector collaboration and adaptive services addresses the multiple barriers and risk factors desperate populations experience [I2]. Agency partnerships and improved collaboration help address homeless issues [I6, I7]. Providing essential ancillary services supports agencies with service limitations [I12]. Ultimately helping unsheltered groups, agencies must, within their formative structure, maintain knowledge about existing legislative, procedural, and social issues. In addition, they must display current knowledge that guides agency approaches and engages essential partnerships to manage the individual and collective elements of homelessness. The all-encompassing collaborative cross-sectional approach "assists with oversight for federal opportunities, housing attainment, and training needs" [I5].

Types of Homeless Issues & Risk Factors

Within the ecosystem of homelessness, there are multiple bio-psycho-social-medical factors to address. Among homeless groups, they have mental illness, substance use, medical disability, and struggle in their intrapersonal interactions. According to providers, "We are not just helping people get off the streets" [I1], "People have limited to no family supports" [I8]. People in homeless deal with chronic and complex issues" [I2], "People have a range of disorders in addition to medical issues, and no housing" [I11]. Often, "Many lack the ability to care for self, read, or interact with others" [I3], highlighting how, among providers, "We experience various clients not knowing what to do" [I12.]

Among desperate populations, understanding the compounding issues, cooccurring factors, system barriers, and cross-sectional elements is essential to the helping process. In

conceptualizing how problem issues overlap and impact the ability to manage, providers note, “We can experience people trying to be physical or getting into fights, yelling at you because of how their day has gone” [I3], “We deal with people who are drunk or want to attempt suicide [I9], and “We experience people off medication that create an inharmonious environment” [I4]. According to providers, groups suffering from house-poor situations often lose sight of the solutions that aid them. Addressing the intersecting factors requires skill and knowledge of how essential elements relate.

For unsheltered groups, they experience frustration and skepticism with homeless outcomes. Some providers “deal with the disappointment and the inhumane backlash from providers not attentive to how they respond to clients” [I12]. This is significant because “The homeless are frustrated at how long they have to wait for housing” [I5]. Service gaps increase the length of homelessness, and continued disparities are characteristics of this fact. Housing access is not only impacted by wait times but also compounded by “the client’s level of medical or mental health preventing them from qualifying for housing” [I7]. These factors represent constant constraints to service, creating fears and distrust and compounding personal and system factors that influence unsheltered experiences.

In recognizing the impact of personal and system factors, providers point out, “Having continuous barriers is discouraging to service agenda, although recognizing steady efforts can eventually pay off” [I3]. While exiting homelessness, obtaining housing, and being able to address medical needs is difficult, celebrating small victories is important [I4]. Likewise, in the face of multiple disparities, “being supportive of the health and homeless accomplishments of others helps create hope in despair” [I3]. Creating hope in despair is significant.

> One of the things we experience is negative housing situations where people are on disability and get $777 a month. They are often put on long waiting lists for income base housing. If they want to find housing in a community, not having three times the rent impacts where they can live. If people paid attention to this situation, people would constantly feel bad about not qualifying for housing because of lack of income or a legal record [I3]. As noted by [I3 and I4], people experiencing homelessness need to be reminded of hope and the possibility and take a collective attitude toward housing. For example, even though someone is homeless for more than 12 months and has no income, the silver lining is that based on homeless chronicity, being more than 12 months unsheltered, a homeless individual with mental illness, no income, or questionable background can qualify for a housing voucher.[35]

Types of Provider-Client Interactions

Within homelessness, interactions can be direct and observed. The direct interactions relate to how providers engage clients to help reduce barriers. According to one provider, "I find that groups suffering do not readily seek out services, you have to encourage them to seek out and provide reminders" [I3]. Among providers, observed interactions are when providers experience issues they cannot control. For example, one provider highlights, "That night they started an altercation (fight) forcing them to be removed, noting, the fear of housing causes individuals to act out, instead of talking through their anxiety, forcing them to become homeless again" [I1].

In helping homeless groups, initial and persistent interaction is crucial. Initial and persistent interaction utilize time and engagement methods to better understand issues and

[35] A form of rent subsidy that helps low-income individuals obtain housing.

factors that aid sustainability. The initial interactions relate to engaging intake services and assessment of issues. Initial interaction is essential: “To produce sustainability, it is important for providers to increase accessibility to services” [I5]. Persistent interactions must maintain a connection or build a relationship by understanding the client’s issues. As described by a provider, “We had a gentleman, seizing, nonverbal needing EMS, knowing him, his history, aided him in receiving care” [I3]. According to one provider, they assess, “When I think about clients, I think of who we are doing business with and remind my team of that” [I10]. This is essential to coaching “families on the verge of getting housing to sign papers for housing” [I1] in addition to “provid[ing] information on community resource changes, helpful tips, and how to navigate the system” [I3].

Likewise, “taking the time to help people work through their issues helps address the complexities homeless groups deal with” [I3]. Providers have an active role in helping navigate experiences and outcomes. Provider active roles can include offering relevant information and rephrasing situations. Their role can also include providing encouragement and support, compassion, assisting and redirecting, and addressing conflicts and factors affecting the client’s inability to achieve sustainable solutions.

> For example, if agencies such as the IRC (Interactive Resource Center) were not doing street outreach, we would not have known about this ladies’ issues or be able to get her into the Weaver House. Partnerships allowed this lady to not just stay on the streets, but develop relationships that helped her seek out help, to stop reveling in her woes and what happened to her life. [I11]

Next to service connection is “treating clients with humanity” [I10]. Displaying humanity is fundamental to interacting with desperate populations. Being human is linked to being person-

centered, solution-focused, and recognizing the importance of professional training and lived experience. According to interviewees, it is essential to manage interactions. For example, one identified, “I interact to make sure there is a way to navigate the system issues and find resources” [I3]. Another highlighted, “Historically engaging marginalized populations is difficult without understanding the factors that impact feasibility” [I5].

Identifying Client Outcomes and Provider Impact

Among unsheltered groups, access to resources intersect with health, outcome housing, and exiting homelessness [I4, I11, I6]. There is a concern with access and how to address or improve it in health. Among housing and exiting homelessness, it is essential to understand the factors impacting housing opportunities or in exiting homelessness.

As confirmed by [I2], when homeless groups seek help in the ER, with no place to send people upon discharge, continued treatment is limited due to access issues, lack of transportation, and a sustainable living situation, which indicates a need to continue to advocate for mental health services and step-down service after hospital admission. As supported by [I11], advocacy is needed for those without insurance who cannot get primary care or mental health care. In addition, “knowing how medical compliance impacts families prevent[s] a potential report to DSS and seen as health care neglect on a baby or child” [I1].

Additionally, health barriers are lowered by collecting and using knowledge and experience. Impacting health outcomes occurs by understanding how to address a client’s presenting issues, such as identifying client resource limitations and connecting with essential care providers. One provider acknowledged that “face-to-face interactions [reduce] barriers for nurses when clients are afraid to seek out medical help” [I1]. Additionally, “identifying effective

ways to interact and navigate health obstacles[36] lowers health barriers" [I8], such as "lowering health barriers through onsite clinics reduces fears [of] service acquisition" [I11]. Per provider responses, interviewees noted, "I have found engaging medical health care needs alongside families, that is, meeting with and connecting a family and the nurse about a wellness check-up is impactful" [I3]; likewise, "I have found on-sight physician's assistant assist in addressing underlying issues to medical treatment" [I8].

Among homeless issues, "the overall lack of housing stock in the entire country impact[s] homelessness" [I2]. Local and national trends in market pricing, in addition to available dwellings, influence housing access. "If not dealt with, exiting homelessness will not happen" [I11]. "The lack [of] affordable and accessible dwellings is a big issue of concern" [I2]. Affordability and accessibility impact housing opportunities. "Not addressing influences, the factors making homelessness complex and service provider work more difficult" [I11].

Furthermore, housing stock affects the ability to exit homelessness. In exiting homelessness, ensuring housing is affordable and finding suitable accommodations is foundational [I1, I8, I9]. According to interviewees, in exiting homelessness, it is essential to identify effective methods to collaborate with clients to lower individual barriers[37] [I1, I9]. The ability to connect to resources is vital in housing. Among providers, mediating the intersecting elements that influence houseless disparities is part of the capacity to address housing issues. For example, in obtaining housing, recognizing the value in connecting to entitlement benefits[38] and

[36] Getting clients to sit down with providers, addressing any medical concerns, ensuring access and right to care, reducing fears about care.
[37] Criminal record, past evictions, self-sabotage, education, income level, job access, transportation, identification.
[38] A type of federal support such as food stamps and social security.

completing a SOAR[39] application or working with specialty groups such as the VA[40] to assist clients is necessary [I9]. Within homelessness, the intersecting medical, mental, and income health issues reveal how housing availability impacts the ability to exit homelessness, and health condition impacts the ability to attain housing [I11, I2, I4]. In bridging housing issues, essential partnerships impact the interplaying variables within house-poor circumstances [I5].

In working through homeless disparities, Interviewees identify effective listening skills, documenting understanding of client barriers, and being willing to engage client issues aids in addressing health access, housing, and exiting homelessness. They also highlight that being a totally "bureaucratic driven agency disconnects from the stories of homelessness due to prescriptive notions of care delivery" [I2]. "Addressing the disparities within homelessness is linked to understanding and reducing risk factors" [I6].[41] In helping clients, it is beneficial to identify short-term goals[42] and create opportunities to address longer-term ones [I1, I8, I9].[43] Recognizing the different levels of helping homeless groups is part of assessing and measuring accurately influencing variables [I1, I8, I9].

Within homelessness, the ability to improve homeless outcomes is through forging community connections that counter disparities and identify what traditional methods or anecdotes of service delivery need adaptation. Interviewees display that part of managing the social determinant of health in homelessness is community engagement, the ability to partner to address system issues. Providers identified that "a joint community culture is important in addressing housing, securing permanent housing, and addressing health access" [I5], adding,

[39] SSI/SSDIl outreach Access Recovery toolbox and forms used to collect and submit information for social security or social security disability.
[40] Veterans Administration.
[41] Lack of access, level of mental health, length to homelessness, level or health disparities, Stigma, and fears.
[42] To engage barriers (fears, stigmas, literacy issues, sheltering needs, medical access issues, and increase supports).
[43] Ensure ability to access and maintain health, housing, and exit homelessness.

"There is a need for strong community engagement specifically within the Continuum of Care[44] and city government" [I3]. "Pointing out solutions to health, housing, and exiting homelessness is part of local, federal, and policy planning" [I7]. "Acknowledging level of community engagement is also impacted by assessment, which is the ability to identify the diversity of client issues and adaptive interventions" [I10].

According to interviewees, aiding the call to action to address homeless disparities is identifying literacy ability, physical ability, navigation skills, assessing access to transportation, level of supports, and internal confidence [I5, I6, I12]. These factors point to an intersectionality among social determinants and need to engage a community of solutions. Thus, central to recognizing the right housing track, is identifying, and engaging the right partners, and the right methods of interaction. Pivotal to the helping process is not "overpromising or underdelivering but recognizing the level of sentiment needed to engage each homeless situation" [I12].

Relational Approaches

Fundamental to any service agency agenda is establishing an administrative approach and process. However, projecting bureaucratic notions as an approach in service delivery to ensure services to desperate populations does not receive unilateral support. Interviewees identify, "Whatever method we engage, whether it is firm, empathetic, we have to be able to reach the client" [I4]. Likewise, "I think that using motivational interviewing and building rapport is important with patients" [I2]. Additionally, "I use a solution focus style" [I3]. Also, "I use motivational interviewing skills or cognitive behavioral assessment skills" [I5].

[44] Designed to promote community-wide commitment that integrates agencies and systems of care to guide and track the goal to end homelessness.

Among interviewees, administrative approaches are significant when assessing situations, gathering information, for documenting necessary history of events and influencing factors. When interacting with clients, the "approach should be non-judgmental, to assess issues and balance conversations" [I5]. As providers, "our whole premise is relationships, being relational, not transactional" [I6]. "Doing warm hand-offs into the community to other organizations recognizes needs and barriers" [I2].

As expressed through interviewee comments, when engaging individuals struggling with homelessness, it is important to not reproduce shame during interaction, rather ensure support, and comfort. Interviewees identify this as essential despite personal belief about homelessness. Interviewees point out, as providers of homeless services, "in this profession treating people like they are human, with compassion, care, empathy, understanding is essential to service" [I10]. Hence, an interviewee identified, "I practice sitting with others, listening, and [creating] a relationship where trust is built to break down barriers" [I1]. In addition to recognizing "our role is to build relationships and value" [I4].

As evidenced by interviewee responses, homeless populations need unconditional regard and help in prioritizing events to help address the internalized issues. Thus, providers acknowledging the significance of the client's story shows an understanding of homeless disposition. By listening to a client's story, providers align with the client, creating comfort and the ability to reduce barriers [I1]. In reflecting on the approach, interviewees identified, "My approach is one that is personal and interpersonal" [I5], "We meet people where they are" [I6], or "Really taking the time to talk is significant" [I7]. Likewise, "Connecting to client challenges and showing understanding of their situation is important" [I8]. One interviewee identified that

in approaches to care and ensuring the scope of expertise, “We are pretty adamant that we do not want our trained resource specialists to try to play social worker” [I2].

Moreover, interviewees expressed that interaction styles that balance client conversations are essential. Thus, relational versus administrative approaches are ideal with more direct interactions. Vocabulary use, tone of voice, understanding the client’s narrative, and the ability to be sensitive, empathetic, and social are examples of being relational. Common skills include “Engaging motivational interviewing, therapeutic interventions such as empathy and trauma-informed care are important in this work” [I8]. Likewise, “having the skills to advocate and facilitate communication is essential to care” [I2]. For some, “in my experience, getting to know a person is about understanding their experiences, their history, improving communication, and helping to address their barriers” [I7].

Additionally, “there [are] essential human, professional & administrative skills to possess to display positive relational care approaches.” Interviewees expressed that in human experiences, it is essential to listen, be supportive, show empathy, and be friendly, encouraging, welcoming, and respectful. As reported by some, “when the hospital experiences individuals with four or five different chronic illnesses, helping is more than just about health care” [I2], “Connecting with clients is about focusing on them, not just solutions” [I7], and “helping people is engaging non-traditional housing options like rooming houses or hotels” [I3].

Additionally, essential components to engagement are motivational interviewing, advocating, linking, rapport building, being person-centered, balancing the use of rules, giving value, being interpersonal, motivating, rephrasing, creating a healthy environment, and being trauma-informed. Effective skills included “rephrasing their situation helps them find hope” [I4].

As interviewees identified, “Homelessness is already depressing. So, making the situation a little bit lighter is encouraging and motivating” [I5], “It is important to show people they have value and as a professional, to not take things personally” [I9], and “Many groups will not have insurance, it is vital, not making people feel like a transaction” [I11].

Lastly, through administrative proceedings, assessing, data collections, and telling the client story are important. These facets are paramount to engaging the circumstances that influence homelessness. Working through the social cycle of homelessness works toward real outcomes and sustainable solutions among interviewee responses.

Professional Skills

Interviewees note that when helping desperate populations, it is easy to apply general solutions to everyday work; however, this is a prescriptive notion, not professional—professionalism utilizes knowledge and experience as helping factors. Among providers, “There are distinct types of skills, street smarts, lived experience and professional training” [I6]. “There is a distinction between lived experience and professional experience, lived experience does not count as professional skill” [I1]. This is essential because “people’s level of professionalism and self-articulation filters down to interactions” [I5]. Thus, necessary to human care work is “putting away your own opinions or your own political ideas and treating a person with humanity and grace is part of this” [I2]. “No matter a person’s years of experience, professionalism is important” [I9.]

According to interviewee responses, in understanding the different domains of health such as, mental health, medical health, economic health and how professionalism shapes outcomes, interviews report that displaying unique client centered responses are essential when

accessing and advocating to reduce barriers to health. Among interviewees, “providers need to practice being cognizant of how their thoughts and feelings influence approach to service” [I5]. “Showing support, giving unconditional regard is recognizing the cognitive impairment, mental health, or disparity issues” [I2]. As reported by one provider, “My lived experience guides the way I interact with people. As a peer support specialist, I have been trained to support those struggling” [I1]. The list of overlapping ecological factors is different from person to person and needs consideration according to each individual distinction. Professional service is about providing what the person served needs. Interviewees highlight, “I had to change a lot of what I had learned when working to help the homeless. I had to listen more than talk” [I11]. In addition, “helping people with articulating their goals, helping practice new skills, monitor their progress, supporting their own treatment, to advocate for and develop a plan” [I1]. Likewise, “Just showing genuine care for a person is important” [I2]. This also “Includes the client is essential to developing person-centered goals” [I9].

While professionalism engages a standard of operation to ensure effective service, reduce harm, to better understand situations, it also bridges outcomes. Interviewees express, “I find, when you get into this work, it is because you want to help, you want to serve, and you have to really be intentional in your process” [I5]. “Skill development is an essential asset” [I6]. “I engage in professional training and use what I learn to help others” [I1]. “Having and bringing a professional outlook and their history are helpful [I9]”. What interviewers are alluding to is, part of professionalism is engaging trainings that help focus you are thinking, and method of operation. Engaging in training and activities that enhance your level of competence when collaborating with client’s guides display of humanity. Interviewees highlight that “unconscious bias bleeds into interactions but training can change how you treat others, talk, and make people

feel" [I5]. Reinforcing that provider "skill set helps in relating, and lacking the ability to understand client circumstances hinders being able to create solutions to homeless problems" [I6].

Among interviewees, displaying humanity is a valuable tool within human service fields helping desperate populations. Separating biases and beliefs from service takes training, skill, and awareness. The factors impacting homeless populations are substantial, thus understanding the compounding elements within homelessness is an essential part of service. Specific to some providers, "You cannot walk in front of them dragging them along, forcing them to follow rules or your way" [I2]. "Being condescending and having a preconceived idea of who people are prior to them getting help is not helpful" [I5]. Understanding the application of these service principles is valued when helping homeless vulnerable groups.

SWOT to Service

The use of SWOT in this research is a tool to help conceptualize the internal and external factors that affect homelessness. In utilizing the SWOT framework, it is possible to categorize provider responses in a way that helps in describing the organizational- and community-level factors that affect what individual service providers can do. canSWOT can identify within the essential topic areas of this research the issues providers must manage. Also, the SWOT framework can characterize from provider experiences, key elements, documenting the strengths, weaknesses, opportunities, and threats within homeless service provision. To understand any emerging themes the SWOT analysis highlights contextual factors influencing homeless outcomes. In identifying essential domains, SWOT will assist by pointing out factors representing macro, mezzo, and micro service barriers. Through SWOT, it is possible to examine

factors that intersect and put into context what factors organizational and community wide are significant in managing homelessness.

Weaknesses & Threats to Service

In responding to SWOT to service, interviewees highlight when serving homeless populations, they encounter a variety of w*eaknesses* and *threats*. Some interviewees highlight "limited number of workers to provide care and support is an issue" [I1]. In addition to "overworking a few leads to experiencing burnout" [I8]. Also "providers being impatient and not flexible is a concern" [I2]. Likewise, so is "lack of clarity on how to help navigate through financial, behavioral, legal, intellectual, and service problems is a concern" [I3].

In addition to staffing concerns, there is a need to address basic needs within staff competency. "There is a lack of training on motivational interviewing, engaging conflicts, family systems, level of connection with other agencies to help with linking and supporting families" [I1]. Among interviewees, "knowledge level impacts belief about homelessness, and ignorance, lack of compassion, and number of supportive services reduce service strengths" [I6].

Interviewees highlight essential factors impacting staffing and agency access. Interviewees identify "threats encompass political issues, financial viability, training access, and knowledge" [I5]. "Agency financial viability determines how much help can be provided a person" [I8]. "Likewise, if an agency is inconsistent in financial support, cultural sensitivity, infrastructure development, and policy adaptation, services can massively be hindered" [I7]. Examples from the providers' remarks are, "bureaucratic systems, like a hospital, are slow-moving, impacting expedient care" [I2] and "In bureaucratic systems, making things happen quick[ly] is tied to federal regulators and obtaining permission" [I12].

For interviewees, next to the structural issues are interpersonal factors. Among interviewees, “people or agencies fighting for individual power and not shared power across sectors is a concern” [I11]. Likewise, equally, providers being in competition, fighting to provide services instead of working together is an issue [I12]. In addition to dealing with “financial stress, experiencing emotional and mental burden lead to negative attitudes and lack of compassion” [I8].

For interviewees, not all structural issues are financial. Many structural issues stem from organizational and interpersonal background factors. As indicated by interviewees, there is no “using a one size-fit all model” [I12] when working with the homeless. A major issue is, not meeting people where they are or having the ability to adapt service needs to clients. “Service adaptation is a vital part of policy and administration support” [I6]. For interviewees, these barriers reflect, “not being able to support longer shelter stays, and housing being too expensive” [I1]. In addition to having an “ability to recognize client literacy barriers to communication” [I3]. As well as identify what “criminal background factors impact ability to obtain housing and make healthy choices” [I4]. This is significant among interviewees, understanding someone’s criminal background, helps when “housing services are limited and discriminate to groups, such as sex offence charges, reducing services to this population” [I9].

Among interviewees, there are several factors that play into the threats and weakness of homelessness. Alternatively, there are a list of essential *strengths* and *opportunities* that work towards equity, and in improving individual welfare. Among interviewees, “Program longevity, and use of case management reflects strengths into housing” [I1]. “Being emotionally present is essential” [I8]. “Staying patient, showing flexibility, and being knowledgeable to help people”

[I2]. Additionally, “self-awareness, engaging training, paying attention to factors locally and federally that impact the way you help people” [I11] is also essential.

Next to service provision is developing partnerships to meet organization objectives. Among interviewees, “cross sector collaboration is important” [I2]. “Going across sectors, with a firm plan helps with housing and health care” [I11]. Building “partnerships help navigate issues with literacy, disability, ownership, updating resources, expanding service options, and engaging community-wide conversations to support needs” [I12]. “Working with other agencies addresses employment needs, mental health, substance abuse and more” [I8]. Among interviewees, “opportunities are really engaging partnerships that help bridge service gaps” [I1].

In addition to the partnership and agency aim, there is a need to navigate interpersonal factors with other agencies and clients among interviewees. Among interviewees, it is essential to “forge partnerships, know how to de-escalate, be able to develop relationships, and build resources that improve access to health, housing, economic opportunity, education, and transportation” [I5]. For interviewees, “developing people skills is essential to building supports and addressing issues with burnt bridges” [I3], the “ability to talk to an array of people encourages mutual understanding” [I4], and “encourages community, supports clients in need, and builds a network for prevention” [I9].

For interviewees, these are the highlighted bridging factors within the different ecological systems that link outcomes to engagement methods. Among interviewees, this also “is having work experience that relates to a homeless person struggling” [I4], “having the ability to deal with failing health, substance use issues, and understanding best practices” [I9], and the ability to “create space, cooperation, and trust, that helps in addressing client issues” [I7]. Interviewees recognized that “sharing responsibility and setting goals with clients is part of service” [I10]; this

“strengthens the level of professionals’ skill and building relationships” [I3]. Working in parallel with professionalism and relationship building is engaging in “training and experiences that are essential to assessing client needs, being honest, and showing empathy” [I5]. As well as “learning and telling an individual’s story and being relational versus transactional” [I6].

In the interviewees’ discussions of key essential factors, the level of funding and service restrictions expose the intersecting components within the homeless ecosystem. Among some interviewees, “organization decision-makers running programs and allocating money and making decisions without workers” [I9] can be costly. Among interviewees, exclusive decision-making “foreshadows a common misperception by homeless providers and develops negative motives to helping” [I7]. Among interviewees, not including essential people in decision-making results in “not understanding the complexities of homelessness as a problem” [I5]. This can lead to supporting “doing a job with the wrong mindset and having no compassion as a sign of limited experience and training” [I7]. Furthermore, interviewees note “being able to or not get funding to reduce a disparity affects housing, medication, or care” [2]; these factors also impact the ability to engage service, train staff, and reduce essential barriers and unsheltered disparities.

SWOT to Leadership

Among interviewees, there are many ways to display good leadership. Leadership is often displaying through use of professional attitudes and skill in service. The practice of leadership has a direct and indirect service impact. According to interviewees:

> A leader understands the people with [whom] they are working. [I1]
>
> Leaders are transparent and collaborative. [I8]
>
> A leader possesses strength that allows the experts to do their jobs and is attentive to those they work with. [I2]

Good leaders can be diplomatic. [I4]

A leader presents ideas for help engage change. [I11]

A leader should use their strengths to recognize their team members and what others bring to the table. [I3]

A leader is open to hear[ing] others. [I9]

Leaders possess passion, balance being authoritative and authoritarian, authentic and mission driven. [I6]

Leaders stay in their lane, engage [in] a democratic, a mixed authoritative, or collaborative style. [I7]

According to interviewees, through leadership, there is a responsibility to advocate and to build. “As a leader, you can take the time, talk about a crisis, and help think about a better way to manage a situation” [I1]. From the interviewees’ perspectives, “leaders use their resources and helps establish trust” [I2]. In addition, “it is essential that a leader is aware, advocates, can provide strategy and prioritize issues” [I6]. Interviewees believe “true leadership provides you a feeling of investment” [I8]. “Leaders help to identify the platforms to address issues with diplomacy, advocating for the needs of others” [I11], and “leadership allow[s] space to try different approaches to governing” [I12], in addition to “[reflecting] the work they do, not just talk about it” [I8].

Among interviewees, to advocate can sometimes be a little complex because it requires working through different social systems, understanding the intersectionality of system issues, and being able to create and maintain cross-sector influences that work towards improving outcomes in health, housing, and exiting homelessness.

Interviewees highlight leadership is about building and being aware of the different elements that play into service agenda, such as how consumer behavior impacts service and requires providers to adapt service responses. While interviewees identify leadership as beneficial, “a threat to leadership is when there is no feedback, not knowing what the direction of the agency is” [I1]. An essential characteristic of a leader is, “a leader can utilize the strengths in the room” [I4]. Likewise, among interviewees, “a weakness to leadership is not cultivating, shaping gifts and talents, shares experiences, or affirms trust and confidence” [I8]. Interviewees identify a value of a leader as, “a leader is inclusive and explanatory” [I12].

Among interviewees, essential to leadership is a leader being cognizant of their staff and their level of professionalism, limitations, and find creative ways to not only ensure staff are meeting clients where they are, but that staff have the skills they need to perform their job. “Leadership guides program direction, understanding needs and how others feel” [I1]. “Leadership plays two roles, the direct role engages people, the indirect role advocates.” [I8]. However, “a threat to leadership is not staying informed” [I11].

Interviewees express a hallmark of leadership is that it is transformational. In leadership presents an opportunity to confront the factors that perpetuate disparity and improve service provision, such as, “leadership invites experts to the table to find medical resources, employment opportunities, and housing access” [I9]. “Leaders engage policies, are creative and consider issues within a matrix” [I12]. “Leaders tap into the potential that you do not see in yourself” [I8]. Leadership recognizes the need to not stand alone to address the surmounting issues within homelessness but build essential temporary and long-term partnerships that work to address the inequalities of homelessness collectively. “Leaders don’t try to do it all” [I10]. “They do not act like they know everything” [I2]. “Wonderful leadership, you can approach” [I8].

Interviewees acknowledge that leadership is an attribute not just designated to those in leadership roles, but a characteristic to display by all. An essential component to "Leadership is considering the viewpoint of others as valuable" [I9]. "Leaders seeing the strengths in others and lets their leadership lead" [I4]. "Leadership is a notion for everyone" [I8].

Summary

Interviewee responses to the nine topic areas provided background into issues homeless providers must manage while working to address homelessness. In managing homeless circumstances, interviewees identify a list of factors within the micro, mezzo, and macro systems of society that influence and impact the outcomes within homelessness. As provider shared their experiences with homelessness, core themes resonated among providers responses as influencing homelessness. Within the ecosystem of homelessness, Providers must learn to adapt to the different homeless circumstances while balancing the intersection.

Table 1. Topic Areas and Domains

9 Topic Areas	12 Core Themes
1. Organizational Duty	Power dynamics
2. Interviewee Role	Health access opportunity
3. Types of issues	Pro Social behavior
4. Types providers-client interaction	Interaction and engagement
5. Impact of interactions	Balance of work and life
6. Relational care approaches	Knowledge and Attitude
7. Essential skills and professional behaviors	Bureaucratic Rules & guidelines Collaborative Network
8. SWOT to service	Poor situation
9. Leadership & Service	Pre-exiting conditions Decision Making Fear and Stigma

Part 2: Themes to Interviewee Responses

Rapid Analysis helps identify common themes among provider responses and grouping within a domain. While using a matrix to record data, Rapid Analysis is used to inscribe and categorize the interviewees qualitative information, providing opportunity to sort and sift interviewee responses, in addition to thinking about and shift essential factors based on responses to the interview topic areas. As information was sorted, sifted, thought given to responses and information shifted, an interpretation of the data was formulated. Through provider interview responses, identification of overarching influences on homelessness is characterized. The Rapid Analysis assisted in compiling and summarizing the interview data and the matrix organized participant responses, capturing the identified domains. The listed domains are represented throughout chapter 2 and described in the SWOT analysis, characterized by the need to maintain and address to ensure service effectiveness and reduce ineffectiveness of service to the homeless (see Appendix O). The domains highlighted reverberate similar categorical concerns noted within the macro, mezzo, and micro ecosystem areas of homelessness. Through categorizing and charting interviewee information, it was possible to highlight and discuss the relationship among the information provided.

In exploring provider experiences, responses capture common social issues, service concerns, and service experiences. Data collection highlights internal and external factors that directly or indirectly influence provider interactions. The internal factors relate to agency capability, service expectations and satisfaction, and perceived attitudes. The external factors relate to homeless consequences, funding access, and partnerships. Each of these play a role in service. Portrayed within the nine topic areas is a narrative of homelessness and service provision to the homeless.

Interviews assisted in conceptualizing and recognizing the interconnection between different ecological elements. Interviewee responses identify the proximal and distal factors that influence homeless disposition, and provide context to the list of intersecting issues, underlying elements, and conditions that plague homelessness. Reaching essential outcomes within homelessness for unsheltered groups is met through increasing awareness of and ability to examine the influence of key ecological factors. As a result, interviewee responses connected common ecological system factors identified as marco, mezzo, and mirci system influences in homelessness.

Results

Within the provider service narrative to the homeless, interviewees highlight several similarities and common themes, barriers, and factors impacting service to the homeless. Analysis of information, the utilization of SWOT framework, and categorization of internal and external factors of influence, it is possible to theme common ecological issues and place in domains. Derived from interviewee responses, power dynamics, health access and opportunity, engaging prosocial behavior, and ensuring professional judgement during interaction and engagement represent macro system factor of influences. Likewise, work life balance, knowledge and attitude, use of bureaucratic rules in environment, and developing a collaborative network are mezzo system elements that influence ability to engage and need to be assured for providers within the ecosystem of homelessness. Along with the aforementioned factors, the client's poor situation, understanding of client pre-existing conditions, in addition to factors impacting decision-making, and understanding how to address a client's fears and stigmas represent micro system issues. Among client circumstances these are protective elements to sustain. Within the ecosystem of homelessness these twelve core domains overlap providing an

explanation of the factors affecting the interplay between professional skill and provider attitudes toward service[45]. Below represents an explanation of the domains within a macro, mezzo, and micro system and how they intersect impacting homeless sustainability based on interviewee responses, as related to Bronfenbrenner's ecological systems (Swick and Williams, 2006), and useful in considering administrative processes, provider-client interactions, and understanding professional attitude (see Chapter II).

Macro System Factors

Within homelessness there are several themes presented among interviewees in provider capability to serve, knowledge and ability to reduce social, economic, mental, and emotional barriers. They are influenced by issues of power. For interviewees, there is a domino effect among *power dynamics* and how they play out within homelessness. Commonly within research on homelessness, power dynamics influence multiple system issues (policy, law, funding, and staffing). Within homelessness, provider capacity to serve and ability to address disparities is influenced by the aforementioned system issues. Interviewees note a need to "pay attention to policy changes that impact agency funding" [I3]. Such as, "no more ERAP[46] funding, limits funds available to help families" [I1]. "Paying attention to this and other system factors is essential when working in bureaucratic environments. Policy changes and identification of program direction influence funding restraints" [I2]. "Knowing about policy changes at a federal level helps when collaborating with local agencies to help consumers" [I3.] For interviewees, "we must have knowledge of federal guidelines. HUD's good at creating funding streams, but little is done to help agencies figure out what they are" [I10]. For interviewees, funding is linked

[45] Power Dynamics, Health Access Opportunity, Prosocial Factors, Professional Judgement, Work Life Balance, Knowledge and Attitude, Bureaucratic Rules in Environment and Guidelines, Collaborative Network, Poor Situation, Pre-exiting conditions, Decision-making, and Fear & Stigma.
[46] Rental Assistance Program

to scope of service, laws place limits on capacity to service, and policies affect impressions about service.

Next to identifying how policy, laws, and funding intersect with service capability is conceptualizing how these different ecosystem dynamics turn power into a resource. Power dynamics challenge opportunities for change by reducing the level of resources and support if the noted system factors are an issue for a service provider. For interviewees, part of working through homeless disparities is reducing the negative effects of underlying nuances to engagement. For interviewees, "financial viability helps determine how much help can be provided a person" [I3]. Among interviewees, "We're not out there enough, outreaching, more is needed to reach homeless camps and in developing resources to pull them out of those camps" [I7]. Part of provider work is recognizing what is needed. Interviewees identified, "At intake, we need to plan discharge, set goals, and coordinate steps. While many clients are motivated, getting their own apartment is overwhelming without the supports" [I8].

Among interviewees, "there is a need to expand service options because there is not enough" [I7]. When imagining the effect of homelessness, and how central lack of health opportunity, the multiple risks, access limitations, and economic vulnerability are, interviewees recognize essential underlying factors. Interviewees acknowledge, to reduce disparities, there is a need "to stay current on homeless issues and provide services homeless groups need, like addressing program eligibility requirements, and essential paperwork" [I12]. In addition, "Working with other agencies is beneficial to addressing different employment, mental health, medical issues, and housing crisis and access issues" [I1]. Part of working through power dynamic issues is recognizing what they are and putting in place mechanisms to help address how the dynamics of power playout in homelessness.

Within the complex structural system of homelessness, interviewees identify *health access opportunities* as a domain of concern. This domain encompasses several items: such as, the ability of the homeless to access appropriate health care and treatment, in addition to, managing through exposure to multiple other health risks. Ensuring health access is dependent on multiple factors. Interviewees comment, in working with the homeless, "we cannot do this work alone, we are not mental health or substance abuse experts, some people need more than that" [I9]. In addition, "clients face terrible situations and resource limitations; we need to define the right resources" [I10]. Among interviewees, "we need more resources, health care access, and opportunities to address barriers in housing stock, housing prices and rental costs" [I11]. For the homeless health care access and opportunities are influenced by the availability of an essential medical service impacted by competing interests for housing and limited means to manage self-care. Regarding health access opportunities, the homeless face many limitations and factors affecting their decision-making ability.

Additionally, as interviewees describe power dynamics and the need for health access opportunities, providers also highlight a need when interacting with unsheltered groups to engage in prosocial behavior. The importance of prosocial behavior is to help shape social welfare, positively influencing the level of marginalization and reducing the exacerbating effects of mental health, declining physical well-being, and disparity among homeless groups. Furthermore, interviewees identified that interaction methods used to engage homeless populations, along with the comfortability of the service setting, play a significant role in shaping provider-client outcomes. One interviewee identified, "Working within a hospital system is awfully slow moving because it is bureaucratic; sometimes the process can be trying when helping people" [I2]. In addition, "a lot of times when you are in high crisis and boots on the

ground, it requires many to support health" [I6]. Interviewees recognized, "We fall short focusing so much on the housing; we need to look at the other variables that impact and sustain housing" [I5]. For providers, prosocial behavior is not just about focusing on the immediate treatment needs but identifying the holistic need among homeless populations and addressing the person alongside the presenting issue.

For interviewees, prosocial behavior is primary to human interaction. For interviewees, when understanding prosocial behavior, it is important to know that prosocial behavior influences social factors like stigmas, fears, and biases about homeless populations. For interviewees, "recognizing that their different kinds of clients, and different interaction responses are needed to help an array of people" [I3]. Interviewees identify a need to "support clients at their own pace, recognizing how to help them" [I2]. One of the essential factors of service identified by interviewees is, "You must get to know your client on a professional level. You also need to know them on a personal level, not that they know you personally" [I4]. These are essential factors of prosocial behavior, as this method of interaction breaks down barriers and helps with gathering information on the confounding factors affecting and individual's homeless disposition.

While prosocial behavior is a big part of interaction and engagement, to help change level of disparity and work through the ecological elements of homelessness, providers must ensure professional judgement during interaction and engagement. For interviewees, professional judgement is an essential domain as it encompasses best practices and the mechanism for display of empathy and care in service. According to interviewees, "utilization of case management supports; engaging partnership and training improve awareness" [I1]. "To have really authentic engagement, it starts with elevating those voices of lived experience and bringing them to the

table and hearing their perspective" [I5]. For interviewees, this is "meeting people where they are" [I6]. It is "important to understand client struggles, help them deal by listening, showing kindness, and advocacy" [1].

Additionally, as *interaction is* the initial point of human encounters, for interviewees to address issues within homelessness, helping explore the varied factors influencing homelessness and using *service approaches* as a tool for change is crucial. Interviewees note, "We hope that when people come seeking services, they have a positive experience. It is not okay to conflict with our customers" [I12]. Likewise, "display of patience and flexibility with clients is vital in addition to having an open ear" [I2]. For interviewees "being kind and having a willingness to work on client issues by being understanding and patient is important" [I11]. As well as "linking people to other services, using empathy, keeping an open mind, and paying attention to client situations as part of interaction" [I3]. To service homeless populations understanding the distinctions in professional judgment and engaging prosocial behavior are necessary to engage change for homeless populations. Within their own right distinguish use of different human care characteristics that work parallel to address the same cause, homelessness.

Mezzo System Elements

Within the ecosystem of homelessness, primary factors reflect detached, decisive hierarchical factors essential to engage and impact the quality and scope of work with the homeless. Secondary elements are more particular characteristics that describe the level of connection and enmeshment of provider-client interactions. Among secondary elements affecting service work to the homeless is work-life balance. Work-life balance is important to providers and affects the quality of work they do with clients. Among interviewees, work-life b*alance* impacts the level of burnout, compassion fatigue, and attitudes and beliefs that influence work

interactions. Among interviewees, “When you are expected to serve multiple families, you must be realistic in perspective and about the ability to serve those families” [I1], “Building a team, ensuring organizational well-being, and in engaging self-care is part of balancing” [I8], and “We deal with a lot of issues, behavioral, medical, emotional, and life dissatisfactions” [I3]. Among interviewees, when assisting house-poor populations, “We must deal with its backlashes to help people when they are suffering the best way we know how” [I4]. Getting to know clients and their situation is part of homeless work. Among interviewees, through narrative descriptions, they identified that connecting to address homeless issues is subjective. As a result of dealing with personal issues, the importance of practicing maintaining a steadiness.

Also, interviewees express awareness of the conditions homeless groups face help determine what prosocial and professional measures to use when addressing the social problem of homelessness. For interviewees, the application of work life *balance* takes being informed and putting into practice essential service attributes when engaging vulnerable populations. Interviewees surmise, “to be able to not just interview or assess but have conversations shows empathy versus just institutionalization” [I5]. In other words, while engaging specific service provision skills has some effectiveness, it also takes significant interpersonal skill to be effective in helping clients. Among interviewees, they acknowledge “we have to manage three tasks, to support, provide direct service, and aid service work. It is important to be collaborative, have structure, and help facilitate needs” [I10]. “We have to be careful not just to fish for clients, we have to teach them how to fish” [I11]. “There is a need to open staff perspective to recognize the unique needs and experiences people have, to help guide how staff respond to those you are helping” [I1]. Among interviewees, there is service you provide to the homeless, there is an

experience and there are methods of effective interaction. Ensuring each of these is essential and takes skill.

Likewise, next to work-like balance is the use of knowledge and attitude. Both are essential as a domain and are important to community practice work. Having in-depth knowledge about homeless issues and circumstances aids in the helping process. Among interviewees, "limited knowledge to address together medical, emotional, mental, and environmental issues is a concern" [I2]. "Not being able to provide people the level of support needed at the time or request is not okay" [I11]. "Not being clinical in perspective impacts understanding of client issues, and understanding their complexities helps our population" [I3].

Among interviewees, the display of attitude is not just to help the homeless but also to reduce burnout among providers; thus, the display of attitude has a dual role within service work. When working with the homeless, attitude reflects the use of essential skills. Utilizing knowledge, a positive attitude, and a balanced service agenda are crucial, as they are methods of healthy service functioning. Showing a healthy level of functioning "creates a place that is warm and welcoming to service" [I5]. Aiding service objective by "reducing barriers when people feel they are in a non-judgmental and non-rigid environment" [I9]. For homeless providers, engaging homeless populations is an art; it requires a mixed use of competencies to ensure service.

Provider attitude and professional behavior is essential to provider-client interactions, interviewees express that following bureaucratic rules and in assuring agency guidelines leads to an interesting debate when helping the homeless. Among interviewees, to ensure structure and order to service, rules and guidelines must support self-mastery to enhance outcomes. However, for interviewees, procedures sometimes present concern among providers about how to help clients with too many barriers. Interviewees recognize the limitation homeless disparities place

on providers' ability to serve because of the severity of their psycho-social-environmental issues. For interviewees, *bureaucratic rules* can often be a barrier due to rigid paternalistic ideology. Interviewees commented, "It is important to walk beside the clients we are helping, not dragging along" [I2], and "It is important to not shoot people down with rules" [I3]. Interviewees recognized that "getting frustrated with a client because they are not working fast enough and placing arbitrary rules on them that they cannot live up to is not helpful" [I4] and "when conducting intakes, people need to feel you are not against them" [I5]. "You cannot just tell them what to do. It takes more than this; you have to help people recognize the importance of the service" [I7].

Additionally, understanding the use of guidelines makes interventions more client specific. For Interviewees, cultivating the right experience for homeless groups is challenging. This challenge is present because of the factors and underlying variables influencing sustainable outcomes. When helping desperate populations, ascribing to work-life balance, knowledge, healthy attitude, effective rules, and guidelines help guide practice efforts. For interviewees, "it is important that our anecdotes do not resemble the same fixed thinking" [I7] and "When meeting and having a client to talk about their personal experience breaks down barriers" [I5]. Among interviewees, there is a realization, such as, "I realize that in order to really create change, you have to create a new structure" [I12]. While rules and guidelines are essential, knowing how to adapt them is important to ensuring effective service.

Furthermore, for interviewees, although work within homelessness can seem siloed, there are alternative methods to addressing the core issues unsheltered groups manage through. Engaging in a *collaborative network* or essential partnerships is a key domain. Collaborative networks help in identifying strategic alliances that reduce resource gaps. These partnerships can

"tap into faith-based organizations as a resource, non-traditional arrangements, establishing a link between landlords, and other important service providers" [I5]. For interviewees, "a big buzzword, cross-sector engagement is recognizing the need for agencies to work together to address homelessness" [I2] and "Working with other agencies helps with gaining support to address different crises" [I3]. This seems to alleviate individual agency service limitations among interviewees and supports efforts to address social and environmental issues. For interviewees, "it is difficult to meet social determinants of health without a team" [I6]. "Partnering with systems helps get at root causes of why a person, a family, or the community is having access issues to care" [I12]. Among interviewees, "I have seen agencies do good for our community after putting aside agency priorities and working towards the greater good of the community" [I8].

Collaborative networks are valuable to service providers experiencing service limitations or support the community's mission to help. Community agency partnerships help shift homeless outcomes and increase opportunities to address disparities. Among interviewees, "opportunities for homeless groups are improved when we collaborate with other agencies" [I9] and "Partnerships help us network and collaborate to better serve and share information" [I10]. Partnerships reduce service gaps; as expressed by one provider, "It is a good thing. I have partners that will see some patients. But we face access limitations because we do not have a variety of different places that we can send our patients to" [I11]. "Developing partnerships with the city and county could help with creating funding for transportation or increase of services within areas of need" [I3]. "When we connect people to resources, collaborating with people, government agencies, and non-government agencies are what address homelessness and stop putting money into the wrong places" [I12]. Within the Secondary factors influencing

homelessness, the role of providers is very well defined. Providers experience a more direct method of interaction with clients. Among those interactions, providers get to practice interpersonal skills. Part of engaging effective interpersonal skills is self-awareness and professional practice.

Micro System Issues

Many different systems influence homelessness; structural factors are often beyond a homeless individual's control, and organizational factors relate to professionalism, staffing, and engagement methods. An additional component affecting homeless consequences is a mix of interpersonal and intrapersonal circumstances and how they play out within homelessness. While episodes of homelessness vary among individuals and groups and are influenced by different circumstances, a client's poor situation must be considered. A poor situation highlights that there are causes and factors influencing homelessness. For interviewees, homeless influences stem from lack of income, criminal background, eviction record, and psychosocial well-being, among other reasons. This is significant, and according to interviewees, poor situations sometimes lead to "the fear of housing causes them to act out instead of talking through their anxiety" [I1]. In addition, "the lack of housing and stock overall, there is no affordable housing" [I2]. Housing availability affects confidence in being housed. One interviewee identified, "people who might have a sex offense charge do not have the same opportunities at housing" [I3]. Facts such as this are significant as they identify the external factors that create internalized impressions about the viability of being housed.

Additionally, on top of criminal issues, "clients have issues paying for medical care. It is important to help with getting linked to different medical services based off a sliding scale" [I4]. This is significant because living and self-care opportunities become a factor of opposition. Next

to dealing with issues outside of their control, “homelessness is depressing” [I5]. The condition homelessness creates is significant because, as interviewees noted, “We meet people where they are. We do not turn down clients because they do not meet income qualifications or challenges with providing documentation about their citizenship” [I6]. “Clients already lack the income” [I7], so it is important to understand that “when in a transitional kind of situation, connecting to services may be difficult, navigating is hard” [I9]. Even so, a poor situation does not predict the outcomes of homelessness, although it affects intrapersonal impressions.

It appears, as a result of multiple underlying factors (resource deprivation), homelessness perpetuates negative social cycles such as reduced access to treatment, psychosocial problems, reduced quality of life, the ability to obtain gainful employment, and a reluctance to engage in services. For interviewees, pre-existing conditions vary depending on social history, environment, opportunity, and access. Their situation contributes to their unsheltered experiences. Interviewees commented, “We worked with some of the hardest clients get housed, even though they did not want to be. We had to work around their anxiety and build their supports. This is what helped get to housing” [I10], “The challenge we run into is clients socializing in locations where they can still get drugs, use, and drink. This affects service outcomes” [I11], “And when you are homeless, you do not have control over some situations, like when you get housing or when you will receive help” [I12], “Not enough housing opportunities, when housing is too expensive for people, and they are on a fixed income, it is impossible to get housing” [I1], and

> A lot of times, it is the homeless individuals with the most chronic and complex issues and concerns that enter the hospital, and it is difficult to figure out solutions on who we can work with in the community to serve them. [I2]

Likewise, homeless groups unequipped to end homelessness affect the pre-exiting condition. Exiting homelessness depends on several working factors: reducing social vulnerabilities, addressing resource gaps, and working through psychosocial issues. For interviewees, “we experience people that do not talk about their literacy issues, that they have difficulty reading and writing. It impacts their decision-making” [I3]. Among interviewees serving homeless populations, “there is a need for mental health services, stability, accountability, and of course with immediate basic resources” [I4]. For individuals and groups experiencing homelessness, homeless credibility equates to missing protections from social calamities affecting stability. As a result, the client’s pre-existing conditions resemble a lack of healthcare access, compounding healthcare issues, and a limited ability to maintain treatment compliance.

Among interviewees, the physical environment is important. “Ensuring that the environment is welcoming, safe, and people interactions are satisfying is important to addressing homeless issues. Environments can be encouraging, motivating, and lift spirits” [I5]. The physical environment homeless groups engage is important to their well-being. “Housing is just not a roof over your head. It encompasses your entire environment where you work, live, and play” [I6]. “The conditions of your housing environment, such as access to drugs, health, and safety, influence homeless behavior, making it hard to live or increasing access to factors that may not support sustainability” [I4]. A client’s pre-exiting conditions encompass a lot. According to one interviewee,

> When I think about what we need to know about homelessness, I think about Mama Stacy. She was somebody who got upset very easily. She had a substance use problem;

she would get angry because others used to make fun of her. Everybody would walk past her on the streets. [I7]

In this context, for many interviewees, "homeless individuals may experience domestic conflicts, unsafe situations, and lack the supports or resources to reduce stress and struggle" [I8]. Additionally, clients may suffer due to lack of transportation, experiencing elevated levels of psychosocial crisis, and having to manage through impoverished living conditions. For interviewees, these circumstances could lead to subjection to criminalization, imminent risk situations, and multiple barriers to housing. For example, interviewees noted,

> If you are homeless and living on the street, you do not have a good medical track record; getting connected to medical resources takes work, like getting an Orange Card or linking to a provider that can serve them. [I9]

Among one interviewee,

> an eye-opening event is working through homelessness, trying to figure out solutions. Homelessness is a complicated problem and multifaceted. There is not one solution or one thing that can be done, and it involves a lot of stakeholders, crossing boundaries, expanding boundaries to be able to do anything. [I11]

Additionally, "so, we have people who say, yes, they connected with X, Y, and Z resources, and people are upset because the resources to them are full or there is a long waiting list. When you are homeless, this is not really helpful" [I12].

Among interviewees, the social situation and condition of homelessness have many backlashes. When homeless groups cannot obtain and afford treatment, homeless groups can develop fears about seeking treatment due to social stigmas. Untreated or undertreated problems within homelessness impact homeless individuals and their decisions to engage services and

providers for medical, physical, or mental issues. From the client perspective, client circumstances are affected by key factors. According to interviewees, “We learned that clients have fears and were unable to navigate themselves or knew where to find a provider; this resulted in many missed appointments” [I1] and “In the case of going to the doctors, doctors can use big words, so it is good to have supports that can help explain medication use to improve compliance” [I2]. Other providers found that “when they go to sign a lease or important documents, they avoid doing so because they do not understand or know how to read” [I3]. Likewise,

> in determining how far a person will go in seeking help, they need to feel that they can trust you. They need to feel that you will not hold past choices against them. They need to feel that there is hope. It is important to ensure that there is some type of resources or solution after the conversation that you will point the person in a good direction. [I5]

For the homeless,

> homeless problems is more complex than someone just being out of work. We need to do a better job of engaging with what their needs truly are. When I think about what we need to know about homelessness, I think about Mama Stacy. Everybody would walk past her on the streets. After introducing myself to her and getting to know her, she started coming around, stopping by the shelter when she needed help and to say hello. [I7]

For interviewees providing help to community members, relationship building and methods of coercion often play a role in decision-making among provider-client interactions. Decision-making is an essential domain because it impacts multiple variables, such as an individual’s stage of change (pre-contemplation, contemplation, preparation, action, maintenance, and termination). For interviewees, “Getting someone who is willing and ready to

take steps toward change is important" [I10]. However, "there are many barriers' patients face. Those that are homeless struggle with resources and cannot follow through with services, to get meds, find housing, or help themselves" [I11]. Interviewees noted,

> So, our homeless individuals who come here to community resource counseling, we can give them all the resources for the community agencies that can help alleviate their issues, whether it is seeking healthcare or finding affordable housing, or getting on a waiting list or actually entering a shelter. Ultimately, it is up to them to act on that information. [I12]

Homeless groups have multiple barriers influencing their decision-making. Lack of resources and opportunity leads to aberrant behavior. "Oftentimes folks may turn to survival sex, selling drugs, couch surfing just to survive, and make it" [I8]. Interviewees noted that lifestyle choices represent a need to find fulfillment and meet basic needs. As a result, homeless groups may "Lean on people who are not the safest people to be leaning on, but feeling like they have no other choice" [I8].

Considering these underlying influences, interviewees acknowledged that multiple attributes must be present to gain client participation in provider services. Clients must believe trust is established, rapport is built, they feel listened to, and their viewpoint is understood. Historically, clients are less likely to engage in services due to social, environmental, or cultural disparities, specifically if clients feel bullied, pushed around, ignored, unheard, or made to feel less than. In terms of service engagement, how a client feels impacts service outcomes. Interviewees highlight significant examples.

> I remember having this dad here, struggling because he was in active use, to not make him feel shame, I also aligned with him to make him feel comfortable. In this case, there was a strong need to partner with the client to help them get what they needed. [I1].

Another client identified, “I have found that clients are more likely to want to get things done because they feel cared for. It is a boost of confidence when someone is active about participating with a client” [I2]. Interviewees also noted,

> We deal with the sadness and turmoil from those experiencing domestic abuse and have been thrown out of their housing. We deal with people still in crisis. When their emotions are high, not only do we have to help them calm, but also, we are helping them process the situation. [I3]

Likewise,

> If there is not intentionality to ensure the quality of services is equitable, that means services are not accessible for all populations, including those who have been historically marginalized. If you are not cognizant of how your thoughts are and how your feelings and approach are, then that leads to judgment with clients. Then that leads to sometimes their interaction being condescending. [I5]

For interviewees, developing strategies that impact client outcomes is influenced by addressing barriers and gaps to service, understanding how the domain fears and stigma influence behavior and healthy decisions, and helping improve self-efficacy and negative perception. Among interviewees, client fears and stigmas impact behavior changes by addressing the attitudes and issues (social, economic, and environmental factors) that influence behavior patterns. Often, client impressions are guided by provider-client interactions. According to interviewees, some identified,

> You would think after years of experience, professionals would know how to manage themselves, be person-centered, and keep boundaries, but they do not. They need continued training to help in addressing homeless populations in how to deal with changing attitudes. [I9]

One interviewee noted, "I was struck by how we are in a human services field, but a lot of folks do not have very good human service" [I10]. To properly help clients, one interviewee highlighted,

> An effective strategy for me and my team is when a client first comes to see us, we ask them to simply give us their story, share their journey. We just be quiet, and they talk. It is amazing how much you can glean from doing this, actively listening. We have found if we start talking over the patient, tell them what they need, and not actively listen, and hear what the concern is for them, we do not get to the significant issues, what is buried underneath the problems. [I11]

Likewise, when caring for homeless populations,

> It is important for our resource specialists to not react with judgment or to try to give advice but to listen. We are not trying to take their hand and make phone calls for them. We are not trying to tell them what they should or should not be doing. We are just here to listen to what they are looking for and to offer suggestions of resources in the community that can help. [I12]

Among interviewees, staff skill level and professionalism bridge psychosocial challenges to service to unsheltered populations. "Not attending to people and lacking soft skills (cultivation and development) impact service" [I10]. Interviewees noted that "being caught in a vacuum, doing things the same way, expecting different results is an issue" [I12]. For interviewees,

tapping into a humanistic interaction develops a healthy approach with clients, assists in addressing client distress, and aids in clients maintaining some level of civility.

As expressed by some interviewees, “If you don’t have patience, you will not know how to work with diverse types of people well” [I11]. In serving homeless groups, attending to small matters, being human removes the survival mindset of clients [I10]. “Displaying apathy and passivity weigh on relationship development and service effectiveness” [I12]. So essential to developing positive client impressions for interviews is tone of voice, attitude, and interaction method. Among interviewees, “Staff skill helps deal with perceived conflicts” [I12]. “Connecting with clients works through barriers and helps bring balance to sensitive social circumstances” [I9].

Conclusion

To help the homeless, service providers must be able to identify several influencing factors and examine the structural and interpersonal elements that have an impact on service work. Providers must consider how interactions and engagement methods influence the client and the service provider. Considering interaction, internal and external skills, and approaches impact service. In defining those items, they can be classified as macro, mezzo, and micro factors. Interviewee responses led to identifying at least 12 factors[47] influence homelessness. Based on these 12 areas, providers need to understand how elements of homelessness overlap to address homelessness issues.

[47] Power dynamics, health opportunities, Pro Social Behavior, Interaction and engagement, Balance of Work like, Knowledge & Attitude, Bureaucratic rules in environment & guidelines, Collaborative Networks, Porr Situations, Pre-existing conditions, Decision Making, Fears & Stigma

CHAPTER V: DISCUSSION IMPLICATIONS

Initially, this research spawned from factors impacting the research question: What is the helping approaches service providers use and how are those approaches beneficial in reducing health disparities among homeless individuals in Greensboro, North Carolina? Answering these questions requires illustrating, distinguishing, and condensing essential details within homelessness. As noted within this research design and the ecology of homelessness exists a conglomerate of influences on unsheltered groups (Swick & Williams, 2006). Thus, intervention requires a multi-layered methodology to address the disparities among homeless populations. This multi-layered approach encompasses understanding community influences, cultural behavior, organizational practices, social norms, and how they intersect (Anderson et al., 2021). Likewise, in identifying effective solutions to ending homelessness or improving quality of life, conceptualizing, and defining patterns within homelessness (risks, barriers, susceptibilities, and influencing factors) is essential (Opaliński et al., 2019).

In the first part of the research questions, providers were directed to identify the approaches they believed were most beneficial to their service. Responses identified advocacy,[48] community organizing,[49] and understanding how to respond when encountering barriers and fears.[50] Among providers, possession of essential skills is necessary to help the homeless. Regarding the benefits of relational approaches in addressing homeless disparities, providers identified essential qualities within leadership that are fundamental to display when addressing disparities and working with unsheltered groups. When considering leadership characteristics

[48] Linking, collaborating, referring, requesting specific services.
[49] Bridging access gaps, developing opportunities through on-on-one interactions, connecting by providing direct help.
[50] Showing empathy, listening, being compassionate, rephrasing issues, understanding personal story.

among interviewees, engaging an administrative and advocacy role are essential components. In engaging service work to disparate populations, there are fundamental leadership skills to reflect.

Administratively, developing support programs and trainings that help improve interactions is a display of care. Additionally, engaging care methods that support the reduction of homeless disparities reflects advocacy. Additionally, leadership methods demonstrate a relational approach in supervisor-supervisee dynamics and provider-client interactions. Likewise, among interviewees, essential relational characteristics are represented by the common approaches used to engage service. When conceptualizing leadership skills in SWOT to service, maintaining strengths, addressing weaknesses, improving opportunities, and reducing threats are achieved by engaging essential approaches in service delivery.

The researcher drew lessons learned from the data collected and summarized in Appendix F, which includes the study topic areas, factors of analysis, primary themes, secondary, and tertiary factors. Study participant responses offer supports for homeless service providers that engage disparities and socio-economic factors contributing to homelessness (see appendix H). The data collected through this study frames provisional and gradual actions that work toward reducing disparity among people experiencing homelessness. This study also produces evidence of intervention methodologies that aid in pinpointing holistic interventions that work toward improving homeless well-being (see appendix I). The study identifies some of the internal and external factors that impact homelessness and establishes a context for the social influences, inequalities, and provider interactions that are part of informing this research (see appendix J). In addition to, this research highlights important components of engagement that aid in addressing homeless risk factors from a conglomerate of homeless settings (see appendix K & L).

Lessons Learned

This research identifies twelve core elements to attend to when working toward negative outcomes in homelessness. The twelve core elements are tentatively represented in the nine topic areas identified in Table 1. Interviewee dialogue and response to questions led to identifying these elements. The inferred twelve core domains recognize some of the specific factors that play into homeless disparities. Naming specific influences is beneficial to understanding and addressing the list of issues that are rooted within homelessness and affect homeless disposition. The connection between the core elements and the nine topic areas paints a picture of the internal and external factors influencing homelessness. The domain areas generalize the specific macro, mezzo, and micro issues that create some of the strains within provider-client interactions. Analysis of the domain areas helped shape the discussion of why service to populations deprived of essential resources is demanding, thus, revealing a continued need to understand essential elements in each domain that identifies factors influencing homeless disposition. Below, the nine topic areas are represented in three categories to help in clarification of information presented by this research—service to the homeless,[51] essential approaches,[52] and incorporation of skill.[53] This is to help simplify the discussion, make connection between the topic areas, and show the factors influencing the interconnectedness between the twelve core themes influencing provider-client interactions. Chapter V is an interpretation of the information gathered through the interviews about homelessness and its consequences.

[51] Domain area includes organizational duty, interviewee role, types of issues, provider-client interaction, impact of interactions.
[52] Domain areas includes relational care approaches, essential skills, and professional behaviors.
[53] Domain areas includes SWOT & Leadership to Service.

Table 2. Topic Areas, Domains, and Discussion Categories

9 Topic Areas	12 Core Themes	Categorization
10. Organizational Duty	Power dynamics	Service to the Homeless
11. Interviewee Role	Health access opportunity	
12. Types of issues	Pro Social behavior	
13.	Interaction and engagement	
14. Types providers-client interaction	Balance of work and life	
15. Impact of interactions	Knowledge and Attitude	
16. Relational care approaches	Bureaucratic Rules & guidelines Collaborative Network	Essential Approaches
17. Essential skills and professional behaviors	Poor situation	
18. SWOT to service	Pre-exiting conditions Decision Making Fear and Stigma	Incorporation of Skill
19. Leadership & Service	Power dynamics	

Topic Area Discussion

Service to the Homeless

The data collected from interviews within this research shows that for providers, the typography of homelessness is part of an ecosystem consisting of multiple internal and external influences, such as organizational funding, service access, staffing, leadership, provider-client behavior, community partnerships, and application of knowledge, and skill (Lewis et al., 2013). Each of these components of service are significant to discussing and reviewing the interrelation of the multiple underlying factors influencing outcomes with unsheltered groups (Westley,

2008). Foundationally, each organizational system component affects the essential factors[54] part of an organizations aims, to reduce homeless disparities (Parsell, 2017).

In working with homeless populations, service organizations can experience limitations managing through the scope of homeless issues **(**Kochtitzky et al., 2006). To ensure services are delivered effectively, providers must navigate the structural and individual factors that arise during engagement, that impact ability to meet the organizations service aim. For example, among providers interviewed, responses identified that funding and community partnerships have decisive impacts on an organization's objective. Without either, addressing the risk and barriers to homelessness are difficult. For local providers in Greensboro, financial viability indicates an organization's ability to meet its aims; it impacts staffing, service capacity, and creates opportunity for training and skill development (Abrams & Szefler, 2020). This research acknowledges based on interviewee response that hiring staff is significant to service, however, funding influence's ability to pay qualified persons or retain experienced professionals. For providers, financial resources have multiple effects. Among providers, funding places limits on number of staff to hire, impacting case load size and employees being overworked (Johnsen et al., 2018). Funding also impact's a provider's ability to stay current on best practices, technologies, and perspectives that impact homelessness area of work. This research reveals, while funding is not the only ecosystem factor affecting service aim, it is possible to examine the interconnection between system factors and recognize a domino effect on organizational service goals, agency scope of practice, and staffing. The Domino effect is in how lack of agency funding impacts capacity to fulfill organizational service objectives.

[54] Organizational function, structural influences, intrapersonal, interactional, and behavioral factors.

In conceptualizing encounters within homelessness, while organizations have specific service criterion, the client's level of severity, fears, income opportunities, and housing barriers impact outcomes to service. As a result, service providers are subject to play multiple roles to ensure the needs of their consumers (Hopkins & Narasimhan 2022). Among interviewees, the mix of roles providers noted playing relate to being an advocate, medical liaison, mental health support, peer support, emotional support, along with stakeholder. While the roles providers can play is vital, interviewees describe in detail the difficulty of their position in assisting vulnerable populations. Data collected in this study acknowledges a need among homeless service providers to multi-task by being an advocate for change, building effective partnerships, maintaining, and strengthening community collaborations, identifying, and obtaining funding, engaging in direct interaction, developing cross-sectional partnerships, helping with service coordination, addressing psychological and social issues, among other items is draining. The qualitative interviews also provide information showing that for homeless providers, working with the homeless and through their factors of influence seem endless, even so, there is a need to recognizing how daunting service expectations are, in addition to a need to ensure healthy interactions.

Additionally, decision-making among groups experiencing unhoused situations is hindered by how the lack of resources, knowledge level, or desire to adjust situational circumstance negatively influence choices (Knecht & Marinez, 2012). The volatile cycle of homelessness for a despondent population creates a reluctance to seek support (S. Williams & Stickley, 2011). Evidence within this research supports homeless populations suffer a capricious cycle that denies its victims of their autonomy and subjects them to risky situations.

Within homelessness, individuals experience a disruption in many life domains[55] (Calvo et al., 2018; Stewart & Townley, 2019). This also has an influence on overall well-being, the ability to engage relationships, show self-esteem among other factors (Guarino & Bassuk, 2010). Likewise, qualitative data from interviews reveals that homelessness can be traumatizing to individuals and groups, in addition to contributing to the development of fears to addressing housing, health and exiting homelessness. These fears can be based in mental, emotional, and environmental stresses experienced due to feelings of devaluation. This research highlights homelessness as a devastating social problem, reducing basic needs. To experience homelessness increases susceptibility to suffering a disruption in medical care, treatment access, financial ability, housing, and an inability to acquire fundamental resources (Agyeman et al., 2016; Dryzek & Pickering, 2018).

The research also identifies when providers engage clients, their service is not only to provide for the immediate need, homelessness, but to also address presenting secondary concerns such as food, water, mental health, financial stability, substance abuse issues, backlash from criminal records, effects of domestic violence, or consequence of medical or treatment noncompliance. Doing so is part of addressing the core problems within homelessness and ensuring service (Norman & Pauly, 2013). Interviewee responses also support that providers exist to help individuals navigate the homeless ecosystem using methods of interaction that work through the consequences of homelessness by influencing behavior patterns. Thus, the sum of systemic, structural, and individual issues makes homelessness challenging for providers to address, and for the homeless to navigate (Croteau & Hicks, 2003; Omerov et al., 2020).

[55] Mental health, physical health, economic health, emotional health, social health, environmental health, and spiritual health.

However, working to achieve sustainable goals for unsheltered populations is through understanding and addressing the indicators[56] that perpetuate unsheltered situations (Okonkwo et al., 2021).

Within the ecological structure of homelessness, macro social factors such as policies and procedures, funding, and organizational agenda characterize the deficiencies within homelessness (Nooe & Patterson, 2010). Likewise, addressing the diverse, confounding factors that present barriers and opportunities for change, such as psychosocial issues that impact decision-making ability and prevent homeless groups from succeeding, is essential (Coles et al., 2012). Based on provider responses, in attempting to change the typography of homelessness, it vital to prioritize homeless issues and be attentive to multiple items. When working with the homeless that lack basic housing options, economic opportunities, and social support, it is vital to recognize the factors and conditions that aid in transforming homeless circumstances. For example, homeless individuals with a legal background or fixed income, advocating for policies that address housing restrictions or place housing rent caps can improve housing accessibility. Creating such laws influences access to housing, impacting homeless organizations' capability to house and reducing episodes of homelessness (Knecht & Marinez, 2012; O'Flaherty, 2012).

As presented by interviewees, homelessness is a consequence of a diverse collective of social and economic structural elements that interweave interpersonal, political, organizational, and behavioral factors (Agyeman et al., 2016; Dryzek & Pickering, 2018). This research alludes to the different dynamics within the homeless ecosystem that create social conditions perpetuated by fear, anxiety, and exclusion. This research also recognizes the social complexities of

[56] Indicators are risk factors, housing barriers, health elements, and social supports that influence homeless episode and duration.

homelessness and compounded issues that need further review of their impact on homelessness—low literacy levels, fluctuating mental health, rigid housing requirements, and economic limitations; amid other issues. Furthermore, the interviews support qualitative evidence that addressing the dynamics between perceptions, vulnerabilities, and disparities within the micro, mezzo, and macro systems for houseless groups, either alleviates or prolongs homeless condition.

Essential Approaches

Among interviewees, intrapersonal[57] factors, and interaction[58] are foundational to client engagement (Guarino & Bassuk, 2010). In this research, the homelessness narrative highlights foundational factors that influence service delivery. The homeless narrative also identifies the qualities of an effective provider; including being well-trained and knowledgeable, and possessing the ability to advocate for one's clients. The qualitative evidence presented in the interviews shows that first-hand observations reveal that homelessness is illogical and indiscriminate; individuals and families experience feelings of disempowerment, resource disparity, and physical and psychological effects.

Accompanying the classification of homeless experiences is having effective interpersonal skills. Relational approach is beneficial to addressing interpersonal barriers to communication and working through the different system factors that impact provider-client communication (Parikh et al., 2019). Furthermore, this research supports, an unawareness of client conditions can negatively impact a provider's ability to build rapport with their clients and fulfill their role as provider.

[57] The psychological factors that impact a person's ability to communicate, relate, or ability to manage self.
[58] The methods of communication used to draw a connection between two or more people that influences behavior that are essential to life, growth, and wellbeing.

The call to service among providers is to ensure equity and respond to the despondency of homelessness in society (Youker, 2013). Providers accomplish this by fulfilling organizational objectives and integrating professional aims to meet community needs (Abrams & Szefler, 2020). Professional aims are projected through lived experience and professional knowledge. Lived experience is a specific way of sourcing knowledge about homeless social circumstances and a focused understanding of the ideals, social experiences, and concerns within homelessness. Professional knowledge equips providers with the ability to conceptualize beyond one's lived experiences (Wen et al., 2007). Evidence within this research highlights, while lived experience fosters empathy and compassion, professional knowledge provides the methods of engagement and context for addressing micro- and macro-level issues. Evidence also supports both sources enhance provider awareness of homeless issues and the development of methods that address client needs (Grant et al., 2013). Utilizing both lived experience and professional skill with desperate populations allow for an unconditional regard that builds a connection beneficial to helping work through conditions of homelessness (R. D. Williams & Ogden, 2021).

To ensure effective service within homelessness, developing skills and aptitudes are critical (Yildiz & Yildiz, 2015). Homeless groups have a diverse set of physical, mental, and biopsychosocial needs. To recognize those needs shows providers ability to identify the internal and external factors affecting service delivery (Johnson & Pleace, 2016). This fundamental ability also increases the potential of having diverse interactions and being adaptive to homeless situations. Interviews conducted as part of this study provide qualitative evidence that knowledge and skills are shown through provider-client interactions and how providers respond to counter-intuitive behavior. Providers identify aptitude as necessary to ensure service commitment and service delivery. In addition to aptitude, this research highlights, an effective provider establishes

trust and rapport to improve clients' life-satisfaction and to achieve organizational objectives (Mosites et al., 2021). Interviewee responses reveal which altruistic attributes promote positive client-provider interactions generate effective results.

Interviewee responses evidence characteristics such as, being encouraging, establishing a relationship, being an advocate, understanding the client story, creating a plan, and prioritizing the conglomerate of psychosocial issues promotes progress toward homeless sustainability. Within homelessness, this research supports that connecting to feelings establishes trust, the client's story helps to understand confounding factors, and recognizing counter-productive patterns is essential to change. Likewise, the qualitative process part of this study highlights an important part of service engagement is to influence decisions, build trust, and lasting relationships. Doing so provides opportunity to work through crisis, process situations, create comfortable conditions and use expertise to moderate barriers to change (AHAR, 2017). By promoting altruistic attributes, providers can identify, and address counter-productive patterns that disrupt homeless sustainability (Jane Place Neighborhood Sustainability Initiative & Finger, 2019).

Incorporation of Skill

This research also identifies, the fragility of homelessness presented by circumstance, social fears, anxiety, and resource deprivation requires a combination of approaches and basic skills (Baggett et al., 2018; Watson, 2012). Based on interviewee responses, approaches include display of leadership, building rapport, empowering, developing the individual, addressing basic needs (psychological and physiological), instilling hope, and conflict resolution. Among interviewees, basic skills involve actively listening and rephrasing situations, showing compassion to homeless condition, being encouraging, and advocacy. Additional skills relate to,

capability to address intersecting system issues, and skill to manage organizational and situational factors. Engaging essential skills promotes resiliency in homelessness, which is essential to restoring a base sense of sustainability (Sturm, 2009).

Addressing the presenting problems within homelessness requires intricate knowledge of unsheltered circumstances (Amiri et al. 2018). The qualitative data collected from the interviewees identifies that knowledge of homelessness pertains to awareness of diverse client issues and ability to function and meet the different diverse needs of clients as a provider. Also, based on interviewee response, orchestrating positive interactions and outcomes for unsheltered groups requires a provider to be personable, trauma-informed, trained, and able to uplift clients. This also includes engaging services such as case management, medical intervention, identifying treatment needs, and critical time intervention (Hwang & Burns, 2014). This research also supports the notion that working with homeless populations requires the use of approaches that are *Bridgers* to unsheltered conditions (Rodriguez et al., 2019). Among providers, building Bridgers is the ability of a provider to compartmentalize the different sets of issues within homelessness, converge issues, and prioritize situations to address needs. Therefore, acknowledging a need for value[59] in treatment, that is engaging meaningful service, ensuring specific types of communication, and supporting distinct kinds of interactions (Clayton & Myers, 2015). Evidence from interviewees highlights and identifies engaging behavior characteristics and aptitudes that reduce resource gaps for homeless groups creates change for homeless populations.

[59] Recognizing the worth and importance of an individual and engaging a standard of behavior and display that value positively through interactions.

This research underlines the multiple risks and barriers intersecting within the causes and effects of homelessness that unsheltered groups experience, however, among protective factors is provider attitude and skills (Bishop & Angelo, 2021). This research recognizes that provider attitude and knowledge of homeless issues has an indispensable influence on homelessness based on display of relational skills. This mutuality also identifies a bidirectional influence between provider-client interactions (Bastani et al., 2019).

Furthermore, the qualitative interviews provide information that support relational methods or the display of care being distinct among homeless providers. Relational approaches can have a direct or an indirect role (Magwood, 2019; Sleet et al., 2003). The direct role is in how providers engage issues within homelessness. Within this research, health provider-client interactions are reflected through the relational approaches engaged, level of professionalism, or methods of advocacy used to work towards addressing or improving homeless outcomes. Additionally, this research postulates provider attitudes and professional skills as valuable and use of self to be a tool to help reduce stress, show investment in the client, help develop others, link to resources, and create space to ensure service. Within the interviewees' responses, they describe the indirect role of professional behavior through advocacy by conceptualizing homeless stories and sharing the issues desperate groups face. Among interviewees, using professional behaviors through advocacy helps identify how to best impact consumers and can interpret external influences (i.e., access issues, and economic opportunities) to improve the social situation of those that are homeless (Sitzman & Watson, 2018).

Providers Service Narrative

There are essential behavior methods to use when helping underprivileged populations. Display of care and essential relational skills are fundamental to working with disparate groups.

However, a lack of knowledge of homeless issues and limited advocacy ability reduce the ability to influence and address homeless disposition (Hollenberg et al., 2022). When addressing the disparities within homelessness, essential skills help manage the presenting problems. The constant changes within the ecological system of homelessness are what influence providers' responses (Kochtitzky et al., 2006). Part of these changes are due to the confluence of intrapersonal or political structural factors. Political factors relate to changes that occur in policy that impact organizational service. Interpersonal elements relate to client behaviors or circumstances to which providers must adapt. The situations that providers must attend impact their ability to carry out organizational agendas, navigate structural barriers, and often adequately address the compounding list of intersecting issues within homelessness (Davies & Wood, 2018). Based on this research, when clients engage service providers among providers helping homeless groups, personable responses to homeless issues are not always welcoming. Depending on a provider's level of lived experience with homelessness or ability to connect with homeless issues influences a welcoming or unpleasant interaction between providers and clients (Borum Chattoo et al., 2021). Thus, for providers to recognize issues such as compassion fatigue, burnout, and personal bias and how to renew their beliefs and positive impressions about homelessness, there is a need to increase provider knowledge about homeless influencing factors (Baggett et al., 2020).

Part of service aim for providers is to acknowledge that unsheltered groups experience multiple gaps in service; such as disparities in transportation, health access, mental health care, medical care, social supports, and education are often beyond the ability for one agency to address alone (Smith & Anderson, 2018). The data within this research shows, depending on the severity of the issues for homeless groups and list of complex issues, it is necessary to build

strong partnerships with other agencies. For local providers, community partnerships can be used to network, linking resources to broker agency expertise, and tactically meet service aims. Thus, among interviewees, there is a perspective that, among homeless agencies seeking to eradicate homelessness, there is a need to coordinate with other agencies because homelessness is an ever-changing, multi-faceted community issue. Part of meeting service aim is not just helping the homeless, but among staffing, ensuring a healthy workload, guaranteeing capability to fulfill service duty, and providing tools and knowledge to manage through the different stress points that exist within service work (Seeger et al., 2020).

Homeless Service Narrative

The ecological system outlines the different environmental influences on homeless populations, including risk and protective factors, to house poor populations' growth and development. Identifying the proximal and distal factors that influence homeless disposition is essential in conceptualizing and recognizing the interconnection between different ecological elements. Providing context to the list of intersecting issues, underlying elements, and conditions that plague homelessness provides a vivid picture of specific issues shaping homeless consequences. Addressing the influences of power dynamics, prosocial behavior, professional judgment, and health access opportunities is essential to altering outcomes in homelessness. Likewise, improving methods of ensuring work-life balance, knowledge and attitudes, bureaucratic rules in the environment and guidelines, and collaborative networks are also important elements to navigate. Engaging characteristics that protect the aforementioned elements are also affected by awareness and ability to manage through client-poor situations, pre-existing conditions, decision-making, and homeless fears and stigmas. Being systematic in

engaging these twelve elements, among other factors, is essential to improving homeless outcomes and working through homeless disparities.

Among stakeholders working with homeless populations, challenges occur when attempting to improve the quality of life for unsheltered groups. Historically, increasing education about methods of obtaining essential assets, increasing awareness of necessary engagement skills, and promoting mechanisms that create sustainable solutions provides support to resource deprived groups. Through interviews, skills were identified that are essential to daily service interaction. Exploring methods to helping and identifying approaches that address homeless disparities, present essential facts about why it is important to foster influential relationships. Relationships build resiliency and engage value-based interactions that help address psychological needs,[60] in addressing psychosocial issues,[61] and impact ability to reduce and address social inequalities.[62]

Likewise, utilizing multiple methodologies is essential in addressing unsheltered situations. They help with figuring through house poor problems by integrating essential ideology within intervention approaches; helping work through homeless system and individual issues simultaneously. This research provides essential knowledge and information in working through the ecosystem of homelessness and addressing structural barriers significant to ending homelessness. The content of this research provides essential information to help address the structural risks influencing how resource depravity impact's ability to address homelessness. Within the field of homelessness, this research supports conversation identifying how funding

[60] I.e., Food, water, and shelter.
[61] E.g., Stress, Anxiety, Trauma, Grief, and social disparity.
[62] Health access, exiting homelessness, and obtaining housing.

access impacts the degree of helping the homeless, in addition to, how the housing stock impact housing availability and how both significantly impact the length and duration of homelessness. Furthermore, this research highlights provider experiences and impressions as relevant to service; however, providers require more opportunities for training to improve knowledge and awareness. Likewise, this research points out the value of effectively using external agency partnerships to address homeless issues and warning against agencies being isolated/siloed from other agencies when working toward homeless aims. Lastly, this research highlights that client behaviors are interdependent, and the level of disparity can be a factor that compounds house-poor populations' interpersonal issues. These structural and individual elements help highlight the effects of this research, providing a discussion of how to manage homeless circumstances, factors affecting the homeless, the underlying influences, protective factors, and essential components of homeless intervention.

Implications of Research

Managing Homeless Circumstances

This research recognizes that among service providers, there is a constant challenge to engage interventions that are effective in assisting homeless populations (Sleet et al., 2003). Part of this challenge is influenced by understanding the different factors influencing homeless consequences and explaining how to manage through homeless disposition considering depressing and deplorable situations (C. A. Wong et al., 2013). Thus, a viewpoint within this research is for homeless providers to identify the importance of conceptualizing approaches believed to be most beneficial to service. In supporting the different elements of service provision, some of the identified essential components to services relate to advocacy,[63]

[63] Linking, collaborating, referring, requesting specific services.

community organizing,[64] and understanding how to respond when encountering barriers and fears[65] among homeless populations. Second to this, this research conceptualizes the competences that assists approaches that effect homeless conclusions (i.e., outcomes). In addition, this research recognizes a need to highlight how part of addressing homeless conditions is for providers to define key influential homeless background factors and utilize essential professional qualities in service. This research formulates an impression of the support needed to help manage the different factors to address the issues within homelessness that impact exiting homelessness, housing opportunity, and health disparity.

Factors Affecting Homelessness

The researcher identifies twelve core elements that further the inquiry into understanding the factors affecting exiting homelessness. The research acknowledges that in ending homelessness, suppositions are not just about getting housing; the idea is to exit homelessness. Exiting homelessness is about addressing the conditions that impact sustainable housing pre and post-housing (ASPE, 2022). Some persistent confounding factors influencing exiting homelessness include mental status, income limitation, housing price increases, and eviction background (Pawson & Kintrea, 2002). Essential competencies to help address homelessness identified in this research involve engaging best practices,[66] having specialty training,[67] being solution-focused, incorporating case management services, listening, paying attention to client stories, keeping contact, knowing how to support, building rapport, showing patience, being

[64] Bridging access gaps, developing opportunities through on-on-one interactions, connecting by providing direct help.
[65] Showing empathy, listening, being compassionate, rephrasing issues, understanding personal story.
[66] Following a set of guidelines, ethics, or ideas that are an efficient course of action for a situation.
[67] Motivational Interviewing, Trauma informed care, SOAR, Cognitive Behavior Intervention.

flexible, being encouraging, showing understanding, being kind, being open, and engaging one-on-one sessions.

This research points out that in developing safeguards within homelessness, it is essential to understand the factors affecting housing opportunity. In addition to recognizing housing opportunity is a homeless determinant. As a determinant, housing is affected by housing stock and the prospect to attaining housing (Brown et al. 2017). The research data allude to and identifies that obtaining housing is not simple; access to housing is affected by the number of vacant units, the number of accessible and approved dwellings, and affordability, in addition to housing market trends (Marr, 2005). While housing options exist—like traditional, transitional, and boarding, housing is neither accessible nor equitable. Sharing housing economic responsibilities among a group in nontraditional housing impacts sustainability (Byrne et al., 2021). Among interviewees, in-housing, rent, or mortgage are not the only housing payments that impact desperate groups. Food, water, electricity, and entertainment impact housing viability and maintenance. Balancing these often-fluctuating needs impacts housing sustainability if on a fixed income or lacking the opportunity to seek additional economic prospects (Hopkins & Narasimhan, 2022).

Furthermore, this research identifies how housing sustainability determines the positive or negative impact on homeless groups. However, vouchers are often defined as a sustaining housing option (Anderson et al., 2021). Among interviewees vouchers, only provide some level of ongoing economic assistance to offset income limitations. Within this research, for the homeless to acquire housing, this is often based on having a plan and meeting minimal conditions. Specific to housing is meeting renter or housing qualifications, background requirements, income expectations, level of financial sustainability, mental status, eviction

history, and criminal history (Rosenheck et al., 2003). This research suggests that homeless providers must seek alternative housing options to account for the limited availability of safe, affordable housing. Providers must identify property owners, partner with other agencies, work with rooming houses, and use hotels to provide housing options.

Underlying Factors that Influence Homelessness

As portrayed in this research, desperate groups often lack the tools to fight against and address the inequalities within housing. Unsheltered populations have limited or lack emotional support and the ability to communicate or cope with changing social and economic dynamics that affect housing instability and access (Hopkins & Narasimhan, 2022). Addressing these issues is significant to maintaining housing as a right (Mulinge, 2018). This research shows that provider intervention methods are essential to addressing homeless housing irregularities. Thus, part of housing intervention is engaging essential competencies such as setting client-specific goals, advocating in the community (to identify, empathize, support, and walk with), doing warm handoffs, listening, and assessing issues, helping rephrase problems, helping organize and prioritize issues, and helping connect to resources.

Regarding health, a combination of intersecting elements makes health factors and access significant within homelessness (Ramsbottom et al., 2018). The level of acuity and functioning influences the significance of health. Research notes that client health severity impacts a provider's ability to work on securing housing and exiting homelessness, in addition to affecting an individual's viability of housing (C. Watson et al., 2019; Wireman, 2007). Appropriate targeted interventions are essential to improve the ability to house and reduce the length and episodes of homelessness (Hwang, 2001).

Key to Addressing Homeless Consequences

Within this research, factors favorably influencing homeless vulnerabilities are assessing what tactics to incorporate that reduce the prolonged effects of mental health, substance use, medical issues, and economic factors. Factors such as mental health episodes and substance use support housing insecurity and unpredictable behavior patterns (Frankish et al., 2005). Medical and economic health affects stability, predictability, and practicality to ensure sufficient housing (Cohen, 2020). The continuous intersection of these common health domains impacts the ability to address the factors perpetuating sustainability issues within homelessness.

In considering working to address health concerns, this research highlights psychosocial and medical issues that disrupt environmental homeostasis (Radywyl, 2019). This research acknowledges a need to recognize how health episodes can lead to individuals prioritizing their health and medical needs above paying rent. The significance of renters with mental health having the inability to pay rent reflects how essential it is to consider health as an issue within homelessness, as being inconsistent in paying rent is unintentional, identifying a need for housing safeguards to reduce positive homeless consequences. For example, individuals experiencing legal issues such as eviction require safeguards for housing (Rodriguez et al., 2019). Length of time of last eviction, eviction record, outstanding fees, and resolutions are important to understand (Levinson, 2004). Targeted interventions to ensure negative homeless outcomes assist in working through the underlying issues that influence the ability to exit homelessness. In this research, some of the essential competencies distinguished relate to linking to a health provider, developing partnerships, knowing how to do service referrals, increasing health access, learning about barriers and fears, directing clients to help, organizing community

support, improving outreach, bridging gaps, developing opportunities, and assisting in connecting.

The competencies above engage helping approaches to improve access, opportunity, and knowledge to reduce and improve housing and health disparities. This research recognizes engaging homeless competencies provides a qualitative measure of hope with effective methods for homeless groups to identify, understand, and take action in their disposition. This is significant as it creates an avenue to address disparities, providing essential resources underserved groups need, care, opportunity, and hope. Thus, this research aids in identifying effective interaction skills that help in reducing and/or eliminating homeless risks and barriers.

Furthermore, among research data collected, disparities within homelessness are a growing catalog inclusive of health domains, housing barriers, factors impacting exiting homelessness, opportunities at access, and level of support. Within homelessness, highlighting a universal list of factors such as, agency ability to obtain funding or unrestricted resources; an agency recognizing its capacity to help; improving its ability to connect to resources and communicate with clients; having the ability to recognize behaviors as unpredictable and skills to redirect negative interactions; possess the ability to create opportunities of change.

Essential to Homeless Intervention

In engaging efforts to reduce homeless disparities, providers must demonstrate a bottom-up model relational approach to interactions. Among interviewees, essential relational approaches maintain the strengths, address the weaknesses, work to improve opportunities, and reduce the threats that exist in service delivery. In addressing homeless disparities, interviewees identified benefit from engaging specific relational approaches within service. The essential qualities are fundamental when working with unsheltered groups (see Appendix N). Likewise,

the service work with disparate populations requires continued support, partnerships, and training.

While homeless disparities are numerous, essential relational approaches can be implemented to shift homelessness's conclusions. Essential qualities of change relate to building and maintaining rapport (Hsu et al., 2020). Building encompasses assessing the conditions plaguing homeless populations. Whereas, maintaining is about working with unsheltered issues. Effective providers recognize the need for compassion, address the human need for comfort, and help work through troubling life circumstances (Jung, 2019). According to interviewees, provider awareness and efforts to address clients' needs and conditions influence clients' attitudes. Strong provider-client relationships emanate from intervention methods that affect client disposition (Fransham & Dorling, 2018). Additionally, according to interviewees, provider bias and inability to stay objective and engage in professional behavior reduce the ability to address the risks and barriers within homelessness.

Although homelessness is rot by lack of access, advocacy is beneficial to taking actions that reduce or improve disparity (Ferch, 2003). In assisting resource-deprived groups, engagement takes emotional awareness and professional aptitude to recognize the psychosocial factors that improve equity, reduce marginalization, and overcome disparities (Kiker et al., 2019). While reducing barriers seems transactional, service should be based on human care relational interaction to assist people in improving social determinants of health. Interviewees' responses paint a picture of service to the homeless not just being neutral but idiosyncratic.[68]

[68] Specifically relating to an individual and distinctive to characteristics that are personal, private or denote essential features of importance.

Additionally, this study supports the need to collect additional data and use various leadership styles and a value-care model within homelessness. Leadership styles include coaching,[69] visionary,[70] servant,[71] autocratic,[72] laissez-faire,[73] democratic,[74] pacesetter,[75] transformational,[76] transactional,[77] and bureaucratic.[78] Interviewees identify engaging at least one style and, in some cases, engaging more than one. Employing multiple styles is based on service work and client needs (Appendix N). A distinction should be made about using specific leadership styles beneficial for engagement with vulnerable homeless populations suffering from severe and significant mental, emotional, and psychological challenges. Doing so will require comparing commonly used skills considering leadership styles, not leadership effectiveness. In applying protective service characteristics, listening, empathy, awareness, healing, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community are evidenced tools. Thus, further study would benefit providers in understanding the use of these tools and leadership styles in service to improve providers' ability to meet organizational homeless objectives.

Theory Discussion

Relevance of Essential Theory within Homelessness

The findings within this study identify addressing homelessness as a service provider is linked to conceptualizing and identifying the multiple ecosystem influences on homelessness.

[69] Motivational.
[70] Progress-focused and inspirational.
[71] Humble and protective.
[72] Authoritarian and result focused.
[73] Autocratic and delegatory.
[74] Supportive and innovative.
[75] Helpful and motivational.
[76] Challenging and communicative.
[77] Performance-focused.
[78] Hierarchical and duty-focused.

However, conceptualizing a clear picture of the social construct of homelessness and intersecting elements is vital. The ecosystem factors are influenced by the various system level conflicts, level of disparities and epidemiology of homelessness. Thus, part of getting to negative consequences within homelessness is based on how service providers engage the homeless. The incorporation of the Human Care Model, Social Cognitive Theory, Transtheoretical Model, and Servant Leadership provide the opportunity within homelessness to explain essential methodology to use that assist in helping with prevention or reduction of homeless disparities and promotion of effective intervention approaches (see chapter II).

Human Care Model

The Human Care Model acknowledges part of service delivery is building provider-client relationships. Among interviewee responses, they recognize a need for *carrative*[79] factors within homelessness to help support micro system level issues that impact decision-making or client perceptions about services and fears about accepting help. Thus, the Human Care model supports the ideas of compassion, empathy, care, listening as essential attributes to provider-client interactions.

Social Cognitive Theory

The Social Cognitive Theory recognizes individual and collective aspects to homeless behaviors and change behavior. Interviewees evidence that within the homeless ecosystem, multiple issues impact homeless behaviors such as, provider intentions, and beliefs about self-efficacy. For providers, engaging in the practice of *nudging*[80] homeless individuals to respond to

[79] helpful not curative; helpful is embracing, sustain, humanistic values, practicing love, being present and valuing others.
[80] Influencing choice by helping improve decisions and promoting health behavior.

protective[81] factors that shift *positive*[82] factors of homelessness are key to helping change homeless disposition. This theory supports that idea of multivariate influences within the eco system of homelessness (i.e., social, economic, and environmental factors) impact health and wellness outcomes.

Transtheoretical Model

Additionally, the Transtheoretical model supports the ideology of a change process when working with vulnerable homeless populations it is important to recognize the bi-directional responsibility of addressing behavior. Interviewees identify there are different moments where change for homeless groups is not just influenced by homeless choices, rather by homeless advocacy, developing self-efficacy, improving social support, assessing ability to sustain, and improving access issues. In homelessness, this change process highlights for providers the significance of patient-centered interactions and engaging essential resiliency factors within homelessness.

Servant Leadership, a Relational Approach

Furthermore, a hallmark to any service is communication, relationship, and awareness building. As interviewees identify, there are behavior influences, interpersonal dynamics, community environment, organizational, and policy and procedures that influence human engagement. The intersectionality of issues within the micro, mezzo, and macro system of homelessness, unveil a need to explain and engage a multisystem approach in managing homelessness. The categorical explanation of Servant Leadership and coupling other models and *Relational* approaches connect essential characteristics of human interactions. Servant

[81] Social supports, supportive services, access to resources, self-enrichment
[82] Reduced access, housing, supports, income and opportunity

Leadership helps identify how display of attitude and skills can impact service. For providers Within the ecological design of homelessness, the interplay between relationships and professional behavior, power dynamics, is significant to homeless wellbeing. The listed theories help in examining the different elements within homelessness that impact interaction and serving the homeless.

Research Challenges

Initial challenges were in phrasing research questions, scheduling interviews, categorizing methods, and conceptualizing the sheer magnitude of homelessness. Developing the research questions was essential to capture the essence of this research. Questions were essential in obtaining an expansive response and questioning assured interview length and response appropriateness. In addition, finding experienced providers with direct contact with homeless populations was essential for this study. Contacting providers and scheduling interviews that met their needs impacted the information collected. Scheduling was affected by the providers' availability. Response to correspondence was affected by availability and impacted the duration of this study.

Identifying and categorizing the information presented in this study took time. Multiple reviews of data were done to ensure effective labeling of information. The amount of data made it difficult to classify items, requiring data to be compiled within the topic areas, a matrix, and charts for review. Research questions were paramount to developing the homeless narrative. The surmounting ecosystem factors presented difficulty initially in developing a depiction of homelessness. However, placing key items within domains and recognizing themes provided a descriptive picture of unsheltered life.

Interviewee experience influenced the collection of specific research information. Interviewee knowledge impacted the ability to describe the essential qualities part of this investigation. Likewise, integrating professional skills into daily practice affected the conceptualization of essential service skills and recognition of how to categorize the use or types of leadership effective in carrying out service agendas. In this study, it was difficult to assess due to the scope of this research. While this research attempted to identitify effective relational approaches that help reduce disparities and identify the impact of homeless variables on service provisions, training was identified as a significant part of service, even though types of training are not universal among providers.

Additionally, while this study examined health factors, this study was not meant to measure changes in health. No evaluation is done to identify what health looks like beyond access, after prescreening, or in reducing health fears. Thus, it was not possible through this study to determine or identify any changes in health conditions based on providers taking steps to increase accessibility to health. Although health within homelessness is identified as a significant factor, further review is needed on the impact of health on homelessness.

Implications in the Field of Social Work

Within social work, this research further confirms the need to examine the idea that relational-based interaction impacts healthcare adherence and works toward reducing and addressing health and wellness issues, preventable disease, death, and quality of life. This study recognizes how positive relationships and fostering healthy interactions can bridge the disparity gaps and identify practical ways to address the missing social determinants of homelessness. As maintaining dignity and self-worth are fundamental to social work roles, this research suggests methods that help maintain vulnerable populations' psychological and physiological needs.

Furthermore, it provides evidence of the importance of incorporating value-care ideas that help maintain the right to self-determination and a sense of self-reconciliation that influences public policies, organization guidelines, and rules in service. Secondly, this study establishes an opportunity to engage in a service that works through how to improve intervention by conceptualizing how interpersonal interaction influences emotional-mental state, perceptions of esteem, and self-sufficiency within organizational systems, levels of interaction, and factors of health.

Globally, this research proposes a need to evaluate and reevaluate methods of engagement and leadership display when working with vulnerable homeless populations. As there is an ethical responsibility to reduce disparities that marginalize underserved populations, this research supports the need for additional supportive organizational procedures; it identifies the need for cultural sensitivity, continued training, and education about the homeless ecosystem of influences.

This study presents a unique perspective and philosophy for helping vulnerable groups due to social position, highlighting how advocacy can be used in a transformational and relational way to address homelessness. Part of the homeless transformation is recognizing how display of care skills; advocacy; being a broker; and investigating, understanding, and maintaining client integrity help reduce systemic barriers and negative/harmful interpersonal interactions. This research also revealing a bidirectional lens within human interactions, suggesting a need among research to recognize the need to challenge existing bureaucratic notions or support and balance human care interactions.

Afterthought

Interviewing providers working in homelessness provided an opportunity to establish a provider account of homeless disposition and the significance of interactions on outcomes. Discussing organizational experiences shed light on desperate situations and conditions and the variables and environmental factors (social dynamics, economic status, history factors, relationships, and demographics) that impact the course of homelessness. As alluded to within this research, homelessness is influenced by more than just an individual's decisions. Homelessness is the direct result of structural barriers that prevent individuals from having standard housing opportunities. Standard housing can be viewed as the right or opportunity to live in a dwelling of individual choosing that meets an individual's basic needs. Basic needs relate to safety, cost, and expectation of housing. For individuals to achieve both, it is essential to understand the multiple factors that compound the ability to address homelessness. Furthermore, there is a need to examine a requirement for standard housing. Standard housing considers factors of health and the intersecting elements that perpetuate homeless insecurities, such as limited access to income, degree of mental health, medical acuity, and methods of coping.

This is essential because, in service delivery, homeless providers manage through a list of psychological, social, and environmental issues. Understanding how these issues intersect is essential to improving homeless well-being and negative outcomes. How professional skills are utilized to help manage homeless circumstances bridge the individual and the structural issues that plague homelessness. Part of ending homelessness is identifying and understanding the factors perpetuating it. Next to standard housing options is conceptualizing the effect of

intrapersonal,[83] interactional,[84] and behavioral qualities[85] on homeless circumstances within the ecosystem of homelessness.

As reported in this research, there is a need to continue to understand and account for the consequences of unsheltered based on primary,[86] secondary,[87] and tertiary[88] factors. They help unveil the process and context in which ecosystem factors intersect and aid in determining what essential organizational features, such as approaches, attitudes, and valued perspectives, better engage homeless barriers, ensure service, and work through homeless issues.

The significance of ensuring service perspective when helping homeless groups is to help them reclaim a sense of control. Part of empowerment is projected through the display of care, eliminating stigmas, breaking down barriers, and building resiliency. Helping reclaim control is necessary to connect with vulnerable individuals and groups. Doing so is part of showing sensitivity and objectivity to homeless issues. Ensuring a perspective towards service and standards toward housing assists in engaging protective mechanisms that break down fears of homelessness, reduce underlying stigmas, and work through structural barriers.

Among the homeless, self-sabotaging behavior and fears of change exist. Improving the provider's awareness of these elements, among other items, is a need. Understanding confounding elements helps in addressing individual-level and system-level factors that impact health, housing, and the ability to exit homelessness. Qualitative evidence supports staffing and aptitude play a significant role in service. Staffing contributes to reducing burnout, providing

[83] In addressing individual self-concept, perceptions, expectations.
[84] The interpersonal communication that presents issues that may be inescapable, irreversible, be complex, and contextualized.
[85] The activities that are physical, impact cognitive social engagement, are part of personality and psychological coping critical to life and health choices.
[86] Power dynamics, interaction & engagement, social factors, disparities, and systems.
[87] Balance, knowledge, rules & guidelines, partnerships.
[88] Situations, conditions, decision-making, feelings/impressions.

support, and effectiveness of service. Staffing is a resource that impacts service capability, influences methods of helping, and the ability to redistribute resources to support addressing issues within homelessness.

Within society, there is a need to bridge the gaps in communication between its members and desperate groups. Part of shifting any negative narrative about homelessness is ensuring training that helps shape the right perspective. Training is significant in working through homeless issues (Herbers et al., 2011). Training develops provider knowledge and practice skills to address community issues, understand policies, and develop lived skills and professional ability to help ensure service to vulnerable homeless populations.

Conclusion

Homelessness is a complex social phenomenon with multiple intersecting factors. Addressing the different elements shaping homeless conclusions requires skill for homeless service providers. Working through homelessness entails understanding housing barriers, engaging relational interaction approaches, and understanding how interagency partnerships help work through homeless ecological system influences. Aiding the management of homeless circumstances is also possessing essential competencies and knowledge. In managing homelessness and working through its complexities, the integration of training, interaction approaches, and cross-sector collaboration aid in identifying common barriers and endeavors to lower the structural and interpersonal barriers commonly experienced within homelessness.

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APPENDIX A: INTERVIEW QUESTIONS

1. Please describe the work your organization does with Homeless participants. What is your role in delivering services to that population?
   a. What services do you provide?
   b. What would you say are the common homeless issues you deal with?
   c. Are there parts of the work with homeless groups that are difficult, and which are manageable?
2. In terms of Provider-client interaction, how would you define what interaction means or is in your line of work?
3. Can you describe different types of positive and negative interactions that can be experienced within your organization environment? Related to securing housing, health care service or exiting homelessness?
4. In what ways do you interact with homeless participants that you think helps them make progress in securing permanent housing, accessing, and using healthcare services and ultimately exiting homelessness?
   a. What is important or beneficial about the way you interact and in helping participants achieve progress?
   b. Can you explain, what methods, techniques or of the style of interaction you use when you interact with, engage, and support participants is universally common within your organization or those working with homeless populations?
5. Can you be specific about what relational care approaches or the style of interaction you use to help improve homeless situations? What examples can you identify from your daily interactions that show how you interact, engage, and support participants make progress in securing permanent housing, accessing, and using healthcare services and ultimately exiting homelessness?
   a. What skills do you consider and use daily that help you assist homeless groups?
   b. Are there fundamental beliefs and values you believe are important to helping, like what?
   c. Is there any specific professional behavior important to show?
   d. Are there skills you believe you should have that are fundamental to supporting homeless groups?
   e. Are their methods in interaction that you feel you can do differently or need more support with to help others?
   f. Are there tools, trainings, or skills you need more of?
6. In your experience working with homeless groups, what would you identify as the supports (Opportunity) or challenges (Threats) by the environment in which you operate (e.g., funding constraints, lack of community resources, lack of coordination with other agencies, issues with professionalism or display of leadership) that impact participants?
   a. What are the issues that present challenges in the way you interact with, engage, and support participants.
   b. What are the issues that make it difficult to make progress in exiting homelessness and securing permanent housing/accessing and using healthcare services?
   c. What supports do you need that influence the way you interact with, engage, and support participants in making progress in exiting homelessness and securing permanent housing/accessing and using healthcare services? (Collaborations, meetings, training, relationships, environment)
7. Would you identify within your organizations any institutional Strengths and Weaknesses impacting the effectiveness of service delivery? (with "effective" being in relation to the previous questions about securing permanent housing, accessing, and using healthcare services and ultimately exiting homelessness?).
   a. Are there any essential partnerships?
   b. Are there any Evidence Based Practice, tactics, or strategies by the organization to think about?
   c. Are there any skill sets that are important to have, promote, and encourage?
   d. Are there specific skills, tools, qualities, and conditions critical to helping?
   e. Are there social, economic, environment, policy, or interactions to consider when helping?
8. As a leader how would you describe the Strength/Weaknesses/Opportunities/Threats in exercising leadership as an approach and in making progress towards securing permanent housing, accessing, and using healthcare services and ultimately exiting homelessness?).
   a. How would you define your leadership style? Please explain.
   b. Who are considered the leaders for progress or change in your organization?
   c. In your perspective, what are the qualities, knowledge, skills, and attitudes of leaders in this field?
   d. Are there leadership styles you intentionally engage in daily practice? Please explain.
9. Is there anything else that you would like to share about your experience about being a leader in your organization that may inform this study?

APPENDIX B: SWOT ANALYSIS TOOL

A SWOT analysis will help identify internal and external factors in the environment that can help with the impact of Leadership or display of care skills on homelessness along with other homeless disparities. The goal of completing the SWOT analysis is to establish domains in Leadership and valued care skills that promote and impact homeless outcomes.

Evaluate: SWOT Analysis Tool

State the idea/issue you are assessing: What helping approaches service providers use and how are those approaches beneficial in reducing disparities among homeless individuals in Greensboro, North Carolina?

APPENDIX C: EMAIL INVITATION IRB-FY23-184

Good morning/Afternoon/Evening. My name is Michael Pearson. I am currently in candidacy for my PhD at UNCG in the Department of Sociology & Social Work. I am conducting a study on homelessness and would like your input. The premise of this study is to identify the methods used by providers to help end homelessness, looking specifically at how behavior and interaction impact change, decisions, and level of disparity. The interview will take less than 60 minutes. I hope you can join me in engaging my innovative research project and uncovering important tools of service to homelessness populations. Please confirm if you can participate in this research by replying to this email. An interview will be scheduled at you convince, via face-to-face, phone, or Zoom.

APPENDIX D: INFORMATION AND DATA MATRIX

To use the rapid analysis, the nine topic areas were split into three categorical subjects. The subjects were used to summarize and track interviewee responses, in addition to answer how interviewees address homeless exits, securing housing, and access to care. After establishing these categories, bullet point transcription summaries were provided within each area. Next, the strengths, weaknesses, opportunities, and threats were assessed for each categorical question as represented by interviewees. An additional review of interviewee's scripts was done based on subject section for identification and placement into the SWOT framework identifying items for service providers to maintain or address in addition to highlighting common internal and external factors impacting homeless services. To further explain the impact of SWOT to service or on provider engagement, additional review was done to identify Macro, Mezzo, and Micro issues based on internal and external factors noted by interviewees. Provider scripts were re-reviewed to assess for essential information looking at the high-level structural factors that impact service and organizational function to system level and the micro level issues (policies, staffing, intrapersonal, interpersonal, and interaction factors). Each step within the rapid analysis led to identifying Common and additional issues (i.e., primary, secondary, and tertiary influences) on interaction and engagement and how internal and external elements impact service delivery.

Questions	**Transcript summary bullet**	Response to: 1. homeless exits 2. housing 3. care access	**SWOT Domains**	**Strengths**		**Weaknesses**		**Opportunities**	**Threats**
Service to the Homeless									
Relational Approaches									
Incorporation of Skill									
									Internal/External Homelessness Influences to **Maintain or Address**
	Additional Issues	**Common Issues**		**Mirco Factors**		**Mezzo Factors**		**Macro factors**	
Internal			Impact						
External			Effect						

APPENDIX E: INTERVIEW CODE

The data's code is to help analyze interviewee responses to each domain area from the interview questions. Code composes of the number of interviewees (i.e., 1, 2, 3), the unit of analysis drawn (Interviewee or I), the interviewee responses will display as followed: when quote or remarking based on a comment by the interview the code below will be designated.

Code	Interviewee
I1	Interviewee 1
I2	Interviewee 2
I3	Interviewee 3
I4	Interviewee 4
I5	Interviewee 5
I6	Interviewee 6
I7	Interviewee 7
I8	Interviewee 8
I9	Interviewee 9
I10	Interviewee 10
I11	Interviewee11
I12	Interviewee 12

APPENDIX F: TOPIC AREAS & DOMAINS

Interview	Domains	SWOT/ Leadership	Primary theme	Secondary elements	Tertiary influences
1	organizational duty		ProSocial factors	Work life Balancing	Poor Situation
2	interviewee role		Power Dynamics	Knowledge & Attitude	Pre-existing Condition
3	types of issues		Health Access Opportunities	Bureaucratic Rule in environment a& Guidelines	Decisions-making
4	provider-client interaction		Professional Judgement	Collaborative Networks	Fears & Stigmas
5	impact of interactions on securing housing, health care, exiting homelessness				
6	relational care approaches				
7	essential skills and professional behaviors				
8	strength, weaknesses, opportunities, and threats to engagement				
9	Leadership, and service impact on; housing, health, and homelessness				

APPENDIX G: DISPARITIES & ESSENTIAL COMPETENCIES

While attempting to work through issues of homelessness, it is essential to understand, know about, and be able to articulate the internal, external, and underlying factors of influence on homelessness. When attempting to address the issues of impact to attain an outcome, there are essential skills to use to improve intervention effectiveness.

Criteria to address	Essential skills to use
1. homeless exits	specialty training, case mgmt., support, listen, best practice, one-on-one, rapport, solution focus, patience, flexible, Encourage, understand, be kind, be open, get to know, pay attention, eye contact
2. securing housing	Goal setting, advocacy (to identify, empathize, support, walk with) warm hand off, listen, rephrase, help organize, connect)
3. access care	Link, collaborate, refer, provide, learn about barriers and fears, direct to help, community organizing, seeking out, bridge gaps, develop opportunities, assist in connecting,
4. Other influence	funds, capacity, teach others, be available, recognize behavior is unpredictable, Negative interactions are opportunities, motivational, trauma lens,

APPENDIX H: SWOT TO MAINTAIN/ADDRESS

Gauging effectiveness measures is vital. It helps in determining what characteristics support validity and reliability of methods used. Effective methods assist in working through the strength, weaknesses, opportunities, and threats to service engagement, and create aways to maintain effectiveness or Address issues of ineffectiveness. Each help with improving overall quality of service.

(SO) Maintain	Strength	Opportunity
Internal	Client relationships, effective leadership styles, professionalism, knowledge of community needs (MH, SU, Medical, Disparities, Resources), Value-care interaction, Passion, advocating for access, knowledge of barriers and risk.	knowledge, training, best practices. People skills, educated, communication, genuine, building supports, Empathy, trauma informed, understand situations, setting professional boundaries,
External	Community/agency relationships, healthy community interaction, leadership training, knowledge of community agency networks, professional image staff training, Resource guide, varied partnerships, Education of best practices, community collaboration, training, and essential skills	Partnerships, Healthy Political and financial environment, diverse Stakeholder involvement, Quality of partnerships and advocacy, Going to legislature, case mgmt., preventative services, crisis intervention,
(WT) Address	Weakness	Threat
Internal	communication style, rules, staffing education promotion, staff training, Cultural, attitude, behavioral norms, Staff shortage, lack of hybrid services, Developing bias, staffing awareness, lack of training, lack of openness, lack of therapeutic understanding	Staff pay, environmental design, Administrative rules, Uptake in disseminated knowledge or best practices. Trends in homeless health that may affect work address health access, improve staff self-management, Network collaboration, isolations, understaffed. Scarcity mindset, survival mindset,
External	organizational capacity, Resources options, funding access, partnerships, Turnover, staff training, lack of professionalism, adaptive work, salary grant access, Siloed, not coordinating care, not working with community partners, not addressing health factors	Engage Political and legislative, environment, address Policies barriers, development and innovate solutions, identify quality of partnerships. Address Competing or synergistic efforts outside the agency. Environment, disparities to access, Location of shelter, community lack of support, ignorance of issues, not showing compassion, Lack of money, not enough resources, Median rent income, housing availability, cost of housing, lack of partnerships, not alleviating homelessness, not connecting to resources

APPENDIX I: PRIMARY FACTORS AND INTERNAL AND EXTERNAL ELEMENTS OF INFLUENCE

Maintain/Sustain	Internal	External
Social Behavior (issues) (Level of professionalism, QoL)	Client relationships, effective leadership styles, professionalism, knowledge of community needs (MH, SU, Medical, Disparities, Resources), Value-care interaction, Passion, advocating for access, knowledge of barriers and risk.	Partnerships, Healthy Political and financial environment, diverse Stakeholder involvement, Quality of partnerships and advocacy, Going to legislature, case mgmt., preventative services, crisis intervention,
Interaction and Engagement (Characteristics engaged)	knowledge, training, best practices. People skills, educated, communication, genuine, building supports, Empathy, trauma informed, understand situations, setting professional boundaries,	Community/agency relationships, healthy community interaction, leadership training, knowledge of community agency networks, professional image staff training, Resource guide, varied partnerships, Education of best practices, community collaboration, training, and essential skills
Power Dynamic of Relationships (Service Agenda, Outcomes)	communication style, rules, staffing education promotion, staff training, Cultural, attitude, behavioral norms, Staff shortage, lack of hybrid services, Developing bias, staffing awareness, lack of training, lack of openness, lack of therapeutic understanding	Engage Political and legislative, environment, address Policies barriers, development and innovate solutions, identify quality of partnerships. Address Competing or synergistic efforts outside the agency. Environment, disparities to access, Location of shelter, community lack of support, ignorance of issues, not showing compassion, Lack of money, not enough resources, Median rent income, housing availability, cost of housing, lack of partnerships, not alleviating homelessness, not connecting to resources
Health (Understanding disparities and systems) (disparities / interventions)	Staff pay, environmental design, Administrative rules, Uptake in disseminated knowledge or best practices. Trends in homeless health that may affect work address health access, improve staff self-management, Network collaboration, isolations, understaffed. Scarcity mindset, survival mindset	organizational capacity, Resources options, funding access, partnerships, Turnover, staff training, lack of professionalism, adaptive work, salary grant access, Siloed, not coordinating care, not working with community partners, not addressing health factors

APPENDIX J: INTERSECTION BETWEEN SECONDARY AND PRIMACY FACTORS

Secondary elements to maintain/address	Social Behavior	Power dynamics	Interaction and Engagement	Health
Balancing	Client relationships, effective leadership styles, professionalism	staff training, hybrid services, bias,' staffing awareness Staff shortage, openness	collaborative Network, understaffed, Scarcity mindset, survival mindset	Interplay between financial responsibilities/ burdens, housing disparity results disparities to access
Knowledge (Approaches to care)	community needs (MH, SU, Medical, Disparities, Resources), Value-care interaction,	communication style, staffing education & promotion, therapeutic understanding, disseminated best practices.	Ensuring community support, issues awareness, showing compassion,	Trends in homeless health that may affect work address health access and Environment
Rule vs Guidelines	Going to legislature, engaging case mgmt., preventative services, crisis intervention,	Rules, Cultural, attitude, behavioral norms, environmental design, Administrative rules,	environmental design, Administrative rules, improve staff management, reduce isolation, Know how to connect to resources	healthy community interaction, Resource guide, training, and essential skills engage case mgmt., preventative services, crisis intervention, slow bureaucracy
Partnerships	diverse Stakeholder involvement, identify quality partnerships and advocate	Engage Political and legislative, environment, address Policies barriers, develop innovative solutions, Partner to ensure enough resources, cost of housing,	Address Competing or synergistic efforts outside the agency. Community/agency relationships, leadership training, knowledge of community agency networks, varied partnerships,	Form partnerships that alleviating disparity Partnerships that promote Health, Political and financial environment, diverse Stakeholder involvement, community collaboration

APPENDIX K: INTERSECTION BETWEEN SECONDARY AND TERTIARY FACTORS

Underlying elements to consider	Client situation	Client Condition	Decision Making	Impressions/Feelings/ Beliefs
Balancing	cost of housing survival mindset	disparities to access, hybrid services,	Isolation issues	bias,' staffing awareness. showing compassion, issues awareness,
Knowledge (Approaches to care)	MH, SU, Medical, Disparities,	Assuring Resources options promote therapeutic understanding. disseminated best practices.	Ensuring community support,	Trends in homeless health self-mgmt, openness, communication style, education
Rule vs Guidelines	Cultural, attitude, behavioral norms	environmental design, Managing of rules,	engaging case mgmt., preventative services, crisis intervention, not being slow and bureaucratic	develop innovative solutions, Resource guide,
Partnerships	Diverse partnerships	Partnering to ensure enough resources or addressing barriers.	Partnerships that promote Health, Political and financial environment	Form partnerships that alleviating disparity

APPENDIX L: SWOT TO SERVICE DIAGRAM

Interview	Internal External factors of influence	Strength	Weakness	Opportunity	Threat
1	MH awareness, grants	Training, maintaining relationships	Overburden, compassion fatigue, lack of supports	Case mgmt.	Network collaboration, isolations, understaffed
2	Bureaucracy, funding, network	Advocacy, knowledge, cross-sector partnership, firm plan	Being inflexible, fighting with other providers,	Building rapport, caring mission, resource connections,	Inflexibility, bureaucratic. funding
3	Agency capability, knowledge ledge	Skill level, resource knowledge, empathy, relational skill set, build relationships with people	Inside organization, funding access, untrained people, lack of ability to navigate	People skills, educated, communication, genuine, building supports	Lack of communication, lack in ability to response to circumstances, not navigating, criminal background,
4	Political support, training, and knowledge	Case mgmt., PCP, sharing responsibility, sustaining partnerships	Wrong mindset, hiring people with no lived experience, misinterpreting clients,	Going to legislature, case mgmt., preventative services, crisis intervention,	Location of shelter, community lack of support, ignorance of issues, not showing compassion,
5	Infrastructure, poverty, partnerships, public policy	Increasing resources, increasing partnerships, cross collaboration	Staff shortage, lack of hybrid services,	Assess where client is, staff ability to address issues, having supports	Lack of accessibility, lack of resources, not being sensitive, lack of knowledge
6	Financial support, community collaboration	Showing understanding, being supportive	Limited supports, lack of advocacy, lack of knowledge about behavior	Philanthropy, funding support, capacity building,	Not enough support, lack of relatability,
7	County support, government support, money, having social supports	Having resources, agency support, dedicated people,	Financial backing, know how to help those suffering, ability to help with MH, SU, medical issues	Partnering, having the right discussions,	Lack of money, not enough resources
8	Discipline, viewpoint, training, support,	Training, education, life experience, connecting, strengths based, trauma informed	Developing bias, staffing awareness, lack of training, lack of openness, lack of therapeutic understanding	Empathy, trauma informed, understand situations, setting professional boundaries,	Lack of training, staffing, lack of specific interaction qualities
9	Grants, funding, community support, staffing, technology	Positive reputation, outcome measures, staff skills, technology	Turnover, staff training, lack of professionalism, adaptive work, salary grant access	Partnerships, collaborations, knowledge, community engagement, fundraising, grants	Funding limitations, shelter availability, health factors, no plan,
10	Awareness, advocacy,	Being genuine, displaying boundaries, interacting with clients, advocacy, community connections	Display of apathy and passivity, being siloed, organization having limited resources, lacking perspective, or hope	Peer supports, community, trusting relationships, Education opportunity, resource access, showing diversity	Scarcity mindset, survival mindset,
11	Partnerships, Access,	Passion, advocating for access, knowledge of barriers and risks	Siloed, not coordinating care, not working with community partners, not addressing health factors,	Uniformity, streaming and knowledge of steps to assist clients.	Limited housing stock, typestyle of housing available
12	Collaboration, leadership, Governance, Raising money, affordable housing,	Knowledgeable about current resource options, knowledge of MH, SU and living standards	Burnout, shelters being full, lack of community problem scope	Community supports, affordable housing, agency collaboration, understanding agency requirements, having a resource guide	Median rent income, housing availability, cost of housing, lack of partnerships, not alleviating homelessness, not connecting to resources

APPENDIX M: LEADERSHIP STYLES

Style	# Providers Engaging	Style	# Providers Engaging
Coach	[I2]	Democratic	[I6], [I3] *, [I7]
Visionary	[I8], [I11], [I3], [I12]	Pacesetter	[I1],
Servant	[I4] *, [I5], [I 9], [I 12] *	Transformation	[I6] *, [I5] *, [I9] *
Autocratic	[I4]	Transactional	
Laissez-faire		Bureaucratic	

APPENDIX N: LEADERSHIP AND SERVICE

Interview	Approach	Strength	Weakness	Opportunity	Threat
1	I use my character; I like to build and create relationships	to know the direction of the agency is. Leadership helps guide the direction of programs, level of satisfaction, micro and macro issues, or even understanding the hierarchy of needs, what is going on for others, how others are impacted and feel. Leadership is important because they reflect the work, they do	not just talk about it. Leadership is not selfish	The direct role is being present and engaged with the people you are helping. The indirect role in being an advocate. Wonderful leadership. You can approach.	If a leader does not Provides you a feeling an investment, pours into you, shares in your experience, relates, leaving and affirming trust and confidence. Leaders are transparent, the work directly with you. Leadership is a Notation for everyone. I believe great leaders develop another Leader.
2	Motivational, building rapport	strong leader that allows the experts to do their jobs	No one knows everything	let's trust the organizations that they know what they're doing	bureaucracy
3	solution focus style, leadership style can be diplomatic	uses the strengths of the team	Not being knowledge for leaders has to be broad, you have to know about mental health,	the experts in those arenas, inviting them to the table.	Not being able to utilize the strengths in the room
4	Balance, authoritative and firm	Positive attitude	Not matching their tone	motivating	Being authoritarian.
5	personal and interpersonal, servant leadership, transformational	authentic and it should be led with equity	Leadership is not a rectangle, does not accept accountability,	Leadership is inclusive	being exclusive
6	building bridges, connections, democratic mixed with authoritative	collaborate, work together,	Not having care and sensitivity	humble, I'm compassionate	can't speak up and make decisions,
7	supportive	Willing to discuss the issues	Politized people's needs, being directorial	Not helping seek the resources	Lose touch with the people, disbelief about the issues
8	solution focused	positive energy, praising their staff empathy	Treating people badly	your boots on the ground doing the work.	Not addressing community issues
9	Servant-house perspective	change agents	micromanage	open door policy	Not accepting f feedback
10	leadership is twofold; aware and advocates	focused on strategy and prioritizing what's most important	very easy to get distracted	think differently, to try a different approach.	Not knowing the cycles or support
11	Solution focused	can listen more and practice humble an active listener	talking over the client or talking over other	active listener, I think you'll likely be more successful.	Not doing more listening
12	You need to have an open heart, service oriented.	collaborative	Not working with other agencies	listening to other agencies	judgmental
Relational approaches	Building, motivational, diplomatic, authoritative, interpersonal, democratic, supportive, servant, solution focused, open	Guide, partner, collaborates, positive, authentic, open, empathy, passionate, focused, listens, communicates	Not inclusive, not knowledgeable, not aware, not considerate, not sensitive, not open, not kind, not trusting, not client centered, not listening, not collaborative	Being engaged, affirming, collaborative, motivating, inclusive, humble, compassionate, connected, open, diverse, listens, cooperative	Not Invested or relates, about rules, not strengths based, being controlling, not inclusive, not collaborative, not supportive, not open, not considerate
	characteristics that impact (SWOT) to service.	Maintains Strength	Addresses Weakness	Improves Opportunity	Reduces Threat
Essential Characteristics	_(SWOT)_is achieved by _____	Guiding, partner, being positive, authentic, empathetic, passionate, focused, attentive, and communicating	Being Inclusive, knowledgeable, aware, considerate, sentive, open, kind, trusting, listening, collaborative, and client-centered	Being engaging, affirming, being collaborative, motivating, being inclusive, being humble, showing compassion, being connected, open, diverse, listening, and cooperative	Relating, being strengths based, being supportive, and considerate

APPENDIX O: DOMAIN REFERENCES

Primary Domains	SWOT address/maintain	Domain Categories noted from chapter 2	Chapter 2 reference
power dynamics	advocacy, Going to legislature	power dynamics	(Noland & Richards, 2015; Kiker, Caliahan, & Kiker, 2019)
health opportunity	Resources options	health access opportunities	(Finnigan, 2021; Okonkwo et al., 2021)
social behavior	lack of professionalism	Engaging pro social behaviors	(Yildiz & Yildiz, 2015)
interaction and engagement	best practices / Empathy	professional judgments	(Sturm, 2009).
Secondary Domains	SWOT address/maintain	Domain Categories noted from chapter 2	Chapter 2 reference
balance	organizational capacity	Work life balance	(Willse, 2015)
knowledge,	knowledge of barriers and risk.	knowledge, beliefs, norms, knowledge, attitude,	(Grief & Miller, 2019)
rules and guidelines,	communication style, rules	bureaucratic and rigid environments	(Johnson et al., 2015)
partnerships	varied partnerships	collaborative networking	(Hopkins & Narasimhan, 2022; Kochtitzky et al., 2006; Mosley, J. E. 2021).
Tertiary Domains	SWOT address/maintain	Domain Categories noted from chapter 2	Chapter 2 reference
client situation	not showing compassion	poor situations	(Aldridge, 2020)
client conditions	ignorance of issues	pre-existing conditions	(Hu, Huang, & Chen, 2020)
decision-making,	Scarcity mindset, survival mindset	decision-making and environmental influence	(Liu et al., 2021)
client impression (beliefs/feelings)	Cultural, attitude, behavioral norms	fears and stigmas	(Paat et al., 2021)