

Homeless not hopeless: The experiences of participants enrolled in the 100 Families Initiative

Kristina Rivas

Human Sciences

Stephen F. Austin State University

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Initiative

The United States is considered to be a country of great wealth, however, more than 326,000 people are living without stable housing (U.S. Department of Housing and Urban Development, 2022). That number, however, is impossible to be precise because official homeless counts are only conducted annually during the last ten days in January (New York Times, 2023). Homelessness is evident in all genders, races, and age groups, it contributes to generational poverty, and is overall a dehumanizing experience (Wakin, 2022). While many non-profits exist to help homeless individuals and families (e.g., Salvation Army and Habitat for Humanity, and local community homeless shelters), most of these non-profits do not address the variety of issues that lead to homelessness to help people move toward stable housing. The present study will evaluate qualitative data collected through one-on-one interviews on housing stability from participants enrolled in the 100 Families Initiative (100 Families) in Sebastian County, AR during 2019, 2020, and 2021. Specifically, the study hopes to shed light on the lived experiences of selected participants in the program and their experiences of living without stable housing and participating in a collaborative program designed to move them toward housing stability.

Historically, crisis brings about times of economic and social upheaval (Wakin, 2022), and the housing crises experienced in Northwest Arkansas, paired with other compounding factors, is the catalyst for this research. HUD's annual homeless assessment report (2022) noted that during the point-in-time count conducted in January 2021, 53% of Arkansans experiencing homelessness were in unsheltered locations. As previously stated, this study will examine the

lived experiences of selected participants enrolled in the collaborative case management system used by 100 Families, one of the social justice initiatives instituted by Restore Hope Arkansas, in Sebastian County, AR in 2019, 2020, and 2021. Specifically, the study will gather information on if families that participated in 100 Families feel that they moved from homelessness or near homelessness toward housing stability. During the three years examined, Sebastian County social service organizations, county courts, faith-based organizations, employers, and the Ft. Smith police department entered into a social contract to collectively help families in their county move from crisis toward stability by harnessing the power of existing community resources. This social contract became the 100 Families Initiative. Community members pledged to achieve these positive outcomes by engaging community partners, training agencies on a collaborative case management system, and recruiting case managers to respond when a family is in a crisis (Restore Hope Arkansas, 2021b).

The call to action began in 2015, shortly after Governor Asa Hutchinson took office. Initially, a summit of faith-based organizations and state governmental agencies was planned with the goal of finding solutions to improve the lives of the most vulnerable in Arkansas. From that summit, the non-profit, Restore Hope Arkansas, was created to bridge the recognized gap between government services and communities struggling to reduce the rate of incarceration, to facilitate a successful re-entry from incarceration to freedom, and to reduce the number of children entering the state's foster care system (Restore Hope Arkansas, 2021b). To support these efforts, the 100 Families Initiative was created, and designed to respond to the current needs of families in crisis through community collaboration that uses a collective impact model to build guided pathways out of crisis.

The collective impact model followed by 100 Families allows community members to work collaboratively to solve complex problems. Families in crisis that participate with 100 Families are evaluated by a case manager in 13 areas to determine their most immediate needs – food, housing, safety, recovery, mental, physical, and dental health, transportation, childcare, legal assistance, education, employment, and financial management (Restore Hope, 2021a). The case manager is the primary point of contact for the family and creates and manages case plans and care team members while ensuring a community intake is performed at each encounter. The community intake is an electronic form in Hope Ark that is completed by the case manager at the initial encounter, and, at a minimum, every thirty days to measure range of stability in areas of evaluation but can also be as often as the following day, especially when basic needs are not being met (Restore Hope, 2021a). A case plan is created by the case manager and family, to identify, coordinate, and implement a plan toward stability in specific areas of deficiency. Case plans will evolve throughout the process as stability is achieved in certain areas. Care team members are assigned by the case manager in Hope Ark and will consist of individuals from varying community organizations relevant to each family’s specific situation (Restore Hope, 2021a). The care team works collaboratively to help a family move out of areas of deficiency. Success is met when a family moves out of crisis toward a career that provides a living wage, and the ability to thrive (Restore Hope Arkansas, 2021b).

In this collective model, Restore Hope acts as a brokering agency to connect community and government leadership both to each other and to those in need of services (Restore Hope Arkansas, 2021d). Restore Hope believes that to see population level change, root causes of the crisis must be addressed (Schmitz,2021). Because of this focus, the 100 Families Initiative follows a collaborative case management system that relies on the principles of collective

impact. The collaborative case management system utilized by 100 Families, Hope Hub, formerly Hope Ark, is a cloud-based online portal that allows community professionals, across varying organizations, to provide holistic support to families in crisis. Communication is streamlined through the portal, and a care team member can log in to the system anytime, from anywhere, and guide the family and other providers when necessary (Restore Hope, 2021a). This simple act of sharing data across organizations allows the members of the care team to have the full picture of a family's crisis, be better prepared to assist, and not waste valuable time having a family relive the trauma that led them to need these services.

With a model that relies on multiple agencies, protecting information is essential for participants. The Hope Ark system has been deemed compliant by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Family Educational Rights and Privacy Act (FERPA), and the Children's Online Privacy Protection Rule (COPPA). The privacy of the system ensures that any information collected, stored, and shared, is done so to guarantee client and family privacy and confidentiality remain a priority, in addition, it helps to safeguard that information, and will never be disclosed to an unauthorized party. Upon initial intake, all clients are made aware of their rights as voluntary participants and required to sign consent forms that allow the sharing of their specific information between care team members. Clients can exclude any organization or provider from accessing their records, and consent automatically terminates two years after initial intake. If a client is still receiving services at that two-year mark, a new set of consent forms will be completed to stay in compliance (Restore Hope, 2021a).

The 100 Families Initiative is built on the principles of Maslow's Hierarchy of needs and the belief that for the program's goal of housing stability to be met, that basic needs must first be obtained (Maslow, 1942.). Much like the construction of a building, a sturdy foundation must be

set before any additional structure can be erected. Without the foundation of safe, reliable, and affordable housing, the higher level needs that Maslow describes (Maslow, 1942) will be unobtainable. Paul Chapman, Executive Director of Restore Hope, explains this analogy best, “When building a structure, you cannot have the roofer show up on day one before ground has been broken. There is a process in building strong and stable structures, just like building strong and stable lives.” (P. Chapman, personal communication, November 8, 2021). The 100 Families Initiative recognizes that being a positive and contributing member in society is akin to the roof of a building, and that without proper stability in foundational needs (food, shelter, safety), the walls will crumble, and a roof can never be constructed. Sebastian County, AR was specifically chosen as the pilot county for the 100 Families Initiative because it had the highest number of children in foster care in the state (Restore Hope Arkansas, 2021d).

The 100 Families initiative is not just about ideas, it is about people and making real changes in the lives of the people in the state. A success story on the 100 Families website highlights the difference that the program can make in the lives of individuals: Before finding 100 Families, Janice was living outdoors and in abandoned buildings, cleaning up each day in the local park bathroom sinks. Even though she was homeless for more than six months, she continuously applied for jobs using computers at the local public library. Janice was working hard to pull herself out of her situation, and when she was able to land job interviews, she had to walk across town in the hot and humid spring and summer months, only to be met with “don’t call us, we’ll call you,” from potential employers. She was homeless, but not hopeless. After half a year, Janice interviewed with a manager that was familiar with 100 Families. He contacted the team and agreed to hire her while she worked with a case manager to find stability. Janice and her case manager immediately got to work on a plan and worked collaboratively with other

community partners to first secure safe and affordable housing, food, and transportation. Within six weeks of enrolling in 100 Families, Janice moved into an apartment and is on a path to finding stability in all areas of her life (100 Families Alliance of Miller and Bowie Counties, 2022). Janice, and her story of homelessness is one of more than four thousand experiences, to date, of clients enrolled in 100 Families. The program's ability to make a difference in the lives of those experiencing homelessness is what the present study hopes to learn more about.

Objective

The purpose of the present study is to evaluate qualitative data collected through one-on-one interviews on housing stability from participants enrolled in the 100 Families Initiative in Sebastian County, AR during 2019, 2020, and 2021. Specifically, the study hopes to shed light on the lived experiences of selected participants in the program and their experiences of living without stable housing and participating in a collaborative program designed to move them toward housing stability.

Literature Review

To fully understand the context of the 100 Families project, it is important to know the background of Sebastian County. In 2015, one in every 34 children in Sebastian County were in foster care (Restore Hope, 2021b). One of the contributors to the alarming number of children in foster care in Sebastian County by 2015, when Restore Hope Arkansas was created, can be traced back to the closing of the Whirlpool plant in 2012 (Raz, 2011). In 2011, Whirlpool announced that it would be closing manufacturing operations in Ft. Smith, AR within the year, leaving 1,100 residents without stable employment. Of those affected, almost 75% were hourly waged employees (Staff, 2011). This meant their opportunities for finding alternate means of employment with adequate benefits in the county were limited. Around the same time, the opioid epidemic in America was running rampant (Ghertner, 2019), and Sebastian County was not immune to the outbreak. Unemployment, paired with mounting debt and mental health strain, was then further compounded by addiction, resulting in children being removed from their homes, and leaving a potential avalanche of trauma for all parties (Restore Hope Arkansas, 2021c). The ripples from this trauma were far reaching, but to unearth solutions, practitioners realized that they had to work collectively to address root causes before systemic change could ever transpire (Restore Hope Arkansas, 2021b). One of the main goals for these practitioners was reunification of families who had children in foster care (Restore Hope Arkansas, 2021b). However, for a reunification between parent and minor child to be achieved, safe housing, at a minimum, had to be obtained (Bai, 2022). An understanding of the program and its purpose will be achieved through an examination of the literature on the negative effects of housing instability, theories, and strategies put into practice by the 100 Families Initiative to help families in crisis move toward stability to achieve family preservation.

Collaborative case management system

While still a new concept, initial research shows tentatively positive results for a collaborative case management model of family care (Chouinard, et al., 2021; Farrell et al., 2015). The evaluation of the collaborative case management model utilized by the 100 Families Initiative is significant to social service providers to further the argument that the silo approach of working with families in crisis is not effective (Farrell et al., 2015).

A Canadian study evaluated a case management program aimed at bringing together healthcare professionals, community pharmacies, and local non-profits to assist people with complex needs, including multiple chronic diseases, mental health comorbidities, and social vulnerabilities (Chouinard, et al., 2021). Participants of the study noted that having individualized service plans was of the greatest benefit, but there were limited opportunities for community stakeholders to be involved in decision making with the case management program (Chouinard, et al., 2021). Local non-profits that participated had specializations in social development, advocacy, housing, and recreation and were tasked with integrating into the program to assist clients identified by the healthcare professionals. Feedback from providers included sentiments of relief and excitement saying, “Everyone is on the same page, everyone has a defined role, rather than sometimes duplicating services or contradicting each other,” and “We are all here to discuss the same patient. It is amazing how together we can make a much greater difference than each of us on their own” (Chouinard, et al., 2021). The most closely related uncovering from this study and 100 Families is that patients participating did not have to repeat their story to each care team member, because of the communication channels that were developed between the hospital and outside organizations (Chouinard, et al, 2021). This form of multidisciplinary communication is noted as being crucial to the success of an integrated care

program, and while positive outcomes were realized, there still is a recognized need to better the communication channels (Chouinard, et al., 2021).

In the late 1990s, a Connecticut pilot program named Supportive Housing for Families (SHF) was launched to provide housing and case management for women in recovery and their children (Farrell et al., 2015), but realized within a year that additional coordination between social service providers was needed for the women to graduate, secure stable housing, and regain custody of their children. Over time, SHF was referred to as a multi-component intervention operating under intensive case management, providing referrals between housing, mental health, and child welfare specialists (Farrell et al., 2015). Because of the collaboration with the Division of Children and Family (DCF), and the data-driven approach of SHF, the program was eventually funded and implemented statewide, now serving thousands of families in the state of Connecticut (Farrell et al., 2015). This partnership has changed the way DCF social workers in the state conduct early investigations of child welfare cases and take a more holistic view of the family from the start (Farrell et al., 2015).

In the earlier part of the millennium, a UK based study evaluated outcomes of patients with long term conditions following a collaborative model between health and social services (Crossland & Dobrzanska, 2007). The study notes that case managers were integrated into the general practitioner's team, and throughout the pilot, identified 50% of patients at a social services office, occupational therapy center, and general practitioner office, were receiving services from all three sites (Crossland & Dobrzanska, 2007). Throughout the study, team members would meet to discuss cases, best practices, and identify barriers. This transparency offered a better understanding of each individual site's roles, and eliminated duplication of services, while bringing the working groups closer together (Crossland & Dobrzanska, 2007).

Overall, the approach was seen as a success between participating organizations, but quantitative data had yet to be reported at the time of this publication (Crossland & Dobrzanska, 2007).

An additional European study of knowledge clusters, from France, describes the importance of having a cross-sectional or multidisciplinary approach when working through a problem because cooperative relationships outweigh competitive ones (Wannenmacher & Antoine, 2016). Knowledge sharing in multi-stakeholder projects, an area of interest by Wannenmacher & Antoine, 2016, noted that the nuances of language used by individual organizations was at the root of the information sharing difficulties. Wannenmacher and Antoine (2016) posit that new knowledge must be created for innovation to be realized.

Collective impact model

It is important to recognize that for population level change to be actualized, meaningful and intentional coordination across sectors must occur (Holland, 2018). No one provider or organization can address the complex needs of a family in crisis, nor should they be expected. 100 Families brings together community providers in varying organizations that are working with the same clientele, and through a collective case management approach, transparency is exhibited by all care team members, allowing each organization or provider to focus on their specific area of expertise, but trust that the family is receiving appropriate and timely intervention in other areas of concern.

That same trust between community providers will help in building trust with the family in crisis, and an aspect of dignity can also be achieved. It is frequent practice now for a family to go to a provider for help, be expected to give an overview of what led them to need the services of that provider, and then be given a reference list of other community providers to address needs that organization is not skilled in addressing. That same cycle continues at each organization as

the family tries to pull themselves out of crisis, further opening themselves up to feeling judged, and overwhelmed by the lack of experience navigating the system, oftentimes leading to abandoning the crusade and living in a constant state of turmoil.

Collective impact requires five criteria: a common agenda, a shared measurement system, mutually reinforcing activities, continuous communication, and a backbone organization (Kania et al., 2022) in addition to restructuring existing systems instead of adding new programming (Schmitz, 2012). This collective impact model requires organizations to abandon individual agendas in favor of a collective approach to solving community problems (Schmitz, 2012). 100 Families adopted a collective impact model based on the variety of needs seen in the community where it was founded. The 100 Families Initiative is designed to harness the power of existing community resources to create guided pathways for families in crisis and lessen duplication of services. By adopting collective impact paired with a collaborative case management system, families can be connected to appropriate resources quickly, work alongside community experts to navigate barriers, move out of crisis, and use the tools and strategies learned through the experience to lessen the chance of returning to the same crisis later down the road.

Theoretical Background

Maslow's Hierarchy of Needs

The 100 Families Initiative is deeply rooted in Abraham Maslow's Hierarchy of Needs, recognizing that for self-actualization, as defined by Maslow, to be realized, stability in lower levels of needs must first be achieved (Maslow, 1943). Among the theory's base level physiological needs, safe and stable shelter is crucial (Maslow, 1943). Maslow believed that base level needs, and the level to which those needs are being met, will motivate behaviors in all areas of life (Maslow, 1943). To better understand human needs and motivation, Maslow proposed the

organization into a hierarchy often depicted in a triangular shaped graphic arranged with the widest level at the base covering physiological needs like food and shelter, and the next level focusing on safety (Maslow, 1943). As the triangle becomes smaller, issues like belonging, self-esteem, and self-actualization, while important, become less urgent and more complex (Maslow, 1943). Since Maslow's first proposal of the hierarchy of needs in 1943, his model has been adapted, practiced, and relied heavily upon by practitioners ranging from the social sciences, education, healthcare, and everything in between, including Fortune 500 companies. The adaptation of Maslow's Hierarchy of Needs by the collective impact model used by the 100 Families Initiative can be seen in Figure 1.

Applications of Maslow's Hierarchy of Needs. The most closely related literature to 100 Families framework of evaluation found is from a team in Quebec, Canada. The researchers adapted Maslow's hierarchy for use with measuring met and unmet needs among homeless individuals (Fleury, et al., 2021). Through interviews with voluntary participants at the participating organizations, the team compared perceived needs among homeless and recently housed individuals and found that levels of stress over basic needs decreased once housing became available (Fleury, et al., 2021). Comparisons were also made in safety, health and social services, legal affairs, love and belonging, and self-esteem, but the most significant group differences centered around basic needs (Fleury, et al., 2021).

A rural elementary school in the south-central United States used an adaptation of Maslow's Hierarchy of Needs to change the culture of their school and community. Fisher and Crawford (2020) document the change that occurred at one of the lowest performing schools in the state, to one of most distinguished, in eight years. It is of importance to know that the principal, staff, and student population of 90% free and reduced lunch did not change during the

study, but the school's culture, pride the students take in their learning and their community has grown exponentially (Fisher and Crawford, 2020). The principal credits focusing on the physiological needs of the students was crucial to school's success, and that without knowing the children beyond their test grades, progress cannot be made - "The kids know we'll take care of them no matter what" (Fisher and Crawford, 2020). The United Nations has also expanded Maslow's theory into Sustainable Development Goals – 17 Goals to transform our world for the year 2030 (Holland, 2018). The number one goal is no poverty, followed by zero hunger, good health and well-being, quality education, and references housing in the eleventh goal of sustainable cities and communities (Holland, 2018).

Howard, et al. (2015) concluded that there is a much more complex relationship between basic needs and goal setting to achieve actualization, often understated in Maslow's theory. Results of the Howard, et al. (2015) found that for families facing a housing crisis, there were often other issues families were working on as well including food insecurity, recovery, and mental health struggles. Many community partners in the study had to come together to help participants work toward stability.

Systems Theory

The collective impact model, used by the 100 Families Initiative, is grounded in systems theory, which promotes an interdisciplinary approach to overcome the fragmentation and isolation of knowledge between organizations, and work toward finding solutions to root causes of systemic issues (Skyttner, 2006). Systems theory recognizes that no one instance in life can predict an outcome, but rather that we are all constantly shifting due to the many influences we encounter (Adams, et al., 2014). Crisis is an assumed outcome in systems theory, because of the self-organized patterns of action and communication without any intervening force (Cordero, et

al., 2017). Without an understanding of the root cause of the crisis, appropriate interventions cannot be realized (Cordero, et al., 2017). 100 Families aims to recognize and meet the needs of the whole person, and not just the isolated problem, by bringing in multiple community partners to work toward solutions, and systems theory suggests that this same multidisciplinary approach must be adopted to increase our understanding and improve explanatory power and predictive ability for real-world problems (Adams, et al., 2014).

Family Systems Theory. Family systems theory considers the family to be one of the organizations referred to in general systems theory, and that when dysfunction arises, communication patterns and interactions can be altered to return the family to homeostasis (Sutphin, et al., 2013). Within individual families, changes are inevitable, but the way families react to changes can dictate behaviors and patterns for subsequent generations (Torres, et al., 2021). Family systems theory also advises that relationships are interdependent, and influence can be asserted from adult to adult, adult to child, child to child, and even child to adult (Pheiffer & In-Albon, 2022).

In social work practice, family systems theory can be used to gain perspective on a specific topic relating to the family, serve as a model to understand and treat families in the therapeutic setting, and be used to develop assessment tools (Sutphin, et al., 2013). 100 Families abides by these tenets to inform best practices within community collaboration for family preservation. The Hope Ark portal, used by 100 Families case managers and care team members, evaluates families using a 1 to 5 Likert Scale. This scale allows data to be collected and tracked regarding each specific area of deficiency a family is encountering. The Likert scale used to measure housing stability can be seen in Figure 2, and uses the following definitions:

1. In Crisis: Client is being evicted from housing OR client has already lost housing and is currently living outdoors, in an emergency shelter, or couch surfing.
2. At Risk: Client is currently in a living situation that is stable for at least two weeks (living in a transitional home, living in a shelter, or participating in a housing program, renting a room, etc.) OR client has major livability, safety, or maintenance issues.
3. Situation Stabilizing: Client has permanent housing but is paying more than 30% of their income OR has paid rent late more than once in the past 3 months OR has missed a rent payment OR has major safety or livability issues OR has been threatened with eviction.
4. Stable: Client has permanent housing that is less than 30% of their income and is current on payments. Client has minimal livability, safety, or maintenance issues.
5. Thriving: Client has paid rent on time every month for the past year. Livability issues have been or are being addressed. Client is satisfied with living situation or is working to improve.

Definitions on the ranges of housing stability were retrieved from the Hope Ark system (Restore Hope, 2022) and were determined by the Restore Hope Arkansas team through collaboration with housing specialists in Arkansas.

Housing instability

When a family finds themselves in a housing crisis, chances are they are also experiencing a crisis in other areas of life, like food security, transportation, employment, mental

and physical health, could potentially be justice involved, or be working to regain custody of children removed from their care because of the housing crisis (Bai, et al., 2022). Instead of looking at one crisis as an isolated incident, it is important to view the family in a holistic way, and address the base level needs first, while working on a long-term plan toward stability in higher levels needs. Low-income households are at a higher risk for housing instability (Marcal 2017), and upward mobility is not an option when facing a housing crisis. There is no official definition of this complex social problem, but it is widely recognized as having trouble paying rent, overcrowding, moving frequently, or spending most of household income on housing (Kang, 2021), and according to federal law, includes those that lack a fixed, regular, and adequate nighttime residence for sleeping (Lanham, et al., 2022).. As research continues, it is becoming increasingly evident that housing instability is a cumulative and longitudinal process that can manifest into a chronic state, furthering the idea that intentional and meaningful interventions are necessary (Kang, 2021).

Marcal (2017) reinforced the thought that families experiencing housing instability have a range of needs that require early and targeted programming. She argued that these interventions needed to include partnerships with local housing authorities, among others, to promote family preservation (Marcal, 2017). Although associated with low socio-economic households, limited finances are not the only explanation for situations of unstable housing. Results from a qualitative study aimed at examining causes of housing instability, by Gultekin & Brush, 2017, found that no one circumstance led to a housing crisis. The study participants were single mothers in Detroit, MI, who needed help from a local housing services agency. Listed reasons that led to their lack of reliable housing included fleeing domestic violence, failing health, financial stress, underemployment, and unemployment. Participants were mostly from minority

backgrounds, that came from backgrounds of broken homes, trauma, and violence, and reported falling through the cracks at school, although, most participants did report having earned a high school diploma, and some form of post-secondary education in the form of trade school or college. Final interviews of participants included reflective questions on ways they felt this situation could be avoided. Most answers fell into the category of guidance and/or mentoring, and a need for practical, problem-faced advice, in the form of assistance in navigating and understanding public assistance programs (Gultekin & Brush, 2017). This study provides further evidence that housing instability can be manifested from any incident, and that the need for collective interventions is crucial.

Effects of Housing Instability on Families

Housing instability can result in various problems for families including physical and mental health problems, poor educational outcomes, and child welfare involvement. The Centers for Disease Control and Prevention (CDC) and U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion (ODPHP) via Healthy People 2020, recognize that housing stability is a critical social determinant of health (Gultekin & Brush, 2017). These organizations found that families facing housing instability are at a higher risk of acute and chronic illness in comparison to stably housed peers (Gultekin & Brush, 2017). Hospitals have now begun documenting housing instability to begin to understand the most common reasons for hospitalization for this group (Rollings, et al., 2022). The lack of safe and affordable housing can be tied to abnormal conditions that manifest from untreated and preventable exposures, and more chronic conditions like diabetes, high blood pressure, and heart disease, that if left untreated, can be fatal (Rollings, et al., 2022). People experiencing housing instability also had higher incidents of lengthy hospital stays, resulting in unsurmountable

medical debt, and increased use of emergency department services, for non-emergent care, compared to their stably housed counterparts (Rollings, et al., 2022).

The negative effects of housing instability on children's education are not isolated to our country. Kahlmeter (2021) investigated educational outcomes for children living through situations of housing insecurity in Sweden. The number of moves a child encountered throughout school, particularly in late middle to high school grades, was inversely related to the likelihood of graduation (Kahlmeter, 2021). The lack of secondary education credentials then affects the availability of employment, and upward mobility, thus creating a new generation of undereducated caregivers (Kahlmeter 2021).

Caregivers living in housing uncertainly experience more strain in raising children (Marcal, 2017), and families living in a housing crisis cannot maintain routines and familial rituals, particularly when living in group housing, which compounds mental health issues (Mayberry, et al., 2014). The lack of privacy and strict rules at shelters often conflict with parenting styles and parental authority and can present in children through behavioral problems at school, and risky behavior for adolescents (Mayberry, et al., 2014). In a study performed by Mayberry, et al. (2014), participants compared experiences living in a shelter to living independently. Most participants stated that the lack of control around food and mealtimes was the most frustrating, and the fear of child protective service (CPS) involvement was constantly looming, which negatively affected their mental health (Mayberry, et al., 2014).

For some, child welfare involvement is unavoidable, and chronic cases of housing instability can create a revolving door within the system. Families that have had children placed in foster care and are experiencing housing crisis are at a greater risk of not being reunified (Bai, et al., 2022). Child welfare agencies are not equipped to offer housing assistance because of

overloaded case workers and limited resources, which can exacerbate the length of time of a child in foster care (Bai, et al., 2022). Despite the risks for children in foster care, there is still a gap in research examining if housing instability leads to direct child welfare involvement, or if that involvement occurs because children are at a higher risk of harm due to uncertain living conditions causing increased awareness from social service providers (Marcal, 2017).

Significance of the Research

The goal of the study is to help future programs understand how families perceived the services they received through the collaborative case management model utilized by 100 Families, and to determine if participants felt that the program helped them move toward housing stability. This model is believed to be significant to social service providers to further the argument that the silo approach, where organizations do not work together to help families in crisis, is not effective. This study will add to the understanding of how the families themselves feel about the services provided through holistic case management that addresses base level needs first, while working on a long-term plan toward stability in higher level needs.

Methodology

This qualitative study seeks to evaluate the effectiveness of the 100 Families Initiative in moving families from housing instability to housing stability. Data will come from interviews conducted with past participants of 100 Families in Sebastian County, AR during 2019, 2020, and 2021. Participants will be asked to engage in an interview with a researcher. These interviews may be conducted, at the participant's determination, in person, via phone, or Zoom. These interviews will last approximately 45 minutes to an hour and will ask a variety of questions about the family experience with their participation in 100 Families. Participant interviews will be recorded with consent.

Collection of Data

Potential subjects will be identified by Heather Edwards, Sebastian County Coordinator, because she is familiar with the client list from 2019, 2020, and 2021. She will then contact them either in person, or over the phone, for consideration to participate in the study. Ms. Edwards has a documented track record of trust with the clients that will be approached for participation. Ms. Edwards will assist in facilitating communication between the researcher and the client prior to the consent portion of the study, but the researcher will obtain participant consent prior to participation in the interview process. No compensation will be offered to participants. They will be notified of scheduled interview time and reminded that they are under no obligation to participate in the study and that they may stop answering questions at any time even if they have already answered some questions. Interviews will be conducted by the student researcher.

Survey Questions

Because this study looks at one specific program, interview questions were developed by the researcher to pertain to the experiences of the participants in the 100 Families initiative.

Participants will be asked to answer the following questions:

1. How did you find out about 100 Families?
2. When did you first enroll as a client in 100 Families?
3. What additional struggles, other than housing, were you facing that led you to enrolling as a client?
4. What were your expectations prior to enrolling?
5. Describe your housing journey as a 100 Families client.
6. What role did your case manager(s) play in that journey?
7. How long did you participate in the 100 Families Initiative?
8. Do you think you would have been able to work through the crisis(es) you were facing without the intervention of the 100 Families Initiative and case manager(s)? Why or why not?
9. How do you feel that the 100 Families Initiative helped you, as a family, navigate your housing crisis?
10. What is your current housing status?
11. Would you recommend participating in 100 Families to others facing a housing crisis? Why or why not?
12. Is there anything else you would like to share about your experiences with 100 Families that I did not specifically ask you about today?

Participants

For this qualitative pilot study, 10 interviews will be the desired target. The total number of participants will depend on the willingness of families to participate in the research project. All interviewees will be participants of 100 Families in Sebastian County, AR during 2019, 2020, and 2021.

Data Analysis

To analyze the data, the researcher will record the interviews and then use an artificial intelligence program to transcribe language from the interviews. The use of the software will help to reduce human error; additionally, the researcher will also reread each transcript closely while listening to the recording to ensure accuracy. Participants will be asked to be recorded and if they agree, recording software will be utilized during the interview. If participants wish to not be recorded, the researcher will take notes during the interview and then review those notes immediately following the interview. Participants will also be informed that their names will not be associated with the recording and that an identifier will be assigned to each participant for the purpose of the research and analysis.

Because this study does not have pre-determined themes to be tested, a thematic analysis approach will be used to test the data. A thematic analysis approach is appropriate for the current study because no other research on this program has been conducted and therefore, no pre-determined themes are being used. The themes will emerge from the data and be reported.

The six phases of thematic analysis (Braun & Clarke, 2016), as seen in Figure 3, will be followed.

1. Familiarization of data by the researcher – transcribe data, read and re-read data, noting initial ideas.
2. Generation of initial codes – Code interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Search for themes – Collate codes into potential themes and gather all data relevant to each potential theme.

4. Review themes – Check if the themes work in relation to the coded extracts and entire data set.
5. Define and name themes – Continue to analyze and refine the specifics of each theme, and the overall story the analysis tells, while generating clear definitions and names for each theme.
6. Produce the report – This will be the final opportunity for analysis. Select compelling extract examples and relate them back to the research questions and literature.

Research Questions

As previously stated, the overall goal of the study is to shed light on the lived experiences of selected participants in the program and their experiences of living without stable housing and participating in a collaborative program designed to move them toward housing stability.

Specifically, the following research questions will be addressed:

RQ1: How do participants in the 100 Families initiative experience the collaborative case management approach?

RQ2: What themes are present that led to housing instability among participants?

RQ3: Did housing stability lead to family reunification or preservation for families with open child welfare cases?

Figures

Figure 1

100 Families Hierarchy and 13 areas of evaluation



Figure 2

Likert scale used in the Hope Ark data management portal to measure housing stability

Please rank the client in the following areas (please select the one that applies):

	1 (in crisis)	2 (at risk)	3 (situation stabilizing)	4 (stable)	5 (thriving)
Housing	<p>Client is being evicted from housing OR client has already lost housing and is currently living outdoors, in an emergency shelter, or couch surfing</p> <p><input type="radio"/></p>	<p>Client is currently in a living situation that is stable for at least two weeks (living in a transitional home, living in a shelter, or participating in a housing program, renting a room, etc) OR client has major livability, safety, or maintenance issues</p> <p><input type="radio"/></p>	<p>Client has permanent housing but is paying more than 30% of their income OR has paid rent late more than once in the past 3 months OR has missed a rent payment OR has major safety or livability issues OR has been threatened with eviction</p> <p><input type="radio"/></p>	<p>Client has permanent housing that is less than 30% of their income and is current on payments. Client has minimal livability, safety, or maintenance issues</p> <p><input type="radio"/></p>	<p>Client has paid rent on time every month for the past year. Livability issues have been or are being addressed. Client is satisfied with living situation or is working to improve</p> <p><input type="radio"/></p>

Figure 3

Phases of thematic analysis (Brawn & Clarke, 2006)

Phase	Description of the process
1. Familiarizing yourself with your data:	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes:	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5. Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

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