Capstone Project-Program Proposal

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[HN599 Master's Capstone in Human Services](https://purdueglobal.brightspace.com/d2l/home/203756)

03/28/2022

**Abstract**

Homelessness is a constant public health issue in societies all over the world. Housing insecurity has life-long ramifications for children, households, and vulnerable individuals. Despite official initiatives to eradicate homelessness, homelessness trends continue to be stubbornly high. This paper presents a program that attempts to prevent and reduce child, adolescent, and young adult homelessness through the development of a community‐based plan. The initiative will cooperate with individuals who have lived on the streets to establish a cross-systems relationship and develop novel service and housing solutions. The initiative targets homeless youngsters and young families with children who live on the streets. The program is open to all homeless individuals living in urban areas.

**Introduction**

Homelessness is a problem on a federal, state, municipal, and local level. As of the latest nationwide point-in-time estimate done in January 2017, the United States has a projected 553,742 people suffering homelessness on any given night. This equates to around 17 homeless people for every 10,000 persons in the general population. Numerous low-income people are at high risk of being homeless; hence there is a need to look for ways to prevent and end homelessness in the US.

This paper proposes a program to prevent and end homelessness among children, youths and young adults by developing a coordinated community plan. The program will collaborate with those with the experiences of being homeless, create a cross-systems partnership, and design innovative service and housing solutions.

The program focuses on youths and young families with homeless children who stay on the streets. The program applies to all homeless persons living in urban settings.

**Literature Review**

There is a substantial body of literature on homelessness. Scholars have done extensive surveys and analyzed large amounts of data to define the demographics of homelessness, the related health risks, social and economic ramifications, causes, and risk factors. For example, Kochanek et al. discovered in 2019 that the most prevalent health problems in the general population and some of the leading causes of mortality are cardiovascular diseases, cancer, unintentional injury, respiratory illnesses, Alzheimer's disease, stroke, kidney, and diabetes problems. Additionally, studies indicate that homeless people are frequently ostracized and suffer challenges to getting appropriate and respectful health services. The experiences of homeless and vulnerable individuals with healthcare services do not fulfill the norms of universally available patient-centered treatment (Purkey & MacKenzie, 2019).

Johnson et al., 2017 sought to expand on the connection between homeless people and primary and preventive involvement by examining whether primary care interaction was related to improved housing prospects. They discovered numerous strong connections between housing and primary care utilization in their investigation of 142 homeless veterans. For those who got primary healthcare services within one month of housing service enrollment, the average time required to transition from insecure to secure housing was approximately half that required for those who did not receive primary care services. Prioritizing basic care services early on tends to aid in attaining sustainable housing.

Alongside human suffering, homelessness imposes huge fiscal costs on governments. The expected monthly cost of a homeless person in the United States can surpass $7,000 per family, not including the expenditures of inpatient care, imprisonment, and public assistance. Although cost estimates for Europe are sparse, they show significant expenditures on shelter and external amenities such as emergency rooms, psychiatric care, and detention or imprisonment (Fowler et al., 2019).

**Part I: The Problem**

The extensive research supports the problem statement. It expands and conforms to the notion that homelessness is a big problem with many health, social and economic effects.

Concerning causes and risk factors, Structures like a lack of affordable housing, poverty, and limited access to healthcare make addictions, family breakups, and mental illness even worse. Because of how they work together, these factors all impact the level of homelessness (Mago et al., 2013). Homelessness experiences are confounded by a wide range of personal, social, and economic factors. For a long time, mental disorders and addictions were thought to be risk factors for homelessness. As a result, disagreements with friends and family and love partners harm both well-being and the chances of finding a place to live in a vicious cycle. In addition, social and economic factors often play a role in whether a person is likely to be displaced.

The homeless are a susceptible group that benefits from spirituality's moderating influence; religion contributes to their mental and emotional capacity to deal with obstacles and engage in health-promoting habits. Spirituality frequently improves the lives of homeless people who use it as a beneficial coping mechanism and is recognized as a sign of inspiration and solace in qualitative studies (Wendt et al., 2017). In terms of culture and politics, homelessness deviates from the social norm. As a result, the norms and rituals of the homeless culture are unique to them, and they change to meet the needs of the people who live there. A person must decide whether or not to change when they lose their roof. People who are more willing to accept their situation are much more likely to stay homeless because of how people are in the world of homelessness. On the other hand, people who don't think they're part of the homeless culture spend less time on the streets than people who do (Philipps, 2012). People who have bad childhoods can adapt more quickly because they don't see this new environment as more frightening than they left.

Homelessness affects everyone, and it has a detrimental effect on the economy, the environment, the health care systems, and the lives of other humans. Economically, according to the Care Coordination Project's "housing first" initiative, people who use the system a lot while homeless pay $62,473 in direct costs to the taxpayer, compared to $19,767 for people who stay housed. This results in a $42,706 savings each year for people who remain housed. Fifty-three percent of the money that homeless people spent went on health care. (National Alliance to End Homelessness, 2019). Socially, homelessness is destructive to our community, disenfranchises homeless people, and degrades the fabric of our city life and public space accessible. Additionally, marginalization and separation from our community contribute to the sterility of our culture, perpetuating the cycle of poverty.

**Part II: The Program**

Shelter for All is a program I made up previously to address the issue of homelessness. One similar program that deals with homelessness is the "Permanent Supportive Program" (PSP). PSP has been demonstrated to be a cost-effective and viable remedy for the homelessness epidemic. The program combines affordable housing aid with critical support services for people with HIV/AIDS, mental illness, or other major health issues (Miterko & Bruna, 2020).

Gaps in the system for this target population are that homeless people are often marginalized hence face barriers to respectful and acceptable healthcare services. For instance, the healthcare services they experience are stigmatizing and shaming for the homeless and those on substance abuse concurrently. Such adverse experiences often lead to avoidance or abandonment of care (Purkey & MacKenzie, 2019). Hence, the healthcare services provided to this population are inadequate and fail to meet the professional standards of patient-centeredness, universality, and accessibility.

My programs aim at bridging this gap to ensure that the homeless and vulnerably housed get quality healthcare services that meet the standards of universally accessible patient-centered care. First, the program will provide access to health services and resources, limiting the identified gaps and negative care experiences. Collaborating with healthcare professionals, the program will help service providers to listen and see and hear patients before them in all their complexity, strength, and occasional despair. Doing this will help provide a cultural shift with a more versatile and creative way of delivering care to the homeless.

* **Proposed Intervention, Purpose and Objectives**

This paper presents a program that attempts to prevent and reduce child, adolescent, and young adult homelessness through the development of a community‐based plan. The initiative will cooperate with individuals who have lived on the streets to establish a cross-systems relationship and develop novel service and housing solutions. This study focuses on children and teens living in homeless shelters. Traumatic stress from their experiences that caused them to become homeless renders coping with the obstacles of everyday life on the streets and the ultimate aim of escaping from homelessness extremely tough. Surviving becomes much more difficult when the shelters on which children and teens rely for daily basics cannot meet their demands (Oppong Asante, 2019). This initiative aims to assist underperforming homeless shelters in providing basic living essentials to children and teenagers and educate youngsters on the valuable instrument of resilience.

The quantifiable goals and planned objectives are as follows: to provide resources and assistance to homeless children and young people living in shelters so that they can be strong and resilient in the face of their homelessness; Children and youths will have a greater sense of personal resilience; children and youths will have enough clothing, food, housing, and medical support while staying at the shelter; and shelters will have the funds to handle all of the instant basic needs of the homeless youth and children they serve.

Thus, the program aims at bridging this gap to ensure that the homeless and vulnerably housed get quality healthcare services that meet the standards of universally accessible patient-centered care. The program will provide access to health services and resources, limiting the identified gaps and negative care experiences. The program will collaborate with healthcare professionals to help service providers to see and see and hear patients before them in all their complexity, strength, and occasional despair (Dommaraju et al., 2021). Doing this will help provide a cultural shift with a more versatile and creative way of delivering care to the homeless and enhance resilience.

* **Application of Research or Theoretical Perspective Guiding the Intervention Proposed**

Bronfenbrenner's Ecological Systems Theory (EST) is the theoretical perspective that guides my homelessness intervention program. The rationale for choosing this perspective is that effective intervention programs must consider both the features of the offered initiatives and the people who engage in these programs to find the right fit to encourage good growth and enhance resilience. The critical principle of EST is the interconnected nature of contexts. It suggests that people exist in various circumstances, starting with and progressing outward. Bronfenbrenner views change as involving interactions within and between environments (Crawford, 2020).

The ecological systems model comprises four micro-, meso-, exo-, and macrosystems. The microsystem depicts a person's immediate surroundings, including actors, roles, and environmental elements. The mesosystem comprises all the other systems that the person visits and their interrelations. People can also be affected by circumstances in which they are not involved, like instructors' connections with their students' parents. These situations are a part of the exosystem. Finally, each person exists inside a more extensive cultural system, known as the macrosystem, which governs some aspects of all related systems (Crawford, 2020).

From an ecological perspective, homelessness is understood as a consequence of high-risk factors that happen to an individual through traumatic events and structural and environmental situations. Homelessness can happen on a situational, intermittent, or severe level. After a while, homeless people can experience changes in their housing situation and end up living on the streets, in someone else's house, in an emergency shelter, transitional and permanent housing, and through prisons and hospitals. Homelessness can result in personal and social repercussions, damaging a person's overall health, resilience, and well-being and negatively impacting their community (Nooe & Patterson, 2010). According to this theoretical perspective, homelessness intervention programs must encourage positive social interactions between participants and program parts while building collaborative links between the program and other vital external environments that can stimulate growth and resilience.

* **Correcting the Problem from a micro, mezzo and/or macro perspective.**

On a **macro level**, the program seeks to campaign for and push the federal government to give monies for homeless persons with disabilities, substance misuse issues, or AIDS and related illnesses to offer housing and appropriate support services. The program's **mezzo level** aims to facilitate the transition of formerly homeless individuals to permanent housing by providing support services such as childcare, home furnishings, and job training. Substance addiction, employment, and mental health issues related to previous homelessness will be addressed. At the **micro-level**, the initiative strives to find shelter for homeless persons while providing individual counseling and connecting them to mental health services and other resources that will improve their lives. Overall, the goal is to provide basic living requirements and social assistance to homeless children and teens while also teaching them the crucial tool of resilience to help them overcome the problems connected with homelessness.

* **Funding the Intervention**

A significant amount of preparation will be required to develop and implement measures that would achieve the proposed program's strategic goals. Money will be needed to pay people to manage and create excellent programs; money will also be necessary for everyday supplies and commodity purchases and to meet the basic and health needs of the children and youths. Funds are also requested to pay and support shelters struggling to provide for these youth and children. ​ Federal, state, and corporate grants, contributions, fundraising events, in-kind gifts, Go Fund Me, and Kickstarter fundraising efforts are all possible sources of income. After a successful first year of rendering assistance, the program would like to produce a complete assessment and impact report to persuade local businesses to provide financial means. Another goal is to get corporate sponsorship as the organization prepares for its second year of strengthening underperforming shelters and providing resilience-infused programs to homeless children and young people. Volunteers are also aimed to support all fundraising and the search for new community connections and funding sources (Trappenburg, 2021).

* **Plan For Implementation: Timelines, Phases**

The initial phase of the program will last for four months. The first four weeks will seek funds through fundraising and grant applications. The second to the eighth week will be about recruiting and training personnel that will help provide services to the children and youths. From the fourth week to the eighth week, the program will strive to establish connections with underperforming shelters local agencies and to understand the scope of homelessness in the region. From week seven to thirteen, the program will develop a framework for dealing with the problem, securing additional funding, and conducting a needs assessment in the concerned area.

From week 13 to 16, the program will campaign for and push the federal government to give monies for homeless persons with disabilities, substance misuse issues, or AIDS and related illnesses to offer housing and appropriate support services. The program will then facilitate the transition of formerly homeless individuals to permanent housing by providing support services such as childcare, home furnishings, and job training. Substance addiction, employment, and mental health issues related to previous homelessness will be addressed within this time frame. Additionally, within this timeframe, the initiative will find shelter for homeless persons while providing individual counseling and connecting them to mental health services and other resources that will improve their lives and enhance resilience. Actions will cycle on and off throughout the year so that after every couple of weeks, for instance, staff and volunteers will proactively explore new financing opportunities for the following months. All through planning and implementation phases, our team will regularly analyze our procedures and actions to determine "best practices" in the program's second year. Because volunteers will primarily operate this program, we will recruit and train new volunteers throughout the year.

* **Projected Actual Results/Outcomes**

It is expected that the homeless and vulnerably housed will have quality healthcare services that meet the standards of universally accessible patient-centered care; children's feeling of personal resiliency will improve. While living at the shelter, minors will have adequate clothing, food, housing, and medical attention. The agencies assisting homeless children and adolescents will have the essential resources to satisfy the urgent requirements of the homeless children and young people they serve.

**Program Evaluation**

**Type of Program Evaluation:**

I plan to employ process evaluation to assess the efficacy of my interventions. Process evaluation evaluates whether program activities were implemented as designed and achieved the desired results. Process evaluations can be done regularly during the program, beginning with reviewing the program's activity and output mechanisms. The findings of a process evaluation will increase my capability to investigate my program and to use the information to better future actions.

*The Rationale*

Process evaluation is ideal for my program intervention since it may be used as early as program implementation commences, as with my intervention program. Another reason is that this evaluation can be employed while an existing program is still operating. This evaluation method is also recommended since it determines how well the intervention is functioning, how the initiative is being executed as projected, and if the initiative is accessible and appealing to its targeted demographic. Furthermore, it provides an initial warning for potential problems and enables programs to track how well the intervention goals and operations are working.

In addition, evidence shows that process evaluations can optimize intervention implementation. In South Africa, for example, while hypertension control did not improve, the lay health worker (LHW) program expedited clinic operations by enhancing the booking system for patients with chronic conditions. The process review allowed researchers to establish that moving specific socially and medically focused duties from physicians to LHWs would reduce the stress on health caregivers, enhance chronic care coordination, and optimize primary care clinic efficiency (Limbani et al., 2019). Hence, process evaluation is a vital evaluation type that has been proven to be effective. As such, it will be helpful for my program intervention.

**Type of Evaluation Design**

The Interrupted time series (ITS) design will be used to evaluate the effectiveness of the proposed intervention. Data is collected in an ITS design at several evenly-spaced time intervals, such as once a week, or a month, and before and after the intervention ends. Knowing the precise time of the intervention is a crucial element. The primary goal of an ITS is to determine if data patterns reported after the intervention differs from that recorded before the intervention (Hudson et al., 2019). The effect of the intervention can be described using a variety of effect estimates.

ITS is the appropriate design for this evaluation because of the complexity of the program, the anticipated outcome, and the data available.  ITS necessitates a clear distinction between the pre-intervention and post-intervention periods. This homelessness intervention program has a defined time when the intervention will begin, and the effects of different components can be evaluated. The implementation period is well defined; hence it can be separately considered. Concerning outcomes, ITS performs effectively with short-term outputs that are predicted to alter either reasonably soon or after a precisely articulated lag once an intervention is introduced. My intervention has a short-term outcome with rapid onset. The aim is to end homelessness, promote resilience, and improve their health and social-economic conditions as soon as possible. In ITS, sequential outcome measures should be accessible before and after the intervention. My program has relevant data points before implementation and the expected data after the intervention.

**Data Collection Plan**

As far as data collection is concerned, data will be collected before the start of the intervention to determine any data trends before the onset of the intervention. Data will also be collected for a length of time following the program's conclusion to help measure the program's long-term effects. Existing data and reports will be used to determine the trends of homelessness. Measuring the extent of homelessness is essential to combating it. Several local communities have systematically collected data on homeless persons following increased homelessness. This will help understand the situation.

Questionnaires, surveys, and interviews (individual) will also be used. These tools will collect contents knowledge, feelings, attitudes and reports of perceived outcomes from the participants involved in the intervention. The tools will also collect information on the homeless individuals' status and their feelings on behavior, while supervisors will help provide data on perceived outcomes. Focus groups will provide feedback on the program's perceptions, needs, outcomes, and changes. This form of information collection tool will help to collect information from a large number of people simultaneously. Unlike with interview methods, when the investigator focuses on a single person, the researcher concentrates on a group (Rabinowitz & Fawcett, 2013). To summarize, qualitative data will aid in understanding the purpose of the intervention and people's responses to the results.

Possible threats to internal validity would include the participants' personal histories like culture and external events during the evaluation period that can influence any change in the expected outcome. There is also the possibility of participant or data loss. If too little information on the participants is acquired, or if there are many dropouts before the end of the assessment period, the results may be based on insufficient data to be reliable. In terms of external threats, an initial evaluation or observation may alter how individuals react to the program, influencing eventual outcomes. Participants may also change their behavior based on being studied, or they may react to specific persons in manners they would not react to others. There is also the possibility that participants will give socially acceptable answers.

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