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Care networks in play: Understanding death of a parent as a contributing factor to homelessness

Tam E. Perry^a, Luke Hassevoort^b, and Justin Petrusak^a

^aSchool of Social Work, Wayne State University, Detroit, Michigan, USA;

^bCommon Ground, Royal Oak, Michigan, USA

Abstract

Offering an understanding of specialized service needs of those becoming homeless because of the death of a parent or parental figure, this project is set in Detroit's urban context, where residents face economic hardship and intergenerational poverty. In this study, we analyze the voices of practitioners ($n = 5$) and men ($n = 5$) who have experienced parental death as a contributing factor to homelessness in Detroit, Michigan. Findings include the following: (1) the impact of death and dying experiences on these men and (2) the role of care networks in these men's lives, particularly when these men have and lack "default" caregivers after death of a parent. This community-based research project was a result of a partnership between a local agency serving persons experiencing homelessness, where the practitioner initiated the project with the researcher. The paper concludes with implications for social work practice.

Keywords

Homelessness; intergenerational; kin network; parental death; qualitative; trauma; urban

Introduction

In Detroit and around the country, adults are experiencing homelessness, some for the first time, or episodically, and others chronically. The purpose of this study is to gain insight and perspective on the experiences of adult men who experienced chronic homelessness after losing a parent or parental figure. This individual risk factor to homelessness relates to key aspects that provide stability in persons' lives including emotional and physical elements of home (rituals of cooking with family members and celebrating holidays), and community connections (neighbors, local schools and jobs) contributing to physical and mental health. When a parent or parental figure dies, these characteristics of permanence become blurred at times, leading to a series of events that may result in the loss of one's residence. This urban-based research offers an opportunity to understand vulnerability and survival in the wake of losing a parent by way of qualitative interviews conducted with older adult (45–65) African-American males experiencing homelessness who self-identified the death of a parent or parental figure as the primary cause of their homelessness. The goal of this project is to

understand in a more nuanced way this trigger to homelessness. The research questions guiding this paper were as follows:

How did participants describe their experiences with the death of a parent and with death itself?

How did participants describe how their care network changed after the death of a parent?

Background

In 2016, the Homeless Action Network of Detroit reported that 16,040 people experienced homelessness within the city limits of Detroit over the course of 2015, a 2% increase over the previous year (HAND, 2016a). Of the total number experiencing homelessness, 10,406 were single adults and 2,107 individuals were defined as “chronically homeless.” African-American males made up the majority of the chronically homeless single adult population (89% and 73%, respectively). Accordingly, primary participants in our study were single African-American males. People experiencing chronic homelessness must survive the elements of living unsheltered, often on the streets, in abandoned buildings or cars, or in emergency shelters and warming centers (Nooe & Patterson, 2010). According to the most recent Point-in-Time Count, unsheltered homelessness has risen by 28% across Detroit’s Continuum of Care (HAND, 2016b). These local increases have occurred against the backdrop of national decline in total and unsheltered homelessness across the United States (HUD, 2015a). For those experiencing homelessness, it frequently occurs as a result of multiple, interacting individual and structural risk factors (Nooe & Patterson) and a trigger event, often an eviction, death of a spouse or divorce, or retirement and the loss of income (McDonald et al., 2007). HUD proposed a revised definition of chronic homelessness recently, and we apply this definition for the purposes of this study as we explore the relationship of parental death to life on the streets.

HUD defines a “chronically homeless” individual as a “homeless individual with a disability” who:

- (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i).

(HUD, 2015b, p. 75804)

From a qualitative perspective, Austerberry and Watson (1986) argue that homelessness must be interpreted within the context of the specific social and economic conditions of the place and time, a conclusion we determined efficacious and ethical for our study.

Contributing factors to homelessness

Individuals experiencing homelessness also have limited access to needed resources and services such as medical attention, stable income, mental health or substance abuse

treatment, and other basic necessities like nutritious meals, bathing facilities, and transportation (Lewinson & Collard, 2012). Consequently, the expected mortality rate among persons experiencing homelessness is three to four times greater than that of the general public, with an average life expectancy between the ages of 42 and 52 (Adams, Rosenheck, Gee, Seibyl, & Kushel, 2007; O'Connell, 2005). For African-Americans, minority status has been identified as an individual risk factor for homelessness that is associated with structural risk factors for homelessness such as poverty, housing segregation, loss of jobs (Nooe & Patterson), and premature deaths and estrangement (Padgett et al., 2012). As noted by Lewinson and colleagues (2014), turbulent histories and past and present traumas also increase risk for not only homelessness, but mental health problems as well. Interested in the impact of grief and loss due to death of a parent, this study seeks to better understand this particular contributing factor as part of an overall understanding of past trauma faced by this population. As parents are a key part of one's history, the association between exposure to or experience with death early in life and homelessness is a key contributing factor for some experiencing homelessness. Many of the death-related attitudes generated by the significant experiences with loss, including fatalism, isolation, and poor attitudes toward providers and institutions (see Song et al., 2007) should be further investigated as possible contributors to continued homelessness.

The role of care networks

Recent scholarship has indicated the importance of social support in buffering stress for those experiencing homelessness. For example, Bates and Toro (1999) found that "homeless" and "poor" study participants with greater social support, as measured by a social network index, had less physical health challenges despite the presence of stress while those with smaller social support networks did not experience the same buffering effect of stress for their physical health symptoms. Scholars have also found that the presence of social network support in terms of family structure, proximity, housing resources, and estrangement (McChesney, 1992) has an impact on kin homelessness status. Utilization of a social network perceived as "organized" and comprised of "responsive caregivers" has been also linked to seeking out family members, resulting in exploring more housing options (Passero, Zax, & Zozus, 1991), and yet, providing care to an adult child experiencing homelessness increases stress and financial burden of family members (Polgar, 2011). A recent study also found that the more satisfied participants were with their social supports, the fewer episodes of homelessness they had experienced (Zugazaga, 2008). Their study also found gender differences in the types of social supports available to persons experiencing homelessness, such that single men experiencing homelessness have fewer social supports than single women, and women with children. However, it is important to note that there are barriers to accessing social support networks such as internal barriers, like a homeless individual's own coping strategies and external barriers, also viewed as structural risks for homelessness, like members in their social network not being able to provide support for economic or other reasons (Shier, Jones, & Graham, 2011). A breakdown in the family is one of the five pathways to homelessness according to Chamberlain and Johnson (2013). This family breakdown occurs when one member leaves the relationship by way of either violence, divorce, death, or estrangement.

Methods

Sample

The results of this study are drawn from qualitative interviews with homeless recovery service providers ($n = 5$) and men experiencing homelessness ($n = 5$). Of the five service providers interviewed, three of the service providers were female, and two were male, with two service providers being Caucasian and three being African-American. There were five men experiencing homelessness in the study (age range 47–55). All men were African-American single adults, as the research site of the collaborating agency serves single adults experiencing homelessness. Please see Table 1 for more description of the sample regarding their homelessness acuity and vulnerability scores.

Research design and data collection

The research team set out to conduct qualitative interviews with primary participants, that is, men between the ages of 45 and 55 who experienced homelessness after the death of a parent, and practitioners who had worked in homeless recovery services for at least 1 year in Detroit. Interested in better understanding this phenomenon, a practitioner approached the researchers and proposed a collaborative investigation of this event (i.e., the death of a parent), exploring why it has led to some adults experiencing chronic homelessness, and how these adult males navigate survival while living unsheltered. Utilizing a Community-Based Participatory Research framework to integrate practitioner knowledge and connections with the study population and researcher's methodological expertise, the members of the research team co-wrote a grant to fund this small pilot project. Following receipt of the funding, the members of the research team collaborated to create a semi-structured interview guide to gain service providers' perspectives on their clients' experiences of homelessness and men's experiences. For the men's interview guide (see also Table 2), the research team added the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988). Men experiencing homelessness completed this social support scale twice, once considering their social supports before the death of their parent, and the second time considering their social supports after the death of their parent. The research team also obtained consent to access the agency's record of the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), a state mandated tool utilized by agencies serving persons experiencing homelessness, where possible. Data were collected between September 2014 and August 2015, after receiving approval by the [NAME OF INSTITUTION] Institutional Review Board. The research team provided orientation to the collaborating agency personnel at a staff meeting, inviting staff members to be interviewed and inviting them to refer clients who fit the criteria. The staff members could approach a member of the research team, an MSW graduate research assistant, to arrange an interview. The research team was aware that one research member was a supervisor in the agency, and the research team purposely did not have that team member know who had arranged and/or completed an interview (as per the IRB procedures). Men experiencing homelessness were recruited often by invitation of the service provider when they had indicated that the death of a parent or parental figure had contributed to their homeless status. In the screening, we asked the men to describe their experiences and to self-

identify whether they attributed the death(s) of their parent(s) or parental figure as a contributing cause to their becoming homeless.

Data analysis

For the service provider interviews, only two of the three members of the research team listened to the original interview recordings to avoid the third member (a clinical supervisor at the collaborating agency) identifying those service providers who participated in the research project. Utilizing a grounded-theory approach, the remaining two researchers independently reviewed the interview recordings and coded the interviews to identify key themes. After independently reviewing the data, all three researchers met together to discuss the key themes that emerged. Essential quotes identified by the researchers were transcribed. For the data collected from the men experiencing homelessness, the same reservations about involving the clinical supervisor did not apply. These interviews were transcribed by a graduate student in Social Work. In phase one of the data analysis, the research team invited this student and an MSW intern posted with the principal investigator to review the transcripts and contribute to the content analysis. After in-depth, repeated reviewing of transcripts where each person generated their own themes with data to support the themes, the research team and students compared themes and decided on overarching themes applicable to practitioners and researchers. For the social support scales, we analyzed the before and after social support scales to understand how ratings changed after this contributing factor to homelessness and the VI-SPDAT scores to understand general vulnerabilities of our sample as compared to the general population of clients seen by the collaborating agency.

In phase two of data analysis, the second author who has a six-year history of working with people experiencing chronic homeless and under the observed the condition of the loss of a parent described as causative by members of the population, followed Groenewald's (2004) methodology to add nuance to the analysis. Data reduction was performed to maintain, rather than remove, the lived context of the phenomenon under inquiry. This was achieved by listening to the tape recordings as a whole repeatedly to better attune the researcher to the information shared by the participant and the manner in which the participant shared their experience of chronic homelessness, allowing the here and now dimensions of the interview to inform the content of the data. Initial coding was conducted thereafter to identify units of meaning within the data. The codes were informed by the literal content shared, and the amount of times meaning was shared and the manner in which the meaning was shared, specifically by way of the intonation of the participant's voice. Colloquial data were defined primarily by making use of the crowd-sourced Urban Dictionary. Once units of meaning were extracted from the data, redundant codes were delineated as non-redundant codes in cases of seemingly similar codes that had different meaning contextually. The initial code list was then rigorously examined throughout the data and clustered together within the holistic context of the data to form themes that expressed the essence of the clusters. Appropriate meaning of the themes was maintained by allowing for a natural overlap of meaning, inherent in the human experience. Each theme was then summarized by use of quotations from each interview within a holistic context. Names of study participants

throughout this article are pseudonyms. The research questions guiding this paper were as follows:

How did participants describe their experiences with the death of a parent and with death itself?

How did participants describe how their care network changed after the death of a parent?

Findings

This study aimed to better understand how death of a parent or parental figure served as a contributing factor to homelessness for men in a large, predominantly African-American city. Fundamental to this study is that the men self-identified as fitting the inclusion criteria though the death of the parent was not always recent. Some stated that they lost their parent as a child or adolescent, while others lost parents in middle age. In all the interviews, both individual (mental illness, health status, substance abuse) and structural risk factors (poverty, loss of jobs) of homelessness were explicitly mentioned as parts of major thematic expressions of the participants. Two major themes emerged in this study: (1) the (implications of death and dying experiences on these men and (2) the role of care networks in these men's lives.

Becoming a survivor: How death and dying associates to a homelessness trajectory

Often in newspapers, obituaries list survivors after a loved one dies. In this study, we obtained the stories of how death of parent creates "survivors" who also become homeless. In our study, one participant who lost his mother at age 35, Bill, experienced a series of losses. His stepfather passed when he was 30, and his two older brothers passed away soon after the death of his mother. He had been living in his mother's apartment when he lost her. He explained, "And then when that left me, like, 'Damn, what am I gonna do?'" His mom didn't tell him she was sick and dying and he viewed his mom as the only person who cared for him. He became homeless at age 36. He further explained, "For a long time I had to accept that she was gone. You know what I mean. I try to drink and drug my problems away. That how it is." Further, while he was able to express anger about times in his life where his mother did not protect him from sexual abuse by an older male neighbor, he describes pleasant memories of his mother and the context in which they lived together. He notes, "I still smell the aroma of the kitchen. On Christmas. And the barbeque. You know I still smell those things...Like at my church on mother's day. I try to be more helpful to the mothers that comes in." Realizing the gravity of the loss of his mother, he tries to assist others on the day set aside to honor mothers.

Adam, age 50 and homeless for the last 20 years consecutively, has never had his own living situation. He explained:

I never got back up. You know, after what happened, I never got back up. Sometime it just be in there. Mentally challenged. On and off the streets mostly. On and off the street. I didn't really have too many friends. At that time. Whole new

experience. When my [parents got killed], [I] hung around my friends and stayed out. Stayed out with them all the time.

He lost his father when he was fourteen and his mother when he was fifteen. He had an older brother (killed when Adam was 49) and an older sister who is deceased.

Early loss

Others interviewed for the study described the death of a parent occurring decades before, which lead the research team to recognize the experiences of loss in childhood remain for some study participants. For example, John, age 47, lost his mother before the age of six. He talked about “Bunch of, bunch of movin’ around. By the loss of my parents. You know, I lost them at a young age. Especially my mother. (...) I wasn’t that old, you know, I wasn’t in school yet.” Subsequent to the death of his mother, all of the ten children in his family were separated as his father was unable to care for them.

Similarly experiencing early loss, both of Adam’s parents were killed when he was an adolescent. He said, “I still feel, still feel the pain from all that. It was just so sudden and everything happened so suddenly. I didn’t thought, well, I didn’t thought this could happen to them.” As a young teen, he didn’t understand terminology surrounding death. He recounted, “So, yeah, when they come and say somebody came, and the police came and say, ‘He deceased’, you know, ‘He deceased’, I didn’t understand what the word meant, you know. Yeah, I remember it’s like (no words).” He explained that he did learn that “These things do exist and happens.” but recounted the shock of not understanding at the time. He recounted the immediacy of his homelessness occurring after their deaths, “Since I was younger I lived with my parents but then they got killed... Then from there, then from that I just hit the streets. You know, from there everything just went downhill. You know you had this ... I guess you had to find somebody for your role model, you know, to raise you up.”

Later loss

While experiencing episodic and temporary housing with relatives since childhood, John’s father was living until John was thirty-seven years old. John described that though his father was devastated by the death of his mother and felt unable to care for all of his children, his father nevertheless tried to provide guidance, “Look, if you do that there, you gonna be in trouble.” So don’t even go that route. You know.” John lived with his father before his father died. When asked if he’d be in the same position if his father was still living, he replied, “I don’t think so because I’d probably be tryin’ to help him still.”

Enduring emotional responses towards death of a parent

The respondents in this study also discussed how deaths had changed them. Adam relates feeling “cold” right after reminiscing about his mother’s belief in him. He says:

[My mother] believed in me. ... Yes she believed ... it was a while back since I ... really I ... Everything has just turned to cold, you know, heart done got colder towards, you know, life. ... like... You can feel it. It’s cold. It ain’t no happy times. That’s all I can say, no happy times. I ain’t got no happiness in my ... You know.

He may be employing a coping strategy of emotional distance to protect himself from the numbing effects of repeated killings of his family members. In addition to emotional distance, others revealed fears of illness intertwined with their status of being homeless. John says that:

With my health. I mean I'm watchin' myself, and goin' to the doctor's appointments, and I want to see if I can do that. You know, do them things. (...) It makes me scared being alone. Thinkin' you know if I do get out of here, can I? 'Cause I want to know if I can actually, you know, sit alone in a house and you know, mess around and fall out and get back up and call an ambulance and somethin' you know. I'm up on my own.

The fear of becoming ill and dying is associated with having his own residence again, which prolongs his homelessness.

Care networks: Meanings of care

In this section, we aim to understand who else is in the respondents' networks of care, and how those networks change after death of a parent. The interviews revealed that some had continued contact with their kin network. Respondents also talk about their networks of care and support, what default networks they relied on, and what happened in the absence of default networks. John, having ten siblings, explained, "And you know, so now I go and see them every other week. And stay a couple hours, and talk with them and everything. See my grandkids cause I'm a grandfather." Despite his familial contact, he has decided to wait for housing rather than cohabitating with family members. However, Adam also discussed his sibling, "I got one more [sister]. That one doesn't exist. She lives out in (name of city)... So, she don't really um, she don't really exist, you know, hard to keep, hard to get in touch with her." While she is alive, for him, she does not exist in real ways.

Meanings of care

Respondents recounted memories of guidance and discipline from their mothers. One said:

I remember I was on drugs real bad. I kept goin' to the house askin' for money. And this one time she said, 'You knock one more time, this shotgun I got on the other side of this door gonna blow you away.' And she peeked out the window and showed me the shotgun. So I just went on in the van and just laid it on down, 'Party's over.'"

They would even say that the care and attention from a parent is unique, emphasizing, "Even at my sister's. She just don't, just like not what momma do." One man strongly felt that his mother is, "Still prayin' for me."

While Bill had experienced a large family (five brothers and one sister), his network diminished dramatically losing two brothers and his sister in addition to his mother and stepfather. He recounted the mourning that occurred for him losing his parent as an adult, "So, it's been a struggle sometimes. You know what I mean, but, ain't nothin' like your mother. That's what I try to tell young guys now, that be disrespectin' their mothers, 'Man, you gonna miss her. Yeah, I bet my life on that.'" In this statement, Bill related his struggles

to the researcher including missing his parent, and indicating to peers that they may not realize the loss they may experience. For the men experiencing homelessness, we obtained self-report data on their perceived social support before and after the death of their parent (see Table 3).

Changes in the care network: The presence or absence of default caregivers

Respondents also discussed changes in care that happened in their own family history. All participants describe a female family member as the primary caregiver. Bill attributes his mother's death to her caregiving for his step-father. He explains that he would help his mother clean and cook because he recognized his mother's fatigue, "So, you know, a lot of things had to do with her death was stress also. You know, the heart got weaker, and you know what I mean, on the medication. She really couldn't take it. And then after havin' her for such a long time [taking care of my stepfather], after ... burying my stepfather, she had to get rid of the house, three bedroom house. She had to cause she couldn't maintain it. You know what I mean so, she moved in an apartment building down there in the [name of city neighborhood] area. And that's when I moved in with her."

While he tried to stay with his brother and then his aunt after his mother's passing, possible default caregivers, the housing never became permanent. Bill described the temporary housing with his brother this way, "'You remember you'd promised momma you'd take care of me.' And I lived on that. I need this. I want that. You know, for a time that's what he did. And the time came and it was like, (makes a cutting sound) 'You out of here buddy.'" He reiterated he never imagined himself on the streets. However, he became homeless shortly after the death of his mother, having nowhere to go. For Peter, his default caregiver was his grandmother, due to both physical and mental abuse from his mother and a sustained absence of his father. His grandmother's death, in addition to military service, a job transition which compelled him to vacate his apartment, both created a change in his care network that he attributed to his homelessness in the interview.

While Adam lost both parents as an adolescent, he never sought assistance to enhance his support network. In the absence of a default caregiver, he explained, "I was just doing my own thing. I was out here doing my own thing at the time. I was just really not carin. But then everything I didn't care about come back to haunt you." He discussed getting involved with people that "taught wrong". When asked if a family member had tried to help you get on the right path, he responded, "... I didn't trust nobody like that. Ain't trust nobody like that. The interviewer clarified, "Even back then? Like right after your parents had passed away?" He stated, "No. I didn't trust nobody. It's hard to trust somebody." He also explained that he did trust his mother but, "Since she had left everything just went downhill." Adam's experience illustrates that, though a minor, he was not incorporated into institutional systems of care. Perhaps, if he was, he would not have become homeless.

Discussion and implications for practitioners

The approach to understanding loss of a parent or parental figure and surviving care networks available, though not always accessible, to people experiencing homelessness as a

result of the loss as presented in our study helps to bring more appreciation to the complexity of homelessness by informing the “gestalt of homelessness” (Nooe & Patterson). For Social Work practitioners, notably generalists, the provision of homeless recovery services can seem daunting in the face of myriad causes of homelessness, but it need not be; efficacious responses can be delivered once persons’ own ecology of homelessness is explored and well understood. Systemically, we are overlooking the association between exposure to or experience with death and dying as a contributing factor to homelessness, as well as a possible contributor to continued homelessness (Song et al., 2007). In our study, we found that death of a parent was self-identified by study respondents as a contributing factor to their homelessness, despite the varied time since the death and the varying impacts of the death on the individuals. Understanding this study in terms of Song’s framework, deaths, early deaths in particular, contributes to present homelessness. This is further exemplified in the case of orphans that never seem to recover; Adam stated he “Never got back up.” And Peter only “stayed” with his grandmother and, at that, only “Off and on”.

Perhaps the homeless situations of the men in our study could have been ameliorated through an exploration of their caregiver support networks. Our study found that some had default caregivers and, while some did not have apparent caregivers to seek support from, caregivers were reported even in Adams most dire isolation, “[My sister] went down south. With they, um, grandmother. My grandparents. [She] stay down there with them.... I stayed in the city....I stay here.” Shier, Jones, and Graham (2011) provide a model to understand the internal and external barriers persons experiencing homelessness face in connected and reconnecting with their social support networks, notably family. Systemically, we have also overlooked the presence of such supports in the lives of those experiencing homelessness, with most research continuing to focus on the presumed lack of social support, yet studies are finding social supports from kin networks when they choose to look (Zugazaga, 2008). Our study also reflects these recent findings. Shier et al. conclude that an emerging role in generalist service delivery system is helping people experiencing homelessness address the barriers that keep them from making these links. John spoke to an internal barrier that he has in reconnecting with his family: isolation caused by the feelings of being a burden on others, “My daughters and them, they want me to be with them. They’ve asked me, you know, ‘You ain’t got to do that you know?’ You know, ‘You can always come and stay with us.’ But I say, ‘I want to try this.’ ... That’s what scares me a lot.”

In sharing our findings with service providers locally and state-wide, they supported that they continue to see clients who are in situations of homelessness analogous to our study’s findings. We argue that the results of this study, against the backdrop of the extant literature described, strongly indicate that death of a parent should be considered to be among the individual and structural risk factors contributing to homelessness, assessed at the service delivery system level. In our state’s context, the state-wide Homeless Management Information System (HMIS) database currently lists 27 possible “primary reasons” for an episode of homelessness. This emerging cause is not among the response set. Padgett concludes that the influence of previous traumatic events such as premature death and estrangement often remain a “hidden” influence in adulthood homelessness. By not adding this as a risk factor that persons can self-select, practitioners will continue to overlook the complexities of family network breakdown and surviving care network relationships, who

can possibly serve as default caregivers, a protective factor against homelessness and continued homelessness. We cannot serve clients in both their unresolved grief and loss issues as well as help them possibly ameliorate relationships within their care networks by presupposing the absence of a network, overlooking potential resources for this vulnerable population.

Study limitations

There are several limitations of this study. First, we aimed to interview 10 men experiencing homelessness, but after 1 year of recruitment, the research team was only able to complete five interviews. The research team has reached out to other agencies including the Veteran's Administration and hopes to obtain more interviews in the near future. Second, the research team did not include questions in the interview guide pertaining to the reason(s) that the parent or parental figure died. After further discussion with scholars of trauma, grief and loss, and homelessness, we realize that understanding more details surrounding circumstances surrounding the deaths would be useful to understand pathways to homelessness. However, by not asking these questions, we view that we not retraumatize them without supportive services in place. As mentioned above, many practitioners are not prepared to offer grief and loss counseling to a homeless population. While we did ask about the types of social support received by their family, we did not ask participants to delineate between types of support lost as secondary reasons for their homelessness. Future research should differentiate emotional, financial, and spiritual support (as spiritual ties have been shown to be important in many African American families) obtained from family networks in addition to structural supports (e.g., housing). Further research among this population into the individual risk factors associated with the death of a parent or parental figure needed. Also, a comparison group of participants who experienced the death of a parent as well as homelessness, but did not identify the death of a parent to be a contributing factor to their homelessness would further crystalize conclusions in this relatively new area of inquiry.

Future research

First, future research could focus on the care network of the person experiencing homelessness. If possible, interviews with one or more members of the care work (e.g., sibling who also experienced death of a parent), would be conducted to offer insight into the kin network's experience with becoming homeless, including which members became most vulnerable in the process and the emotional and physical needs of the various members of the kin network. Second, to truly explore gendered trajectories of homelessness, this research would be enhanced by a complementary study of women. Lastly, to truly explore gendered trajectories of homelessness, this research would be enhanced by a complementary study of women or other genders (e.g., transgendered individuals) experiencing homelessness due to death of a parent or parental figure. In the U.S., there are contributing factors to homelessness that vary by gender such as home ownership rates, unemployment rates in urban settings, informal economies (e.g., panhandling and odd jobs), and federal programs for supporting vulnerable populations (e.g., SSDI). In addition, there are tropes of masculinity/femininity and undeservedness/deservedness which resonate through service provision. For example, images of women that links to their social roles as mothers, where

homeless mothers and children comprise a “family” emoting different responses than adult males, and relevant for this study, males of color.

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Table 1.

Comparison of study participants with collaborating agency's population averages.

	Range	Peter	Adam	John	Bill
Participant 201: Peter					
General information	0–1	0	0	0	0
History of housing and homelessness	0–1	1	1	1	1
Risks	0–4	2	3	3	4
Socialization and daily functioning	0–4	3	2	3	2
Wellness	0–10	3	4	4	4
Pre-screen total	0–20	9	10	11	11
VI-SPDAT Scores (Collaborating Agency General Population Averages)					
Years 2014 <i>and</i> 2015					
				Subtotal	
General information				0.11	
History of housing and homelessness				0.59	
Risks				1.82	
Socialization and daily functioning				2.49	
Wellness				3.18	
Pre-screen total				8.18	

Note: Total: Score of 10 or higher—recommended for permanent supportive housing/housing first assessment

Scores 5–9—recommended for rapid re-housing assessment

Scores 0–4—not recommended for housing assessment at this time

A higher score represents higher acuity + vulnerability, and therefore is a higher priority for housing services. The scores of our participants show that they display high vulnerability.

Table 2.

Study guide: study name: surviving in Detroit: men experiencing homelessness due to the death of a parent.

Primary Participant Interview Guide for semi-structured interviews with primary participants

Note: The instrument will be piloted to assess the amount of time required to complete the interview. If necessary, modification will be made if the interview time is too long.

(Family of topics to be discussed during interviews with primary participants)

Background Questions

How old are you? (What is your age?)

Are you currently experiencing homelessness?

If you are currently experiencing homelessness, is this your first experience of homelessness?

Before experiencing homelessness, were you living with a parent/guardian or other relative who passed away and their passing was a factor in your experiencing homelessness?

How important is it to you to have housing again?

How confident are you that you could have housing again?

Are you working with any social service agencies to obtain housing?

Looking Back: Retrospective on Housing History and Homelessness

A. Housing History:

Can you give me a brief overview of your housing history?

How many homes have you lived in?

Did you first have keys to your own home/apartment? What was that experience like? How did it make you feel?

If no—How does it make you feel?

When is the last time you had keys to your own home/apartment?

What led to you living with your parent/guardian/family member?

B. Economic Context: Assets/Finances/Uncertainty:

Can you give me a brief overview of your education history?

Can you give me a brief overview of your employment history?

Have you received any job training? Can you tell me more about that experience? Can you describe your experience of finding and keeping a job?

How has employment/unemployment affected your housing?

C. Support Network Members:

Who do you consider to be part of your family? What kind of a relationship do you have with your family members now?

What kind of a relationship did you have with your family when you were living with them? What kind of support did you receive from your family members (financial, emotional, physical, medical, housing, etc.)? What kind of support did you give to your family members? Where there changes in support around the time you experienced homelessness?

Who do you consider to be your close friends? What kind of a relationship do you have with your friends now?

What kind of a relationship did you have with your friends before experiencing homelessness? What kind of support did you receive from your friends (financial, emotional, physical, medical, housing, etc.)?

Did you have any interaction with social services before you experienced homelessness?

What do you think could have been done to prevent your experience of homelessness? What might you have done? What might family members have done? What might friends have done? What might social service professionals have done?

D. Talk/Conversations

With whom have you been talking about your homelessness?

Have you found it difficult to talk about this with your family? Your friends? Others? Why?

Had you had any difficulty talking about your homelessness with professionals? Why or why not?

E. Health status:

Physical Health

Do you deal with any physical health issues?

If yes, what issues do you deal with?

Have you sought medical attention for your physical health issues?

What kind of setting do you receive attention in (ex. primary care physician's office, emergency room, Street Medicine, etc.)

Did you deal with these physical health issues before your experience of homelessness?

How have your physical health issues been impacted by homelessness?

Mental Health

Do you deal with any mental health issues?

If yes, what issues do you deal with?

Have you sought professional attention for your mental health issues?

What kind of setting do you receive attention in?

What type of professional do you receive attention from (ex. psychiatrist, social worker, doctor, etc.)?

Did you deal with these mental health issues before your experience of homelessness?

How have your mental health issues been impacted by homelessness?

Have you ever contemplated suicide in the past?

Did you ever attempt to commit suicide?

Did anything change in your life to make you no longer consider suicide?

Are you currently contemplating suicide?

If currently contemplating suicide:

Do you have a plan as to how you would commit suicide?

Do you have the means to carry out your plan?

Would you like to create a safety plan with a service provider?

F. Survival in Detroit

How have you been able to access necessities such as:

Food

Shelter

Medical treatment

Income

Other necessities

How has your life changed since you began experiencing homelessness?

Can you tell me about your survival skills? What skills do you have that help you survive on the streets? What challenges do you encounter?

How have you overcome challenges? Are there challenges you have not been able to overcome?

How do you think your life will be different one year from now?

How long have you lived in Detroit?

Do you think Detroit has changed since you've lived here? Can you describe some of the changes?

How do you see your life being affected by the changes in Detroit?

(The following questions will be verbally administered).

G. Multidimensional Scale of Perceived Social Support (Zimet et al., 1988)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**

Circle the "2" if you **Strongly Disagree**

Circle the "3" if you **Mildly Disagree**

Circle the “4” if you are **Neutral**

Circle the “5” if you **Mildly Agree**

Circle the “6” if you **Strongly Agree**

Circle the “7” if you Very Strongly Agree

1. There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2. There is a special person with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
3. My family really tries to help me.	1	2	3	4	5	6	7
4. I get the emotional support and help I need from my family.	1	2	3	4	5	6	7
5. I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6. My friends really try to help me.	1	2	3	4	5	6	7
7. I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8. I can talk about my problems with my family.	1	2	3	4	5	6	7
9. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11. My family is willing to help me make decisions.	1	2	3	4	5	6	7
12. I can talk about my problems with my friends.	1	2	3	4	5	6	7

Thank you for answering those questions about the support you receive from family, friends and significant others. We have some final questions to ask you:

H. Other supports

Who are the people who support you now?

Who were the people who supported you in the past, but no longer support you or are unable to support you?

Who are the social service agencies that support you now?

Who are the social service agencies who supported you in the past, but no longer support you or are unable to support you?

I. Open-ended question:

Is there anything else you think is important for me to know that I haven't asked you about?

Thanks so much for your participation today.

Table 3.

Examples of participant responses of 12-item Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) for before and after the death of a parent.

The use of this scale does not isolate the death of a parent with a decline in a level of social support.

In Bill's data, there are three questions that show the greatest variance before and after the death of his parent. We asked for responses to the scale twice to assess the differences in answers. Once regarding perceptions of social support before the death and the after. We particularly interested in response to items 3, 4, 8, and 11, which are asking specifically about family involvement. (For the complete 12 item scale, see Zimet et al., 1988).

3. My family really tries to help me.	1	2	3	4	5	6	7
4. I get the emotional support and help I need from my family.	1	2	3	4	5	6	7
8. I can talk about my problems with my family.	1	2	3	4	5	6	7
9. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
11. My family is willing to help me make decisions.	1	2	3	4	5	6	7