Barriers to Housing from the Perspectives of Individuals with Long-term Shelter Use Histories

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EXECUTIVE SUMMARY

There is limited research available on the barriers to housing faced by people who experience chronic homelessness who have extensive homeless shelter utilization histories, sometimes referred to as "long-term shelter stayers" (LTSS). While people who are LTSS may represent a small proportion of the larger population of individuals who stay in homeless shelters, they account for a disproportionate amount of shelter bed utilization. Understanding housing barriers as identified and experienced by people who are LTSS may help inform shelter services and program development to better support individuals in attaining housing, which in turn, would free up shelter resources for other people with immediate needs.

 This study occurred in collaboration with two Chicago-based homeless shelter providers, Franciscan Outreach and Cornerstone Community Outreach. The present report describes findings from open-ended interviews with 19 individuals identified as being LTSS. This qualitative study aimed to address the following research questions: (a) What are the barriers to housing among LTSS from the perspectives of people with lived experience? and (b) How do these barriers influence the ability of people who are LTSS to transition into permanent housing?

Due to the exploratory nature of the study, the qualitative interview data were coded inductively, which allowed us to stay true to the ideas generated by participants as opposed to deductively applying a pre-existing theory to the data. Related concepts emerging from the data were grouped together into more general categories, or themes.

Participants reported barriers that ranged from personal characteristics to structural conditions limiting their access to housing opportunities. As such, a social-ecological framework was utilized to categorize the themes into four broad, yet interacting levels. First, at the individual-level, participants identified *economic resource issues* (e.g., lack of income or employment)*, health factors* (e.g., physical and mental health)*, criminal justice system involvement,* and using outdated or ineffective *strategies for seeking housing* as barriers to housing. Second, at the interpersonal-level, participants identified a *lack of social support* and *mistrust* as two key barriers to housing. Third, at the community-level, participants described problems in the community as barriers to housing such as *gentrification*, issues related to *race and segregation*, and the *location of affordable housing.* Finally, at the systems-level, participants identified *institutional policies* (e.g., challenges navigating shelter and housing systems) , the feeling that trying to obtain public or subsidized housing as a

waiting game, a *lack of transparency of the system*, *lack of affordable housing,* and *systems preventing providers from helping* as key barriers to housing. In addition, two key themes indirectly related, but relevant to, the primary research question at hand were *goals* and *housing history*. Specifically, individuals expressed clear goals for healthcare, employment, and housing. However, individuals may be particularly vulnerable to predatory landlord or other forms of unstable housing situations given their self-reported past housing experiences.

Taken together, the findings from this study suggest that individuals who were LTSS in this sample shared many of the same vulnerabilities to prolonged homelessness as other populations of people experiencing chronic homelessness, such as a lack of income, health-related issues, criminal justice histories, and a lack of access to affordable housing in the community. Findings from this study illuminate some reasons individuals who are LTSS continuously reside in shelters, as opposed to sleeping outside. To these participants, the shelters served as a place to avoid problems they would experience if on the street, such as community violence or run-ins with the criminal justice system. Further, some participants suggested that staying at the shelter was their best option for achieving their housing goals because they would constantly be in contact with the homeless service system and not be overlooked. In addition, institutional policies, such as coordinated entry (at the time of data collection the system was in a process of transition from the Central Referral System to the Coordinated Entry System), lack transparency and tie the hands of both service providers and shelter guests to control who gets access to housing resources funded through the homeless service system. Participants felt that they were doing what they needed to be doing to attain housing—waiting—which may be perceived by staff as a lack of motivation. However, participants reported maintaining housing goals in spite of their extensive histories of homelessness.

Results from this study suggest a wraparound service program to support the health, economic, and housing goals of individuals who are LTSS is recommended. Additional affordable housing resources are necessary and housing options should be varied (e.g., supportive housing, substance use recovery homes, etc.). Finally, greater transparency in the homeless service system is recommended, including providing individuals with clear and accurate information regarding their placement on centralized waiting lists.

BACKGROUND AND RATIONALE

Individuals experiencing chronic homelessness with extensive histories of homeless shelter utilization, sometimes termed "long-term shelter stayers" (LTSS), represent a small subgroup of the overall homeless population, 2%-10%, but account for a disproportionate number of shelter bed stays.[1,2,3,4] Addressing homelessness among people who are LTSS has become an emphasis of local housing policies in some communities with the intention of increasing the availability of beds for those in temporary need of emergency shelter. For example, the Committee to End Homelessness in King County, Washington found that a subset of individuals with long-term patterns of shelter utilization consumed a disproportionate amount of shelter resources and faced multiple barriers to housing.[5] In response, a task force was established to focus outreach and engagement efforts on transitioning individuals who were LTSS into housing.[6] Communities have seen a reduction in the number of LTSS when shelter utilization-based prioritization has been implemented.[7] However, limited research has been conducted to understand the barriers to housing experienced by this subset of individuals experiencing chronic homelessness to help inform services. Further, there is a paucity of research centering the voices of individuals with lived experience in self-identifying their housing barriers.

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[1] Aubry, T., Farrell, S., Hwang, S. W., & Calhoun, M. (2013). Identifying the patterns of emergency shelter stays of single individuals in Canadian cities of different sizes. *Housing Studies, 28*, 910-927.

[2] Kneebone, R., Bell, M., Jackson, N., & Jadidzadeh, A. (2015). Who are the homeless? Numbers, trends, and characteristics of those without homes in Calgary. *University of Calgary School of Public Policy Research Papers, 8,* 1-16. Retrieved from http://homelesshub.ca/sites/default/files/who-are-homeless-kneebone-bell-jackson-jadidzadeh.pdf

[3] Kuhn, R., & Culhane, D. P. (1998). Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: Results from the analysis of administrative data. *American Journal of Community Psychology, 26*, 207-232.

[4] Rabinovitch, H., Pauly, B., & Zhao, J. (2016). Assessing emergency shelter patterns to inform community solutions to homelessness. *Housing Studies, 31,* 984-997.

[5] Committee to End Homelessness in King County. (2013). *The role of shelter in ending homelessness: Single adult shelter task force report.* Retrieved from http://clerk.ci.seattle.wa.us/~public/meetingrecords/2013/cbriefing20130304_5a.pdf

[6] Committee to End Homelessness in King County (2014). *Moving long term shelter stayers into housing. Progress report, April 2014.* Retrieved from http://blog.homelessinfo.org/wp-content/uploads/2014-May-Mtg-Moving-Long-Term-Shelter-Stayer-to-Housing-April-2014.pdf

[7] United States Interagency Council on Homelessness. (2015). *How data is ending chronic homelessness in Maine.* Retrieved from https://www.usich.gov/news/how-data-is-ending-chronic-homelessness-in-maine/

Definitions and Characteristics of Long-Term Shelter Stayers

The LTSS population is not clearly defined in research and practice. For example, some LTSS initiatives have defined the population as individuals residing in shelter for more than 180 days,[6] a period of time briefer than the criterion of the federal definition of chronic homelessness. In contrast, one study used a definition of two years of shelter utilization within a four-year period to identify people who are LTSS.[8] Results from studies of shelter utilization in both Canadian and U.S. contexts suggest there are three primary subgroups of homeless shelter utilizers: (a) individuals who are transitionally homeless who use shelter for few and brief episodes, (b) individuals who have multiple episodes of shelter utilization, and (c) individuals who have few episodes of long duration.[1,2,3] The latter group aligns best with our conceptualization of the population of interest, as these shelter users were found to reside in shelter for an average of 3.5 episodes of 485 days over a five-year period.[2] For the purpose of this report, we differentiate LTSS from other subgroups of people experiencing chronic homelessness based upon a pattern of *extensive and consistent shelter stays*.

Regarding demographic and clinical predictors of subgroups of homeless shelter utilizers, older age has emerged as the most common predictor of chronic shelter utilization. [1,2,3,5] Findings related to other demographics, such as gender and ethnicity, have been inconsistent across studies. LTSS individuals tend to have higher rates of mental illness and substance use disorders compared to those with brief, transitional patterns of homelessness. The relation between mental illness and prolonged homelessness appears to hold true in older homeless populations. A study of two-year housing trajectories among homeless women age 50 or older found a greater proportion of women who remained in shelter over two years experienced psychosis than those who attained housing.[9]

Individuals who are LTSS may experience unique barriers to participating in support services or have limited natural supports to help foster their transition out of shelter compared to other subsets of the chronically homeless population. Studies have found that people who are LTSS participate in fewer services, such as case management, while homeless or after transitioning into housing than other groups.[8,9] Low social support may be another predictor of long-term shelter utilization. Among women age 50 or older who were

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[8] Levitt, A. J., Jost, J. J., Mergl, K. A., Hannigan, A., DeGenova, J., & Chung, S. Y. (2012). Impact of chronically street homeless tenants in congregate supportive housing. *American Journal of Orthopsychiatry, 82*, 413-420.

[9] Cohen, C. I., Ramirez, M., Teresi, J., Gallagher, M., & Sokolovsky, J. (1997). Predictors of becoming redomiciled among older homeless women. *The Gerontologist, 37*, 67-74.

experiencing homelessness, those who remained homeless after two years had lower perceived social support and more limited formal and informal social networks at baseline than those who obtained housing.[9] Similarly, a Corporation for Supportive Housing report[10] described an initiative to house individuals with multiple housing barriers, some of whom had become entrenched in the shelter system. Social estrangement was identified as a differentiating characteristic of those with long-term shelter histories compared to other program participants.

In sum, studies indicate that older age, mental health and substance use issues, and low social support and support service engagement may be associated with long-term homelessness; however, research has not endeavored to examine how these characteristics influence one's ability to transition out of shelter. To date, peer-reviewed studies have not illuminated structural barriers to housing, though difficulty gaining income or renting through landlords due to being undocumented, having poor credit, or having criminal justice system involvement may be issues faced by people who are LTSS.[5] Finally, studies have not yet utilized the voices of people who are LTSS to self-identify their barriers to housing.

Context of the Study

The City of Chicago serves approximately 4,100 people in shelters on a given night.[11] This study was conducted in collaboration with two organizations providing shelter to Chicago's homeless community, Franciscan Outreach and Cornerstone Community Outreach, located on the west and north sides of Chicago, respectively. Franciscan Outreach's Executive Director, Ed Jacob, and Director of Development and Marketing, Laura Reilly, proposed the research topic to better understand the circumstances of people who have been in their shelter for many years—sometimes decades. Leadership at both shelters believed this research would help inform their services and program development. The research team also viewed the project as a worthwhile endeavor given the gap in the scholarly literature on barriers to housing among people who are LTSS.

Initial meetings with Franciscan Outreach and Cornerstone Community Outreach occurred in tandem with a series of focus groups in late 2016 and early 2017 on strategies to

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[10] Barrow, S., Rodríguez, G. S., & Córdova, P. (2004). *Final report on the evaluation of the Closer to Home initiative*. Retrieved from http://www.csh.org/wp-content/uploads/2011/12/Report_cth_final1.pdf

[11] City of Chicago (2018). *City of Chicago 2018 homeless point-in-time count & survey report*. Retrieved from https://www.chicago.gov/content/dam/city/depts/fss/supp_info/Homeless/2018PITSummaryReportFinal100418.pdf

serve individuals who are LTSS hosted by the local Continuum of Care, All Chicago. Homeless service providers across Chicago attended the focus groups, suggesting there is broad interest across the community in addressing homelessness among people who are LTSS. Thus, the findings likely have implications beyond the two shelters represented in the study. The focus groups highlighted the need for research, and research representing the voices of people with histories of long-term shelter utilization in particular.

Purpose of the Report

The present report describes findings from a larger study regarding the experiences of people who are LTSS by focusing on the voices and perspectives of individuals with lived experience. This qualitative study involved open-ended interviews with 19 individuals identified as being LTSS and sought to address the following research questions: (a) What are the barriers to housing among LTSS from the perspectives of people with lived experience? and (b) How do these barriers influence the ability of people who are LTSS to transition into permanent housing?

METHODS

Due to the limited research on the LTSS population, an exploratory qualitative methodology was employed. Open-ended, one-on-one interviews with shelter guests were conducted to gather their experiences with seeking housing, their housing goals, experiences receiving shelter services, and their perceptions of their barriers to housing in their own words. The study activities were conducted by a team of DePaul University graduate students, undergraduate students, research volunteers, and the faculty principal investigator and was funded by the DePaul University Academic Initiatives Program.

Participants

The larger study involved interviews with convenience samples of 16 shelter staff and 19 shelter guests identified by staff as being LTSS. The current study utilized data from the sample of shelter guests. The19 shelter guests were derived from staff referrals and recruited from the Franciscan Outreach and Cornerstone Community Outreach shelters between June and November 2017. All study participants were referred by staff because they were identified as having an extensive shelter history, defined as staying in the shelter

system the majority of days over a minimum of three years. Participants were eligible to participate if they were 18 years of age or older and English-speaking.

Setting

Franciscan Outreach operates three overnight shelters and two day programs that annually serve more than 7,600 men and women who are marginalized and homeless throughout Chicago. It operates a 272-bed shelter in North Lawndale for men and women, a 70-bed shelter for men in East Garfield Park and a 40-bed shelter for men and women in Pilsen. At the shelters, people are provided with a safe place to spend the night, three nutritious meals, a dedicated case manager, and access to specialized services such as health care, mental health counseling, and substance use disorder treatment. Franciscan Outreach also offers two housing programs to help men and women become housing ready so they may transition to permanent supportive housing, including 1) The Streets-to-Home Initiative, which provides up to 33 participants with subsidized apartments and ongoing case management, and 2) The Interim Housing Program, at the shelter in North Lawndale, which provides 20 participants with part-time work experience in a volunteer capacity so they may gain marketable skills for employment, and intensive case management support.

Cornerstone Community Outreach provides shelter for individuals and families. A 65-bed overnight shelter for men experiencing homelessness is provided at the Epworth United Methodist Church, and the 80-bed Naomi House shelter provides 24-hour access to shelter and wraparound services for women experiencing homelessness. Case management services and life-skills classes are available to shelter guests. Health and mental health services are provided through partnering agencies.

Study Materials

Participants were administered a brief questionnaire regarding their demographic characteristics and factors they identified as contributing to their homelessness. The semi-structured interview protocol was designed to explore shelter stayers' housing histories, their self-defined barriers to housing, experiences seeking and receiving services, and their perceived service needs.

Procedures

The study procedures were approved by the DePaul University Institutional Review Board. Potential participants were identified by shelter staff on site and were then

approached by interviewers who inquired whether they would be interested in participating in a confidential study to find out more about their experiences with housing and homelessness. Potential participants were informed of the purpose and procedures of the study and that their participation in the interview would not impact the services they receive at the shelter. Individuals who expressed an interest were scheduled for an interview. Interviews occurred at the participant's shelter or in another public location (e.g., a public library) depending on their preference. Participants were provided written, informed consent prior to taking part in the interview. Interviews lasted between 1-2 hours, and participants received $20 cash for their time.

Data Management and Data Analysis

Interviews were audio-recorded and transcribed. Transcripts were stripped of personally identifiable information prior to qualitative data coding. The goal of the analysis was to describe key aspects of participants' experiences and barriers to housing. We employed a multi-step inductive data analytic approach, which allowed us to stay true to the ideas generated by participants as opposed to deductively applying a pre-existing theory to the data. To this end, we first conducted systematic coding of the transcripts, which involved creating summary codes of the concepts and ideas raised in the data. Second, the codes were reviewed to identify relevant patterns. Finally, the coded segments were grouped together into more general concepts, or themes.

SAMPLE CHARACTERISTICS

The demographics of the study participants are reported in Table 1. Consistent with research on individuals experiencing long-term patterns of shelter use, the sample was older in age, averaging 53 years. We had a larger proportion of female (57.9%) than male participants, which is somewhat different than national point-prevalence estimates of sheltered individuals demonstrating that about 55% of the broader population of shelter users are male.[12] In terms of race and ethnicity, the breakdown generally followed the trend in the general population of Black/African American and White/European American individuals who use shelters but was less diverse overall.

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[12] U.S. Department of Housing and Urban Development (2018). *The 2018 Annual Homeless Assessment Report (AHAR) to Congress part 1: Point-in-time estimates of homelessness.* Retrieved from https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf

Table 1. Participant Demographics (*N* = 19)

Age *M (SD)*	53 (7.16)	**Religion *n* (%)**	
Gender *n* (%)		Christian	14 (73.7)
Female	11 (57.9)	Buddhist	2 (10.5)
Male	8 (42.1)	Non-religious	2 (10.5)
Sexual Orientation *n* (%)		Other	1 (5.3)
Heterosexual	17 (89.5)	**Marital Status *n* (%)**	
Gay/Lesbian/Bisexual	2 (10.5)	Single	12 (63.2)
Race/Ethnicity *n* (%)		Married/Partnered	2 (10.5)
Black/African American	10 (52.6)	Divorced/Separated/ Widowed	5 (26.3)
White/European American	6 (31.6)		
Multiracial	1 (5.3)	**Children *n* (%)**	
Other race/ethnicity	2 (10.5)	Has children	10 (52.6)
Highest Level of Education *n* (%)		Does not have children	9 (47.4)
Below High school	5 (26.3)	**Experience of Domestic Violence *n* (%)**	
High school/GED	6 (31.6)	Yes	6 (31.6)
Trade School	2 (10.5)	No	13 (68.4)
One year of college	4 (21.1)		
Bachelor's/Master's Degree	2 (10.5)		

When asked about factors contributing to their current homelessness (Figure 1), many participants reported multiple factors. Nearly three-quarters of participants reported having insufficient income to cover their living expenses. Other primary contributing factors had to do with participants' living situations, such as having a change in the composition of the household (37%) or were living in temporary doubled-up situations (32%). A total of 50% of respondents indicated that a health issue (i.e., substance use, mental health, or physical health) contributed to their homelessness.
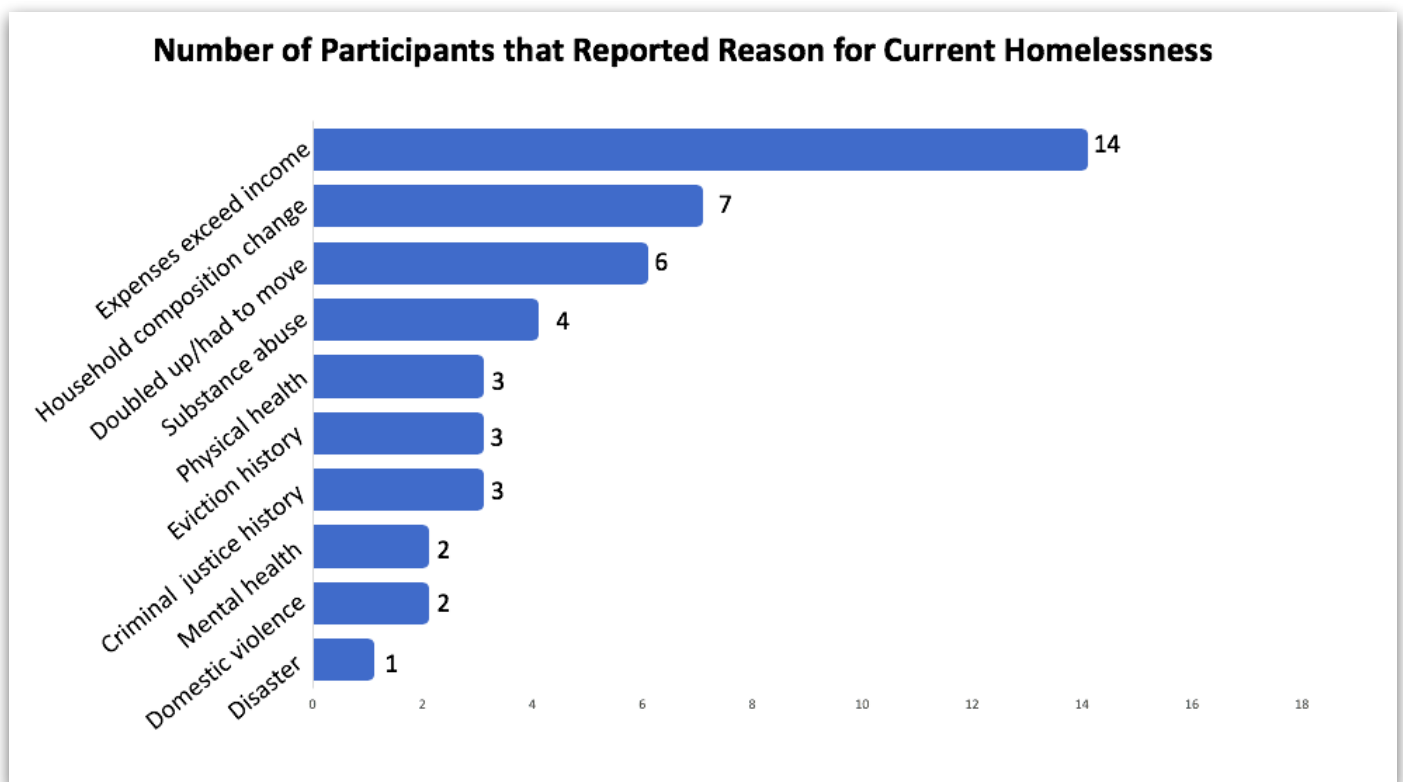

Figure 1. Self-reported Factors that Contributed to Current Homelessness

QUALITATIVE RESULTS

This report presents themes that emerged from interviews with LTSS participants specific to their self-identified barriers to housing. Participants reported barriers that ranged from personal characteristics to structural conditions limiting their access to housing opportunities. As such, we utilized a social-ecological framework to categorize the themes in to four broad, yet interacting levels:
- Individual-level barriers
- Interpersonal-level barriers
- Community-level barriers
- Systems-level barriers.

Individual-level Barriers

At the individual-level, participants identified *economic resource issues, health factors,* and *criminal justice system involvement,* as barriers to housing. In addition, the research team extrapolated an additional individual-level barrier, *strategies for seeking housing,* that were described by participants but not necessarily self-identified as barriers.

Economic resource issues. Participants identified economic resource issues as their primary barrier to housing. Economic issues included challenges such as not having a consistent or sufficient income to cover housing expenses or having credit issues that prevent them from securing a place to live. One participant discussed their need to find work in order to exit homelessness:

> *I had a job, and then… it didn't work out…* [they lost their housing because] *I wasn't able to pay pay the money… my main focus is getting to be financially able to pay my rent… because everything you do in life is...takes money.*

In addition, participants reported barriers to addressing their economic resource issues, such as having insufficient education or job training that is marketable in the current job market and having inadequate access to transportation for work, and inadequate/ inconsistent access to a phone. One participant reported, "...my bike and transportation is an obstacle and then no money is an obstacle."

Health factors. Some participants acknowledged health factors such as mental health, substance use, and physical health issues that contributed to their homelessness or

were made worse as a result of their homelessness. One person articulated that feeling "overwhelmed" and "depressed" for a long period of time inhibited their ability to create a plan to exit homelessness:

> *I think the first 2 years I was a little despondent a little downtrodden… I believe it's due to part of not really knowing. It's like the desire was there to move out-to have my own place but as far as really knowing how to go about doing that… I just and you know I kinda got despondent, like you know feeling trapped like 'how do I get out of here?' Feeling overwhelmed like 'how do I get out of here? How do I get out of here?' I was unmotivated, I was… depressed.*

Participants' mental health issues often resulted from trauma histories that impacted their ability to cope and engage with service providers. They spoke about the emotional and physical toll of their homelessness and life experiences, as well as their difficulty coping with their circumstances which was compounded by their mental and physical health issues, substance use, and lack of social support. For example, one participant described working to accept their trauma-related symptoms of intrusive memories and hallucinations.

> *I don't like to reflect on it, but it just can keep following me forever. I got to accept it. I hear people—I hear voices in my head, and I still see the memories. I'm never gonna change that… if I can live through all that and all the other things that happen to people, I'm pretty sure—people got it worse than I do.*

Another participant described the emotional toll of prolonged homelessness:

> *You know, because I'll admit, it's like, the longer we're here, the more I'm afraid my mental health is gonna be go down the down the toilet...the longer we're here, the stronger the depression's getting...for the first time in my life, it's like, I'm on antidepressant medication.*

Whereas some participants described how health factors impacted them, other participants who may be affected by these issues did not self-identify such barriers. Specifically, some participants showed potential signs of mental illness or cognitive difficulties (e.g., symptoms related to psychosis, trauma symptoms, and speech errors

consistent with memory disorders) that likely impacted their ability to effectively communicate their needs and goals to service providers, document their disability, and receive benefits they were likely entitled to. In some cases, participants presenting with observable signs of health-related issues explicitly stated the belief they are not eligible for services they likely would be eligible for (e.g., supportive housing). One participant stated, "...all of the assistance programs [in] Chicago are so hyper-focused on mental because that's the craze… they're gonna have housing for mental. [If you don't have a mental health condition]... you can't get housing or assistance at all."

In terms of substance use, many participants identified previous use as a cause for their homelessness. However, participants that identified actively using substances did not identify their use as a barrier to housing. For example, when asked how they cope with their housing situation, one participant stated, "I don't know. Drink a beer… have a couple beers at the lake and stuff, and it just kind of calms me down." This participant also noted a cyclical pattern of spending the summer months outdoors, drinking, and coming back to the shelter during the winter months, suggesting their alcohol use is likely a barrier to obtaining and/or maintaining stable housing.

A previous history of substance use disorder may also limit housing options for individuals who would prefer to reside in affordable housing that is abstinence-based. One participant noted, "Because I'm alcoholic, you know, I should avoid, such people and such situation. M-maybe not people, but situation the alcohol attracts." The same person recounted giving up housing because the environment was not conducive to his sobriety: "It was problem with the neighborhood—just with the neighbors… the neighborhood had too much drinking, I come off the idea it's better to be to here [the shelter] because, you know, it's banned, alcohol."

Health-related issues may interact with economic resource issues to prolong homelessness. One participant described an inability to work due to a physical disability:

> I have a degenerating disc in my back and sciatica as a result of that… it's limited my choice of of jobs… I used to be able to do construction and carry drywall. I can't just do that anymore. So I have to look for a lower impact type work… being a machinist, it's like, okay, well, am I even gonna be able to do that anymore? Cuz I'm a metal worker, and metal's not light, you know.

Criminal justice system involvement. Participants also talked about a number of different ways that a history of criminal justice system involvement served as barriers to housing. Some participants talked about having a long history of involvement that serves as a barrier to housing and employment opportunities, even when their record is old and they have not had further involvement. One participant described being motivated to work but their justice system involvement greatly limited their options, "...by me having a felon history… I found out how difficult it is… to get a job." Another participant described how their criminal justice history created a barrier to both housing opportunities and employment as a result of background checks:

> *Only thing I probably have to worry about is my background— A lot of places do background checks. But my background is, like, over ten years old, so. But that might be a issue. Somebody might look at it and be like, 'Yeah…. you did this.' I be like, 'Yeah, but it was, like, old, when I was younger.' 'Alright, but you're not gettin' in trouble now.'*

Participants may also be driven to remain in homeless shelters and participate in shelter programming as a result of their criminal justice history. For instance, one participant felt that staying involved in a shelter program was a means to avoid further criminal justice involvement that may occur if they were on the street:

> *They had a program and you—if you ain't in a program, you're gettin' kicked out 4 o'clock in the mornin'... it's cold and it's raining… It's dark out there, and then you got police ridin'... and it's other people out there and— you're tryin' to avoid all of that, but you can't avoid it… cuz you ain't got no money in your pocket. Now you got no choice but to walk the streets— early in the morning… They had a program, so I was like, 'Man, I'll join the program…That'll keep me off the street—from walkin' the street.'*

Motivation to remain in the shelter to avoid justice involvement intersected with race, as some participants mentioned how they felt racially profiled and how the shelter allows them to stay off the streets and avoid further justice involvement. A participant reported, "Blacks can really get into a lot of trouble… sometimes I feel like just being black… I'm profiled… I'm profiled constantly."

Strategies for seeking housing. Participants reported difficulty navigating the housing market. For example, clients reported using outdated methods for seeking housing, such as looking for rental signs hanging on doors, rather than using internet classifieds that are more commonly used currently:

> *You get up early in the mornin' and start walkin'—east, west, whatever, or you can take a bus at the one end and then get off the bus and walk toward the center, and every time you see a sign on the door, it says, 'apartment for rent,' write the number down… If it look like a nice one, knock on the door. If nobody answers, you could leave a note saying, 'Came to see the apartment,' and… just get out there.*

Another participant described looking for signs advertising subsidized housing by walking around the neighborhood, which may not be an effective method of accessing this resource:

> *Just getting out on the street and just, seeking things out, especially in Uptown, there's a lot of buildings that are subsidized… so it's locating them… that requires a lot of walking—so that's what I do… I'm out hitting the bricks, either filling out job applications or searching out places that look like would fit our situation.*

Interpersonal-level Barriers

At the interpersonal-level, participants identified a *lack of social support* and *mistrust* as two key barriers to housing.

Lack of social support. Participants described the impact of a lack of social support on their housing outcomes. Participants reported either having no support at all, relying solely on supportive staff or other shelter guests, cutting ties with problematic social support as a way to maintain sobriety or wellness, and/or having family or friends that simply do not have the resources to help. One participant described their reliance on support from other shelter clients who are unable to provide tangible support they need to attain housing:

I really don't have much social support. I don't have family that has anything to do with me anymore… so basically, we just have our friends— if you want to call them friends, acquaintances—through, you know, [the shelter]… the only friends we have live in the building, so it's not like they can help.

One participant described her mother's inability to provide financial support for rent as a precipitating factor for homelessness.

…we had relocated to one of the SROs on the West side… we had separate rooms… my mother had her room and I had mine. We were next to each other, on the same floor… since I was unemployed at the time my mother was able to pay her rent as well as mine. And then she came to me and said I can't pay your rent anymore.

Clients even talked about the stigma of homelessness and how they lost social support as a result of their homelessness. For example, one participant stated, *"A lot of the friends that I once had before ending up in this situation, as soon as they heard homeless, they didn't want anything to do with me… and I never once asked them for anything."*

Mistrust. Experiences of trauma and mental health difficulties impact clients' ability to build trust with service providers, especially when services are coercive. The ability to build trust with service provider*s* is essential for case managers to serve their clients. For example, one participant reported being triggered by the content of one of the mandatory groups:

Some of the classes are just not the best. [In one group] I-I completely freaked out because she really gave an example that I thought was inappropriate… Once that person gave that example I I like I was too freaked out did not even wanna be in the room. [But] we had to go to her class… 'cause we were told we had to go it or we'd lose our bed.

Additionally, by virtue of LTSS' long-term shelter history, they have had numerous encounters with service systems and institutions that influence their ability to trust systems and service providers. One participant stated:

Somethin' tells me that they've got more—they're able to get to more
possibilities than they're lettin' us think… because if they're able to get on their
computers and do this and do that when nobody else can do it around here
that just tells me they can get to more information than they're letting on.

Community-level Barriers

At the community-level, participants described problems in the community as barriers to housing such as *gentrification*, issues related to *race and segregation*, or the *location of affordable housing.*

Gentrification. Regarding gentrification, one participant stated: "this used to be all for the poor people. Now they're just pushing em' right out… It's definitely gentrifying… There are no more poor people over here." Another participant described wanting to avoid housing in gang-affiliated areas as a result of their history, which may limit their housing options when other areas of the city are unaffordable:

When I was younger, I made some mistakes. I joined a gang and all that… I
kinda wouldn't wanna be around no drug-infested, gang-infested… I don't
wanna be in no crime area… my mama might wanna come visit, and she's not
gonna come visit if there's a bunch of people out there shootin' and out there
hangin' on the curb. She not gonna come visit. When I was on the South Side,
I had to walk around and look out for the police cuz you got some dirty police,
but you got some good police, and you got the guys, the gangbangers, and
that's too much. I just wanna be peaceful.

Race and segregation. While many Black participants had lived experience in segregated areas of the city, White participants also talked about the intersection of segregation and some spoke about crime in racialized ways. For example, when asked what he would avoid, one participant said: "A place where you can't live. In other words, I'm white… they can't push me to the black neighborhood 'cause, you know, I have to be able to walk to the store and come back alive."

Location of affordable housing. Participants reported feeling the jobs and housing they might have access to are in areas of the city that would displace them from environments they are familiar with, disrupt their ability to access transportation and services they rely on, or place them in environments that are dangerous or impact their ability to

maintain sobriety and wellness. One participant said, "I love the North Side because I don't receive these kind of services on no other side of the city." Another participant reported:

> *Sometimes the jobs [and housing are] too far away. They always wanna send you far away. Why you always gotta send me far away? Don't they have stuff here? Why does this area exist if we don't have enough jobs or no housing here? They're always tryna send you so far away… get on a bus for like three hours just to get to a job.*

Systems-level Barriers

At the systems-level, participants identified *institutional policies*, the feeling that trying to obtain public or subsidized housing as a *waiting game*, a *lack of transparency of the system*, *lack of affordable housing,* and *systems preventing providers from helping* as key barriers to housing.

Institutional policies. Participants described struggling with restrictive and prohibitive policies at the shelter, community, and/or institutional level that restrict their ability to make choices or are difficult to navigate. Some individuals described conflicting policies as "catch 22" situations. One participant mentioned how the shelter time-limit made it difficult to directly transition from shelter into housing through the central referral system (the coordinated entry system was implemented after data were collected), "This is 120-day program and I might not have nothin' by then… some women I've seen leave out without housin'… the shelter stay is limited." Another participant reported their primary goal as obtaining employment but how that would create many other problems:

> *Once you start working, after 90 days, you report it to DHS, well, now your Link and your food stamps get cut… it goes from, uh, $194.00 a month to $16.00 a month which that's just an insult. It's a lot to balance. You're like, okay. Well now that I have employment, now I'm gonna lose this benefit. Now I'm scrambling to figure that out.*

Another participant mentioned their primary goal as living with their partner. They are restricted from living with one another in the shelter system because they are not legally married, but if they were to get married, it would cause more harm:

*I call her my wife. Even though we're not legally married— she is my wife.
Right now we can't get legally married. If we get legally married, she will lose
her benefits. You know, WIC, the food stamps, all that will be gone. And she'll
lose her insurance.*

Waiting game. When asked about how they are working toward housing, many
participants reported working with their case manager as their only option. Once they go
through the intake process, they perceive it as a waiting game, noting they just need to be
patient, and using words like "lottery" to describe the housing system. One participant said,
"I'm on a waitin' list... honestly, it's like a draw. I mean your name pops up. I guess you're the
lucky contender." Another participant stated, "Yeah. I'm on, like, uh, just, like, three waiting
lists already waiting for it. Just waiting… Waiting, hoping… they keep tellin' you you're on a
waiting list." Participants feel they are doing everything they need to do when waiting. One
participant even said that is what her case manager told her to do, "He just told me to
behave myself and sit still… He takes care of it."

Lack of transparency. In addition to the relying on case managers and the housing
system to find housing, participants reported not really understanding how the system works,
what opportunities are available, what their case managers are signing them up for, or why
they are being denied or not chosen for housing opportunities. Staff also do not have access
to certain kinds of information (e.g., where their client is ranked on a list) which furthers client
confusion and might strain the relationship between clients and case managers. One
participant stated:

*...[case manager will] get on the computer put me in like and there's a like…
like a housing bank or whatever they call it. See your name, if your name pops
up 'Oh you're 58th on the list' or whatever, or sometimes she has a thing and
you have to go to the place and then they make you sign up app—application.
Then, you usually never hear from 'em.*

Another participant articulated that transparency from their service provider(s) about how
they are working with housing service systems would be helpful in finding housing:

*Find what they're supposed to be doing, helping me out like they're supposed
to. [Do you think it would be better if you were meeting with a case manager
more regularly?] Much better… It would help me out. Talk to me. Let me know
what y'all doing. You know, don't just sit back and just look at me and just tell
me to do this myself when I can't do this myself… at least look on the computer
and help me find a place.*

Lack of affordable housing. Participants described having few options for affordable
housing and insufficient availability of housing subsidies as preventing their housing
placement. One participant described market rate housing in Chicago as out of reach for
their income level, "Well there is no housing placement in Chicago for my bracket… The cost
of living is too high in Chicago. The average apartment is between twelve hundred and
fifteen hundred dollars." Another participant stated that subsidized affordable housing is
"nonexistent" countywide:

*Subsidized housing is almost nonexistent in Chicago these days—I should say
Cook County, period… I just figure it's like, one way or another, I've got to try
and track down some subsidized housing…if it's not subsidized, I'm not gonna
be able to do it.*

Systems prevent providers from helping. Participants reported feeling their service
providers were limited in their ability to help them find housing because of larger systemic
barriers and structural conditions. For example, one participant acknowledged that their case
manager's hands are tied because of lengthy housing waiting lists:

*I don't really meet with [case manager name] that often— because I try to be
as low-maintenance as possible and there's other people that probably need
his time more than I do… what hasn't been helpful isn't his fault. It's just the
length of some of these lists is just outrageous. Some of them can be up to two
years long. So like I said, there's nothing that he's done that hasn't been
helpful.*

Other Key Factors

In addition to barriers to housing, two additional key factors emerged from the data that are relevant to consider when working with people who are LTSS to attain housing. These include individuals' *goals* for housing and other services, as well as past experiences they have had in their *housing history.*

Goals. Almost all participants clearly articulated having goals to leave the shelter which included goals to secure a source of income, to address physical or mental health concerns, and/or goals to obtain housing. One participant said:

> *Yeah far as um like if working, I can't do anything right now because I have surgeries that I have to have. So, I am taking care of them before I go to them and ask them for you know help far as anything else, but now, my basic my main concern is to be in a place. That's all that is my focus is for me to get my own place.*

Housing history. Due to a variety and combination of the above issues (e.g., mental and physical health issues, economic vulnerabilities, and extensive histories of trauma), participants reported housing histories full of unsafe environments, predatory behavior, exploitation, and further exposure to trauma. For example, one participant described being exploited by a landlord who unreasonably increased their rent:

> *We were paying 425 a month just for the bedroom— and access to the kitchen that did not have a stove, so everything we cooked—I cooked had to be done in the microwave or hot plate… But then all of a sudden, she was talking we were gonna have to start paying 525… right before that third month, she started talking about raising rent. That's when we said, okay, well, right back to* [the shelter] *we go. When you're on a fixed income, you don't really have a whole lot of options.*

IMPLICATIONS FOR POLICY AND PRACTICE

This study examined self-identified barriers to housing among individuals who were LTSS at two Chicago homeless shelters. By centering the voices of people with lived experience, an array of past and current experiences that influenced their ability to exit homelessness were identified. Barriers ranged from personal difficulties to issues within broader systems. Given the interrelatedness of the barriers within and across levels, the barriers were conceptualized from a social-ecological perspective as depicted in Figure 2.
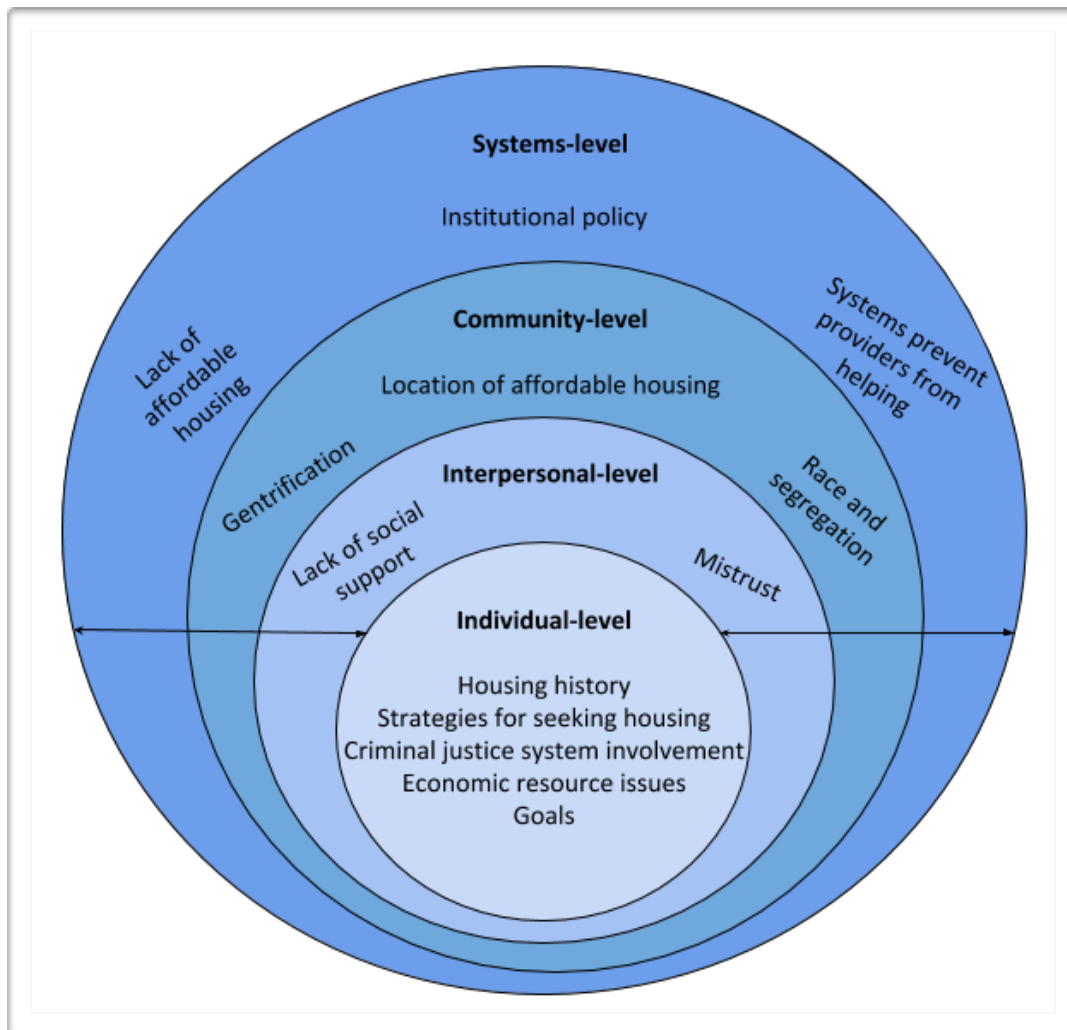
Figure 2. Relationships Within and Between Social-Ecological Levels

Economic Issues

The primary barrier to housing identified among this sample that is also consistent across the broader population of individuals experiencing chronic homelessness was a lack of economic resources. Individuals expressed challenges associated with affording housing or having the resources they need to become gainfully employed. Participants were often lacking basic necessities to navigate employment opportunities, such as a reliable phone.

Health-related issues experienced by participants influenced their ability to secure adequate economic resources. For example, some individuals reporting disabilities were unable to gain employment. In other instances, individuals who may qualify for disability income were not receiving this resource due to not self-identifying as having disabilities. Nevertheless, participants who did report having disability income felt it was insufficient to afford housing.

Participants reported lacking a social support safety net to assist with these economic resource issues. Some participants lacked any form of social support network. Participants who did identify a social support network suggested their networks often consisted of other individuals experiencing homelessness, and therefore unable to provide tangible financial support. Intergenerational poverty and homelessness was evident among many participants. Thus, reducing the economic barrier to housing would require aiding individuals in receiving entitlements, as well as interventions to promote employability.

Lack of Affordable Housing

Interacting with issues related to a lack of economic resources, participants consistently expressed that the unavailability of affordable housing in Chicago was a barrier to securing housing. Preliminary results from staff confirm that the lack of affordable housing is an identified barrier for their clients who are LTSS. Further, staff suggest that the available public housing resources do not match the need. Consequently, there is little that service providers can do to support individuals in exiting homelessness. Participants empathized with their case managers who are working within systems that prevent them from being able to provide assistance with housing. However, as a result of this, individuals who are LTSS may disengage from their case manager, which may reduce their ability to access any resources or opportunities that may come along. In addition to the need for more affordable housing, individuals who are LTSS may benefit from more intensive case management to promote their engagement with services over time.

Health-related Issues

Consistent with the general population of individuals experiencing chronic homelessness, individuals in this sample experienced health-related issues such as mental illness, current or past substance use disorders, and chronic health conditions. All participants were capable of providing informed consent to participate (i.e., they understood the risks and benefits of participating in the study), but it should be noted that some individuals referred to the study were unable to consent due to mental health or cognitive difficulties. Therefore, the ways in which health-related issues create barriers to housing among individuals who are LTSS likely vary across individuals depending on the type and intensity of their housing and support service needs.

Individuals' health influenced their ability to navigate complicated healthcare and homeless service systems. Some individuals may be mistrustful of service providers as a result of current or past service experiences, which may further inhibit their ability to access resources. Preliminary results from interviews with shelter case managers suggest they also view mental health as a housing barrier among individuals who are LTSS because they are more likely than other people who use shelters to have untreated mental health issues. Staff indicate that mental health issues influence their ability to support individuals who are LTSS; particularly when case managers do not identify clients with mental health issues, which they mentioned can sometimes take months. The time that it takes to get to know clients and for them to build trust with staff often conflicts with shelter stay duration policies or can make the shelter numbers look bad to funders and governing agencies. As such, wraparound, mental health-focused services may be needed to assist individuals in accessing health and wellness services, as well as identifying appropriate housing opportunities.

Housing options for individuals with particular health-related issues as also a consideration made by research participants. Individuals with substance use disorders may benefit from harm reduction-oriented supportive housing options. On the other hand, individuals working to maintain abstinence from substances may prefer substance abuse recovery homes or other sober living environments. Given the average age of participants was 53, this study affirmed previous research indicating that individuals who are LTSS tend to be older adults. As such, LTSS are particularly vulnerable to health-related issues that may impact their ability to find suitable housing options. Service providers may explore senior housing opportunities offered outside of the homeless service system to increase the number of housing options available to older adults who are LTSS. In sum, an array of housing options are necessary to address the diverse needs of individuals who are LTSS.

Goals and Strategies for Seeking Housing

Despite experiencing prolonged homelessness histories, participants reported maintaining goals to exit the shelter and attain housing. However, the barriers experienced by participants, such as the lack of access to affordable housing and insufficient income, prevent individuals from achieving housing goals. In addition, participants' housing histories and community factors interacted with their housing goals and housing options. For instance, individuals expressed that they wanted to avoid living in certain communities that were unsafe or where they previously resided and experienced community violence. Further, individuals reported histories of being exploited by landlords (e.g., steeply raising rent without notice), which may also inform their housing goals. Individuals who are LTSS who experience mental illness or cognitive difficulties may be particularly vulnerable to predatory landlords.

Strategies for seeking housing among some housing goal-oriented participants were likely ineffective. Some participants were not using current methods for finding market rate or subsidized housing. The use of outdated strategies may be a result of the extended period of time that has passed since their last experience finding housing. For example, a participant who was incarcerated and released into homelessness did not have up-to-date skills for finding housing opportunities. As such, criminal justice backgrounds may impact individuals' ability to achieve their housing goals in obvious ways (e.g., felony backgrounds barring people from employment and housing opportunities) and non-obvious ways (e.g., difficulty reintegrating into current society). Individuals who are LTSS would benefit from services geared toward training and support in navigating the housing market.

Reasons for Staying in the Shelter

Individuals in this LTSS sample shared many characteristics with other individuals who experience chronic homelessness who have more episodic shelter utilization patterns. Findings from this study illuminate some reasons individuals who are LTSS continuously reside in shelters. To these participants, the shelters served as a place to avoid problems they would experience if on the street, such as community violence or run-ins with the criminal justice system. Some participants suggested that staying at the shelter was their best option for achieving their housing goals because they would constantly be in contact with the homeless service system and not be overlooked. In addition, institutional policies, such as coordinated entry (at the time of data collection the system was in a process of transition from the Central Referral System to the Coordinated Entry System), tie the hands

of both service providers and shelter guests to control who gets access to housing resources funded through the homeless service system.

Participants described the "waiting game" of staying in the shelter until they were next on the waitlist to get housing. Participants felt that they were doing what they needed to be doing to attain housing—waiting—which may be perceived by staff as a lack of motivation. Indeed, due to a lack of transparency in the homeless service system, participants were not aware of when a potential housing opportunity was to arise, leaving them with little choice but to wait. This issue may be exacerbated by clients not really knowing how to navigate the system or having mental health or cognitive issues that makes doing so challenging. In turn, individuals may be dependent on the case management services offered through the shelter for housing assistance. Taken together, the extensive use of the shelter system by study participants was often a choice in service of avoiding danger and other problems on the street and/or in service of working to achieve their housing goals.

RECOMMENDATIONS

1. A wraparound service program to support the health, economic, and housing goals of individuals who are LTSS is recommended. The program should offer the following services:
    a. A housing specialist who will:
        i. Aid individuals in effectively navigating the affordable housing, senior housing, and homeless service systems
        ii. Aid individuals in identifying housing opportunities at their income level, negotiate, and advocate with landlords to ensure housing opportunities are not predatory
    b. A navigation team that will create linkages within the program and with community resources, including mental health and healthcare and legal advocacy services
    c. The SSI/SSDI Outreach, Access, and Recovery model to help individuals attain financial disability benefits
    d. An evidence-based supported employment model such as Individual Placement and Support
    e. Individual or group curricula focused on developing independent living skills, building positive social support networks, and reintegrating in the community

2. Additional affordable housing resources are necessary. Housing opportunities should be located in safe neighborhoods throughout Chicago. Further, varied types of housing opportunities should be included in the affordable housing array, including permanent supportive housing, substance abuse recovery homes, and general private market housing.

3. Given the level of vulnerability in terms of age and health conditions among people who are LTSS, prioritization of supportive housing resources based on duration of shelter utilization may be indicated.

4. Greater transparency in the homeless service system is recommended. Individuals should be provided clear and accurate information regarding their placement on housing waiting lists and the amount of time anticipated until a housing opportunity may become available.