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A Qualitative Study of Lifetime Residential Transitions and Housing Preferences among Individuals with Extensive Shelter Utilization Histories

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A Qualitative Study of Lifetime Residential Transitions and Housing Preferences among Individuals with Extensive Shelter Utilization Histories

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Biography

The author was born in White Oak, Texas on April 10, 1997. She attended college in Beaumont, Texas at Lamar University and graduated with her B.S. in Psychology in 2018.

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Abstract

There is a growing interest in identifying policies which support a transition to permanent housing for individuals with long stays in emergency homeless shelters. The present study explored trajectories into long-term homeless shelter utilization and the relationship between housing history and housing preferences. Participants were 11 individuals identified by staff at two homeless shelters in a large Midwestern city as being long-term shelter-stayers, defined as staying in shelter a majority of days over a minimum of three years. Using narrative analysis, the present study examined specific portions of text drawn from semi-structured interviews with people who are long-term shelter-stayers; these included sections describing participant's housing histories and housing preferences. Three trajectories (structured-continuous, structured-intermittent, and unstructured-intermittent) into long-term shelter-stayer type homelessness were identified and themes conceptualizing these subgroups and their most prevalent housing transitions are presented. Additionally, themes were identified regarding the housing preferences of the sample and how housing preferences related to individual housing history. Dissemination of the housing preferences of individuals who are long-term shelter-stayers could potentially lead to better housing placements and longer housing tenure in this population, and an understanding of housing transitions may help identify key points of intervention to prevent long-term shelter-stayer homelessness.

A Qualitative Study of Lifetime Residential Transitions and Housing Preferences among Individuals with Extensive Shelter Utilization Histories

Typological research based on shelter utilization data has identified a subset of the chronically homeless population that experiences relatively stable, extended periods of shelter use (Aubry et al., 2013; Kuhn & Culhane, 1998; McAllister et al., 2010; Rabinovitch et al., 2016). Addressing homelessness among this population of individuals experiencing chronic homelessness, sometimes referred to as "long-term shelter-stayers" 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 (Committee to End Homelessness in King County, 2013; United States Interagency Council on Homelessness, 2015). Individuals with prolonged shelter histories comprise a subset of the chronically homeless population, a term defined by the U.S. federal government that includes individuals with disabling health conditions, broadly defined, who experience one year of continuous street or shelter homelessness or four episodes of street or shelter homelessness over the course of three years (U.S. Department of Housing and Urban Development [HUD], 2015b). Individuals who are chronically homeless account for the minority of individuals experiencing homelessness; in 2020, approximately 110,528 individuals were considered chronically homeless (HUD, 2021).

There is little research on the characteristics and specific challenges faced by long-term shelter-stayers that could be used to better tailor service delivery for these individuals. Long-term shelter-stayers may experience unique challenges to exiting homelessness into stable housing due to the prolonged nature of their homelessness or characteristics which cause them to differ from other populations of homeless individuals. Qualitative investigations with people who experience homelessness have revealed that they often report feelings of entrenchment in unsafe

communities and substandard housing (Piat et al., 2014; Sylvestre et al., 2018a); however, little research has examined how an individual's housing history may act as a risk factor for homelessness. Examining the housing histories of people who are long-term shelter-stayers could help to identify influential housing situations or residentials transitions that contribute to the prolonged nature of this type of homelessness. Further, it is possible that years of exposure to substandard housing, problematic communities, and other harms of chronic homelessness have influenced the characteristics that people who are long-term shelter-stayers find important in their housing. The proposed thesis will examine the housing histories of individuals who are long-term shelter-stayers to determine themes which conceptualize their housing transitions, as well as how their past housing histories have influenced their current housing preferences.

Housing Histories of Chronically Homeless Individuals

Research characterizing the lifetime housing histories of people experiencing chronic homelessness is limited. Capturing the housing histories of persons experiencing chronic homelessness is difficult due to their unstable housing situations, which complicates retrospective studies of housing transitions. Retrospective and longitudinal studies of housing and homelessness trajectories of people experiencing chronic homelessness largely describe patterns in terms of duration or categorical type of living situation. For instance, research from the At-Home Chez-Soi randomized controlled trial which investigated the effectiveness of Housing First interventions compared to usual care in five Canadian cities in a sample of 950 people experiencing homelessness found that approximately 50% of the sample indicated that their longest period of homelessness had lasted more than one year and 41% indicated a lifetime homelessness prevalence of greater than 24 months (Aubry et al., 2015b). In the absence of the Housing First intervention, 31% of usual care participants followed for one year prospectively

lived in stable housing. Among those unstably housed, 24% were staying in shelters, 10% were in the hospital, 9% were living on the street, and 6% were in prison or jail. Throughout the duration of the study, treatment as usual participants resided in stable housing 23% of the time (Aubry et al, 2015b).

Analyses of the treatment as usual condition in another housing intervention study for chronic homelessness likewise showed the housing instability of people experiencing chronic homelessness in the absence of intervention. The study, designed to address the housing needs of chronic shelter users with severe mental illness, reported outcomes of the control and treatment as usual group as differences in categorical living situations at the end of the study period (Stefancic & Tsemberis, 2007). Results of the study indicated that the usual care group continued to cycle out of shelter homelessness and other institutional and temporary housing situations. At twenty-month follow-up, the housing outcomes of the 51 participants in the control group were assessed. Thirteen members of the control group had moved into supportive housing funded either by the Department of Mental Health or the Veteran's Administration. Two clients received emergency housing services after reconnecting with their children. One client could not receive housing from the Department of Mental Health due to a developmental disability, and four clients moved out of the county. Only one client was residing independently, and one had moved in with a family member. Five clients remained in shelters and three had been placed in a variety of institutional settings. The locations of 21 clients who had dropped out of the shelter system could not be obtained at follow-up. Analyses of shelter data from available clients suggested that participants in the control group continued to cycle in and out of the shelter system; the mean number of returns to shelter was 3.6 and the average length of stay in shelter was 13.3 nights (Stefancic & Tsemberis, 2007).

Similarly, Tsai et al. (2011) assessed housing outcomes of people experiencing chronic homelessness over a relatively short period of time, three months. This observational study which utilized data from a national, multi-site housing project compared the outcomes of chronically homeless individuals who received residential treatment or transitional housing before being placed in independent housing to chronically homeless individuals immediately placed in independent housing (Tsai et al., 2011). Baseline housing and homelessness histories of the two groups assessed the number of days spent housed or homeless in the past 3 months. Members of the residential treatment or transitional housing group had spent an average of 3.5 days in their own place, 8.2 days in someone else's house, a hotel/SRO, or care home, 28.2 days homeless, and 47.4 days in residential treatment. Members of the immediate independent housing group had spent an average of 6.6 days in their own place, 13.3 days in someone else's house, a hotel/SRO, or care home, 65.5 days homeless, and 0.0 days in residential treatment (Tsai et al., 2011).

In sum, previous research has indicated that in the absence of intervention, people experiencing chronic homelessness tend to remain unstably housed (Aubry et al, 2015b; Tsai et al., 2011), spending time cycling between the shelter system and other institutional or temporary settings (Stefancic & Tsemberis, 2007). Few people experiencing chronic homelessness followed for periods of three months to one year achieved stable housing without access to housing placement services. Previous research has often reported the past housing histories of people experiencing chronic homelessness by estimating a percentage of time spent in each categorical living situation, which may obscure patterns or turning points in the data. The present study sought to add information beyond categorical type of living situation to our understanding of where people experiencing chronic homelessness reside throughout their homelessness history.

Gathering full lifetime housing histories of persons who are chronically homeless will illuminate the role of various factors in initiating and prolonging homelessness in this population.

Time-Patterned Trajectories of Homelessness

McAlister and his colleagues are the source of a conceptualization about homelessness typologies that prioritizes both the sequence and timing of shelter events, as opposed to simply the sum of nights of shelter stay (McAlister et al., 2010; McAlister et al., 2011). The seminal work of Kuhn and Culhane (1998) that led to the axiomatic homeless trajectories of transitional, episodic, and transitional heavily influenced the field of homeless typologies to focus on an individual's length of shelter stay when creating typologies of homelessness to influence policy and the distribution of resources. However, McAlister and others (Brown et al., 2017) who take a time-patterned approach argue that a focus on the simple number of nights of shelter stay obscures the reasons for transition and other crucial antecedents to shelter use that are critical in creating good policy. The authors (McAlister et al., 2011) suggested that typology creation should focus more on time-patterning (the sequence and timing of shelter events) than on time-aggregation (summing of nights of shelter stay and stay duration). Time-patterning compares the frequency, sequence, and duration of participant's sheltered and unsheltered episodes to group together participants who are relatively most similar. This approach has been used previously to create homelessness typologies with less within-group heterogeneity than a time-aggregation approach. Also, a time-patterned approach allows for a focus on reasons for shelter departure, reentrance, and general housing transitions that may be useful for policymaking (McAllister et al., 2011).

McAllister and colleagues (2010) identified 10 patterns of emergency shelter utilization that they placed into four categories during their time-patterned analysis of shelter data. The goal

of the study was to identify temporal patterns of homelessness in each person's life and collate these patterns into typologies. This study used administrative data to track each participant's shelter engagement over a period of three years. The categories identified were temporary, structured-continuous, structured-intermittent, and unstructured-intermittent. Structured-continuous patterns were characterized by members who stay in shelters for progressively greater lengths of time after first entering, and then return sporadically, if at all, after leaving. Structured-intermittent patterns denote members who leave shelter for various lengths of time and at various points in the observation period. Lastly, unstructured-intermittent patterns are characteristic of members who enter and leave shelter sporadically in no coherent manner and stay for very brief periods.

Social Ecological Model

Chronic homelessness is a complex societal issue that derives from the interplay of individual and structural factors. Past research has often dichotomized the causes of homelessness, either attributing it solely to individual factors including mental illness, substance abuse, and stressful life events, or solely to structural factors, such as the lack of affordable housing, rising rent costs, and gentrification (Nooe & Patterson, 2010). Instead, homelessness is best understood as the result of "structural factors [which] determine why pervasive homelessness exists now while individual factors explain who is least able to compete for scarce affordable housing" (Koegel et al. 1995, p.1642). The ecological perspective conceptualizes homelessness as the result of individual behaviors shaped by the environment which stems from the interaction of external/structural factors and internal/individual factors (Toro et al., 1991). Individual risk factors for homelessness interact with ongoing structural risk factors to result in unique individual trajectories and pathways into homelessness which can be explored through

qualitative analyses with homeless individuals (Morell-Bellai & Boydell, 2000; Piat et al., 2014). Research has not yet explored the causes of long-term shelter-stayer homelessness, although various risk factors are implicated from the broader study of the chronically homeless population.

Individual Risk Factors for Homelessness

Individual risk factors for homelessness include severe mental illness and substance abuse disorders, childhood sexual abuse and trauma, and family instability (Bhugra, 2007; Rickards et al., 2010; Zugazaga, 2004). Mental illness contributes to the risk that an individual will become homeless, and homelessness itself is a risk factor for developing a serious mental illness (Bhugra, 2007). Disability caused by psychiatric and substance use disorders is higher among the chronically homeless than among the episodically or transitionally homeless (Burt et al., 2001; Kertesz et al., 2005; Kuhn & Culhane, 1998). According to analyses conducted by Burt et al. (2001), using data from a 1997 national survey of homeless providers and clients, approximately 60 percent of the chronically homeless population have experienced mental health problems and 80 percent have battled alcohol and/or drug problems.

These individual risk factors are known to interact with structural risk factors in important ways. For instance, individuals diagnosed with a mental health disability in the U.S. have a 30% chance of living in poverty, whereas only 10% of individuals without a disability are estimated to live in poverty (Stapleton et al., 2006; Vick et al., 2012). Confining individuals with mental health diagnoses to poverty limits their participation in other services, including healthcare, education, and political participation, which further increases their risk of homelessness (Sylvestre et al., 2018b).

Homeless individuals tend to experience a large number of stressful life events and to suffer from impoverished social networks (Padgett et al., 2012; Zugazaga, 2004). A study of formerly homeless persons with mental illness indicated that participants experienced an average of 8.8 stressful life events, including incarceration, suicidality, parental abandonment, and the death of a mother (Padgett et al, 2012). Chronically homeless individuals experience persistent unemployment (Caton et al., 2005; McQuistion et al., 2014); unemployment may make obtaining housing difficult, and homelessness may complicate the employment process. Further, chronically homeless individuals often cannot rely on the support of family and friends (Caton et al., 2005; Kertesz et al., 2005), which worsens their isolation and possibly results in adverse mental health and housing outcomes.

One factor not widely studied that may influence an individual's chances of experiencing chronic homelessness is housing history. Results from a study of women experiencing homelessness indicated that factors such as the reasons for particular housing transitions may contribute to the experience and length of homelessness (Tomas & Dittmar, 1995). Examining transitions from stable living situations to shelter homelessness among persons who are long-term shelter-stayers may illuminate common pathways into homelessness for this group.

Structural Risk Factors for Homelessness

Individual risk factors for homelessness interact with structural risk factors including poverty, reductions in the affordable housing stock, reduced government benefits for low-income families, and structural changes in the economy (Gaetz, 2010; Ji, 2006). Studies suggest that two of the most powerful structural predictors of increased homelessness are the cost and availability of housing (Burt, 2010; Lee et al., 2003; Quigley & Raphael, 2001; Quigley et al., 2001). An analysis by Burt (2010) that compared the between-group rates of homelessness of 147 US cities

with metropolitan populations of 100,000 or more indicated that tighter rental markets were associated with more homelessness. Quigley and Raphael (2001) conceptualize homelessness mainly as a housing supply problem for individuals at the lowest end of the income distribution and argue that modest changes to housing markets will reduce homelessness. Increased cost and reduced availability of rental housing (i.e., more single-person units) make it difficult for vulnerable individuals, such as people with mental illness, to compete for scarce housing. Population composition changes have increased demand for such single renter apartment units at a pace that far outstrips supply (Daly, 1996). Between 1960 and 1990, Daly (1996) estimated there was a 300% increase in the number of single person households in the US (pg. 30) due to factors including delayed marriage, increased divorce rates, single parents, and a larger proportion of elderly living alone, due to increased life expectancies. These changes to the housing stock further exacerbate housing supply issues caused in part by high U.S. median monthly rental costs. Extremely low-income individuals have to compete for scarce low-cost housing, which is often demolished or converted to single-renter units, resulting in the loss of 8.7 million low-cost housing units between 1985 and 2013 (Joint Center for Housing Studies of Harvard University, 2017). Individuals at risk for homelessness who live in low-cost housing may be forced to leave when their building is demolished or converted, resulting in housing instability and further exacerbating any underlying vulnerabilities, such as mental illness.

Additional factors implicated in the causes of homelessness include increasingly globalized world markets and changing US national demographics (Kauppi & Braedley, 2003). A downward pressure on wages driven by cheap global labor reduces the buying power in the housing market of poor Americans. Additionally, an international trend towards neo-conservative policies which prioritize international trade and the competition of private business

have reduced the levels of government housing and income support (Kauppi & Braedley, 2003). As the use of technology increases and the demand for low-skilled employment decreases, there is evidence that the nature of work is changing. In their survey of clients experiencing homelessness, Burt et al. (1999) found that 44% of individuals had done some paid work during the 30 days before being interviewed, but of those 25% had worked at a temporary or day labor job.

Racism and structural inequality contribute significantly to homelessness and to racial disparities in the homeless population. People of color compose much more of the chronically homeless population than would be expected based on their percentage of the general population (Burt et al., 2001; Kuhn & Culhane, 1998). Carter (2011) found that Blacks were significantly more likely than Whites to live in inadequate and overcrowded housing in highly racially segregated US cities. Confining poor people of color to inadequate housing harms their physical and mental health, and limits their access to high-paying jobs, which may contribute to residential instability and homelessness. Further, extremely low-income renter households with severe cost burdens are disproportionately Black and Hispanic of any race. These inequalities stem from higher wages paid to White workers and other disparities in income (National Low-Income Housing Coalition, 2018). Blacks also suffer disproportionate rates of incarceration, especially for non-violent drug crimes (The Sentencing Project, 2015), which may explain the finding that Blacks have more difficulty exiting homelessness (Culhane & Kuhn, 1998) due to discrimination against previous offenders in the housing and job markets. Understanding the structural factors which constrain individuals who utilize shelter long-term will help to contextualize their housing histories and their housing preferences.

Combining Structural and Individual Risk Factors

Some researchers have conducted qualitative studies which examine the interplay between structural and individual risk factors for becoming homeless. The Canadian At Home/ Chez Soi randomized controlled trial included a qualitative section which used narrative interviews to explore how homeless individuals with mental illness (n=219) described pathways into and barriers to exiting homelessness (Piat et al, 2014). Participants emphasized how individual risk factors, such as substance use, contributed to their homelessness. They also reflected on the interaction between different individual risk factors, such as how mental health issues might lead to relational strain and a loss of family support. Participants described how these individual risk factors "led" them into homelessness, but how structural barriers which included poverty, stigma, a lack of affordable housing, and racism, caused them to feel "entrenched" in unsafe and drug-involved neighborhoods. Some participants reflected on a lack of affordable housing and described how they found only substandard and unsafe housing in their price range. Others discussed leaving their housing due to concerns about neighborhood violence, drug use, and safety. Participants also reflected on how the structural factors associated with entrenchment in substandard housing and problematic communities led to a worsening of their individual risk factors, including mental health and substance use symptoms. Participants discussed structural factors as worsening the individual factors which they viewed as what propelled them into homelessness; structural factors were viewed as contributing to the prolonged nature of their homelessness by amplifying individual risk factors (Piat et al., 2014).

Results of this study suggest that the past experiences of people experiencing homelessness may influence their housing preferences. Individuals who have experienced homelessness describe housing histories filled with substandard living arrangements and

entrenchment in unsafe communities (Piat et al., 2014; Sylvestre et al., 2018a). It is possible that a sense of structural entrenchment in unsafe communities leads people who are long-term shelter-stayers to choose living in emergency shelter to avoid unsafe communities, substandard housing, or to maintain access to transportation or other services, such as food kitchens. It may be that individuals' housing histories influence the type of housing opportunities they are able to attain or willing to accept; thus, an exploration of the housing histories of people who are long-term shelter-stayers leads to an investigation of their current housing preferences.

Housing Preferences of People Experiencing Chronic Homelessness

Individuals experiencing homelessness typically express preferences for independent housing arrangements as opposed to more institutionalized and restrictive settings (Richter & Hoffmann, 2017; Tanzman, 1993; Tsemberis et al., 2003). Independent housing is typically defined in the literature as a participant's own apartment, where they are free to come and go as they please, and where eligibility for housing is not dependent on psychiatric or substance use treatment (Tsemberis et al., 2003). A meta-analysis by Richter and Hoffman (2017) indicated that homeless participants with a mental illness express preferences for independent living situations at a rate similar to non-homeless mentally ill individuals; in both groups, four out of five individuals preferred independent living arrangements. Recent studies have demonstrated that increasing housing choices for people with a mental illness appears to improve mental health symptomology and subjective quality of life (Greenwood et al. 2005; Nelson et al. 2007; Tsai & Rosenheck, 2012).

The North American Housing First model emphasizes consumer choice and is predicated on consumer's decisions about the level of services they receive as well as their intensity of care (Aubry et al., 2015a). While more providers are embracing programs based on a Housing First

approach, many clients exiting homelessness still do not have access to housing placement programs which value their preference for independent living (Richter & Hoffman, 2017). Homeless and precariously housed individuals cite reasons for their preference for independent living such as privacy, autonomy, and preferring not to live with other clients (Tanzman, 1993; Tsai et al., 2010)

Historically, homeless housing services were designed using a 'continuum of care' approach, which required that clients complete successive steps demonstrating 'housing readiness' before they were granted permanent housing at the end of the program (Tsemberis et al., 2003). Continuum of care programs required homeless clients to conform to a number of program regulations, which included maintaining sobriety and receiving psychiatric treatment and medication (Tsemberis & Elfenbein, 1999; Tsemberis et al., 2003). Some programs asked clients to demonstrate sobriety before they were offered even temporary supports, such as meals or temporary housing. Thus, continuum of care programs held rigid regulations which denied homeless clients access to the services that would help them to exit homelessness, and to the service clients valued most highly, permanent housing placements (Tsemberis et al., 2003). While clinicians and program designers place a high value on sobriety and the improvement of mental health symptoms, and often use measurements of these symptoms to decide if clients are 'ready' for independent living, homeless clients do not view their problems as stemming from disability, but from a lack of income and social factors (Carling, 1993; Cohen & Thompson, 1992; Tanzman, 1993; Tsemberis et al., 2003). Clients place a high value on obtaining housing and are less focused on addressing their mental health or substance abuse symptoms (Martin, 1990; Tsemberis et al., 2003).

Researchers have examined other factors which may influence homeless individuals' housing preferences outside of asking only about independent versus group settings. O'Connell and colleagues (2006) asked homeless clients to rate the importance of 17 physical and neighborhood factors in their ideal housing. The five factors most often named as very desirable were "good repair/clean", "privacy", "near shopping/bus lines", "low rent", and "safe neighborhood". Results of the study indicated that homeless clients matched to housing that best aligned to their identified housing preferences reported better quality of life at one-year follow up (O'Connell et al., 2006). The work of these researchers suggested that identifying a broader range of factors relevant to individual homeless persons in their housing may improve client satisfaction with housing and increase client quality of life.

It is now well established that most persons experiencing homelessness prefer housing placements in independent settings and demonstrate strong preferences for privacy and autonomy in their living spaces (Richter & Hoffmann, 2017; Tanzman, 1993; Tsai et al., 2010; Tsemberis et al., 2003). However, little research has attempted to characterize other housing preferences of people experiencing homelessness, which may lead to their decision to accept a housing placement or effect their quality of life once housing is obtained (O'Connell et al., 2006). Some qualitative efforts with people experiencing homelessness indicate they may experience a sense of entrenchment in unsafe and drug-involved neighborhoods (Piat et al., 2014). Other work has highlighted the poor living conditions, low sanitation, and high cost of housing faced by people who have experienced homelessness who obtain housing (Sylvestre et al., 2018a). Individuals with histories of exposure to violence or illicit activity in one area may prefer a different housing placement, which could lead them to turn down housing when offered.

Identification of a broader range of housing preferences of people who are long-term shelter-stayers could serve as a first step in persuading more clients to accept housing placements and free beds for those in need of emergency shelter services. Further, it could lead to more safe and stable housing placements for people who are long-term shelter-stayers, which could lengthen housing tenure and improve quality of life for this population.

Theoretical Framework

Data was analyzed from a contextual constructionist standpoint, which posits that individuals make meaning of their experiences in ways which are influenced and constrained by the broader social context (Willig, 1999). Contextual constructivists reject the positivist belief that there is one objective reality that can be revealed through objective and disinterested study of the collected data. Instead, all knowledge is understood to be situationally and contextually dependent, and interpretations of community data are colored by the researcher's as well as participant's own cultural meanings and interpretations. Thus, there is no "pure" data, and findings of the research investigation are understood to be context specific (Madill et al., 2010). A contextual constructivist viewpoint does not focus so much on generalizability and predictive power, as in positivism, as on the unique interactions between psychological or individual mechanisms and societal factors that influence individual actions (Bhaskar, 1989). Additionally, contextual constructivists understand themselves as researchers to be situated within a cultural and social context, and thus their own cultural meanings and life experiences will color their interpretation of the data. Thus, the same data analyzed in a different context is expected to generate different results (Madill et al., 2010).

Rationale

Little is known about the lives and preferences of people who are chronically homeless. Much of what is known about this population is drawn from national survey data or cross-

sectional studies (Aubry et al, 2015b; Kuhn & Culhane, 1998; Stefancic & Tsemberis, 2007; Tsai, Mares, & Rosenheck, 2011). While important research, most of the available literature only reports on a small cross-section of the housing history of people who have entered into chronic homelessness. The housing transitions and preceding structural and individual factors that caused early housing instability, ultimately resulting in a pathway into chronic homelessness, have been left largely unexplored. To explore these early housing transitions and housing factors, we collected narrative data of participant's lifetime housed and homelessness history. Collecting narrative data was useful for exploring and reporting the unique interactions of individual and structural risks that comprise an individual's pathway into long-term shelter-stayer homelessness (Piat et al., 2014).

Inductive thematic analysis was used to identify patterns of housing transitions and other housing factors that ultimately result in different pathways into long-term shelter-stayer homelessness. To facilitate understanding of the different pathways, we created three typologies of long-term shelter-stayer homelessness based on similarities in lifetime housed and homelessness history and reasons for continued housing instability. Understanding trajectories into long-term shelter-stayer homelessness may help to identify key time-bound intervention points or areas for policy improvement that may reduce chronic homelessness (McAlister et al., 2010; McAlister et al., 2011). This study also explored participant's unique housing preferences and how these housing preferences could be influenced by previous housing experiences. Throughout data collection and analysis, we noticed that participants reported numerous instances of past housing experiences shaping their current housing preferences. For instance, participants who reported being forced due to budget constraints to reside in housing in unsafe neighborhoods generally preferred not to be housed again in that neighborhood. For some

participants, past experiences of substandard or unsafe housing were so impactful that they had turned down housing and chosen to remain in the shelter rather than be housed in the offered unit or neighborhood. Thus, to promote housing acceptance, we sought to understand how housing trajectories influenced housing preferences for long-term shelter-stayers.

Through an exploration of housing preferences, we sought to identity housing preference factors which if made available in housing might increase housing tenure and quality of life in the long-term shelter-stayer population (Greenwood et al. 2005; Nelson et al. 2007; Tsai & Rosenheck, 2012). Generally, the housing preferences of people who are long-term shelter-stayers and members of the broader chronically homeless population are not well characterized. However, previous work with people with serious mental illness found that when housing matched participant's preferences, mental health symptomology improved and subjective quality of life increased (Greenwood et al. 2005; Nelson et al. 2007; Tsai & Rosenheck, 2012). Thus, it is likely that a better understanding of the housing preferences of people who are long-term shelter-stayers could help increase housing acceptance and lengthen housing tenure, as well as improve quality of life in this population.

Research Questions

Research Question I: What are the housing and homelessness trajectories of long-term shelter-stayers?

Research Question II: How do long-term shelter-stayer's housing trajectories influence their housing preferences?

Method

Research Participants

This research was funded by DePaul University Academic Initiatives Pool. The present study draws on data from a larger qualitative study of barriers to housing among individuals who are long-term shelter-stayers. Participants were 11 individuals identified by staff at two homeless shelters in a large Midwestern city as being long-term shelter-stayers, defined as staying in shelter a majority of days over a minimum of three years. Participants were eligible for the study if they were 18-years or older and English-speaking. In terms of demographics, the average age of participants was 54.5 years (SD = 7.12). The sample was 63.6% cisgender female and 36.4% cisgender male. The majority, 90.9%, identified as heterosexual; and 9.1% identified as gay, lesbian, or bisexual. Regarding race and ethnicity, 54.5% were Black/African American, 27.3% were White/European American, and one participant identified as multiracial, and another participant identified as Irish Italian.

Although referred participants were to have experienced a minimum of three years of shelter utilization, it was revealed through the in-depth housing history portion of the interview that some of the original 19 participants did not meet this criterion. As such, for the purpose of the present study, a subset of clients from the original study with the longest histories of consistent shelter stays was identified. The housing histories of all recruited participants (n=19) were plotted on individual timelines. Participants with shelter stays of less than three years at the time of the assessment were eliminated from the proposed analyses. Additionally, participants with frequent interruptions in shelter stay were not included in the proposed analyses. This left a subset of original participants (n = 11) with fairly stable histories of chronic shelter use and a period of shelter stay of at least three years before the time of assessment.

Materials

Shelter staff identified individuals with long histories of shelter stay, who were then approached by interviewers who assessed the shelter guest's interest in participating in a confidential study about their housing experiences. Potential participants were informed about the goals and methods of the study and assured that whether they chose to participate or not would have no influence on their access to shelter services. The research team scheduled interviews with individuals who expressed interest in the study. Participants were eligible for the research study if they were over the age of 18 and English-speaking. Interviews were conducted by graduate students and audio-recorded to aid in later transcription. Interviews took place at the participant's shelter or in another public location (e.g., a public library) depending on the participant's preference. Interviews were 60 to 120 minutes long, and participants received $20 cash as compensation for their time.

Shelter guests engaged in one-on-one, open-ended interviews about their housing barriers, housed/homeless history, and housing preferences. Interviewers used a script that included follow-up questions and probes during the interview (Appendix A). During the interview, participants were asked to identify their housing transitions, which were charted on a timeline (Appendix B). The type of living situation (e.g., own apartment, doubled-up, shelter, place not meant for habitation) was denoted for each point in their housing history. Next, they were asked to identify the three transitions in which they left a permanent housing situation that most impacted their current housing preferences. For these three impactful transitions, participants described in detail the circumstances that led them to reside in the housing setting and the circumstances that led them to leave.

Procedures

Study procedures were approved by the DePaul University Institutional Review Board. Participants were recruited via referral by shelter staff. Partner organizations were asked to generate a list that identified their longest, most consistent shelter guests. Staff provided clients that they identified as consistent shelter guests with the study's Consent to be Contacted forms. Research staff contacted interested clients using their information provided on the Consent to be Contacted forms, or clients were able to call the research lab using information available on the form. Consent to be Contacted forms were stored in a secure lockbox belonging to the research lab. Informed consent was obtained from enrolled participants. Interviews were audio recorded and transcribed for data analysis. Participants were provided $20 cash for their time.

Data Analysis

For Research Question I, the interview transcripts and interview notes were collected and reviewed for each participant (Ogden, 2014). Two coders applied the parent study codebook to the portions of client's transcripts which discuss housing histories and housing preferences. Reliability was ensured through frequent consensus meeting; coders met for consensus to discuss emergent themes and determine if additional themes should be added to the parent codebook to capture participant housing experiences. Employing narrative analysis, the investigator used the coded themes from participant's housing histories to create a core lifetime housing narrative that incorporated the setting or place of each participant's housing experiences (Creswell, 2007).

Narrative analysis was guided by a framework from McAllister et al. (2010, 2011). To increase objectivity of our trajectories, we chose to use McAlister's (2010, 2011) framework to guide our categorization of participants. Trajectories derived from McAlister's (2011) time-patterned trajectory theory have been used previously with people experiencing homelessness

with good results and implications for policy (Brown et al., 2017; Aubry et al., 2021). It was apparent during the process of core narrative creation and interpretation that participants in our sample were roughly conforming to structured-continuous, structured-intermittent, and unstructured-intermittent types of shelter utilization throughout their lifetime housing histories; thus, we felt it was appropriate to use these demarcations for our trajectories. Our approach was most similar to that of Brown et al. (2017), who also based trajectory categorization on episodes of street or shelter homelessness in a participant's housing history to lead to trajectories of homelessness derived from McAlister's (2010, 2011) main trajectories.

Frequency and duration of lifetime shelter use episodes were used to break long-term shelter-stayer participants into three categories of shelter utilization that roughly correspond to McAllister's (2010) structured-continuous, structured-intermittent, and unstructured-intermittent patterns of usage. Participants in our sample who displayed a primarily structured-continuous trajectory into long-term shelter-stayer homelessness tended to enter the shelter system and stay for many years, with few or no cycles out of the shelter. Participants with a structured-intermittent trajectory tended to engage with shelter services in between stays of relatively greater stability, including stays in their own apartment or with family. Participants with an unstructured-intermittent trajectory tended to engage with shelter services sporadically and relatively briefly. Narratives with similar trajectories into homelessness were classified into typologies using a time-patterned approach that considered participant's frequency, duration, and sequence of homelessness episodes and episodes of shelter stay. A consensus process ensured the reliability of time-patterning and breaking participants into assigned typologies.

The final analysis consisted of using NVivo 11 to present inductive themes for housing transitions and housing factors. Participant quotes were used to illustrate relevant themes. Quotes

were selected to illustrate relevant themes while also ensuring equitable representation of participants in the results section. Since housing history themes were present across these groups, results are presented thematically, and we discuss the prevalence of different themes across the identified trajectories (Creswell, 2007). Cross-case comparison served to illuminate the core themes shared across participant's narratives (Ogden, 2014). Key emergent themes were contextualized by an understanding of individual and social risk factors for long-term shelter-stayer type homelessness and by relevant literature (Gee, 1991).

For Research Question II, the relationship between housing history themes and housing preference themes was explored. As an exploratory tool, the investigator created a framework matrix in NVivo to analyze which transcripts were coded with which housing history and housing preference codes. A framework matrix is an analytic tool that places participants in rows and the specified coded text in columns. The framework matrix systematizes qualitative data and presents it in a visual way that facilitates the identification of patterns within and across narratives (Gale et al., 2013). The framework matrix function has been used previously to analyze thematic data across groups containing persons experiencing homelessness with productive thematic results (Bradford & Rickford, 2015; Moore et al., 2011).

Three separate framework matrices were created to explore the different housing preferences and intersections of housing history and housing preference codes across the three identified trajectories. All housing history and housing preference codes were included in the framework matrix. The framework matrix was exported to Excel and the investigator examined the relationship between individual housing history codes and related housing preferences. Reliability of the framework matrices were ensured through a consensus process with another member of the research team. Codes that were not used in any transcript were eliminated.

Additionally, codes that simply described payment type for a single housing situation were eliminated.

Similarly to Research Question I, portions of the text that examined housing preferences were analyzed thematically in NVivo 11. Since housing preference themes were present across these groups, results are presented thematically, and we discuss the relative prevalence of different housing preferences across groups (Creswell, 2007). Differences in housing preferences across groups were determined from the framework matrices and verified through a consensus process to promote reliability. Participant quotes were used to illustrate housing preferences and the intersection between housing history and housing preferences.

Positionality

As constructivists understand their interpretation of data to be shaped by their personal history and culture (Madill et al., 2010), it is important that my team members and I reflect on our identities and preconceived notions of persons experiencing homelessness before beginning data analysis. One team member's positionality statement is presented below.

I am a recent graduate of DePaul University with a Bachelor of Arts in Psychology. I am interested in several research topics in the field of community psychology. I started volunteering with the Homeless Advocacy, Research, and Collaboration (HARC) lab and I am currently working on the Long-Term Shelter-Stayer's Project. I am interested in issues of homelessness and housing and trauma-informed care, and this is what led to my involvement with Dr. Brown's HARC lab. I am a South Asian, middle class, female, post-BA and these identities place me in a position of power and privilege that members of our population do not often experience, as many are multiply disadvantaged on the basis of race, health status, gender identity, and housing status. Due to my limited previous experience with our population, I will work to educate myself on

housing and homelessness issues, as well as attempt to elevate the voices of our participants, to avoid biasing our results. My views on chronic homelessness are in-line with that of the HARC lab in that I support permanent supportive housing and Housing First interventions. I seek homelessness interventions that maximize participant choice, autonomy, and humanity. These are the views and identities that I contribute to this research project.

Below I present my own positionality statement.

Growing up comfortably middle class, I thought little of housing instability or the lives of people experiencing homelessness. My comfortable life felt far removed from these struggles and I fell back too often upon my parent's meritocratic beliefs. Before working with this population, I thought too much about the individual factors contributing to homelessness (i.e. mental illness, substance use) and the steps I could take to mitigate these factors. I thought little of structural inequities. Working with this population for the past two years has been an incredible learning opportunity for me as I have had the privilege of hearing the lived experiences of people who have struggled with all types of systemic inequalities which I now understand to have largely contributed to their individual risk factors. I have had to come face-to-face with the rampant structural inequality that was washed over during my childhood and adolescence, and I have had to face my past beliefs about persons experiencing homelessness, which have both been difficult but important steps in my growth as a researcher and as a person.

I am a White, educated, middle class, cisgender, and straight-passing female. My position of power and privilege in society may at times blind me to the experiences of those who have experienced poverty, joblessness, and incarceration; institutional and societal discrimination, inequitable access to resources such as education, safe communities, and financial opportunities; and harms such as transphobia, xenophobia, prejudice, and racism. I have

no personal lived experience of homelessness, and thus I intend to rely heavily on the voices of participants to meaningfully convey their experiences of chronic homelessness. Given my privileged identities and an upbringing that shielded me from many of the experiences of the participants, I will lean on community members with lived experience, and I will continue to educate myself about these issues and experiences of oppression through reflection and exercise of cultural humility.

My decision to study access to housing was shaped by my upbringing in a religious, insular, and impoverished community in the southern United States. As an adolescent, I witnessed many of my peers and community members suffer from mental health and substance use disorders which were further compounded by poverty. These debilitating illnesses and severe lack of financial resources were met with frustratingly inadequate solutions from the community. Community members were often discouraged from seeking mental health care in the form of talk therapy or medication management and instead encouraged to seek religious solutions. Substance use disorders were often met with shame from the majority of community members when many people appeared to use to cope with the uncertainty and intolerability of their daily lives. Certain forms of identity and self-expression, especially those related to sexuality, were not tolerated within the community. Questioning religious doctrine and the harmful applications by the community would often lead to ostracization and abandonment. Members of the community who rejected the religious and societal norms were similarly cast out, subjected to shame and slander by former friends and family.

These experiences helped me to understand the value of strong community supports for mental health care, substance use, and expressions of sexuality – and how lack of access to these services might shape trajectories of poverty and homelessness. In our community, religious

guidance taught women to aspire to marriage at a young age and, combined with a lack of access to education or high-paying jobs, women entered into young marriages that tended to increase family instability and generational poverty. Mentors, friends, and some family members summarily and frequently discouraged me when I voiced a desire to attain a higher education as a psychologist or doctor, chastising me for wanting to pursue a career that would interfere with my future duties as a wife and mother. It was explicitly clear to me that my worth as a person was defined, in primacy, by my role as a dutiful marriage partner and that all other aspirations were secondary. As part of this community and the discouragement I experienced for wanting a professional career, I was able to understand how lack of emphasis and access to education shapes median incomes and outcomes of families across generations – especially for women.

These experiences helped me to understand the value of strong community supports for mental health care, substance use, and expressions of sexuality – and how lack of access to these services might shape trajectories of poverty and homelessness. This upbringing helped me to understand the interaction of individual and social barriers which shape trajectories of poverty, mental illness, and substance use disorder, and instilled in me the value to provide all people with access to safe and adequate housing, mental health and substance use services, and membership in healthy communities that allow free expression of individual identities. I will rigorously reflect upon my identifies of privilege throughout the data analysis process, especially given my lack of shared lived experiences. My experiences of marginalization within my community will allow me to relate to participants' own experiences of marginalization and social exclusion. This dual-focused technique will aid me in identifying potential blind spots during the interpretation and presentation of the data analysis.

Trajectories into Homelessness

Table 1

Demographic Characteristics

Characteristic	Total	Group I	Group II	Group III
	N = 11	*n* = 5	*n* = 3	*n* = 3
Age M (SD)	54.5 (7.12)	51.80 (9.07)	52.67 (4.51)	56.00 (7.55)
Female n (%)	7 (63.6%)	3 (60.0%)	2 (66.7%)	2 (66.7%)
Race/Ethnicity n (%)				
Black/African American	6 (54.5%)	2 (40.0%)	1 (33.3%)	2 (66.7%)
White/Caucasian	3 (27.3%)	1 (20.0%)	2 (66.7%)	1 (33.3%)
Italian-Irish	1 (9.0%)	1 (20.0%)		
Multiracial	1 (9.0%)	1 (20.0%)		
Primary Residence [a]				
Shelter	6 (54.5%)	4	2	
Hotel/SRO	1 (9.0%)			1
None	2 (18.2%)			2
Subsidized program	1 (9.0%)		1	
Place not meant for habitation	1 (9.0%)	1		
Number of Transitions M (SD)	6.75 (4.88)	3.2 (1.20)	6.67 (1.53)	14 (3.00)
Time since 1st Experience of Homelessness M (SD)	16.11 (12.02)	11.15 (6.21)	11.67 (7.37)	28.83 (16.04)

Note. Participants reported experiencing a variety of different living situations over their lifetime housed and homelessness histories including doubled-up, stays in hotels and SROs, and periods of stay in both street and homeless shelter settings.

[a] Primary residence refers to the type of residence where the participant spent the most time over their housed and homelessness history since their first experience of homelessness.

Long-Term Shelter-Stayer Trajectories

Through time-patterned analysis, the investigator identified three trajectories into long-term shelter-stayer homelessness, which were based on McAllister et al.'s (2010) structured-continuous, structured-intermittent, and unstructured-intermittent patterns of shelter utilization. Categorization was based on housed and homelessness history stretching from the first episode of homelessness until prior to the current episode of long shelter stay. Participants in our sample who displayed a primarily structured-continuous trajectory into long-term shelter-stayer homelessness tended to enter the shelter system and stay for many years, with few or no cycles out of the shelter. Participants with a structured-intermittent trajectory tended to engage with shelter services in between stays of relatively greater stability, including stays in their own apartment or with family. Participants with an unstructured-intermittent trajectory tended to engage with shelter services sporadically and relatively briefly.

Group I contained five participants classified as structured-continuous with a mean number of lifetime housing transitions of 3.2. Participants in this group, who had the fewest lifetime residential transitions, tended to spend more time residing in homeless shelters. Structured-continuous trajectories were characterized by the pattern of participants experiencing a destabilizing life event (i.e. job loss, death of a loved one) that first caused them to seek out homelessness services and which they seemed to not receive the resources to recover from, often

entering the shelter system and making few transitions out after this destabilizing event. Participants with a structured-continuous trajectory seemed to become entrenched in the shelter system, staying in shelter for many years with often few or no cycles out of the shelter into stable housing.

For example, one participant with a structured-continuous pattern described his struggle to obtain housing after having an interpersonal dispute with his sister that caused him to lose his stable housing of 18 years:

> I was put out now to do something I never did before. That was to look for a place- and not only look for a place, look for a place without a job and- I was used to having one for- all that time.

After losing this housing, this participant briefly experienced street homelessness and then entered the shelter system, and he has stayed continuously at the same shelter for the past 6 years.

Most members of the structured-continuous trajectory group reported experiencing significant disability due to a substance use, mental health, or physical health impairment. In this way, participants with this trajectory were similar to classical conceptions of the chronically homeless population (Kuhn & Culhane, 1997). Two participants discussed at length their struggles with alcoholism and how the disease led to employment and housing instability before their first interaction with the shelter system.

Group II contained three participants classified as structured-intermittent with a mean number of lifetime housing transitions of 6.67. Participants with a structured-intermittent pattern of shelter utilization mainly stayed at homeless shelters in between efforts to obtain their own stable housing or stays with family members. Participants with this pattern experienced periods of relatively greater housing stability interspersed by periods of long shelter stay. One participant

returned to the same shelter in between two housing placements and care for a medical procedure. He achieved housing stability in his own subsidized apartment for two years but had to leave when the organization ran out of funding for the housing program, at which point he returned to the shelter for over a year. Another participant followed a similar pattern of obtaining two of her own subsidized places and returning to the shelter when she had to leave each placement. For these participants, the shelter was a place they could return to when they were forced to leave their own housing, mainly due to lost organizational funding or building closure.

Two participants reported experiencing significant disability making it difficult to obtain employment, perhaps contributing to the cyclic nature of return and departure from the shelter system.

Group III contained three participants classified as unstructured-intermittent with a mean number of lifetime housing transitions of 14. In our sample, the housing histories of participants with an unstructured-intermittent pattern of shelter use were characterized by many lifetime residential transitions. Participants with this pattern had experienced homelessness for many sequential years but continued to make frequent residential transitions between homeless shelters and housing situations of various stability including SROs, stays with friends and family, and street homelessness. Members of this group had periods of employment during which they were stably housed. However, constant lifetime housing instability undermined the ability of participants with an unstructured-intermittent trajectory to obtain stable employment, attend to health needs, and maintain relationships.

One participant with an unstructured-intermittent pattern made 14 housing transitions over the span of seventeen years, prompted by various reasons for transition. Shelters for her seemed to serve as a place to reorganize while searching for her own housing, which was often

substandard and which she usually occupied only briefly before making another housing transition. After exiting the shelter system following her first experience of homelessness, she described getting her own place with her young son which she was able to keep for two years with income from her employment in food service. She then described losing this housing and transitioning back into the shelter system, staying briefly, and then obtaining housing again:

> Yeah cuz I didn't live there long, I I didn't want to bring my son they up in [that neighborhood] ninety-three then I moved up north, and I stayed in this apartment building. And there I became homeless, I was drinkin' and doing drugs then and, that's part of how how I became homeless…We moved to Cleveland, Ohio, we stayed in a shelter in Cleveland, Ohio…I stayed there for about four months in that shelter. From there I moved into my own place.

Another participant who worked sporadically as a day laborer followed a similar pattern, making transitions between the shelter system and staying in his own places when he had employment. Two participants reported during this current episode of shelter stay that they were experiencing disabilities making it difficult to work, and another discussed how restrictive shelter policies made it difficult for her to obtain work. One participant described the importance of obtaining work with accommodations for members of this group:

> I would work. I wanna work. You know, I would love to work. I love being around people I love talking with people and working…And um, once I move into my place I would find a job, I would have to find a job. In order to get the things that I need. But with me havin' medical problems right now, I can't do anything, so…I'm tryna find a job where's that I can sit down and do something.

Substandard housing and exposure to neighborhood violence was a major theme for participants with an unstructured intermittent pattern of homelessness, who seemed to drift between the shelter system, stays with friends or family, and stays in their own substandard housing.

Key Themes

Inductive themes were identified to explore housing history and reasons for transitions within the sample. Eight distinct reasons for making a housing transition were identified including discontinuity of organizational support, eviction or forced out, household composition change, interpersonal dispute, kicked out of the shelter, left by choice, rent too high or raised, and substance use. The three trajectories were characterized by a higher prevalence of different reasons for transition. For participants with structured continuous trajectories, the most common reason for transition indicated was a household composition change. Among participants with structured intermittent trajectories, interpersonal dispute was the most commonly endorsed reason for transition. And finally, for participants with an unstructured intermittent trajectory, eviction and rent too high or raised were the most common reasons for making a housing transition. However, reason for transition codes were common across groups.

Reasons for Transition

Household Composition Change. A household composition change was defined as a housing transition that occurred due to a change in the number of people living in a space due to one member being asked to leave, a breakup, or a death in the household. Participants frequently discussed deaths of loved ones as the source of significant destabilization both emotionally and financially, often resulting in a housing transition. For example, one participant with a structured continuous pattern of homeless who had lived with her mother and grandmother described her

pathway into homelessness when her mother had to enter a nursing home and they lost her social security income:

> And then all of a sudden, she had to go to a nursing home and then I became homeless because I wasn't working at the moment, when it happened and y'know, I stayed with my friend for about 6 months but I wasn't tryna be a burden to him and so… that's when the homeless y'know, cycle started but uh… y'know it woulda happened either way…I had no money to stay in the apartment, so I woulda had to go so.

Household composition changes were a major source of housing instability for participants in our sample, particularly for participants with a structured-continuous trajectory of homelessness. Another participant with a structured continuous pattern of homelessness discussed losing his wife which led him to problematic alcohol use, ultimately resulting in his pathway into homelessness:

> Well, you know, my wife passed, and I really, uh, um, was drinking very heavy. And, um, I wasn't making enough money in the cab. So, uh—so, literally, I was actually sleeping in the backseat of the cab…Well, it was, uh, actually it was, uh, like, uh, when my wife died in '99, that was it for me.

Another structured-continuous participant described accessing homelessness services after a death in the family led him to experience depression and alcoholism:

> Well, my family situation and, you know—I had a death in my family, my father, and-and uh, my family kinda split ways, which kinda left me homeless.

Deaths in the family destabilized already resource-poor families, leaving surviving children or spouses of loved ones with no way to cover the rent. Without adequate support resources to help them reorganize their families and potentially obtain employment, some participants entered into

structured continuous homelessness. Additionally, these deaths exerted an emotional toll on persons already struggling with substance use disorder, contributing to relapse further exacerbated by a lack of access to adequate treatment services.

Interpersonal Dispute. We defined interpersonal dispute as either a domestic conflict or a conflict with neighbors that led the participant to make a housing transition. Participants discussed conflicts with family members or with neighbors resulting in a housing transition with about equal frequency. For example, one participant with a structured-intermittent pattern described living with her daughter when she first became homeless:

> - after I gave her my money and I paid her rent, even though it was my daughter—that was in Indianapolis, Indiana. I gave her money. She wants—I don't know. Cuz she used to get high anyway, so—she let her boyfriend or husband, whoever they want she want to call him, put me out, so I had to go stay in that - that shelter, so—

Conflicts with family members demonstrate the instability and lack of agency participants faced when seeking housing. Participants may have doubled up with family members they would otherwise not have chosen to live with if they did not face homelessness, resulting in increased conflict.

Another participant with a structured intermittent pattern of homelessness described a conflict with his neighbors that resulted in him moving back to the shelter to support his sobriety:

> I come off the idea it's better to be to here— because, you know, it's-it's banned, alcohol, we—and, um- and the people are not trying to sell to me. It happened when someone is under influence, but it's seldom.

Conflicts with neighbors seemed to highlight the entrenchment in substandard and resource-poor neighborhoods faced by participants in our sample, which further perpetuated housing instability.

Eviction. Eviction and experiences of building shutdowns spanned across groups. Some participants described experiencing an eviction when their building was shut down or converted, while others described getting behind on the rent which led to an eviction. One participant with an unstructured-intermittent pattern described his experience of being forced to leave his SRO residence of 10 years as the building was converted to condos:

> And the place deteriorated, and we had, like, a new owner. And, uh, he fixed the place, but I guess it still wasn't—it's still bad so he decided, uh, everybody move out. He gave us, like, a month—to move out. And, um, that's when he changed it into a condo.

This eviction propelled the participant into a 7-year shelter stay until he could obtain stable housing again. Eviction was strongly associated with a first episode or a return to shelter stay, and in our sample always resulted in participants moving to a less stable housing situation (i.e. doubled up, shelter) than from where they were evicted. Participants did not have the additional resources or the time to transition to stable housing when they were evicted or experienced a building shut-down.

Eviction also highlighted the substandard nature of the affordable housing stock, which was often condemned or converted with little notice to residents. One resident described her reason for leaving a low-income building in a nice neighborhood that she liked living in:

> Oh, no, we had to move out the buildin'. Right, and it close down- but still close down. Makin' us move out, so—I thought I would still be there.

This participant would have preferred to still live in this building, but due to this building shutdown, she was forced to make additional housing transitions, including a long shelter stay.

Rent Too High or Raised. Two participants, both with unstructured-intermittent patterns of homelessness, discussed the effect of expensive or increased rent on their housing stability. This may have been due to persons in our sample with an unstructured-intermittent pattern of homelessness paying for more housing situations with earned income or SSI/SSDI; apartments were likely difficult to afford on these fixed incomes and minor adjustments in rental price may have resulted in a housing transition.. Participants discussed making a housing transition when they found that the rent would be raised for the next year's lease, which would be too expensive for their budgets. For example, one participant who had experienced two transitions due to rising rent prices commented when asked about her difficulties finding housing:

> The rent is too hi--[laughter]. The rent is too high that's the difficult thing. The rent is high for people that's on a fixed income…

Like participants who were evicted, participants who made a housing transition when the rent was raised did not smoothly transition into other stable housing. Often, participants re-entered the shelter system.

Expulsion from the Shelter. Some participants discussed being kicked out or asked to leave the shelter and how this contributed to their housing instability. Two participants reported that they were barred from a shelter during their lifetime housing history, and one participant described how a health issue caused her to continue to be transferred from shelter to shelter. Expulsion from the shelter was more common among participants with a structured continuous pattern of homeless, perhaps because of these participant's greater exposure to the shelter system. The experience of being kicked out of the shelter was disruptive and often confusing for participants. Participants reported receiving little information as to their reason for being barred from a shelter:

> So, I guess I got into a-a-some kind of small, little argument with the security guard. That's all I can remember. And, uh, he took it personal. And, uh, he-he had the police waiting for me, and I mean, just the whole, big scene. So, they end up locking me up for trespassing. Oh, my God. So, anyway, I'm barred from that place, which I'm used to living, and that's the only shelter I really knew.

Participants described expulsion from the shelter as an opaque process that often was accompanied by few, if any, transition services. Expulsion from the shelter led to increased housing instability as participants often had nowhere to stay when asked to leave. One participant entered street homelessness after the shelter barred him:

> Uh, one year, we fell out and I had to—you know, 'cuz they—the thing about these places, they quick to bar you for anything. So, uh, when I was barred from there and I guess I could've went to other shelters— and I just end up staying on the train. I stayed on the train for a year.

Expulsions from the shelter highlight participant's lack of power and vulnerability to systemic injustices that contribute to housing instability.

One participant reported being continually transferred between shelters over a number of years due to the inability of these shelters to care for a person with her seizure disorder. She described being transferred from one shelter to another shelter only to arrive and find out they could not care for her:

> I wouldn't when they told me that, they were like, well, we kind of—we're gonna have - we're gonna have to do something because we're not responsible for [your seizure disorder]—Okay. Now, y'all seen the medicine I'm taking. Before I called in, I told you about my sickness, my history.

Frequent transfers between shelters likely contributed to this participant's continued homelessness by making it difficult for her to establish a relationship with a case worker or obtain other housing services.

Discontinuity of Organizational Support. Two participants discussed making a housing transition after they stopped receiving support from a temporary program or the organization they received housing through lost funding. Both participants displayed a structured-intermittent pattern of homelessness. One participant discussed losing his subsidized housing when the organization supporting it stopped the housing program due to budget constraints. This caused the participant, who had been stably housed in the program for two years, to return to the shelter where he had previously stayed prior to obtaining housing. The other participant received housing through a shelter placement with a two-year temporary program. At the end of the program, she did not transition into other stable housing but moved back into the shelter. Both participants were stably housed in their organization-funded housing, but when the programs ended, both re-entered the shelter system.

Other Housing Transitions. Three participants identified other reasons for making a housing transition, which included leaving by choice, leaving due to substance use, and discontinuity of support from an organization. Only one participant discussed leaving a housing situation by choice, highlighting a lack of financial resources and the way structural aspects of the housing system often forced participants to undertake housing transitions. One participant noted that she left a housing situation due to substance use when she could no longer afford the rent. This participants reports that her substance use played a role in her entering homelessness as well as in an early housing transition; however, subsequent housing transitions she attributed to a variety of structural housing factors including eviction, raised rent, and substandard housing.

Housing History Factors

Substandard Housing History. Participants described living in substandard housing conditions which was defined as housing with structural/maintenance issues or housing that was inappropriately managed or maintained. Most participants described at least one instance of substandard housing across their lifetime housing history. Participants with an unstructured intermittent pattern of homelessness were particularly likely to have experienced substandard housing, perhaps due to a larger proportion of housing situations being paid for by these participant's earned income or SSI/SSDI than other groups. Participants discussed a variety of structural housing problems ranging from general disrepair to residing in a building that was condemned. One participant described his experience of living in substandard SRO-style housing:

> It's, uh—it's - it's - it's a small, real small r-room—where they ain't got no ceiling. Just wire ... And, um, no privacy. You can't cut your, uh, TV on a certain, uh, volume. Uh, the rent is—you know, you can afford the rent - but it's not adequate, you know. It's getting cold. Um, you can't cook or nothin'. And, uh, it's getting noisy, you know—and, uh, be a lot of trouble living there too, you know. Like neighbors, you know, uh, drinking a lot and you know actin' wild, you know.

Residing in substandard housing decreased participants' autonomy and led to exposure to unsafe health and neighborhood factors.

Experiences of substandard housing also contributed to housing transitions and housing instability. For example, participants discussed choosing to leave a substandard housing situation, or some participants were forced to leave when the housing became untenable (i.e. the building was demolished or converted). Other participants reported staying in a substandard

housing situation due to a lack of affordable options. A history of substandard housing informed how some participants searched for housing. One participant with an extensive history of residing in substandard housing explained how she examined potential apartments:

> And the water has to come out of the faucets right. You know and make sure that the toilet runs correctly. You know if I go in there and something like that, I'm not takin' it. Because it it wouldn't be good to move in there and then complain about it. You know and then um… when I go into um an apartment sometimes I get excited because they have it clean and you know and don't look like anything is wrong and then they won't tell you. Until you move in once you move in and then that's when things start to fall apart.

Accepting or Rejecting Housing. In our sample, five participants discussed rejecting an offered housing placement over their lifetime housing history. Three participants reported turning down housing offered by the shelter due to neighborhood safety, housing quality, or suspicion about the legitimacy of the offered housing placement. One participant discussed her experience of turning down a substandard housing placement due to its poor quality:

> Well, when I was in, um, Kentucky, moved to Kentucky, I was offered it—I was offered one, but it was, like, a hole in the wall. It's like something that you wouldn't put your cat in. And that's supposed to be housing.

The participant chose to stay in the shelter rather than accept this substandard housing placement.

Two participants reported rejecting housing placements due to visiting policies that would have restricted when their romantic partners could visit. One participant described rejecting a housing placement:

> He said come in only once in a w – on the weekends and it's like he has to leave and it's like, once he's there you feel like and then all of a sudden Monday morning comes he's gotta leave or somethin' it's just. And everybody, so a couple of people were like saying like, "You should've taken it", I said "Okay, maybe I should've" but… I didn't, I didn't, y'know.

Limited visiting policies led these participants to reject housing placements and remain in shelter to retain more autonomy in their romantic relationships.

Three participants reported never being offered or never turning down a housing placement. All of these participants displayed a structured-continuous pattern of homelessness. Because participants with a structured-continuous pattern had the most frequent and steady engagement with the shelter system, it is interesting that members of this group were found not to have been offered housing placements.

Housing Preferences

Location and Environment

Safety. Participants emphasized a strong preference for housing that was safe, in lower crime parts of the city, and relatively quiet. Participants described the interplay between housing affordability and location; housing participants could afford was often located in unsafe, high crime neighborhoods. Participant's budgets often shaped how much access to safety they could afford, as many related how they had been pushed into unsafe neighborhoods throughout their housing history. Repeated exposure to unsafe and high crime neighborhoods led participants to

desire housing outside of problematic communities. One participant described her experience of being forced out of her home due to safety concerns:

> I didn't want to stay on the South side anymore. It it got got to a point…the safety is kind of compromised. It's not the same as as it once was when my mother and a-and grandmother had moved there. My mother even said there used to be a time you keep the window open at night, but you can't anymore. You gotta lock everything. It's like you know we no longer felt safe there. So, of course we definitely want to leave there.

Participants often spoke of leaving or rejecting housing due to safety concerns; similarly, when seeking new housing, location and its perceived safety was given a high priority when determining whether to accept a housing placement. However, participants were often forced to seek housing in less safe areas due to budget constraints:

> This one particular place on the south side the rent was only five hundred to five fifty a month…And I'm like this area is an—you know I asked her the area and she's like "Oh it's nice over here now." Come to find out that place over there is terrible in that area. That's another challenge for me too… because you know I don't have a car and I have to walk out to catch the bus and go to the store, you know

Participants reported that in their ideal housing, they would be free to walk around and run errands without fearing for their safety. One participant illustrated her idea of safe housing as a place where she could take her time getting her mail without fear:

> Better, I mean that the housing ah that people mind their business, nobody gonna um bother me or knock me in my head when I'm entering or exitin' my buildin'. I can take my – my time getting my mail outta the mailbox…I come and get it when I come and get it.

Participants were seeking friendly neighbors and a lack of community violence, theft, and assault. A clear preference emerged for residing in housing on the wealthier and lower crime North side, as opposed to the South side, which some participants wanted to avoid.

Additionally, personal experiences of crime and victimization were found to influence participant's willingness to accept housing in a particular location, as well as creating a housing preference for safe neighborhoods. One participant described rejecting a housing placement in the same neighborhood where she had experienced a violent assault:

> …Because they robbed me over there and then it was some gang boys that robbed me and I thank the Lord Jesus they didn't harm me. Yeah he did harm me… what he did was that he pulled this leg, and the back part of my leg and like even today there's a big—if I turn it in a, um wrong way, it's a big knot that comes up in the back of my leg... So, that's why I didn't wanna go over there. And I have to be careful of the area where I'm living.

Participants mentioned wanting to avoid housing near noisy neighbors and noted a preference for a housing placement that was free of visible substance use in and around the building. One participant discussed his experience of residing in housing in a noisy party neighborhood full of substance use, which led him to prefer housing in a quiet neighborhood:

> I-I would like to have the neighborhood, you know, it's already…quiet. This way and-because, um, I'm alcoholic, and we have, -- you know, I should avoid, um, such people—and such situation. M-maybe not people, but situation-- the alcohol attracts.

Overall, participants demonstrated a clear preference for housing in safe and low-crime neighborhoods. For many participants, this preference was shaped by a history of being forced to reside in higher crime neighborhoods due to a lack of financial resources. For some participants,

repeated exposure to unsafe neighborhoods had even resulted in personal victimization, resulting in strong preferences for residing in areas the participant felt were safe.

Familiarity. Participants discussed preferring housing located in areas of the city with which they were familiar. Some participants expressed that the shelter seemed to offer them housing placements in parts of the city that were far away and unfamiliar:

> "Here's an apartment!" far away, "Here's a job!", why you always gotta send me far away? Don't they have stuff here? Why is this why does this area exist if we don't have enough jobs or no housing here? Or it's like, sometimes you just wonder, "They're always tryna send you so far away", I'm like, why?

Participants talked about not feeling comfortable living in a part of the city too far from where they had lived previously. One participant discussed not wanting to venture too far from her current neighborhood because she wanted to stay near her partner's mom, whom they both cared for.

Leaving. On the other hand, some participants discussed wanting to leave Chicago and/or Illinois due to the high cost of living and lack of affordable housing. For example, one participant discussed a preference for leaving Illinois to obtain housing in other states:

> Uh, I'm thinkin' 'bout leavin' Illinois 'cause it's cheaper, uh, in other states. 'cause the cost of livin' here in-in Illinois is very high. The taxes is very high.
>
> And in other states, it's-it's much reasonable— to live— in a house. To get housing.

Participants discussed the high prices of the Chicago rental market and how they might have more options for obtaining housing outside of Chicago. These participants did not seem to want to leave Chicago but expressed that their best option for obtaining some type of housing was to leave the city and/or state.

Key Themes

Thematic patterns across groups were not as distinctive for housing preferences as they were for housing history. This was likely because many participants noted similar housing preferences, which included safe, autonomous, and clean housing. With little variation in preferences, there was little room for patterns to emerge across groups. Patterns that did emerge across trajectory groups are noted here.

Autonomy

Most participants across groups identified a preference for autonomy in their housing. We defined autonomy as a preference for a self-directed living situation that the participant has control over. Participants identified being able to come and go as they please as something they seek out in their own housing situation. Some participants contrasted this preference with their experience of residing in the shelter where they must return in the evening and leave in the morning at specific times due to shelter regulations. Participants looked forward to a time when they would be able to set their own daily schedule. Some participants mentioned the activities they would be able to engage in once they no longer had to return to the shelter in the evening or the possibility of coming home to relax when they wanted. For example, one participant discussed the autonomy she was seeking in her ideal housing:

> I'm just looking to to just have my own place, you know. Just to be able to come come home when I when I desire to and not have to necessarily wait to to come in at a certain time like when you have to be here at 7:30 every night. You know and um and and if I can if I you know what-whatever place I get if if I'm ready to come home at 5:30 or 6:00 you know I would be able to come home, you know

Participants discussed wanting their own space and the freedom to come and go as they pleased. Participants also indicated that having their own private spaces (i.e. private bathroom), own furnishings, and access to utilities such as cooking facilities were desirable housing characteristics. Some participants indicated a cohabitation preference for either a pet, a romantic partner, or family members. Cohabitation preferences emerged as particularly salient for participants with a structured-continuous pattern of homelessness. One participant with this pattern had a partner of nine years who was also involved in the shelter system, and they were seeking couple's housing. One participant tied her desire for a cohabitator to her safety concerns amidst a changing neighborhood landscape:

> Cus the thought of living alone's a little kinda scary too in a way, especially in this day and age. So, it wouldn't be too bad to h-know someone's gonna be around, especially at night. (laughs)… I grew up in y'know in the late 60s, 70s, everybody was just cool you could leave your door open and no-nobody came and wandered in or or wanted. Now they can just break in if the door's locked.

These preferences demonstrate how SRO style housing with visitor restrictions may be undesirable to members of the chronically homeless population. Less restrictive housing may attract persons experiencing homelessness with a preference for a cohabitator, including those who feel uncomfortable living alone for safety reasons.

Building Factors

Size. When asked about their ideal housing, most participants across groups indicated that they would prefer a one-bedroom apartment. Some participants indicated that they would accept either a studio or a one-bedroom, and some expressed they would prefer a larger space, such as a two-bedroom apartment or single-family home. Participants did not say they were

seeking single room occupancies; several participants indicated that they wanted to avoid this style of housing. One participant described her housing size preference as:

> … you know like for me it's it it doesn't have to be like so extravagant so it you know I'm not like looking for a mansion per se. But just something you know just something simple, something you know spacious, something something like I said you know that's within my means, nothing you know overwhelming you know.

This participant described seeking quality, spacious housing that she could afford. Another participant stated a similar preference as:

> Just, y'know, I don't eat a lot I already have no children, so um-uh, y'know one bedroom apartment and y'know just… so it wouldn't be you know I wouldn't need to have a big place cuz so.

Participants seemed to be seeking quality, affordable spaces that were reasonably spacious.

Housing Quality. Housing quality emerged as an important theme identified by participants in their ideal housing. Participant's search for quality housing was influenced by their past experience of substandard housing. For example, one participant with an extensive substandard housing history described his ideal housing:

> Just a decent room. That's okay with me. Just—a decent room.
>
> Uh, no flophouse, you know, wires, stuff like that.*:* Just - just, um, it don't have to be that big, but, you know, somethin' I could, like, put, like a TV—or a radio, stuff like that

Participants discussed preferences with regard to the cleanliness of the physical space and safety of the physical structure. One participant explained that having a fully furnished space was important to them.

Related to housing quality, participants also discussed the importance of avoiding "slum

landlords", defined as landlords who did not abide by the terms of the lease or refused to fix problems once a tenant moved in. One participant described her experience and decision to avoid this type of landlord:

> Yeah, because in the- in, uh—in some places, it needs fixtures, and landlords don't care about 'em 'cause I—the last one I was in, and it takes a long time for them to come and fix things—and sometimes they don't come fix things, and you gotta be careful with that.

Slum landlords contributed to participant's experience of poor-quality housing, and prior experiences with these types of landlords caused participants to seek well-maintained properties.

No Standards or Lowered Standards

Understandably, some participants demonstrated no or lowered standards when it came to seeking housing or articulating their housing preferences. No or lowered standards were particularly common among participants with structured-continuous trajectories, perhaps indicating that extensive contact with the shelter system decreased a participant's housing preferences as participants felt the pressure to "take what they could get". One participant with a structured-continuous pattern of homelessness articulated a lowered standard for housing:

> Well, I think anybody wants to be in a low-crime neighborhood, but, uh, when you get desperate it really doesn't matter. So, first choice is low crime but…willing to take anything that's available.

Participants mainly discussed accepting locations or housing types (i.e. SROs) that were not favorable to them but may be easier to obtain than the housing they preferred. When asked if there were any parts of town or floor plans he would avoid, one participant said:

> Oh, everywhere is rough now, so no. No. No. Not at this point. Right now, that's how bad I need a place.

No or lowered housing standards demonstrated participant's sense of a lack of agency in obtaining clean, adequate, and safe housing. Extensive contact with the shelter system may have led participants, particularly those with a structured continuous pattern, to adapt a "take what you can get" mentality, even if that meant accepting unsafe housing to escape the shelter.

Discussion

An exploration of participant's lifetime housing and homelessness history confirmed that long-term shelter-stayer homelessness is a complex issue that often results from years of housing instability and other interplays of individual, structural, and ecological factors. Participants discussed many of the identified risk factors for chronic homelessness including severe mental illness and substance use disorders, trauma, and family instability (Bhugra, 2007; Rickards et al., 2010; Zugazaga, 2004). Participants saw a role for these individual factors in causing destabilization and sometimes creating difficulty in maintaining housing. Further, participants highlighted the role of structural factors in shaping their trajectories into long-term shelter-stayer homelessness. Participants' narratives were shaped by an inability to compete for scarce housing resources caused by a number of structural barriers to housing attainment which included unaffordable rent, substandard housing, and frequent evictions. This difficulty has been demonstrated by a quantitative study of housing transitions that found that greater housing stability was associated with better access to resources (Aubrey et al., 2021).

Frequently, participants reported being "pushed out" of housing by influences like eviction, raised rent, unsafe neighborhoods, or expulsions from the shelter, and rarely reported being "pulled into" housing by influences such as personal choice. A lifetime constant struggle to obtain housing resulted in worsened individual risk factors such as mental illness and survival strategies such as accepting and residing in substandard housing and poor neighborhoods which

further contributed to individual risk and destabilization. These findings strongly mirror results from interviews conducted with people with histories of unstable housing. For example, Sylvestre et al. (2018a) found that participants described that housing they were able to obtain on their own was unaffordable, substandard, and segregated in unsafe neighborhoods.

Our results show similarities to those of The Canadian At Home/ Chez Soi randomized controlled trial, where researchers conducted narrative interviews with 219 homeless individuals to explore their pathways into and barriers to exiting homelessness (Piat et al., 2014). These participants discussed the importance of both individual and structural factors in contributing to their homelessness. Participants described how they felt that their individual risk factors had created the opportunity for them to fall into homelessness, but that structural risks including poverty, stigma, a lack of affordable housing, and racism contributed to their entrenchment in homelessness and substandard housing (Piat et al., 2014). Our study corroborated these findings in that participants often described an initial individual vulnerability that resulted in a first instance of homelessness, but chronic homelessness was perpetuated by a number of structural and systemic barriers to exiting homelessness that also exacerbated individual risk factors. Findings of this study highlight the importance of examining the precedents to chronic homelessness from an ecological perspective to understand the types of vulnerabilities and systemic factors that may initiate a lapse into chronic homelessness.

Trajectories into Homelessness

This study identified pathways into chronic homelessness using a time-patterned approach (McAlister et al., 2010; McAlister et al., 2011), meaning that timing, number, and type of housing or homeless event were used to create trajectories. We found that members of each trajectory (structured-continuous, structured-intermittent, and unstructured-intermittent)

experienced different types of housing transitions and other housing factors that created unique pathways into long-term shelter-stayer homelessness. From these trajectories, it is apparent that the chronically homeless population is probably not homogenous in their housing histories and reasons for entrance into and maintenance in the shelter system. This has been previously demonstrated by Aubry et al. (2021), who found that the presence of resources rather than risk factors differentiated four time-patterned trajectories of homelessness. Differences in access to resources may be shaping trajectories into and recovery from chronic homelessness (Aubry et al., 2015).

Our findings highlight the utility of moving beyond a 3-group model of homelessness, especially one that uses only the current episode of shelter stay to determine group classification and access to services (Aubry et al., 2021; Brown et al., 2017; McAllister et al., 2011). Further, moving beyond 3-group typology could allow us to increase our focus on prevention, by identifying and addressing patterns of housing instability that are likely to result in chronic homelessness. Acknowledging that housing history itself is a part of the individual/structural environment that leads to the current episode of homelessness – and that chronic homelessness is often the end result of years of housing instability – could lead to increased funding for prevention efforts of chronic homelessness.

These trajectories may highlight differences which may help identify more specialized interventions for people who are long-term shelter-stayers. Participants with a structured-continuous pattern became entrenched in the shelter system, rarely cycling out to their own independent housing. In our sample, these participants reported not being offered housing placements by the shelter and also reported lowered housing standards. Participants with this trajectory had multiple consecutive years of shelter stay and a history of being unable to obtain

independent housing despite maintaining contact with the shelter system and a case manager. Thus, these participants may benefit most from a permanent supportive housing intervention that would bypass the need for participants to continue staying in shelter, hoping to be offered housing (Tsemberis, 1999). It may be important to increase the visibility of these participants to the shelter system, as it seems they may have been continually overlooked for housing placements.

Participants with a structured-intermittent trajectory often cycled in and out of the shelter system before their current long-term shelter episode. They were able to obtain their own independent housing at times but struggled to maintain housing stability. With support, these individuals may be able to obtain and retain their own subsidized housing; it will be necessary to build the capacity of homeless shelters to support these participants in obtaining subsidized housing. Participants in this group mainly reported becoming homeless once again after an organization discontinued support or an interpersonal dispute necessitated an immediate housing transition. Participants may benefit from better housing transition services that could facilitate a transition from one independent housing situation to another, avoiding a return to the shelter system in between independent living situations.

Participants with an unstructured-intermittent pattern of homelessness made many residential transitions between housing situations of various stability. Participants with this pattern had marketable skills and had maintained jobs in the past; however, they were often forced to stay at homeless shelters when unemployed. Two participants reported during their current episode of shelter stay that they were experiencing disabilities making it difficult to work. Participants with this pattern of homelessness would likely benefit from help applying for public benefits as well as support searching for employment that would accommodate their new

physical limitations. Additionally, shelters should consider changing restrictive policies that make it difficult for clients to obtain evening or night shift work.

Further, other ecological interventions to prevent long-term shelter-stayer type homelessness may include increasing the availability of low barrier housing to people at risk of experiencing chronic homelessness. For example, one housing model, known as Oxford House, is a peer-led residential recovery home wherein persons with substance use problems support one another in their recovery while also receiving immediate access to housing, employment support, and other community resources. Oxford Houses help to address the need for immediate housing in this population while also providing recovery coaching and community support (Jason et al., 2006; Jason & Ferrari, 2010); this model may be helpful in addressing risk factors for experiencing chronic homelessness or in providing employment and recovery skills that will help persons exiting chronic homelessness to support themselves in their own independent housing. Other forms of low-barrier housing including Housing First programs and subsidized housing would likely reduce the number of housing transitions made by persons at risk of experiencing long-term shelter-stayer homelessness and increase housing stability (Tsemberis, 1999; Tsemberis et al., 2003). More low-barrier, high quality housing would likely reduce use of shelters for long-term housing.

Housing Preferences

Partially based in their housing experiences, participants discussed their housing preferences for the housing they hoped to obtain. Participants discussed repeatedly being forced to live in unsafe neighborhoods in poor quality housing, and articulated a preference for safe, quality housing informed by these past poor housing experiences (Piat et al., 2014; Sylvestre et al., 2018a). Participants also articulated a preference for housing in locations with which they

had familiarity. These two preferences seemed to be repeatedly, if unintentionally, ignored by the shelters, as participants were frequently referred to housing that was either in unsafe locations and/or far away and unfamiliar. This is a problem without a clear solution – the shelters referred participants to the areas where affordable housing is located, but this affordable housing is unsafe, substandard, and undesirable (Carter & Osborne, 2009; Sylvestre et al., 2018a).

As a first step, shelters should survey the individual housing preferences of shelter guests and make an attempt to match individual housing preferences to offered housing. Matching housing preferences and offered housing may increase housing tenure and decrease returns to shelter for the person exiting homelessness. Previously, the degree to which actual housing matched individual housing preferences was significantly associated with greater quality of life in a sample of homeless clients (O'Connell et al., 2006). To truly address the housing preferences of people experiencing chronic homelessness will require changes in the low-cost housing stock (Burt, 2010; Quigley & Raphael, 2001). Addition to the stock of and remodeling of low-cost housing units should be informed by an understanding of the housing preferences of people experiencing chronic homelessness, such as preferences for safe locations, familiarity, and autonomy.

It should be acknowledged that participants often discussed valid reasons for maintaining presence at the shelter instead of accepting housing; for example, several noted that the offered housing was extremely substandard. Another participant discussed how it was important to her to maintain proximity to her remaining family member, who was near the shelter. Thus, shelter staff should be made aware that while at first it may seem logical that shelter guests will accept any housing offered to avoid residence in the shelter, guests are often acting rationally when choosing to reject a housing placement. Our findings suggest that people experiencing long-term

shelter-stayer homelessness have reasonable expectations of their preferred housing, as previous research with this population has suggested (Tsemberis et al., 2003). Most participants were searching for clean, safe, affordable studio or one-bedroom apartments in familiar locations. When these conditions were not met, some participants chose to reject the housing placement in hopes of attaining housing that matched their preferences. Making shelter staff aware of the reasons shelter guests may choose to reject housing could reduce stigma against those who choose to reject housing and help case workers and other staff offer better housing options to shelter guests.

Corroborating past findings (Tanzman, 1993; Tsai et al., 2010), almost every participant discussed a preference for housing autonomy, especially being able to come and go as they pleased without restriction and being able to choose what activity to do at what time. Single-room occupancy housing was disliked by some participants because policies limited when residents could come and go and denied residents cohabitators (Center for Urban Community Services, 2006). Several participants choose to remain in shelter to retain autonomy over their romantic relationships rather than move into a single-room occupancy. Overall, restrictive housing policies and shared use facilities were disliked by participants (Richter & Hoffmann, 2017; Tanzman, 1993; Tsemberis et al., 2003) and caused some to refuse housing placements. These policies are unappealing to persons experiencing chronic homelessness and removing them may lead to greater occupancy of low-income housing and free beds in the shelter system. These policies demonstrate the need to include persons experiencing homelessness and those exiting homelessness in the conversation about how their housing will be designed and governed. Without their critical input, we may continue to create housing policies that reduce the appeal of low-cost housing.

Limitations

One limitation of this study was that participants were included on a voluntary basis, and some participants had to be excluded based on an inability to consent due to disability. Some long-term shelter-stayers may have chosen not to participate in this study, or been unable to participate due to disability, and thus we were unable to capture their views. We also asked shelter staff to identify shelter guests with the longest history of shelter stay, which may have led us to overlook some individuals who truly met our definition of a long-term shelter-stayer, unknown to staff. Thus, participants we included may have not been fully representative of the long-term shelter-stayer population at our two shelter partners.

Additionally, we were unable to employ a technique such as member checking due to the transient nature of our population and not wishing to place undue burden on participants. Member checking may have increased the validity of results and ensured that our results were most representative of participant's views.

Directions for Future Research

Future research related to housing trajectories in long-term shelter-stayers should take care to explore the years leading up to the current episode of chronic shelter stay. As demonstrated in this study, exploring the precedents to long-term shelter-stayer type homelessness may illuminate intervention points that a singular focus on the current episode of shelter stay may obscure. Understanding how people who are currently experiencing chronic homelessness have navigated shelters, housing markets, and employment over their housing history may identify areas for greater support and the prevention of chronic homelessness (McAlister et al., 2010; McAlister et al., 2011).

It will also be important to examine how the new coordinated entry system influences long-term shelter-stayer' trajectories into and out of homelessness. Because the coordinated entry system is so new, there is not reliable data to indicate whether it will be helpful in reducing chronic homelessness, although it was designed to prioritize those with the highest need for housing access and to reduce barriers to obtaining housing (HUD, 2015a). One study found that individuals with higher service needs were no more likely to obtain access to services after the implementation of coordinated entry but were more likely to be housed in higher intensity service programs (Dickson-Gomez et al., 2020). We might reasonably expect that coordinated entry will have a small effect on helping to reduce long-term shelter-stayer homelessness, although future research will be necessary to determine if this is realized.

Long-term shelter-stayer participants articulated clear housing preferences, especially related to safety and safe locations. Future research with this population should explore the housing preferences of people who are long-term shelter-stayers. Researchers may wish to partner with shelter services or other agencies to facilitate the identification of shelter guest housing preferences and matching to housing based on these preferences. Opportunities should be made available to allow shelter guests to avoid areas they do not feel are safe when receiving a housing placement.

Lastly, the results and suggestions of this study should be interpreted keeping in mind the recent global COVID-19 pandemic which has influenced the structure and composition of the homeless population since this data was collected and analyzed. It is possible that the global pandemic will spark new and previously unanalyzed pathways into chronic and/or long-term shelter-stayer homelessness. Future research with people who are long-term shelter-stayers should carefully analyze the structural and economic precedents resulting from the COVID-19

pandemic that may contribute to the individual's pathway into long-term shelter-stayer homelessness.

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Appendix A

Participant ID: _____
Interviewer Name: _____
Date: _____
Location: _____

CLIENT PROTOCOL

Section A: Prior to Recording

I want to mention a few things before we get started:

- I'll ask you some follow-up questions to make sure I understand or to or to have you elaborate. You can also ask me questions if there's something I say that isn't clear.
- At times I'll redirect the conversation to make sure we stay on track with time and that I respect your time here.
- I'll also be taking notes to catch everything you're saying.

Any questions before we start?

Section A: Housing Goals and Barriers

[Start recording]

"This conversation is being recorded for research purposes. Please let me know now if you do not agree to being recorded. You may request that the recording stop at any time."

We are interested in learning about any housing goals you may have and experiences you've had accessing housing services.

1. What would be your ideal living situation?

2. Are you currently looking for housing?
   a. [skip if needed:] How have your housing goals changed since you first entered the shelter?
   b. What are you looking for in a housing situation?
   c. What would you avoid in a housing situation?

3. What does your process of looking for housing look like?
   a. What are some specific things that you do to work towards housing?

4. What, if anything, has been helpful in looking for housing?

5. Do you work with a case manager or other staff on housing?
   a. [IF YES]What does an average meeting with your case manager look like?
      i. What is helpful about working with your case manager on housing?
      ii. What is not helpful about working with your case manager on housing?
      iii. Who brings up the topic of housing?
      iv. What made you decide to access services?

   b. [PROBE: If no housing goals, do you have a sense your case manager has housing goals for you?]

   c. [IF NO] Do you work with a case manager or other staff on other goals?
      i. What goals do you work on? Who sets the goals?
      ii. What does an average meeting look like?
      iii. What is helpful?

iv. What is not helpful?
v. What made you decide to access services?

6. What are some of the difficulties you've experienced to finding housing? ***OR*** What, if any, challenges have you've faced in leaving the shelter?
   a. Have you ever been offered housing and turned it down? If so, why?

7. What services or resources would you need to be able to find housing?
   a. How could the shelter find a living situation that's a good fit?

8. What do you get at the shelter that you would miss at a potential housing placement?
   a. What could a housing placement offer to address that need?

9. Now I wanted to ask you some questions about the people that support you, including family, friends, community groups, or staff.
   b. Can you tell me about your support system?
      i. [PROBE: Friends, family, or service providers]
      ii. [if needed:] Who do you ask for help?
      iii. [if needed:] Support system: someone who is a source of comfort, someone you can count on when things go wrong, someone to talk to, share joys and sorrows with, and cares about your feelings.

   c. Who do you talk to about what's going on with your housing situation?

   d. Has that changed since you've been staying here?

   e. How, if at all, does your social support influence your housing situation?

Section B: Residential History

I'd like to ask you about different places that you've stayed over the years, including stable living places. When I say stable living places, I mean, a place that you would consider home, not just a place to stay. For example, an apartment or home with your name on the lease or any other situation that you considered stable housing.

I'll make notes on the chart as you talk. After we use this chart to create a timeline of transitions between homelessness and permanent housing. To get a timeline, is it okay if we start talking about your first experience of homelessness?

INTERVIEWER INSTRUCTIONS:

1. Get out the Residential History Chart.
2. Identify first experience of homelessness and identify subsequent permanent housing placements and episodes of homelessness.
3. Type: Below are the types of living situations. Do the best you can to clarify which type best describes each location. During homeless episodes ask, in general, where did you stay most often (e.g., street, shelter, motel, hospital, etc.)?

   <u>Non-permanent Housing</u>

   a. Street/car/park (i.e., place not meant for sleeping)
   b. Shelter/drop-in center
   c. Temporary/ transitional housing for homeless people (includes faith-based shelter)
   d. Temporary/ transitional housing for AOD/MH/ex-offender
   e. Jail/prison
   f. Hospital/ hospice/ nursing home
   g. Hotel/motel (e.g., SRO)
   h. Doubled-up – temporarily in someone else's housing
   i. Rent room
   j. Other (and specify)

   <u>Permanent Housing</u>

   k. Own/ rent apartment/ house

ASK

1. Out of all of the permanent housing transitions we've talked about, which three contributed most to what you're looking for in terms of housing?
2. [Note: prioritize following up on permanent placements. In other words, use participant's definition of stable living places.]

Section C: Significant Residential Transitions

Now I'm going to ask some follow up questions about each of the stable living places you identified as most important.

Significant Location 1: _____

1. Can you tell me a little bit more about this living situation and how you came to live there? [PROBE: building, neighborhood, and community factors]

2. How was the place paid for?

[PROBE: employment wages, section 8, social security benefits, illegal activity, etc.]

[PROBE: more info about subsidy, if applicable]

3. Tell me about the reasons for leaving this place.

[PROBE: left by choice or forced to leave]

4. Anything else you'd like to add?

Significant Location 2: _____

1. Can you tell me a little bit more about this living situation and how you came to live there?

[PROBE: building, neighborhood, and community factors]

2. How was the place paid for?

[PROBE: employment wages, section 8, social security benefits, illegal activity, etc.]

[PROBE: more info about subsidy, if applicable]

3. Tell me about the reasons for leaving this place.

[PROBE: left by choice or forced to leave]

4. Anything else you'd like to add?

Significant Location 3: _____

1. Can you tell me a little bit more about this living situation and how you came to live there?

[PROBE: building, neighborhood, and community factors]

2. How was the place paid for?

[PROBE: employment wages, section 8, social security benefits, illegal activity, etc.]

[PROBE: more info about subsidy, if applicable]

3. Tell me about the reasons for leaving this place.

[PROBE: left by choice or forced to leave]

4. Anything else you'd like to add?

Section D: Perceived Control

We are also curious about how you envision your housing situation in the future.

9. On a scale from 0-100, with zero meaning there is no chance and 100 meaning there is a 100 percent chance, how likely do you think it is that you will be housed in the next 3 years?

    a. Why do you think your chances of being housed in the next 3 years is ___%?

10. On a scale from 0-100, with zero meaning you have no control and 100 meaning you have full control, how much control do you have over becoming housed in the next 3 years?

    a. [probe:] in what ways do you have control?
    b. [probe:] in what ways do you not have control?
    c. How does your level of control impact your motivation to look for housing?
    d. How does your level of control impact your ability to act on the things you feel you have control over?
    e. How do you cope with how your ability to get housing?

Section E: Mental Health, Substance Use, and Physical Health

We are also interested in learning more about your experiences with service providers, such as homeless service or housing placement, mental health or counseling, or substance use recovery services.

1. Have staff ever talked to you about going to counseling services as a source of support? Do you identify as having any mental health difficulties? Have you ever been diagnoses? Hospitalized?
   If yes,
   a. How has it impacted your experience of homelessness?
   b. How does it impact your ability to cope with stressors that you might encounter?

2. Do you identify as having an addiction or substance use problem?
   If yes,
   a. How has it impacted your experience of homelessness?
   b. Has your substance use changed as a result of your homelessness or shelter use?
   c. How does it impact your ability to cope with stressors that you might encounter?

3. Have you ever been diagnosed or do you identify as having any chronic health conditions or physical disabilities?
   If yes,
   a. How has it impacted your experience of homelessness?
   b. How does it impact your ability to cope with stressors that you might encounter?

4. [If a combination of questions 1-3 endorsed:] How has the combination of ___X___impacted your experience of homelessness?
   a. How does it impact your ability to cope with stressors that you might encounter?

5. How did you prioritize seeking housing or shelter with other needs you may have had? [PROBE:] for example, needs related to your physical or mental health?

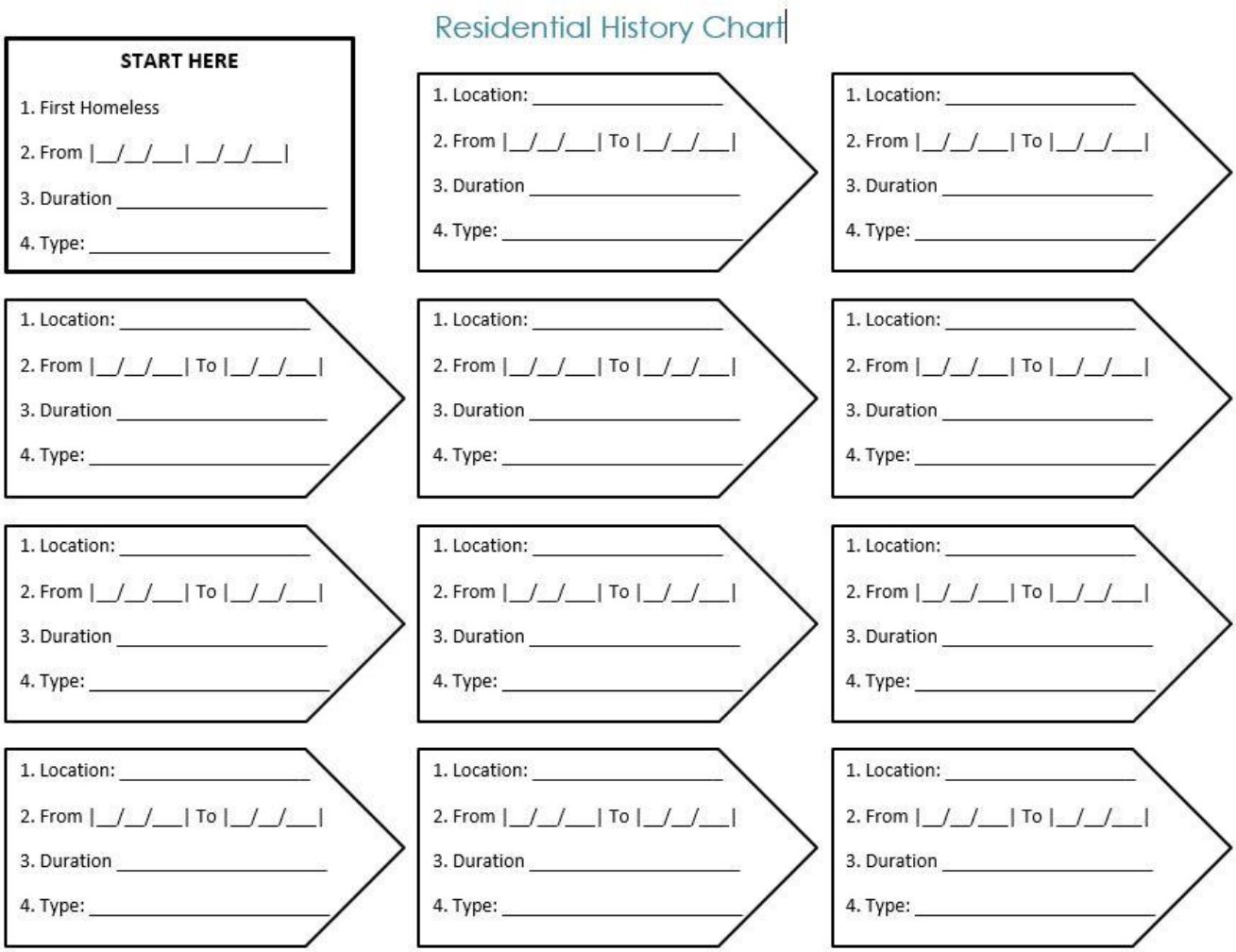
6. Can you think of a time when looking for housing or shelter prevented you from taking care of your physical or mental health needs?

Section F: Closing

I just have a few closing questions.

1. Is there anything you'd like to share I didn't ask you about?
2. Do you have any questions for me?
3. What has it been like for you to participate in this study?
    a. What has it been like for you to talk with me today?
4. Before we wrap up, is there anything I could do to improve the interview?

Appendix B


Residential History Chart
START HERE
1. First Homeless
2. From |__/__/___| __/__/___|
3. Duration _____
4. Type: _____
1. Location: _____
2. From |__/__/___| To |__/__/___|
3. Duration _____
4. Type: _____