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EXAMINING POLICY PRIORITIES FOR ADDRESSING HOMELESSNESS IN SALT LAKE COUNTY BY PEOPLE WITH LIVED EXPERIENCE

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Abstract

Homelessness is increasing across the United States, particularly among individual adults. Despite the State of Utah having a Strategic Plan on Homelessness, the data that inform this plan has been cited as incomplete because it neglects the inclusion of perspectives of people experiencing homelessness. In order to address this knowledge gap, this study explored the prioritization of needs as told by people with lived or living experiences of homelessness. Thirteen in-depth, semi-structured interviews were conducted with people who have lived experience of homelessness to examine perceptions of use of, barriers to, and recommendations to improve existing homelessness resources. Thematic qualitative analysis was conducted to identify themes in the data. We organized the data into five themes with 13 sub-categories to understand the lived experience, available resources, problems with the existing resources, and solutions to identified gaps. Policy and practice recommendations are suggested.

Introduction

Homelessness is increasing across the United States (National Alliance to End Homelessness, 2018). According to the 2019 State of Utah Annual Report on Homelessness, the rates of homelessness within Utah have largely remained stagnant and have not shown any signs of significant improvement (Department of Workforce Services, Housing & Community Development, 2019). Though Utah has a lower rate of homelessness compared to other states in the US, there has been a 10% increase in homelessness among individual adults and individual youth since 2014 (National Alliance to End Homelessness, 2018). Within Utah, the Salt Lake County Continuum of Care serves approximately 66% of all people experiencing homelessness and has the largest network of permanent supportive housing compared to all other counties (Department of Workforce Services (DWS), 2019a). Considering that Salt Lake County supports the largest number of homeless people in Utah, it is critical that the local government understands the needs of its homeless population.

As outlined by The State of Utah Strategic Plan on Homelessness (DWS, 2019b), local service providers have identified goals on how to most effectively reduce homelessness. However, a limitation to this report is that it relies solely on quantitative data or data collected from individuals representing nonprofit organizations, government, education, citizens, and other stakeholders. Absent from this report are the personal narratives of people experiencing homelessness and their perceptions of their needs and relevant priorities.

Considering this gap in the research, this study sought to identify and understand the priorities for the homeless population as narrated by people with lived experiences of homelessness. Being able to complement the State's Strategic Plan with data from people with lived experiences will serve to provide a more holistic picture of homelessness in Salt Lake County and give critical insight into how the homelessness crisis should be approached. This

study strives to set a precedent for future researchers to advocate for marginalized populations by directly interviewing them, considering and addressing the population's needs as dictated by them, rather than rely on formal service providers.

Methods

In-depth qualitative interviews were chosen to collect data because they offer an opportunity for participants to use their own words to describe their experiences and for the researchers to understand events, processes, and rich details of participant's lives (Weiss, 2004). Moreover, this method provided flexibility so that participants could guide the discussion of their perceptions and experiences. Situated in Salt Lake County, Utah, this study utilized networks of housing and homelessness providers to assist in the identification of potential participants.

Participants

The research team contacted multiple homeless and housing service agencies via email to inform them of the study and to ask for assistance in recruiting potential participants (i.e., current or former clients with experiences of homelessness). With approval from the agencies, investigators were connected to case managers or other staff who identified potential participants and informed them of the study and the opportunity to participate. Participants who agreed to be interviewed then arranged a time to meet with researchers through their case managers.

Participants were eligible if they were: older than age 18, had any previous or current experiences of homelessness in Salt Lake County, and were able to be interviewed for up to an hour and provide informed consent. All participants provided informed consent and permission to be audio recorded; every participant was provided $20 as compensation for their participation.

A total of 13 interviews were conducted with 15 participants; two interviews were conducted with couples, while 11 interviews were with individuals. Nine participants were female, five were male, and one was a transgender female; all were living in a non-profit shelter, transitional housing, or market rental housing. The youngest participant was 28 and the oldest was 56 (M=42 years old). The racial/ethic makeup of participants included 7 Caucasians, 4 Hispanic/Latinx, 2 Native American, and 2 Mixed race/ethnicity (one was Caucasian and Native American; one was Hispanic and Native American). Participants were primarily married (n=5) or single (n=5), while three were divorced and two were separated. Four participants reported having less than a high school diploma, six completed a high school diploma or a GED, four completed some college, and three completed a professional certification. Finally, based on self-reported estimates, the average time spent homeless or housing insecure was approximately 104 months (8.6 years).

Data Collection

One-time interviews were conducted between February and March, 2020 at times agreed upon by the participant and the interviewer. Interviews were held in private locations (e.g., participant's homes or a meeting room in a shelter). Three researchers conducted the interviewers using a semi-structured interview guide which was reviewed and approved by the University of Utah's Institutional Review Board. As the interviews progressed, researchers adjusted questions as needed to understand the lived experiences of homelessness and to ensure the collection of information regarding the priorities of people with lived experience. Some example questions include: When you were homeless, what services/supports were most needed? What services/supports would you deem most important for people who are affected by homelessness? What do you think would help lift people out of homelessness?

The interviews naturally progressed and focused on what was most relevant to participants and what participants believed were their most pertinent experiences. This resulted in conversations with genuine insights into the struggles of people with lived experience of homelessness in Salt Lake County and their perceived barriers to housing and services. The interviews lasted for 34 to 67 minutes (*M*=50 minutes). All interviews were audio-recorded and transcribed verbatim and all identifying information was removed from the transcripts to ensure anonymity. NVivo qualitative software (QSR International, 2012) was used to organize and code the data.

Data Analysis

Three researchers (the authors) followed the phases of thematic analysis as outlined by Braun and Clark (2006) beginning with independently coding transcripts and an initial identification of low-level themes in the data by reading for general understandings of meaning. After these initial steps, researchers re-read each transcript and team discussions of themes found in the data. This process led to the creation of an overarching thematic structure and additional low-level themes. To ensure an accurate and precise description of the data, new themes underwent comparative analysis and were reorganized as needed. The result was a coding system that was reviewed and mutually agreed upon by all researchers.

Findings

We organized the data into five overarching categories, with related sub-categories to understand the lived experience, available resources and any problems with the existing resources, and solutions to identified gaps. An overview of these findings are outlined here.

Categories and Sub-Categories	**Description**	**Solutions**
Formal and Informal Social Supports		
Case management	Case management was utilized by most participants at some point during their homelessness. Case managers were reported to be motivators for their clients and acted as advocates as clients transitioned into housing. Identified problems included a lack of communication, including lack of notification when caseloads were turned over to new staff, or information gaps when participants were not informed about important resources they could have used.	Provide standardized procedures for information sharing and follow-up care with clients.
Outreach	Though only described by a few participants, outreach services include agencies that perform direct service to people living on the street--that meet clients “where they are at.”	Not enough data to make conclusions.

Informal social networks	Informal social networks included family and friends who provided emotional and physical support. Participants reported that having an informal support network was a component in maintaining their resilience as families and friends provided a place to stay when homeless. Informal networks were also cited as reasons that some participants were kicked out of a former residence and became homeless.	Implement support groups for people with lived experience of homelessnes and promote the reconnection of people experiencing homelessness with family and friends.
Health		
Mental Health	Participants reported that their mental health was a significant factor in their ability to stay engaged with resources needed to become rehoused. Mental health resources, in particular, were in high demand due to the impacts of mental health on people experiencing homelessness. Participants cited the need for resources to diagnose, treat, and manage their mental illness, but did not have access to such services. Gaps in mental health resources included long waiting lists to be seen by a therapist and the lack of access to medications.	Increase access to mental health treatment and reduce barriers to inpatient treatment.
Physical Health	Participants reported chronic and acute health conditions and disabilities that contributed to their homelessness and made it difficult to find/maintain employment. Management of health conditions over long periods of time was challenging due to limited transportation and unaffordability of healthcare. Participants reported using medical clinics, which at times provided makeshift medical respite through the use of motels. A common barrier to accessing medical clinics included the extensive wait times for care, which could take an entire day or longer.	Expand access to low- or no-cost medical care and medical supports in shelters.
Housing and Shelter		

Housing	Some participants reported using housing vouchers via state and federal rehousing programs. Participants expressed that it was difficult to receive information about these programs and had a difficult time finding eligible properties due to inattentive case workers. Many voucher programs were reported to have long waiting lists and that in order to be eligible, participants needed to be under extreme circumstances or be picked by the "voucher lotteries." Participants who found eligible properties under the vouchers still had a difficult time paying for the application and deposit fees themselves.	Provide rent and deposit assistance to prevent homelessness, affordable low-income housing and transitional housing.
Shelter	Shelters were a commonly used resource among participants and reported to provide essential items, such as non-perishable food, limited medical resources, and meals and vaccines for children. Participants who utilized shelters reported unsafe conditions in that there were instances of people bringing illegal drugs into shelters, stealing, fights, unsanitary conditions, and perceived favoritism among staff members. Other barriers to shelter included a limited number of shelter beds and an inability to reach certain shelters due to lack of transportation to these locations.	Increase shelter beds, security around drug use and violence, places to lock and store personal belongings, privacy for families and individuals, sanitization, and trauma informed care that would prevent favoritism and promote understanding of clients living with mental illness.
Instrumental Services		
Employment	Participants reported that employment was difficult to obtain. The most common resource utilized for employment services was the Department of Workforce services, including workshops offered. Some participants expressed the desire for expanded training on interview preparation and other professional programs. Maintaining appearances was reportedly difficult for participants	Expand job training and interview preparation services, as well as access to basic hygiene resources (e.g., showers, bathrooms).

	seeking jobs due to a lack of access to business-appropriate attire and basic hygiene.	
Food/Nutrition	Food banks were a commonly used resource and reported to be widely available and easy to access. For some participants, barriers that prevented them from using food banks included limits on number of uses per week, availability during specific days of the week, and requirements for identification. Some participants also reported that expired products were distributed or that they preferred hot, prepared meals.	Lift limitations on use and provide no-questions-asked approach with more options such as hot prepared meals.
Income	Income was found to be a significant contributor to homelessness and a barrier to rehousing. Participants cited that it was difficult to move into a new place without sufficient income because basic needs, such as food and medical care, must be prioritized. Participants who received disability income cited using it as their principal way of paying for housing and if they were to lose it, they would become homeless again. Participants who were eligible for disability income also cited bureaucracy and red tape as barriers to receiving and renewing this necessary income.	Provide people experiencing homelessness guaranteed disability income, transitional periods to save money, and financial safety net programs.
Transportation	Transportation was integral to attending medical appointments and accessing resources. The need for transportation was found to be significant, however, public transit was a resource that was commonly inaccessible to most participants. Participants who were able to use public transit had received transit passes from local organizations, but were limited in that there were insufficient numbers of uses for the allotted length of time. Passes were also difficult to obtain (i.e., participants had to travel to get the passes, but had no means of getting there on their own).	Free access to public transportation for people experiencing homelessness.

Societal Influences		
Hopelessness and shame	Hopelessness among people experiencing homelessness was suggested to be a barrier to being housed. Participants described the feelings of shame around asking for help, especially after having experienced past failures or rejection. This was perpetuated by lack of social support. Feelings of hopelessness discouraged engagement with resources and attempts to escape homelessness.	Educate service providers to build trusting relationships and empower people experiencing homelessness to ask for support.
Perceptions of homelessness	Negative perceptions of homelessness contribute to the perpetuation of homelessness. Many of the behaviors of people experiencing homelessness are looked down upon and criminalized rather than acknowledged as a means for survival (e.g., camping). These perceptions contribute to discrimination against people experiencing homelessness. Participants who apply to apartments with housing vouchers are looked down upon or frequently turned away because the rent being paid to the landlords are typically reduced or are provided by agencies.	Shift cultural judgements of people experiencing homelessness, increase awareness of the frequency of homelessness and diverse pathways into homelessness.

Discussion and Recommendations

This study examined perceptions of, the use of, and the barriers to homeless resources in Salt Lake County, as well as recommendations to improve existing resources. Based on interviews with people with lived experiences of homelessness, priorities consisted of resources that address basic human needs, including physical and mental health and housing and shelter. Specifically, participants highlighted the need for access to comprehensive healthcare, support from social networks, a safe place to sleep at night, public transportation, employment preparation, and understanding care from service providers.

Based on reports from people with lived experiences of homelessness in Salt Lake County, the following recommendations can be made:

1. **Social Supports**: Implement standardized practices among case managers to prevent variability in care. Provide support groups for people with lived experience of homelessness in order to create a healthy social network and support system to maintain individual morale and motivation.
2. **Health**: Expand or make universal healthcare (including mental health and physical health maintenance) in order to ensure the physical, financial, and mental stability of people most at-risk for homelessness.

3. **Housing and Shelter**: Increase housing-first approaches, which provide wraparound services alongside transitional supports. Provide access to shelter for the time needed for people with lived experience of homelessness to accumulate personal wealth in order to transition into housing. Utilize trauma-informed care practices in shelter to support the emotional and behavioral needs of persons living with mental illness and trauma.
4. **Instrumental Services**: Increase state and federal safety net programs and guaranteed disability income to prevent the occurrence of homelessness. Provide unbarriered access to services necessary for people with lived experience of homelessness to participate in society, such as public transportation, free hygiene resources, vocational courses, and interview training.
5. **Societal Influences**: Increase public knowledge around people experiencing homelessness to humanize this population and reduce societal biases.

Limitations. This study was limited in that only 13 interviews were able to be conducted prior to the physical restrictions put in place as a result of the COVID-19 pandemic. Despite interviewing fewer participants than the initial goal of 20, this study demonstrates the information-rich data that can be obtained by collecting narrative data from people with lived experiences. This study serves as an example to future researchers on the importance of including marginalized populations in conversations surrounding policies that directly affect them. Further research into the prioritization of the needs among people experiencing homelessness is recommended.

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