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Barriers and facilitators to shelter utilization among homeless young adults

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ABSTRACT

Rates of shelter use among homeless youth are low compared to use of other supportive services, yet research on barriers to shelter use has been conducted in limited regions, specifically in West Coast or Midwest cities. Additionally, while studies have generally focused on barriers to shelter use, studies on what might facilitate shelter use are lacking. This study explores barriers and facilitators to shelter use among homeless young adults from a large city in the Southwest region. Focus groups were conducted with a diverse sample of 49 homeless young adults ages 18–24. Drawing on models of health service use, findings were categorized into two domains – attitudinal and access. Themes related to attitudinal barriers include stigma/shame and self-reliance/pride. Attitudinal facilitators include the desire to extricate themselves from street life and turn their lives in a new direction. Access-related themes include barriers such as a lack of shelters and services available to meet the needs of youth, adverse shelter conditions, staff attitudes that are not acceptable to youth, restrictive shelter rules, restrictive definitions of homelessness, and a desire to differentiate themselves from older homeless individuals. Certain characteristics or circumstances (e.g., being pregnant), having supportive others, and shelters' ability to connect them to other services emerged as access facilitators to shelter use. Implications for policymakers, service providers, and future research are discussed.

1. Introduction

Accurate data on the prevalence and composition of the homeless youth population are significantly lacking. A recent report, however, documents that 194,302 children and youth under 25 years old spent a night either in a shelter or on the streets (including parks, cars, abandoned building, and other unconventional housing). Among them, 45,205 were unaccompanied, with 14% being minor and about 47% staying on the streets or in a place not meant for human habitation (Department of Housing and Urban Development, 2014).

Street involvement and homelessness have been associated with a high risk for physical and sexual exploitation, engagement in illicit activities (e.g., crime, substance abuse, trade sex), and death (Cochran, Stewart, Ginzler, & Cauce, 2002; Frederick, 2012; Lankenau, Clatts, Welle, Goldsamt, & Gwadz, 2005; Martino et al., 2011; McCarthy & Hagan, 1992; Yoder, Bender, Thompson, Ferguson, & Haffejee, 2014). Studies show that a large percentage of homeless youth are forced to engage in risky behaviors or illicit activities for their survival (Ferguson, Bender, Thompson, Xie, & Pollio, 2011), which contributes to physical and sexual victimization, adverse health outcomes (e.g., HIV infection, mental health issues), and incarceration. Shelters, especially youth shelters, offer not only an emergency place to stay at night but also resources and referrals for social skills, education, employment, or medical and mental health services (Slesnick, Dashora, Letcher, Erdem, & Serovich, 2009). In fact, research shows that shelters are a gateway to use of other services that help youth transition to stable housing (De Rosa et al., 1999). Shelter use is associated with positive outcomes such as decreased runaway behavior, improved family interactions, and decreased substance abuse (Nebbitt, House, Thompson, & Pollio, 2007; Pollio, Thompson, Tobias, Reid, & Spitznagel, 2006; Thompson, Pollio, & Bitner, 2000).

Despite the important role of shelters, research shows that only a small fraction of the homeless youth population uses shelters, ranging from 7% to 40% across studies (Carlson, Sugano, Millstein, & Auerswald, 2006; De Rosa et al., 1999; Kort-Butler & Tyler, 2012; Ng, Muth, & Auerswald, 2013). For those who use services, only 27%

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use shelters every day, compared to other supportive services such as food programs (66%) and street outreach (65%) (Kort-Butler & Tyler, 2012). However, little research has explored potential reasons that could explain the underutilization of shelters. Moreover, existing studies on shelter utilization among homeless youth have used samples focused only on either minors or youth on the streets (Carlson et al., 2006; Pergamit & Ernst, 2010), target specific reasons such as social network factors (Barman-Adhikari & Rice, 2014; Ng et al., 2013), or are conducted mostly in West Coast or Midwest cities (De Rosa et al., 1999; Garrett et al., 2008; Pergamit & Ernst, 2010). Also, some studies broadly defined services and do not specifically focus on shelter use (Brooks, Milburn, Rotheram-Borus, & Witkin, 2004; Garrett et al., 2008). Although certainly important, these findings provide limited implications specifically relevant to improving shelter services for diverse groups of homeless youth. To address this knowledge gap, this study aims to include a diverse sample of homeless youth, both from shelters and from the streets in a large urban city in the Southwest region and adds to the literature on what might not only discourage but also facilitate shelter use. This study uses focus group data from 49 homeless young adults ages 18–24 who were recruited both from shelters (hereafter, sheltered youth) and from the streets (hereafter, unsheltered youth) in Houston, Texas, and examines the perceived barriers and facilitators of shelter utilization.

2. Literature review

2.1. The prevalence of shelter utilization

Studies have examined the prevalence of shelter utilization along with an array of other services, including drop-in centers, soup kitchens, medical services, substance abuse treatment, or mental health services (Carlson et al., 2006; De Rosa et al., 1999; Kort-Butler & Tyler, 2012; Pergamit & Ernst, 2010), and these studies show a wide range of shelter use rates. For example, Carlson et al. (2006) examined service utilization patterns among a street-recruited sample of 185 unstably housed youth ages 15–24 in San Francisco, California and found that only 7% used shelters, compared to nearly 50% who utilized medical or outreach services during the three months prior to the interview. On the other hand, De Rosa et al. (1999) recruited 296 youth ages 13–23 from both streets and service sites in Hollywood. The study asked their utilization of services since arriving in Hollywood and found shelters to be one of the most commonly used services (40%) following use of drop-in centers (78%). Another study that used a street- and shelter-recruited sample of 249 homeless youth aged 14–21 years from three Midwestern cities found that 56% had stayed at a shelter at least one night over the past 12 months, 27% used every day, and 5% used 1–2 times per week (Kort-Butler & Tyler, 2012; Tyler, Akinyemi, & Kort-Butler, 2012). One study that focused on 83 minors from a shelter and the streets in Los Angeles and Chicago reported that about one-third of the sample used shelter services since leaving home, compared to the majority that used drop-in centers or free food services (Pergamit & Ernst, 2010). It is unclear the extent to which the definitions of shelter use, different recruitment methods, sample compositions, years of data collection, or local circumstances affected the various rates of shelter use. However, these findings suggest that shelters are not a common place to seek help for more than half of the homeless youth population, and when youth access shelter, very few use them on a regular basis.

2.2. Factors associated with shelter utilization

Most of the existing research that explores reasons for shelter utilization did so in association with other kinds of services, such as drop-in centers, food or free shower services, or outreach programs (De Rosa et al., 1999; Garrett et al., 2008; Krusi, Fast, Small, Wood, & Kerr, 2010; Tyler et al., 2012). Overall, these studies indicate some common barriers to service use including personal barriers such as sense of independence, pride, or self-reliance; agency-related barriers including staff attributes and relationships, restrictive rules, locations, or age restrictions; and other reasons such as influence of peers, lack of confidentiality, and lack of identification or transportation to use services (De Rosa et al., 1999; Garrett et al., 2008; Krusi et al., 2010). For shelter use, in particular, restrictive shelter rules (such as curfew or zero tolerance for substance use), negative staff attributes or relationships (e.g., disrespectful, judgmental, or lack of trust), safety and health issues (e.g., potential for violence, health concerns such as lice and scabies, having their belongings stolen, being separated from familiar people and pets), and other structural issues (e.g., maximum capacity) were addressed as major barriers to utilization of shelters (Garrett et al., 2008). Garrett et al. (2008) who interviewed 27 youth ages 16–24 indicated that about 20% of youth considered shelter use as an indication of weakness and antithetical to the conventions of the street life, suggesting that perhaps independence or self-reliance is a barrier to shelter use. Krusi et al. (2010) interviewed 38 street-involved youth ages 14–26 who used illicit drugs and found that inflexible shelter rules and a lack of privacy prevented youth from utilizing shelters. Tyler et al. (2012) examined factors associated with service utilization among 249 homeless youth ages 14–21 in three Midwestern cities and found that youth who experienced family physical abuse, had been kicked out of the family, and had ever stayed in a group home facility were significantly more likely to use shelters. Similarly, De Rosa et al. (1999) documented that youth utilized shelters after leaving home to get away from neighborhood gangs. Another study focused specifically on shelter utilization and examined how social networks of youth were associated with later shelter use following 188 homeless youth ages 15–25 in San Francisco (Ng et al., 2013). The study found that youth in networks with more shelter users at baseline were five times more likely to use shelters in a six-month follow-up period (Ng et al., 2013).

While these studies have contributed to our understanding of the underutilization of shelters, the studies used limited samples focusing only on minors (Pergamit & Ernst, 2010), youth on the streets (Carlson et al., 2006), or specific factors, such as social networks (Ng et al., 2013). Also, most studies have been conducted in West Coast or Midwest cities, which makes it difficult to generalize their findings to other regions where the characteristics of the homeless youth population and the availability of supportive resources may be different. Still lacking are studies that use a diverse sample of homeless young adults including both sheltered and unsheltered youth and explore issues specific to shelter use including both facilitators and barriers to shelter use in under-studied regions in the U.S.

A sizable amount of literature has explored the utilization of health, mental health, and substance abuse treatment services among homeless youth (Barkin, Balkrishnan, Manuel, Andersen, & Gelberg, 2003; Barman-Adhikari & Rice, 2011; Berdahl, Hoyt, & Whitbeck, 2005; Ensign & Panke, 2002; Hudson et al., 2010; Krusi et al., 2010). These studies provide insight into what might drive youth's decision to use or not to use shelter services. Common themes surrounding barriers to service utilization found in these studies include negative environments and relationships with service providers (e.g., staff being disrespectful, uncaring, or judgmental, places being overcrowded and hostile), lack of social support seeking care, and structural issues (e.g., not having identification, inconvenience of locations or business hours). Auerswald and Eyre (2002) interviewed a sample of 20 street-recruited youth ages 15–23 in San Francisco. Using the life-cycle