

Homeless Services and Supports Coordination: A Qualitative Program Evaluation



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The Homeless Services and Supports Coordination (HSSC) program, implemented by the Allegheny County Department of Human Services (DHS) in December 2013 as one of several innovations resulting from a system-wide review of the homelessness service system, was designed to provide comprehensive service coordination for families that enter emergency homeless shelters. In an effort to address the issues that led to the housing crisis and the barriers that prevent families from finding stable housing, service coordinators offer a holistic, family-based approach to assistance, including, but not limited to, applying for and maintaining public benefits, finding affordable housing, and linking to community services such as early childhood development and job training programs. HSSC staff receive a monthlong training that includes engaging families through a trauma-informed approach and using motivational interviewing.

In 2015, there were nearly **7,500 households** (individuals and families) active in Allegheny County's homelessness system.



slightly more than
one in four (29%)
were families
with or without children



almost 20%
of those families accessed an
emergency shelter



92% of families
accessing emergency shelter
had children

WHAT IS THE HOMELESS SERVICES AND SUPPORTS COORDINATION PROGRAM?

The HSSC program consists of four service coordinators, each located at one of four emergency homeless shelters in Allegheny County. When a family enters one of these emergency shelters, the HSSC staff person meets with them and provides an overview of what the program can offer. Participation in the program is voluntary, and the majority of new families entering emergency shelters choose to participate.¹ Once participation begins, service coordinators offer support and referrals until the family is stably housed and no longer in need of services (as determined by the participants), in order to ensure their continued stability and prevent future episodes of homelessness. While the families can also benefit from services provided by non-HSSC shelter-based case managers, the HSSC program was designed to offer continued support and service connection to participating families following the shelter stay and throughout their transition to housing stability. Should a subsequent housing crisis occur, HSSC staff can quickly reopen the case and re-engage with the family.

¹ In the first four months of 2016, 82 percent of new entrants into the participating emergency shelters chose to participate in HSSC.

² A qualitative evaluation is designed to examine stakeholder experiences, attitudes and perspectives related to program development and/or design, and to make recommendations based upon those findings.

EVALUATION PURPOSE

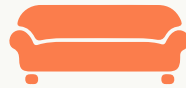
In an attempt to gauge participants' perceptions of the services and supports they received, a qualitative evaluation² was conducted. This participatory evaluation, which was designed with input from HSSC staff, sought to describe 1) participants' perspective about the HSSC services they received, including which elements were most effective, and 2) overall participant experiences with emergency shelter and housing crises.

HSSC at a Glance



From Dec. 2014 through Oct. 2015, **286 families with children** participated in the HSSC program. The adults in these families were:

- 85% female; 15% male
- 71% black; 22% white; 7% other
- Median age: 34



Prior to shelter admission, the largest number of families (**44%**) had been **doubling up** with a family member or friend; **36%** had been **renting a house or apartment**.



Average length of stay in the emergency shelter was **44 days**, and the average length of time in the HSSC program was **six months**.

3% of HSSC families returned to emergency shelter within 30 days of their initial shelter stay; this is consistent with the percentage of all shelter families.

Source: Homeless Management Information System and HSSC Program Data

³ Stuckey, H. L. (2013). Three types of interviews: Qualitative research methods in social health. *Journal of Social Health and Diabetes*, 1(2), 56.

⁴ Purposive sampling is a non-probability sampling approach that differs from probability and random sampling approaches often employed in quantitative research. For more information on purposive sampling, see Devers, K. J. & Frankel, R. M. (2000). Study design in qualitative research — 2: Sampling and data collection strategies. *Education for health*, 13(2), 263.

⁵ Families Involved in the Allegheny County Homelessness System <http://www.alleghenycountyanalytics.us/index.php/2015/08/01/families-involved-in-the-allegheny-county-homelessness-system-2/>, Homeless in Allegheny County: The Client Experience <http://www.alleghenycountyanalytics.us/index.php/2015/01/01/homeless-in-allegheny-county-the-client-experience-2/>

⁶ The visual narrative activity was designed by adapting principles and techniques from photo-elicitation interviewing and participatory research methods. For further information about photo-elicitation interviewing, see Clark-Ibáñez, M. (2004). Framing the social world with photo-elicitation interviews. *American behavioral scientist*, 47(12), 1507-1527; Harper, D. (2002). Talking about pictures: A case for photo elicitation. *Visual studies*, 17(1), 13-26.

⁷ Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

EVALUATION METHODOLOGY

The evaluation was conducted in the summer and fall of 2015 and consisted of in-depth, one-on-one interviews, using a semi-structured³ guide, with 28 heads-of-household (and their partners, if available). HSSC staff asked clients if they were interested in participating in a project about their experiences. If an individual expressed initial interest, staff from DHS followed up to further explain the project and schedule a time and place for the interview. This sampling strategy was guided by “purposive sampling.”⁴ The objective of purposive sampling is to identify subjects who can speak in depth about their service experiences. The sampling was monitored to ensure even distribution across HSSC staff, as well as by current housing status and length of time in the HSSC program. All participants were informed about the research and gave their written consent to participate.

Interviews explored participants’ experiences prior to and during their emergency shelter stay, and their perceptions of the services they received through the HSSC program. The interview guide was created by reviewing the literature, including DHS-published reports,⁵ as well as feedback from program staff and HSSC participants. The interviews took place wherever most convenient for the family members (e.g., coffee shop, shelter, DHS office, apartment and/or house). Interviews averaged 40 minutes in length. Interviewees were asked to describe their pre-, during and post-shelter experience through a visual narrative activity⁶ using 1) icons to identify various housing scenarios, and 2) faces representing a variety of emotions. The process of completing this exercise facilitated a natural and engaging conversation about clients’ experiences and allowed for a rich discussion about their perceptions of the system and the services they received. An example of such a narrative is provided in the Appendix.

The qualitative evaluation followed the standards of thematic analysis, which includes transcribing interviews; reviewing the transcripts and assigning codes to the text; organizing the findings by the assigned codes to identify themes; and reviewing, defining and naming themes.⁷

All interviewees were female, although in eight of the interviews, a male partner was also present. As shown in **Figure 1**, almost half of the interviewees were still in an emergency shelter at the time of the interview (labeled as “Not yet re-housed”) whereas the rest had moved to another supportive housing program or their own home (labeled “Re-housed”). Their average length of stay in the shelter was 2½ months.

FIGURE 1: Housing Status at Time of Interview (n = 28)

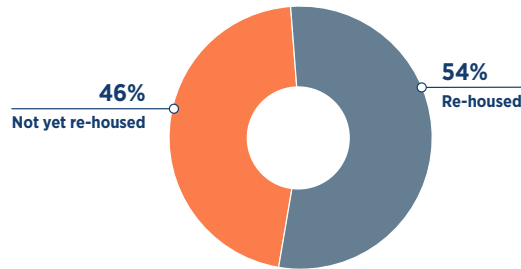
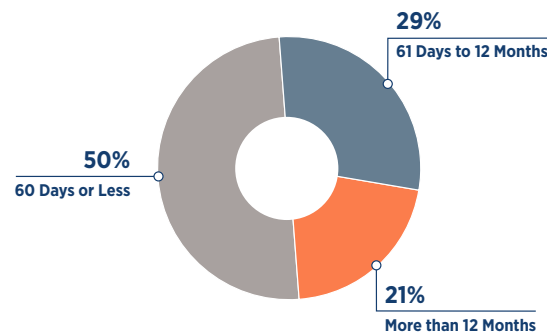


Figure 2 shows the amount of time that interviewees had been involved with the HSSC program, ranging from less than one month to 20 months. The average length of program involvement at the time of the interviews was almost six months.⁸

⁸ Based on HSSC program data records (Oct. 2015).

FIGURE 2: Length of HSSC Program Involvement



⁹ Flanagan, S. M. & Hancock, B. (2010). “Reaching the hard to reach” — lessons learned from the VCS (Voluntary and Community Sector). A qualitative study. *BMC Health Services Research*, 10(1), 92. Biederman, D. J., R. Nichols, T. R. & Lindsey, W. E. (2013). Homeless women’s experiences of social support from service providers. *Journal of Public Mental Health*, 12(3), 136–145.

FINDINGS

The findings of the HSSC evaluation are consistent with those in the literature in regard to defining homelessness, the shelter experience, the emotional implications of homelessness, motivating factors and the significance of positive service interactions.⁹

HSSC Staffs' Interpersonal Qualities are Essential Components for Building Trust and Facilitating Client Motivation

HSSC service coordinators begin to offer assistance and provide support as soon as an individual or family enters the emergency shelter and continue that support throughout the course of the

It is not sufficient to focus on barriers or to provide support alone; rather it is necessary that those working with clients are not only resourceful but also able to build positive rapport and provide caring assistance.

housing crisis until housing stability is achieved. While HSSC staff primarily focused on addressing barriers to housing stability, it is significant that participants stressed the importance of their supportive interactions. For example, one family member described her positive service experience with staff connecting to resources as well as being an emotional support person: “[Staff has been] very helpful, not even just the person being there to help me with my housing, but just

someone to talk to because [in a] situation like this, regardless of whatever made you homeless, you still need someone to talk to because [...] in your head you're going through something.”

This indicates that it is not sufficient to focus on barriers or to provide support alone; rather it is necessary that those working with clients are not only resourceful but are also able to build positive rapport and provide caring assistance.

The recurring themes about interpersonal qualities that were particularly helpful included *staff being able to understand, having a caring attitude and commitment to their work, and communicating with openness and honesty*. This is particularly important when considering the finding that almost one-third of those interviewed described having initial reservations about being involved in the HSSC program. Their hesitation was largely due to 1) worries about being stigmatized or judged for being in their current situation and/or for accepting help, and 2) fear of having their children removed from their care. Staff were able to alleviate these concerns by explaining their role and providing reassurance. For instance, one family member remembered staff explaining that “her job was to make sure things come together, not fall apart.”

“You basically realize you've lost all control of your entire life... your pride, your dignity, you lost everything. And to have that respect given to you, and the caring and empathy, that's one thing I think your organization does very, very well.”

— HSSC PROGRAM PARTICIPANT

The positive interpersonal characteristics reported most often included empathy and understanding, genuine caring and determination, and openness. Interviewees reported that “most helpful” were 1) resolving their housing instability issues, or at least making progress toward doing so, and 2) being encouraged, motivated and listened to by staff who were both present and reliable. As described by one participant, good listening skills are essential for building rapport. “When I say ‘listen,’ I mean like really listen and really feel where that person's at,

put yourself in that situation altogether because when [we get the] feeling, that [although] you've never been through this ... you're compassionate with what's going on with me — that's what's going to make [us] trust you.”

However, three families reported a lack of consistency and reliability from HSSC staff and, for two out of the three, this occurred after they left the shelter. Specifically, these family members described feeling that they had limited information on how their case was progressing (“I thought we [were] on our own... I don’t know what’s going on.”) or feeling there was not enough follow-up communication.

Almost all participants described being highly motivated to resolve their housing crisis. Factors contributing to their motivation included children and significant others, as well as the support of HSSC staff. They described how their children helped them combat the feelings of hopelessness that could lead to a drop in motivation. Periods of low motivation resulted from negative interactions with emergency shelter staff, barriers to finding safe and appropriate housing,¹⁰ and perceptions of limited community support. Because the literature points to motivation as a key to change,¹¹ it is important that staff are familiar with evidence-based motivational strategies such as motivational interviewing.

¹⁰Barriers to housing include availability, affordability, prior criminal conviction, behavioral health issues and unsafe/unhealthy location.

¹¹[Center for Substance Abuse Treatment, 1999](#)

In conclusion, participant experiences with HSSC staff while in the shelter were overwhelmingly positive, and for the most part, clients continued to have positive experiences with the HSSC staff following shelter enrollment.

The evaluation of the HSSC program indicated generally positive experiences and the importance of positive staff interactions. During the course of this evaluation, a significant amount of information was shared about participants' experiences during the time leading up to their entry into emergency shelters. Because of the richness of this information, and the implications for service delivery and system design, it is summarized here and used to inform the development of the implications section.

“Before [having personal experience of] this situation, you automatically think the worse; somebody who is on drugs or somebody who just doesn’t have respect for life. But, having it happen, that’s not it at all. It just makes you realize who in this world is there for you and who is not.”

— HSSC PROGRAM PARTICIPANT

THE HOUSING CRISIS EXPERIENCE

The interviews and visual narrative activities revealed rich information about the causes, experiences and emotional repercussions of being in a housing crisis. When the interview transcripts were analyzed, the following themes were identified: 1) homelessness is more than just the stereotypical image of someone living on the street; 2) social resources are exhausted in the early stages of a housing crisis, leaving individuals/families with limited support; 3) underlying a wide range of emotions was a recurring sentiment of determination and motivation; and 4) children and significant others, or others with whom a connection has been made, are important factors in maintaining a sense of motivation and determination.

A Visual Narrative Activity

The graphic on the next page shows an example of how the visual narrative exercise was used. In this narrative, the interviewee was residing in a house with his wife, who had medical needs that required special accommodations. The landlord refused to make those accommodations, forcing them to move out of the house. The couple was temporarily placed in a hotel until a shelter space was available. Initially happy about the roof over their heads, the man became withdrawn and sad about the fact that they had no home of their own. After moving to the shelter, his mood quickly deteriorated further, due to the negativity and chaos experienced in the shelter. Finally, when they find rental property with the necessary accommodations for his wife, with HSSC’s assistance, he reports being happy, satisfied and very grateful.

Example of a Visual Narrative Activity



The process of completing this exercise facilitated a natural and engaging conversation about clients' experiences and allowed for a rich discussion about their perceptions of the system and the services they received.

UNDERSTANDING HOMELESSNESS

¹²During the 2015 Point-in-Time count, only three percent of those identified were unsheltered and none were families. [Allegheny County 2015 Point-in-Time Homelessness Data \(January 2016\)](#)

Participants commonly described homelessness as more than being “street homeless.”¹² While it was understood as “having nowhere to go,” it was also an awareness of vulnerability due to not having one’s own home. It involved a lack of independence, freedom and support. For some, their recent housing struggle contributed to a shift in understanding of what it meant to be homeless. Having experienced a housing crisis, homelessness is understood from a different perspective and with new meaning.

Shelter residents were asked to identify barriers to housing stability. Unsurprisingly, the primary barrier was the lack of affordable, accessible and safe housing, followed by employment, goods and services, financial assistance, issues related to their children (e.g., child care, school attendance, behavioral health) and behavioral health issues.

EXHAUSTING SOCIAL RESOURCES

The majority of participants interviewed had the experience of doubling up or couch-surfing with family/friends prior to (and sometimes after) entering an emergency shelter. For many, interpersonal conflicts or disputes arose while they experienced an extended delay for housing assistance. As one participant explained, friends were willing to provide housing assistance, but only up to a point, and the stress was exacerbated by adding a child to the mix.

“And people really get tired of you staying with them, and it just — it transforms into something really nasty... and they didn’t realize having us meant having a kid.”

— HSSC PROGRAM PARTICIPANT

Although surrounded by people in the shelter, many interviewees described a sense of isolation. Often this was due to a lack of trust of the other residents and/or the desire for privacy. For some, this social isolation was paired with a sense of withdrawal and, for many, depression or other emotional issues. Unfortunately, a strong support network — typically missing among the interviewees — is necessary to successfully preventing a future housing crisis. Furthermore, making important connections to community and social services is especially difficult when feeling depressed and withdrawn. The research literature discusses previous negative interactions with shelter staff as one reason for limited engagement in service. On a similar note, participants described negative peer interactions as contributing to social distance and isolation.

EMOTIONAL RESPONSES TO HOMELESSNESS

Participants described a range of emotions experienced throughout their housing crisis (e.g., anxious, determined, frustrated, happy and withdrawn). A common trajectory described during the interviews was going from disbelief or shock at losing their current home, to disappointment and frustration from doubling up or couch-surfing with family/friends, to feeling happy or relieved but also isolated and withdrawn while in the emergency shelter, to happy or satisfied that their housing crisis has been resolved. An underlying thread of determination and motivation to solve the housing crisis was commonly reported.

The word clouds¹³ in **Figure 3** illustrate the emotions as described by family members along their housing crisis trajectory. The frequency with which an emotion was reported is represented by its size in the word cloud.

¹³Word clouds are used by qualitative researchers to reveal frequencies of different words and gain a preliminary understanding about general patterns in text (McNaught, C. & Lam, P. (2010). Using Wordle as a Supplementary Research Tool. *The Qualitative Report*, 15(3), 630–643. Retrieved from: <http://www.nova.edu/ssss/QR/QR15-3/mcnaught.pdf>

FIGURE 3: Emotional Responses from Housing Crisis to Stable Housing



Implications and Opportunities for Further Consideration

The following questions are meant to stimulate discussion about ways in which we can improve outcomes for those experiencing a housing crisis. These specific questions emerged from interviews with HSSC participants and are consistent with findings from the literature and other evaluations.¹⁴

¹⁴Homeless in Allegheny County: The Client Experience <http://www.alleghenycountyanalytics.us/index.php/2015/01/01/homeless-in-allegheny-county-the-client-experience-2/>

1. How might we shift our focus to the *prevention of homelessness*?

Although not directly related to the HSSC program, a frequently identified issue was the need for services *prior* to the need for emergency shelter. Regulatory definitions sometimes make it difficult to identify and serve those who are in a housing crisis but not yet homeless, but research and the literature are shifting toward a focus on “at risk for homelessness” in recognition of the value of providing the kind of supports that can prevent the devastation of homelessness. DHS is increasingly looking for opportunities to identify those whose unstable housing situations place them at risk for homelessness and to intervene preventively. This need was highlighted by comments from some of the HSSC participants, who indicated that their homelessness could have been prevented with the right supports at the right time. A related issue is the perception that “homeless” means “street homeless,” causing stigmatization and unwillingness to reach out for assistance.

2. How might we provide excellent *customer service* to individuals and families experiencing a housing crisis?

The evaluation findings described the impact of staff behavior on clients’ attitudes. Based on previous research in health and human services,¹⁵ client satisfaction and attitudes of staff can play a role in achieving successful outcomes. For instance, having a positive perception of one’s service provider is integral to initial, or continued, service engagement. Clients particularly valued staff who treated them with trust and respect and who maintained flexibility in regard to rules and services. Initially engaging clients actively in an assessment/interview process is an effective way to establish rapport as well as gather necessary information.

¹⁵Kendra, M. S., Weingardt, K. R., Cucciare, M. A. & Timko, C. (2015). Satisfaction with substance use treatment and 12-step groups predicts outcomes. *Addictive behaviors*, 40, 27-32.

Hiring staff with lived experience of being in a housing crisis – or training designed to sensitize staff to the experience — may be an effective way of providing empathic and supportive services to clients. Another opportunity is to offer training to all emergency shelter staff on client-reported factors that contribute to positive service interactions.

3. How might staff support and/or increase *client motivation/determination*?

Staff training can increase skills in motivational-based strategies and other strength-based approaches that strengthen motivation and a sense of community while decreasing withdrawal and the sense of isolation that is detrimental to the development and/or maintenance of a strong community of support.

Actively encouraging participation and sharing decision-making with clients can be an effective strategy for reducing withdrawal and this sense of isolation, which should be monitored on a regular basis along with psychological distress and referrals made when appropriate.

4. How can we improve *clients' experiences with the homelessness system*?

Information gathered from this and other evaluations supports previous reports that individuals in emergency shelters are having negative experiences. These past negative experiences or stories heard from others may be a reason why people in need are not engaging homeless services prior to the actual crisis. According to qualitative research literature, a significant proportion of these negative experiences are related to staff interactions and attitudes.^{16,17,18,19} Because the results of this evaluation indicate that HSSC staff interactions were mostly positive, it might be useful to consider whether this model can improve experiences to individuals and families through the homelessness system. It would first be important to compare these findings with the experiences of those who chose not to participate in the HSSC program, and to determine whether positive HSSC staff can compensate for less-than-positive interactions with regular program staff. Clients' experiences with the homeless system can also be improved by examining the role between satisfaction with services and future housing outcomes. And finally, to improve client experience with the homelessness system, staff need systematic procedures for collecting client perspectives and experiences that can inform service- or system-level planning as well as improvements.

¹⁶Biederman, D. J. & Nichols, T. R. (2014). Homeless Women's Experiences of Service Provider Encounters. *Journal of community health nursing*, 31(1), 34–48.

¹⁷Sznajder-Murray, B. & Slesnick, N. (2011). "Don't Leave Me Hanging": Homeless Mothers' Perceptions of Service Providers. *Journal of social service research*, 37(5), 457–468.

¹⁸Hoffman, L. & Coffey, B. (2008). Dignity and indignation: How people experiencing homelessness view services and providers. *The Social Science Journal*, 45(2), 207–222.

¹⁹Flanagan, S. M. & Hancock, B. (2010). "Reaching the hard to reach" — lessons learned from the VCS (Voluntary and Community Sector). A qualitative study. *BMC Health Services Research*, 10(1), 92.

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