The Barriers to Overcoming Houselessness

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Abstract

Four years ago, I was like most freshmen in the Bay Area, desperate to find community service work, and leadership, not knowing exactly what I wanted to do, but knowing how good those words would look on my college application. I cold-emailed many organizations, and Simply Shelter responded. I was unsure what they did, but was invited to their "Build Day" the next Saturday. I showed up, dragging my friend along, completely unsure of what I was going into. A couple of minutes in, I was holding a hammer and nail, learning which sizes of wooden planks to use based on which part of a shelter I was building, something I never expected to do at 8:00 AM on a Saturday morning.

I was lucky that I was exposed to the houseless community through Simply Shelter, and therefore have been able to speak up about this extremely important topic, but many others don't have this exposure and go their entire lives not acknowledging or addressing this community. That's why I've spent the past three months gathering information from experts and articles to understand the obstacles to overcoming houselessness. In this concise report, you, your peers, lawmakers, and houseless individuals can know what steps to take to reduce houselessness in the Bay Area.

Interviewees:

Carlos P: Community Engagement Coordinator, Home First
Angela P.: Public Guardian Conservator, County of San Mateo
Aprajita S.: Director of Admissions, Basis Independent Fremont; Ex Social Worker, Rehabilitation Shelter for Houseless people in San Francisco
Donald O.: Population Health and Analytics Manager, County of San Mateo
Daneille H: Work-Out-of-Class (WOC) Director of Performance Strategies, San Mateo Medical Center
HomeFirst Case Workers: Providers of services for houseless individuals in the Bay Area
Tyler: Person who experienced houselessness in the past

Physical Barriers to Overcoming Houselessness:

<u>Low Income Housing:</u>
Recently, at a grocery store, I heard a woman talk about her experience with low income housing. Though that would theoretically be the best path for her and her daughter to take, that's

not the life she wants to live. While she is being driven out of her current apartment, because the monthly check the government gives her for her disability isn't enough to sustain her family, she refuses low income housing. This is because of a similar issue that many shelters have too, which are strict rules that individuals don't want to or can't abide by. It's a trade-off between having a roof over your head, and basic human rights. Oftentimes, there is a curfew which prevents her child from attending classes in the evening and for them to go on night strolls. Additionally, some individuals at shelters have night shifts, which are impossible to do with a curfew. The lady I spoke to also explains that her daughter's favorite thing to do is have sleepovers, and invite friends over, but sleepovers aren't allowed in low income houses and you must give notice that someone is coming over many weeks in advance. HomeFirst finds a similar issue as individuals often leave and don't come back when realizing there is a curfew they must return by.

Aprajita S. and Angela P. explain that even if rules for low income housing changed, there is merely not enough of it. Much of America opposes high rise buildings and barely any of the ones we have are directed towards low income housing. Angela P. also agrees, as often she is given the job of rehousing elderly individuals and is simply told to, "put them in low income housing." Yet, after working as an expert in this field for so many years, there are simply no more houses.

<u>Medical Assistance and Transportation:</u>

Donald O., who works in population health and analytics, explains that oftentimes, a barrier to getting assistance is a lot more physical than one expects. It can be something as fundamental as not having transportation, or knowing where to go. He explains that oftentimes, when a houseless person themselves wants help medically, they show up to an emergency room. While that may not be the optimal place to ask for a refill for medicines, the "geography of urban development" makes it so where houseless people are, an emergency room in the city is much more accessible than specialized primary care in more suburban areas. Therefore, a person experiencing houselessness shows up in the ER, but is put to the bottom of the list since their emergency isn't as urgent, and they often wait for hours, or some end up leaving.

Donald O. also explains that oftentimes, transportation can be an issue. While many hospitals have a great system of public and private transportation that makes it easier for houseless people to seek care, that is not where the issue lies. It's the system of trust, or for better phrasing, lack of trust, that we as a society have built in which houseless individuals unsure of whether they want to risk driving fifty minutes to a physician, not knowing for sure whether they will be dropped at the same place they came from, and when they are back, if everything will still be there.

Therefore Donald explains that perhaps the best way to move forward, is to continue the street medicine services that hospitals provide, in which help is given to encampments directly so that individuals can accept care in the comfort of their own space. Additionally, in Europe and other areas that have fewer houseless individuals than America, Donald explains that the way they avoid these physical barriers is simply by increasing the number of hospitals. This ensures that wherever one may reside, they have easy access to a clinic nearby.

The caseworkers from WeHope have a different angle on the physical barriers. Their barriers have truly been transportation. While houseless individuals are willing and hopeful that they will be dropped off at their ID, diverse license, and therapy appointments, they are often left waiting on the road. Uber's often drive up to the pick up spot, and when they see an individual holding many bags, and they realize they are houseless, they often leave, and the shelters have to pay a fee "for missing the ride." A solution one member proposed during the meeting I listened in on, was to buy a company private car. Yet, those only carry a maximum of seven people, and are too expensive to purchase more than one of. The solution again falls upon a social barrier, which are the preconceived notions Uber drivers, and majority of other people have against people experiencing houselessness.

Social Barriers to Overcoming Houselessness:

Advocacy and Education:

Aprajita S. had a unique perspective when it came to rehousing individuals. She specifically worked with families experiencing houselessness. She explains that oftentimes people didn't get the job because of a lack of consistency in an application. Whether it was a lack of references, an address, or them needing a job that gave checks that they could cash out, there were many physical barriers. Yet oftentimes there were ways around them which Aprajita helped individuals with. For example, many families needed childcare after school for their children since they were still at work, yet that could be extremely expensive. Aprajita knew about vouchers given by the government that made this free or much more affordable. Yet, a fundamental issue is the lack of education and awareness about these services. As much as the bureaucracy can do, individuals need to know what there is for them. That's why Aprajita explains that a huge obstacle is a lack of awareness and advocacy. A solution she proposes is an increased education at shelters about services so that individuals can take advantage of them. That's why it is so important for each one of us to educate ourselves on houselessness and speak up about it, so that we can in turn help the community.

Stigma:

1. "Houseless people are scary":

Carlos P. admits that he has had some scary moments with people who have been rude and aggressive. Yet, he also says he has had the most amazing conversations with the kindest souls who are in the houseless community. In any group of people, you will run into those who are not as kind, and those who are funny and sweet. And one story of someone cannot ruin your perception of an entire community. And even those who are rude have a good reason. Of Course someone who has dealt with trauma and untreated mental illness will be defensive after having their life torn down by law enforcement. It's important to see where they are coming from and give perspective.

2. ~~Homeless~~ Person Experiencing Houselessness:

PEH (Person experiencing houselessness) is a much more up to date term than homeless. Houseless individuals oftentimes do have a home, whether that is the community they live with, or the comfort of their own space. Oftentimes the assumption that houseless people are miserable is wrong, as though they don't have a roof over their head, they still are human and experience comfort like us. Home is family, friends, and communities in which you feel safe and loved, and many houseless people do have that. A house is something more physical and is defined as a "building for human habitation," which is something most houseless people don't have.

Tyler, an individual who experienced houselessness explains his discomfort with the term 'homeless.' He says, "I go to work, I pursue knowledge ,I play games with many friends." He's human, and characterizing him by just one term is dangerous.

3. The Importance of Destigmatizing:

Oftentimes our language and actions towards houseless people can deepen the issue. Individuals may choose to keep their houselessness a secret, scared of how people may act, and therefore won't be able to get assistance. We often turn away or keep houseless people out of our mind, scared of bringing up the topic or having open conversations about it. Yet the truth is that the beginning of the solution is talking about it. It's only when we start having these conversations that solutions will prevail and barriers will be lifted.

<u>Mental Health and Drug Use:</u>

According to Samhsa.gov, over 21% of houseless individuals struggle with mental illnesses, and 16% with substance abuse. As I spoke about this important aspect to overcoming houselessness with the caseworkers at HomeFirst, they told me that this issue is out of their control. As many steps caseworkers can do on their side, houseless individuals need to be motivated on their side too. Caseworkers can set up ID and Driver's License appointments, yet the houseless people are the ones that need to go to them. And that step is often difficult when individuals struggle with addiction and mental illness.

Recently, I watched an interview and one houseless individual said that every look a human being crossing the street has given him is a face of disgust. And often times when we project this onto individuals who are already struggling with mental illness, we are dehumanizing and in turn deepening the mental struggles they face.

Carlos P. references one interaction he had with a client. He explains that the client used to be extremely bubbly and was always smiling but overtime she changed. One day, it was her last interview before she was going to receive guaranteed housing, and all she had to do was show up. And she didn't. After a while he found her, and she explained her experience with drug use.

She began using in the middle of her journey to be housed and she became afraid to sleep at night. Oftentimes housed and unhoused individuals would steal her belongings at night, and she found that using would help her stay away. This shows how simply wanting to make sure you aren't stolen from, can lead down the path of drug use, and how preconceived notions we have about someone's background are usually incorrect.

Bureaucratic Barriers to Overcoming Houselessness:

Centralization and Data Sharing:

Danielle H., who used to work with a federal funder regarding houselessness, explains a core issue when it comes to shelters, and that is a lack of centralization and data sharing. The Bay Area has over 30,000 houseless individuals, and with oftentimes inaccessible data for individuals, and decentralization across the board from shelters to social workers, it becomes much more complicated to give assistance. Danielle explains that during the pandemic, funding was increased for shelters to be moved to hotels in San Mateo, which simplified the process significantly. Social workers, dental care, street medicine, and case workers all came together in one space, to help and that made data easily accessible and results showed that it was much more productive. Danielle also re-iterates that health and housing must go hand in hand. Finding housing is one thing, but if mental health services and other assistance is cut off, then the cycle of houselessness continues.

Carlos P. has a similar perspective as he finds that there could be a tremendous increase in efficiency if data was centralized. He finds that there are often gaps and lost data when it comes to what services have been provided to an individual. If data was centralized, resources could be shared across the board between various shelters and services. Oftentimes he finds individuals who need a wheelchair, and has to mass message many to gain access to one, yet if there was a centralized system for easy access to any service, he could help so many more.

Funding:

Angela P. explains that drug use and houselessness are two issues. Though they are related in some situations, they truly are two separate issues that the government must solve separately and then they can work together for the betterment of many. She explains that from her field of work, as a public guardian conservator, she has found the fundamental issue of a lack of funding. There is simply not enough money available to her to help individuals and a lot of us are much closer to houselessness than we think. Our checks are getting closer and closer to being the last one that can pay our bills, and the government must step up. And even when it comes to low-income housing, it's a really steep slope to where you qualify for housing, and even if you do qualify, you are not making nearly enough to sustain having food on the table everyday even if you are being helped with housing.

Conclusion:

I and those I got the chance to interview, have offered a wide variety of barriers, and in fact solutions to the majority of them. Yet we have also discovered a new, and perhaps the most fundamental barrier, which is the houseless individuals themselves. And the solution lies in your hands.

The fourth barrier to overcoming houselessness is the individual themselves. Those experiencing houselessness don't have a house, so why sacrifice their self respect too? Whether it comes to curfews, giving up belongings when coming to a shelter, or abiding to strict rules to have a roof over your head, it seems as if you must sacrifice yourself to be housed. Everyone doesn't want the government involved in every aspect of their life or to talk about all their trauma now to be helped by a mental health worker.

A person experiencing houselessness says, "you know the worst part about being houseless? It's not the cold, or the starvation, it's people pretending like I don't exist." We must stop looking away, and instead having important conversations to truly overcome the barriers to being housed.