

## Sarah's Circle needs assessment: understanding the lived experiences of clients in their own words

### EXECUTIVE SUMMARY

This document summarizes key findings from the University of Chicago Poverty and Health Labs (UL) analysis of a needs assessment survey conducted with Sarah's Circle (SC) clients in February and March of 2017. UL researchers and SC staff and volunteers collected survey responses from 134 SC clients (approximately 85% of the total number of clients who received services during this time period) in order to provide SC with detailed information on the lived experiences of their clients across four key dimensions: housing, employment, healthcare, and sense of belonging. Demographics are also included.

### PURPOSE AND RESEARCH QUESTIONS

About one in four adults experiencing homelessness in the United States is an unaccompanied woman. In October 2014, the American Round Table to Abolish Homelessness (ART) held the first National Convening on Unaccompanied Women to discuss research, best practices, and resources targeted at supporting unaccompanied women experiencing homelessness. In preparation for the event, ART tried to research existing data and best practices focused on this population and found that very little existed. As a result, ART launched the 1 in 4 Initiative, a first-of-its-kind national effort to create dialogue, conduct research, formulate policies, and advocate for targeted funding for unaccompanied women experiencing homelessness.

SC, a local homeless service provider based in Chicago, sent representatives to attend the second annual National Convening on Unaccompanied Women in 2015. SC has a decades-long tradition of serving unaccompanied women citywide, with services borne of three overarching goals: welcome all women with safety, respect, and community; support growth in health, well-being, self-sufficiency, and self-determination; and help each woman find her home. What began as an independently run, volunteer-driven women's center out of a second floor apartment in the 1970s has now grown into a 501(c)(3) nonprofit offering comprehensive support services, case management, daytime activities and resources, a 30-unit permanent housing unit, and a 50-bed interim housing program open 24 hours a day, 365 days a year.

As the coordinator for the 1 in 4 Initiative in Chicago, SC has become increasingly interested in working to expand research on unaccompanied women experiencing homelessness. Inspired by a survey conducted once every three years by the Downtown Women's Center in Los Angeles, SC conducted a needs assessment survey with their own clients—a mix of low-income individuals with lived experience of homelessness who receive daytime and/or housing services. The survey intended to offer SC a deeper understanding of their clients' needs and the barriers clients face in receiving services. SC engaged UL to help design and conduct the needs assessment survey through February and March 2017.

In partnership with UL, SC leadership developed the following research questions to learn more about the lived experiences of their clients across four key dimensions that corresponded with SC's "lanes" of homeless service provision—housing, employment, healthcare, and enhancing their clients' sense of belonging within the community:

- What are the **demographics and background characteristics** of SC's clients?
- How **accessible** are employment, health, community, and housing services for SC's clients?
- What **preferences** do SC's clients have for the types of employment, health, community, and housing services they receive?
- What **variations exist in clients' preferences** for employment, health, community, and housing services based on their demographics and background characteristics?

The purpose of this needs assessment is two-fold. First, SC intends to use the findings to help determine how to more effectively tailor their suite of services to the needs of their clients. Second, the findings of this survey provide much-needed population-specific information to local (and, where relevant, national) stakeholders—including other service providers, policymakers, funders, and agencies—that will allow them to better utilize their existing resources to meet the needs of unaccompanied women experiencing homelessness—a core motivation of the 1 in 4 Initiative.

This report summarizes the survey responses of 134 SC clients and presents key findings based on the research questions noted above.<sup>1</sup> This document is organized as follows:

- I. A review of the existing literature on women experiencing homelessness, followed by an overview of the research methods, survey development, and implementation
- II. Research limitations and response rates
- III. Key findings from the four dimensions of the survey—housing, employment, healthcare, and clients' sense of belonging within the community—as well as profiles of the unique needs, barriers, and preferences of specific subpopulations among survey respondents

## **I. LESSONS FROM THE LITERATURE**

Historically, there are limited data regarding single, unaccompanied women experiencing homelessness in the US. As recently as 2014, the Department of Housing and Urban Development's Annual Homeless Assessment Report to Congress did not cite the number of unaccompanied women, or any women other than female veterans, as a unique subpopulation of individuals experiencing homelessness.<sup>i</sup> The majority of available reports on homelessness tend to group single women in with a genderless category of "individuals" experiencing homelessness, paying little attention to their unique experiences, needs, or preferences for services. For example, a review of the National Alliance to End Homelessness's 2016 report "The State of Homelessness in America" reveals "men" was referenced 50 times, while "women" were not mentioned once. Similarly, local counts of people experiencing homelessness in Chicago do not break down the number of unaccompanied adults experiencing homelessness by gender.<sup>ii</sup>

This omission is not unique to the data included in reports; women are most commonly referenced in homelessness research as "mothers" or in relation to a family unit—not as individual women. The literature would greatly benefit from additional studies that consider the experiences of unaccompanied women living in homelessness as distinct from single men or women as part of family units. What few studies do exist suggest that there are important distinctions between these populations.

Women and men experiencing homelessness often enter homelessness for different reasons and have distinct needs and preferences for services. These needs and preferences may also differ across the lifespan. A higher percentage of men than women experience homelessness in the United States, and 70.8% of the homeless population were men in 2014.<sup>iii</sup> While men most often cite joblessness, discharge from institutions, mental health concerns, or substance use disorders as their reasons for homelessness, women typically note eviction, interpersonal conflict (including domestic violence and abuse), or a loss of help from friends and family as their primary reasons for homelessness.<sup>iv</sup> Women experiencing homelessness face significantly higher rates of physical and sexual abuse than men experiencing homelessness, and they are two to four times more likely than other women in the US to experience violence. A 1992 study analyzing data from 169 women in Santa Clara County, California found that 92% of women experiencing homelessness have been exposed to trauma; 81% more than once.<sup>v</sup> 45% of the 20 women experiencing homelessness who were interviewed by Barrow and Laborde (2008) in New York

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<sup>1</sup> A few notes on language in this report. First, the report uses "people first" language to acknowledge that homelessness is not the defining characteristics of an individual's identity, hence the use of "women experiencing homelessness" rather than "homeless women." Second, during our review of the demographics section for SC, we found that a select number of the surveyed clients did not identify as women. As a result, we refer to survey respondents as "clients." This choice was made to acknowledge the identities of these individuals within the larger context of a survey and literature review designed for unaccompanied women.

City were survivors of child sexual abuse,<sup>2</sup> and women experiencing homelessness have unusually high lifetime rates of major depressive disorders and histories of substance use.<sup>vi</sup> As a result of having experienced higher rates of violence, many single women experiencing homelessness report working to maintain anonymity, which may contribute to their limited depictions in the media and public visibility.<sup>vii</sup>

There are also notable differences in the experience of homelessness for unaccompanied women as compared to women in family units. Several studies suggest that it is incorrect to conflate the two group's experiences, needs, and preferences for services. A 1995 needs assessment of 178 individuals experiencing homelessness in Maryland conducted by DiBlasio and Belcher found that there were significant differences in the needs of women with and without children. Women with children were more likely to express a desire for job training, educational services, and day care, while women without children were more likely to ask for service coordination.<sup>viii</sup>

There are also distinct demographic and experiential differences between women living with children and unaccompanied women. Johnson and Krueger (1989) examined 240 women experiencing homelessness in greater St. Louis over a period of two years and found that 66% of women with children were unmarried, as compared to only 28% of women without children.<sup>ix</sup> Unaccompanied women were also more likely to have sought mental health treatment in the year preceding homelessness. 25% of unaccompanied women had been hospitalized for psychiatric reasons, as compared to only 6% of women in families.<sup>x</sup> Unaccompanied women experiencing homelessness were also more likely to drink, have histories of alcohol use, and to have received treatment for substance use disorders than women with children.<sup>xi</sup> Unaccompanied women report more health concerns than other women experiencing homelessness and are more likely to be hospitalized for issues related to physical health.<sup>xii</sup> Many of these differences arise because unaccompanied women are older, on average, than women who are with children or partners and tend to have experienced homelessness for longer. They are also more likely to be White than women in family units.<sup>ix</sup>

Unaccompanied women are also more socially isolated than women with children, which makes it more challenging to connect them with necessary financial and social resources.<sup>xiii</sup> These barriers may be responsible, in part, for the fact that unaccompanied women spend much longer experiencing homelessness than women with their families.<sup>ix</sup> A history of domestic violence also increases the likelihood of repeated or prolonged instances of homelessness; unaccompanied women are more likely to report abuse or victimization as the root cause of their homelessness than women with children, who often cite economic concerns<sup>xiv</sup>

One of the most overlooked risk factors for unaccompanied women experiencing homelessness is that many of these women do have children but are unable to be with them for a variety of reasons. While 60% of all women experiencing homelessness have children, one-third of those with children do not live with them.<sup>xiv</sup> A 2008 study by Barrow and Laborde (2008) surveyed twenty unaccompanied mothers of minor children. Their respondents had an average of 2.6 children each, and 75% of these women had been separated from their children for more than a year. All of the women were in active contact with their children, 70% of them still hoped to be reunited, and 65% of the women had active child welfare cases open.<sup>xv</sup>

Another study by D'Ercole and Struening (1990) found that more than half of the 141 unaccompanied women surveyed had children, and 74% of those had children under 16. Being separated from children is in and of itself a risk factor for women experiencing homelessness and places them at an increased risk for subsequent shelter stays. This distance from one's children poses another potential explanation for the increased longevity of the homelessness experienced by unaccompanied women.<sup>xvi</sup>

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<sup>2</sup> In addition to the 20 women experiencing homelessness surveyed, Barrow and Laborde (2008) conducted interviews with 17 caseworkers and 10 kin caregivers connected with the women. Every mother in the study was an "invisible mother"—a mother separated from her children while in the shelter system

In sum, while there are overlaps between the experiences of single women and single men, and between the experiences of single women and women experiencing homelessness in family units, there are notable distinctions between these groups that warrant subpopulation-specific research. Unaccompanied women have unique needs that are not addressed in the literature by combining them with single men in the category of “single adults” or by combining them with women in family units in the category of “families.” It is important to evaluate what resources these women seek and what they feel their barriers are to exiting homelessness if they would like to.

This literature review was characterized by a number of limitations inherent to homelessness research. It is difficult to define what constitutes an experience of homelessness, and even more difficult to discern at what time an individual entered homelessness. Additionally, it is often demanding to locate and track homeless populations, making initial contact challenging and analysis across life spans almost impossible. As a result, many of the studies presented here were brief and used relatively limited sample sizes. There are comparatively few studies within the homelessness literature on the experience of unaccompanied women, and what literature there is tends to be dated. Despite these limitations, the literature is clear in indicating important distinctions between the experience of homelessness among women within family units and unaccompanied women, and between single men and women. As a result, further consideration is needed.

## **METHODS**

The following section summarizes the research methods employed in administering this survey and the process for developing survey questions.

### **SELECTING RESEARCH METHODS**

SC, in consultation with UL, decided to administer a needs assessment survey to as many willing and consenting clients as possible who received services at SC over a five-week period through February and early March 2017. If a surveyor was available, clients could be surveyed right when they inquired; if an administrator was not available or surveying another client, they could wait or note their interest to on-site SC staff that they would like to participate later. Employing this survey methodology offered the following benefits:

- Survey administration could take place at SC in safe, quiet, and private spaces (see *Survey Procedure, Debrief, and Incentives* section below)
- Surveys could be longer and include in-depth questions, given the safe environment and opportunity to participate when convenient for the client
- Responses could be directly recorded into Qualtrics, a secure online survey platform hosted by the University of Chicago, which offers significant privacy and cyber security protections for sensitive, individually-identifiable information

### **SURVEY DEVELOPMENT**

The needs assessment survey included questions on topics that align with the four “lanes” of services that SC offers: housing, employment, healthcare, and programs to enhance clients’ sense of belonging in the community. Demographic questions were also included, to allow researchers to analyze whether clients’ needs, preferences, or ability to access services varied based on their background characteristics. To account for differences in the experiences of unstably (i.e., literally homeless) and stably housed clients (i.e. currently residing in permanent housing), researchers included some unique or tailored questions in the housing section for each subgroup based on housing status. Participants were first asked to indicate if their current living situation met HUD’s definition of homelessness, and were then directed to subsequent questions appropriate for their housing status. As an example, unstably housed respondents were asked if they were interested in finding stable housing, while participants already stably housed were not. This was done to avoid asking participants unnecessary or inappropriate questions. All other sections were identical for both groups.

Where possible, existing survey instruments were taken from a variety of field-tested sources, including the Downtown Women’s Center Survey (2016), the RAND Corporation Study of Homelessness, the University of Michigan Women’s Employment Study, the Bureau of Labor Statistics, Pasadena Unsheltered Homelessness Subpopulation Survey, National Institute on Drug Abuse, HUD Point-in-Time Count, Patient Health Questionnaire-2, the Abbreviated PTSD checklist, John Ecker, the Williams Institute, the SMART Group, Race and Ethnicity Survey—University of Florida, and the US Census. However, due to the unique research questions that SC leadership developed and the specificity of surveying unaccompanied women (for which available sample survey questions are limited), a portion of survey questions were developed in partnership with SC leadership specifically for this survey. In many cases, draft survey questions incorporated feedback from SC leadership and were adapted based on test surveys conducted during the pilot (see *Survey Pilot* section below for more detail).

## **CONSENT PROCESS**

UL and SC researchers collaborated with the University of Chicago Institutional Review Board (IRB) to develop an informed consent procedure that allowed the needs assessment to capture the experiences of clients who might not have been able to complete all aspects of a traditional consent procedure but which still prioritized their informed consent. The resulting consent procedure included two steps: a traditional consent form and an ability to consent assessment, both of which received IRB-approval.

The traditional consent form contained all pertinent aspects of the research overview, including the purpose of the study, how responses will be used, who is involved in the research, the rights of the research participant, and what can and cannot be done with the information they provided. The ability to consent to assessment takes this standard process one step further and expands on the informed consent procedure with an educational dialogue between surveyor and participant. Using the “Teach Back Method,” surveyors and participants take their time with the consent procedure to answer any questions the participant might have and collaboratively work to understand what is being asked of the participant should they choose to participate.<sup>xvii</sup>

Participants were asked to confirm this understanding through a series of questions, which are listed below for reference:

1. What is the study about?
2. What will you be asked to do if you participate?
3. What are the possible risks or benefits of participating?
4. What are your rights as a participant?

These four questions were read aloud by the surveyor one by one, and the respondent was given three total opportunities to give an acceptable response to the question based on the content contained in the consent form. Participants who could not give a correct answer on the first try were provided the opportunity to re-read the consent form and to ask the surveyor questions. If respondents could not give appropriate answers for any one of the four questions after three tries, they were not permitted to participate in the study and thanked for their time. Potential participants who were not able to show ability to consent were still provided with a gift card for their participation.

## **SURVEY PILOT**

Researchers piloted the survey in advance of the survey administration period. The pilot took place on November 9<sup>th</sup>, 2016 at SC’s Day Center from 2:00 – 5:00 PM. IRB approval was acquired prior to surveying and all surveyors completed human subjects training.

The purpose of the pilot was to assess the survey reading level, verify that participants understood questions, and identify any oddly worded questions. Additionally, researchers piloted the consent and ability to consent assessment. Six participants were surveyed by three individuals over the course of three hours, and researchers debriefed with one another to assess areas for improvement across all

survey sections. The final consent procedures and survey questionnaires were developed based on participant and surveyor feedback.

## **SURVEYOR TRAINING**

The University of Chicago IRB and UL required that all surveyors take human subjects training to ensure that surveyors interacting with SC clients did so with a full-understanding of how to conduct ethical research that prioritizes the safety, security, and informed consent of respondents.

Surveyors were recruited from SC staff and volunteers as well as from UL staff members and research assistants. All surveyors were required to complete human subjects training in advance of survey administration—either individually through the University of Chicago’s Collaborative Institutional Training Initiative (CITI) or the National Institute of Health’s (NIH) human subjects training, or in a group-setting using the University of California at Berkeley’s training presentation. Surveyors who completed independent human subjects trainings via an electronic course received a certificate of completion; a record of attendance at the group-setting training was kept for study records.

## **RECRUITMENT**

During the five weeks of survey administration, clients were recruited from SC’s Day Center and 50-bed Interim Housing program. Clients were recruited at both locations through a mixture of announcements by UL researchers and SC staff, and approaching individual clients at each location in general recreational areas to ask if they would like to participate in the research study. SC also kept a running list of interested clients to keep informed of clients who wished to participate in the study but were unable to participate immediately upon expressing interest.

## **SURVEY PROCEDURE, DEBRIEF, AND INCENTIVES**

After recruiting participants, surveyors employed the following procedures to survey interested clients:

- **Private survey location** – Clients were taken to a private location (such as the predominantly-used intake rooms or a remote corner of the Interim Housing unit recreational room, depending on the participants’ preference).
- **Consent form** – Surveyors read the consent form to the participant. All participants were also provided the chance to review the consent, if desired, before moving on to the ability to consent assessment. Participants were informed of their right to skip any questions for any reasons or terminate the survey at any time with no justification required.
- **Ability to consent assessment** – Surveyors asked participants questions about the consent form as described in the *Consent Process* section above. Participants could consent only if they were able to respond appropriately to each of the four questions after no more than three total tries per question.
- **Survey** – All survey responses were entered and stored on a password-protected online Qualtrics account hosted by the University of Chicago. Survey responses were only accessible by members of the UL research team. Survey links were hosted on SC intake computers, and any previous answers were inaccessible through the link. Surveyors read survey questions and marked answers for participants in Qualtrics.
- **Debrief** – Participants were read an overview of available counseling services, and were offered the opportunity to meet with a licensed clinician at SC if triggered by any survey questions.
- **Incentives** – All participants received a \$20 Target gift card for their participation, whether or not they completed the needs assessment in its entirety.

All participants were read the consent form and survey by researchers to ensure ability to consent was not impacted by differences in literacy, visual impairment, or other potential barriers to reading comprehension.

## II. LIMITATIONS

Certain key methodological limitations exist that should inform any interpretation of findings from the SC needs assessment survey. In light of these limitations, it is important to note what the selected research methods do and do not tell us about the population of clients surveyed. A summary of these limitations and the resulting impact on survey analysis and interpretation are included below:

- **Representation** – Participants self-selected into the needs assessment survey during the selected time period. Survey respondents may systematically differ in unobservable ways from SC clients who chose not to participate in the survey. Our response rate exceeding 80% (discussed below) helps to ameliorate this concern, but we cannot rule out the possibility that non-respondents face specific concerns not addressed in our data.
- **Specificity over breadth** – The chosen research methods were not developed for generalizability across all unaccompanied women in the city of Chicago. This survey was only given to SC clients, in part to allow for more in-depth questions that could determine participants' access to and preferences for services as well as any barriers they have experienced. The statistical relationships identified in our analyses (for example differences in service need across different ages and races/ethnicities) likely reflect differences within SC's specific service population that may not generalize to other organizations or populations. This is discussed further in the "findings" section of this report.
- **Excluded viewpoints** – Individuals experiencing homelessness are often highly mobile compared to their stably housed peers. Hypermobility coupled with distrust of many institutions—researchers included—may have led a number of viewpoints to be excluded or under-represented in this analysis. The request to provide identifiable information, although optional for all respondents, may have concerned potential participants. Furthermore, some clients may have withheld information from researchers for reasons of social stigma or distrust, leaving their viewpoints out of the analysis. Response rates for each metric are reported, but researchers are unable to expand on a participant's reason for omitting information.
- **Self-reporting** – Answers are provided at the participants' discretion and are not verified against any other sources.

## RESPONSE RATE AND FREQUENCY ANALYSIS

During the five-week survey period from February 6, 2017 to March 10, 2017, 145 clients participated. Of these, 11 were excluded from analysis due to incomplete or near-incomplete answers. As a result, researchers included 134 responses in the survey analysis.

Approximately 166 unique individuals visited the SC Day Center throughout February. Estimates of the total population who received services through SC during this time were computed using SC daily sign-in logs. SC staff on the study team reviewed logs to estimate the approximate number of individuals who received services at SC during the month of February. As a result, researchers estimate that 87.3% (145/166) of clients served during this time period were surveyed, of which 92.4% (134/145) were included in the final analysis.

Prior to beginning survey response analysis, researchers reviewed response rates for all questions. Overall response rates across all questions were high, typically ranging between 80% - 100% across all sections.

Throughout this report, results will be reported out of the number of respondents who answered each question. As a result, responses will not always be out of the sample size, as response rate varied by question.

## III. KEY FINDINGS

### DEMOGRAPHICS

Identity and lived experience are at the heart of any needs assessment work. Researchers sought to capture a wide range of demographic information from clients to inform our understanding of service use, preferences, and barriers to access. The following section summarizes the various demographic characteristics and experiences of clients who participated in this needs assessment.

The majority of clients responding to the survey have experienced homelessness in the past (81.1%, 103/127).<sup>3</sup> Some clients experienced homelessness for the first time before the age of 9 (3.9%, 4/102) or as older children between 10 and 19 (14.7%, 15/102). An additional 14 clients experienced homelessness for the first time as young adults between the ages of 20 and 29 (13.7%, 14/102). Yet two-thirds of clients (67.6%, 69/102) first experienced homelessness as adults. Most respondents first experienced homelessness between the ages of 30 and 59 (61.8%, 63/102). A few experienced homelessness for the first time after the age of 60 (5.9%, 6/102).

The majority of clients were single at the time of the survey (56.7%, 72/127), and a number were divorced (15.7%, 20/127). Thirteen percent of clients (17/127) were married, but not currently living with their spouse. Only four participants were married and currently living with their partner (3.1%, 4/127). A number of respondents who reported having children (69.3%, 88/127) indicated that their children were now adults and living independently or with their own families (36.7%, 29/79). Fewer than 10% of respondents noted that their children currently lived with them (8.9%, 7/79), but approximately one in five clients noted that at least one of their children, or another child they have cared for, had lived with them at some point in the past year (21.0%, 26/124). Only four clients indicated in the free response question that their current housing could not accommodate their family members living with them or visiting.

Clients primarily identified as cisgender women (assigned female at birth and identify as female) (96.0%, 119/124). Some, however, identified as transgender or gender non-conforming (4.0%, 5/124). Furthermore, the majority of clients identified as heterosexual or straight (86.5%, 109/126). Gay or lesbian was the next most common response (4.8%, 6/126), and five participants chose not to answer the question (4.0%, 5/126).

Additionally, clients' educational attainment was most often "some college" (28.3%, 36/127), "high school graduate (or equivalent)" (24.4%, 31/127), or "some high school (no degree)" (19.7%, 25/127). Further, the majority of clients identified as Black and/or African American (60.5%, 75/124), White (21.0%, 26/124), or as an unlisted identity or combination of identities (15.3%, 19/124).

## AGE

The majority of survey respondents were over 50 (64/117, 54.7%) and, as-noted, first experienced homelessness for the first time in mid- to late-in-life. One client stated, "The worst part of homeless[ness], especially at the age of 65, is the sense that everyone feels I have no future, no abilities, and nothing to contribute" while three clients stated age as a specific barrier to next steps in their housing and access to other services. Clients identified age as a major barrier to employment, and 10.5% of respondents indicated that their age had made it challenging for them to get a job either now or in the past (10.5%, 8/76).

A higher percentage of clients aged 30–39 were experiencing homelessness (89.5%, 17/19) than clients in other age brackets. Furthermore, clients under 29 were less likely to say that their proximity to health services were meeting their needs (40.0%, 2/5) while clients in the over 30 reported greater satisfaction with proximity to health services (68.4% – 77.4%, 13/19 – 24/31). Clients aged 30–39 reported lower levels of satisfaction with their living situation meeting their needs for safety (36.8%, 7/19) and with their trust of their neighbors (26.3%, 5/19). There were no differences in reported sense of belonging across age groups.

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<sup>3</sup> A note on notation: When reporting the percent of participants who provided a specific response to a question, we have also included the ratio of the number of respondents who provided that response to the number of participants who chose to respond to that question.



Our analysis of age versus physical/mental health status revealed a couple of key findings. Clients aged 50-59 or 60+ were most likely to report a physical disability (58.8%, 20/34 and 51.7%, 15/29, respectively), while respondents aged 30-39 were unlikely to do so (15.8%, 3/19). Participants between 30 and 39 were more likely than their peers, however, to have a mental health condition (68.4%, 13/19), and clients over 60 were the least likely to have a mental health diagnosis (45.2%, 14/31). The majority of clients aged 40-49 or 50-59 also had a mental health diagnosis (63.0%, 17/27 and 54.5%, 18/33).

## **RACE**

Researchers also explored the relationship between a client's racial identity and various outcomes. Clients of all racial identities were more likely to be unstably housed than stably housed. However, White clients reported the highest rates of homelessness (76.9%, 20/26). Clients who identified as Black or African American were much less likely than White clients to be experiencing homelessness (54.0%, 41/76), as were clients who identified as neither White nor Black/African American (59.1%, 13/22).

Clients who identified as a racial identity other than Black/African American or White were slightly more likely to be working (22.7%, 5/22) than White (15.4%, 4/26) or Black/African American clients (10.5%, 8/76). However, employment rates were low regardless of racial identity, a fact explored further in the Employment section of this report.

An analysis of respondents' sense of belonging according to race revealed some interesting takeaways. Sense of belonging was measured using questions about an individual's sense of support and connection to their social support network. While sample sizes for respondents are small in most racial demographics, White clients reported a higher sense of belonging (average score of 17.1/28 among 20 respondents) than Black/African American participants (average score of 14.9/28 among 63 respondents) or clients who identified with another or mixed identity (average score of 15.5/28 among 13 respondents).

## **DISABILITY AND CHRONIC HEALTH**

Finally, researchers reviewed the relationship between disability status and various outcomes. Clients with a physical disability were less likely to be experiencing homelessness than their peers who had not been diagnosed with a physical disability (54.5%, 30/55 vs 64.3%, 45/70). However, this may speak to the fact that some housing options are reserved for clients with a disability or due to the assistance available to those with Social Security Disability Income (SSDI) or Supplemental Security Income (SSI). No notable differences were found in the housing status of participants with/without a learning, behavioral, or development disability.

Chronic health conditions were included in this analysis as well. Participants without a chronic health condition were slightly more likely (65.9%, 29/44) to be experiencing homelessness than their peers with chronic health conditions (57.0%, 45/79). Additionally, clients with a mental health diagnosis were slightly more likely (64.8%, 46/71) to be experiencing homelessness than their peers without a mental health diagnosis (55.6%, 30/54).

No noteworthy differences were found in the employment status of participants with/without a physical disability or learning, behavioral, or developmental disability. However, clients with a chronic health condition were more likely to be unemployed (91.1%, 72/79) than those without a chronic health condition (77.3%, 34/44).

No notable differences were found in sense of belonging responses by physical, learning/behavioral/development, mental, or chronic health status.

## **HOUSING**

The following section summarizes our analysis of clients' access/barriers to housing and preferences for their ideal living situation. This portion of the survey was split into different question banks for stably and

unstably housed clients, so that clients were not asked irrelevant or insensitive questions. Figures are reported out of total respondents in many cases, rather than the unstably or stably housed subpopulations.

**ACCESS TO SERVICES**

The majority of clients served by Sarah’s Circle during this time were currently experiencing homelessness and/or had experienced multiple periods of homelessness. Of clients receiving SC services who participated in the study, 61.9% (83/134) were currently experiencing homelessness. Among these clients, 66.3% (55/83) had past experience with homelessness, while 25.3% (21/83) did not. Among stably housed respondents, 94.1% reported that they had experienced homelessness in the past (48/51).

Unstably Housed	Past Experience with Homelessness - 66.3% (55/83)
	No Past Experience with Homelessness - 25.3% (21/83)
	Unknown - 8.4% (7/83)
Stably Housed	Past Experience with Homelessness - 94.1% (48/51)
	No Past Experience with Homelessness - 5.9% (3/51)
	Unknown - 0.0%

The majority of stably housed clients were receiving a rental subsidy. Of the 51 clients who were currently housed, almost half were in an apartment or home for which they received a rent subsidy (45.1%, 23/51) and just over 20% were in an apartment or home without a subsidy (21.6%, 11/51).

Of unstably housed clients, the largest single subgroup were sleeping in emergency housing (39.4%, 26/66). Spending the night on CTA/public transit (10.6%, 7/66) or in a combination of locations (10.6%, 7/66) were next-most common responses. The highest number of clients who selected “other” for their current housing situation was tied between “Transitional housing” and “Sarah’s Circle interim housing” (6.1%, 4/66). Three clients indicated that they currently sleep outside (4.5%, 3/66).

Qualitative analyses showed that a number of both stably and unstably housed clients reported staying in transitional housing (29.9%, 40/134) so these numbers might be conflated due to confusion of transitional housing with stable housing. Of these, a majority of respondents cited Sarah’s Circle as their host organization. The second most frequently mentioned was Cornerstone Community Service Center.

**PREFERENCES**

Clients responding to the survey most frequently cited location and safety as the most important characteristics of an ideal living situation. Regardless of whether respondents were currently stably housed, the highest percentages of respondents stated that they preferred that the location of their

housing be close to stores (51.5%, 69/134), health services (35.8%, 48/134), and family and friends (33.6%, 45/134). Clients also indicated that it was important to them that the neighborhood they are living in is safe (52.2%, 70/134) and that their building is secure (37.3%, 50/134).

In line with these preferences, of the few stably housed clients responding to the survey who had reported refusing a housing offer in the past (21.6%, 11/51), respondents most frequently cited a reason for refusal related to location (63.6%, 7/11) or safety (45.5%, 5/11).

There were a few notable differences in the preferences of stably and unstably housed clients. Unstably housed respondents more frequently cited a preference that their housing situation be close to their current job or job opportunities than stably housed clients (34.2%, 27/79 vs. 3.9%, 2/51). Stably-housed participants more frequently cited a preference that their housing be located close to public transportation than unstably housed participants (47.1%, 24/51 vs. 27.8%, 22/79).

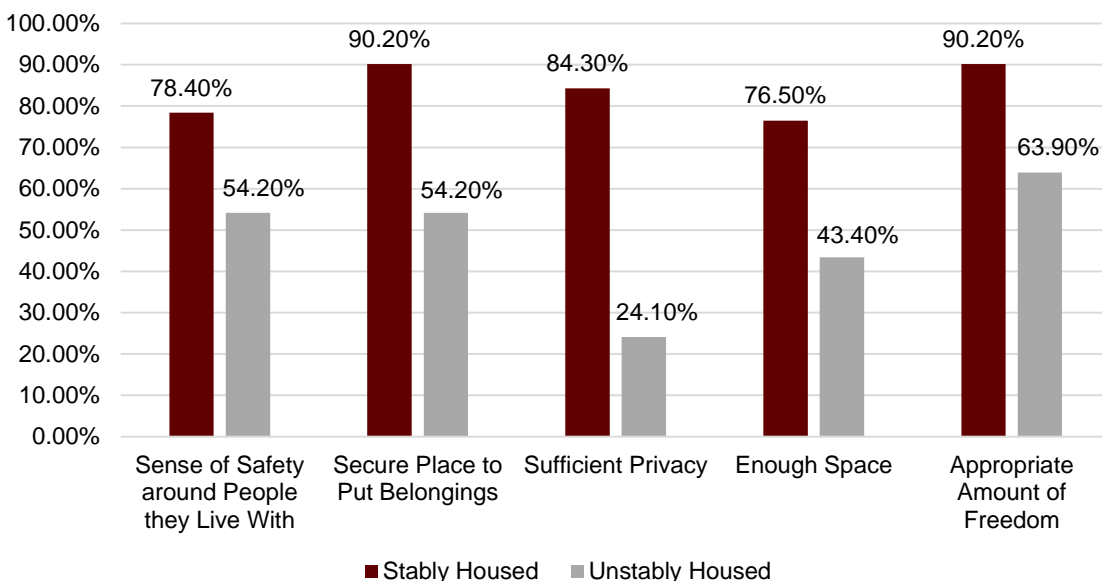
Lower percentages of clients responding to the ideal living situation question cited amenities, visitation policies, and the ability either to live alone or with a partner or children. Very few clients cited having either a strict visitation policy (e.g. all guests must sign in) (1.5%, 2/134) or a relaxed visitation policy (e.g. overnight guests are allowed) (4.5%, 6/134) as one of the five characteristics that are most important to them in an ideal living situation. Similarly, very few clients cited amenities like the availability of furniture (6.0%, 8/134) or in-house medical care (1.5%, 2/134) as one of the five most important aspects of a living situation. Relatively low percentages of clients cited the ability to either live alone (9.7%, 13/134) or with a partner and/or children (9.0%, 12/134) as one of the most important aspects of their ideal living situation. However, stably housed clients were more likely to cite the ability to live alone as being one of the most important characteristics of their ideal housing than unstably housed clients (19.6%, 10/51 vs. 3.8%, 3/79).

#### **BARRIERS AND EXPERIENCES BY DEMOGRAPHICS / OTHER CHARACTERISTICS**

A high percentage of clients responding to the survey (81.4%, 105/129) have been placed on a waitlist for housing in the past. Of these, slightly over half had been on one or two waitlists (53.8%, 56/104). A significant number, however, had been on between three and twenty waitlists (46.2%, 48/104). In the most recent instance of having been placed on a waitlist, over 50% of respondents indicated having been on a waitlist for more than a year (55.6%, 55/99), with almost a quarter of this subgroup reporting that they had been on the waitlist for more than 5 years (21.2%, 21/99). A higher percentage of stably housed clients than unstably housed clients (73.8%, 31/42 vs. 42.1%, 24/57) report that their most recent instance of being placed on a waitlist lasted for longer than a year.

With respect to their current living situation, the majority of clients responding to the survey—whether stably or unstably housed—stated that they were satisfied on four of five characteristics: proximity to necessary stores (83.2%, 109/131), proximity to health services (73.3%, 96/131), safety of the neighborhood (60.9%, 78/128), and security of building (if applicable) (69.0%, 89/129). It is worth noting that unstably housed clients cited slightly lower satisfaction rates on all four characteristics, particularly safety of the neighborhood (53.2%, 42/79 vs. 73.5%, 36/49 for stably housed) and security of building (64.6%, 51/79 vs. 76.0%, 38/50 for stably housed). Fewer than half of clients responding to the survey stated that their current living situation was close to family and friends (40.5%, 53/131).

## Satisfaction with Current Housing Situation



However, lower percentages of unstably housed clients were satisfied with characteristics of their housing situation that are critical to meeting basic safety and privacy needs, such as having a sense of safety around people they live with (57.0%, 45/79 vs. 85.1%, 40/47 of stably housed), a secure place to put belongings (56.3%, 45/80 vs. 90.2%, 46/51 of stably housed), sufficient privacy (25.0%, 20/80 vs. 86.0%, 43/50 of stably housed), enough space (45.0%, 36/80 vs. 76.5%, 39/51 of stably housed), and an appropriate amount of freedom (67.1%, 53/79 vs. 90.2%, 46/51 of stably housed). These unstably housed clients generally did not report that they felt safe or believed they could trust the people in their immediate environment.

The majority of unstably housed respondents identified their inability to pay rent as a significant barrier to accessing stable housing (67.3%, 35/52). A significant number also identified an inability to pay a security deposit or move-in fee (32.7%, 17/52), bad credit (21.2%, 11/52), or the quality or safety of the neighborhood (19.2%, 10/52), as significant barriers. Past evictions (15.4%, 8/52), a lack of knowledge about how to pay for housing (13.5%, 7/52), and a criminal record (11.5%, 6/52) were also common concerns. Among stably housed respondents who indicated a past difficulty in securing housing (58.8%, 30/51), almost three quarters identified an inability to pay rent as a former barrier (70.0%, 21/30). Other common concerns included an inability to pay the security deposit (53.3%, 16/30), no knowledge of how to apply for housing (46.7%, 14/30), bad credit (43.3%, 13/30), ability to pay utilities (40.0%, 12/30), and physical health challenges (40.0%, 12/30).

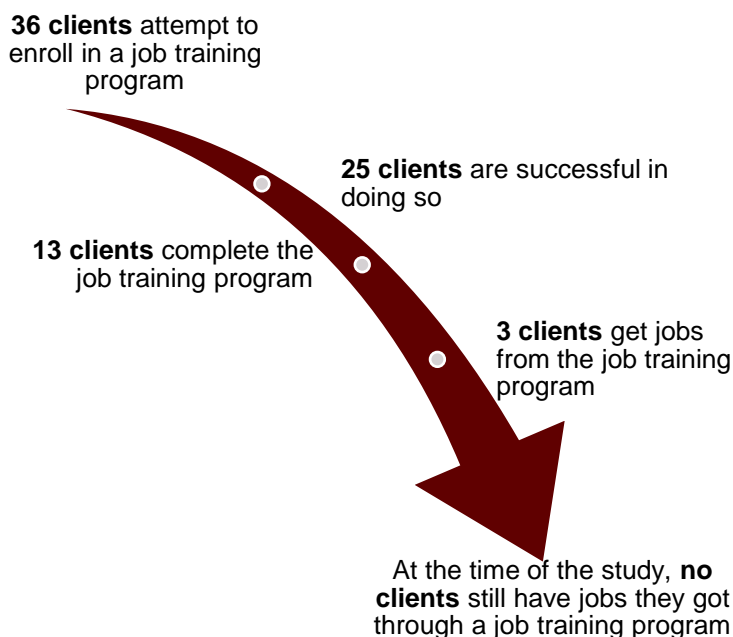
## EMPLOYMENT

The following section summarizes our analysis of clients' access/barriers to employment and preferences for their ideal employment.

### ACCESS TO SERVICES

The majority of survey respondents do not currently work for pay (86.2%, 112/130 vs. 13.8%, 18/130). However, higher percentages of unstably housed respondents (20.3%, 16/79) reported working for pay than stably housed participants (3.9%, 2/51). Of respondents who reported working for pay, the vast majority had one job (88.9%, 16/18); about half of these clients work in a part-time capacity (20-32 hours per week) and 20% work full-time (35—40 hours per week).

Of survey respondents who were employed at the time of taking the survey (13.8%, 18/130), no participants were earning more than \$1500/month, and almost half were making \$500 or less/month. These respondents most often indicated that they found their current job through informal networks, such as references from family, friends, or others (44.4%, 8/18), or independent job search resources, such as newspaper ads, help wanted signs, or internet job postings (44.4%, 8/18). When explaining the importance of networks, one client stated that “help from people” was integral in her finding a job: “Sometimes people know people. I used to work for the Department of Defense, and I knew someone who knew someone.”



Comparatively few respondents indicated that they used caseworkers (16.7%, 3/18), state employment services (5.6%, 1/18), or private job referral agencies (5.6%, 1/18) to find their current position. Notably, no respondents reported finding their current job through a job training program.

The majority of survey respondents (58.2%, 78/134) reported some additional sources of non-employment income (64.7%, 33/51 for stably-housed vs. 57.0%, 45/79 for unstably-housed). Supplemental Nutritional Assistance Program (SNAP) (59.0%, 46/78), Supplemental Security Income (SSI) (55.1%, 43/78), Social Security Disability Income (SSDI) (19.2%, 15/78), and retirement contributions (14.1%, 11/78) were the most common sources of additional income. Additionally, 12.8% (10/78) of respondents reported income from side jobs, borrowing money/loans, and/or other miscellaneous sources. Income from non-employment sources fell between \$700 - \$799/month for most clients (44.3%, 31/70). Stably housed clients reported receiving over \$900 from non-employment sources (24.1%, 7/29) more often than unstably housed clients (4.9%, 2/41), while higher percentages of unstably housed clients (22%, 9/41) than stably housed respondents (6.9%, 2/29) reported receiving comparatively low levels of support (\$199 or less) from other sources of income.

## PREFERENCES

Survey respondents highly value access to basic benefits and autonomy in an ideal job, with the highest percentages of respondents most frequently citing paid vacation days (45.6%, 57/125), health insurance subsidized by employer (41.6%, 52/125), paid sick days (38.4%, 48/125), and the ability to set their own schedule (38.4%, 48/125) as the most important characteristics of an ideal job. Unstably housed clients were more likely to cite the ability to work full-time (48.0%, 36/75 vs. 28.0%, 14/50 of stably housed clients) and opportunities for promotion (32.0%, 24/75 vs. 18.0%, 9/50 of stably housed clients) as one of

the most important characteristics of an ideal job, while stably housed clients were more likely to cite that the job not require physical labor (30.0%, 15/50 vs. 16.0%, 12/75 of unstably housed clients) as one of the most important characteristics of their ideal job.

A number of survey respondents expressed an interest in positions that would allow them to provide care or services for other people. Twenty clients reported that their dream job is in the field of healthcare, primarily in nursing or home care (16.8%, 20/119). Nine clients stated that they would like to be employed in the social service sector as case managers (7.6%, 9/119). Eleven clients would like to work in the culinary industry, primarily as chefs (9.24%, 11/119). Five would like to engage in home services such as cleaning or working as a nanny (4.2%, 5/119). Seven clients would like a job opportunity in the justice system, such as through a position as a police officer or court reporter (5.95%, 7/119).

Other commonly cited positions include working in a job in the fine arts (10.9%, 13/119), doing administrative work or work in an office setting (8.4%, 10/119), being in a leadership position or starting their own business (8.4%, 10/119), and working in sales (4.2%, 5/119).

Within given industries, clients also specified wanting to work with specific populations. Eight showed an interest in working with children (6.7%, 8/119). Another five wanted to work with the elderly (4.2%, 5/119), while two would like to work with animals (1.7%, 2/119).

#### **BARRIERS AND EXPERIENCES BY DEMOGRAPHICS / OTHER CHARACTERISTICS**

Over half of survey respondents report having struggled to get a job now or in the past (58.9%, 76/129). Among these participants, insufficient educational attainment, certification, or skills required for the job (59.2%, 45/76), physical health issues (34.2%, 26/76), and mental health concerns (31.6%, 24/76) were often cited as barriers to employment. Notably, more than half of clients (60.5%, 46/76) cited some kind of transportation issue as a barrier, whether transportation to/from jobs or to/from interviews (32.9% 25/76 and 27.6%, 21/76 respectively). Another commonly cited barrier for accessing employment was the experience of homelessness itself, which poses a number of logistical challenges, such as having no address to cite or no way to print out a resume (25.0% 19/76). Clients also reported that lacking appropriate clothes (25.0%, 19/76), having a criminal record (19.7%, 15/76), and lacking required documentation such as a state-issued ID (13.2%, 10/76) were significant barriers to employment.

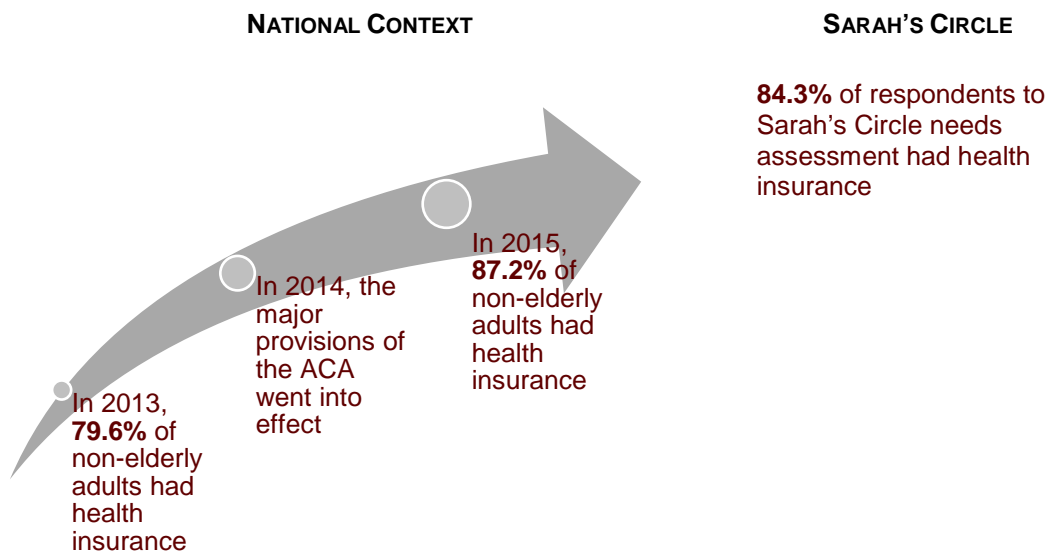
However, when participants were asked how they had gotten jobs in the past, a higher number of clients reported that it was because they had met the basic qualifications for the job (28) and/or because they had good work histories with related experience (23) than the number of clients who cited that lacking skills was a barrier to employment (17). In addition, 11 clients noted that their educational levels helped them obtain jobs in the past (vs. 28 who cited this as a barrier to getting a job). Other respondents cited having a strong work ethic (11) or a positive personality (10) as reasons they were able to secure a job in the past. Twenty clients attributed success in finding past jobs to strong communication skills or interview preparation.

Survey respondents did not report success utilizing job training programs to secure or retain jobs. About a quarter of respondents reported having tried to enroll in a job training program in the past two years (26.9%, 36/134). Of these clients, 25 (69.44%, 25/36) were able to successfully enroll in the program. The respondents who were not able to successfully enroll cited transportation challenges as the primary reason over half the time (54.5%, 6/11). Another 27.3% respondents indicated that they were not eligible for the job training program (3/11). Of the 25 clients who were able to enroll, a little over half (52%, 13/25) completed the program. Among those who did not complete the program, two indicated that they had been hospitalized. At the time of the survey, two clients were in a program that had not yet begun. Another client reported that, "The program was shutting down. Was able to complete a resume before it closed." Of the three clients who completed a job training program and successfully found employment, none were still employed in the same job at the time of taking the survey, less than two years later.

#### **HEALTHCARE**

The following section summarizes our analysis of clients' access/barriers to healthcare, current health status, and preferences for healthcare.

## ACCESS TO SERVICES



The majority of respondents are covered by a health insurance plan or program (88.3%, 113/128 vs. 11.7%, 15/128, respectively), as compared to Pre-Affordable Care Act estimates from 2009 that note that an estimated 40% of women experiencing homelessness are uninsured.<sup>xviii</sup> Participants reported that their insurance covered doctors/specialists (96.3%, 104/108), medication (92.6%, 100/108), emergency room visits (88.0%, 95/108), and testing (86.1%, 93/108). Further, 75% (81/108) of participants reported that their insurance covered mental health treatment. Fewer participants reported coverage for contraceptives, co-pays, addiction treatment, or holistic medical care. However, it is unclear at this time if this is due to lack of coverage for these services or lack of participant use of these services.

## PREFERENCES

Respondents additionally noted overwhelming satisfaction with their medical provider for both stably and unstably housed clients (69.1%, 76/110 very satisfied for all respondents.)

## BARRIERS AND EXPERIENCES BY DEMOGRAPHICS / OTHER CHARACTERISTICS

A little under half (44.0%, 55/125) of participants had been diagnosed with a physical disability, and unstably housed clients were slightly less likely (40.0%, 30/75) than stably housed clients (50.0%, 25/50) to have been diagnosed with a physical disability. Furthermore, unemployed participants are more likely to have a physical disability than employed participants. Finally, most participants reported a chronic health condition (64.2%, 79/123), with unemployed respondents comprising the majority of those with a chronic health condition.

## SENSE OF BELONGING

The following section summarizes our analysis of clients' sense of belonging or community engagement. Sarah's Circle provides. This section also summarizes clients' current participation in community groups.

## ACCESS TO SERVICES



Clients' sense of belonging in services was analyzed using a seven-item scale that assessed the degree to which respondents' relationships provide social support. The items were scored on a four-point rating system from "strongly agree" (1) to "strongly disagree" (4). The items were summed, and reverse coded as necessary, to obtain a composite score. Scores could range from 8 - 28. Higher scores indicate stronger social supports at the time the survey was conducted. Nearly a quarter of respondents (23.8%, 24/101) had a composite score of 16, a mid-range score. No respondents indicated a score of eight, the lowest possible score. When cross-referenced with figures from a similar study on sense of belonging for housed and unhoused individuals, this score was slightly below but consistent with the mean reported for social integration (18.54 for 341 respondents).<sup>xix</sup>

Further analysis of sense of belonging by stably housed versus unstably housed clients found no substantial differences in sense of belonging, nor did analysis by number of reported children.

Half of the clients who said that they regularly participate in community groups do so through homeless service providers. The majority of these individuals access activities or events at Sarah's Circle. When discussing their use of Sarah's Circle services, one client stated:

"When I came to Sarah's Circle, they had resources, social workers to help you find housing and relocate you. When I came here, there were a lot of resources that were here, everything was right here. There was housing day and I filled out all these applications and that's how I got housing. When I came I had something to eat. There was television and you can get some clothes and take a shower. I thought that was great. You have somewhere to go and take care of a lot of things in one shot...They have everything for the soul."

Outside of Sarah's Circle, ten clients surveyed participated in a range of activities offered through other service providers for those experiencing homelessness, including the Ezra multi-service center, Heartland Alliance, Inspiration Kitchen, Mercy Housing, Near North, Northside Housing, and ONE North Side. The proximity of organizations clients are engaged with is a positive sign that clients are accessing the homeless service network in and around Sarah's Circle.

20.2% (23/114) of clients said they are involved with faith-based activities. Twenty-two clients are involved in religious organizations (i.e. attending regular services, volunteer opportunities at the houses of worship). Another 7.0% (8/114) are involved in local government activities including CAPS (Chicago Alternative Policing Strategy), the Chicago Housing Authority and aldermanic events. Seven clients are involved in their building leadership and regularly attend tenant council meetings.

## **PREFERENCES**

Currently 11.4% (13/114) of clients participate in community programs that incorporate artistic activities in some capacity. Another 16.5% (18/109) stated that their ideal community group would incorporate artistic expression. Of these, seven clients desired more cultural experiences through Sarah's Circle (i.e. concerts, plays, etc.)

"I wish someplace offered free walking tours of Chicago. Who built this building downtown? Who made this skyscraper? Architecture tours, and history of the city. Homeless clients would love to know about that. How does City Hall really work?"

Approximately seven percent (8/109) of clients seek mental health support groups. Clients discussed both wanting to manage their own mental illness and/or seeking knowledge on how to best serve loved ones or people in their immediate circles who need mental/emotional care.

Only 5.3% (6/114) of clients volunteered that they frequently engage in physical activity, citing walking most often. However, participants were not asked explicitly about exercise. Eleven percent (12/109) of respondents indicated that they wished they were involved in an exercise group. One client stated,



"I'd love to take a class on nutrition, and know more, not just about which foods to eat and to avoid, but why eating well is important, what it actually does in the body."

Eighteen percent of respondents indicated an interest in becoming more involved in addressing social issues in their communities. Even though only 3.5% (4/114) of clients are currently involved in volunteer work, 10.5% (12/114) of clients indicated that their ideal community groups would involve volunteering opportunities. Of these clients, three would specifically like to work with those experiencing homelessness. Another three want to work with children. Three expressed an interest in volunteering in a healthcare setting. Two are currently involved in political activity, while five clients expressed an interest in becoming involved with local political activism. Another three spoke of wanting to attend more community-sponsored events including "walk-a-thons" more generally.

## **BARRIERS AND EXPERIENCES BY DEMOGRAPHICS / OTHER CHARACTERISTICS**

The majority of respondents indicated that they had not been unwilling or unable to attend a community meeting/activity in the past 12 months (59.5%, 75/126). Of those who stated that they had been unable or unwilling (26.2%, 33/126), the most common reasons provided were that they did not want to/did not feel like going and mental health concerns (31.0%, 9/29 and 31.0%, 9/29). Other reasons included that the community meeting/activity was at an inconvenient time, personal fear, and physical health problems (27.6%, 8/29 each).

Most clients who indicated that they were not currently involved in community groups were unstably housed (78.3%, 18/23). Notably, 32 clients said they had no ideal community group. Eight other clients stated they did not know what resources are available to them. One client said, "If I knew what they were, I would participate."

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