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ARTICLE

Waiting for shelter: Perspectives on a homeless shelter's procedures

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Abstract

Research on homeless shelter implementation is limited. Some shelters have lengthy waitlists, which raises important questions about implications of waitlists for individuals with immediate shelter needs. This study used qualitative methods to understand the experiences of shelter seekers who were on a shelter waitlist (N = 59), including individuals who entered the shelter from the waitlist, and those removed from the shelter waitlist for procedural reasons. The average waitlist time was nearly 3 weeks, and 22.0% stayed at least one night on the street or another public place while on the waitlist. Responses to open-ended questions regarding barriers and effectiveness of the shelter referral procedures revealed 4 themes: procedural challenges, procedural benefits, benefits of the temporary stay, and communication challenges. Further research is needed to inform shelter implementation on a larger scale in accordance with current community-wide efforts to coordinate shelter services.

In recent years, the United States has seen a shift in homeless service policy toward an emphasis on permanent housing interventions in lieu of emergency shelters. Yet, for individuals experiencing homelessness, shelters are a key point of entry into engagement with services to support housing placement (Culhane, Metraux, & Byrne, 2011; Dickson-Gomez, Convey, Hilario, Corbett, & Weeks, 2007). As the demand for permanent housing options continues to exceed supply, access to emergency shelter remains necessary for individuals who face lengthy waitlists for subsidized housing programs. However, the availability of shelter beds is also often insufficient to meet the need. Indeed, nearly one third of individuals experiencing homelessness in the United States stay in unsheltered locations on a given night (U.S. Department of Housing and Urban Development, 2016). The dearth of shelter beds has led organizations and communitywide initiatives to implement an array of strategies to allocate shelter services.

At their most basic level, emergency shelters offer a temporary or transitional place for individuals to sleep when alternative options are unavailable (U.S. Department of Housing and Urban Development, n.d.), although meals, case

management, and other services to support housing and employment gains are also often provided in conjunction. Navigating access to shelter services can be challenging due to structural barriers and variations in shelter implementation practices across providers (Culhane, 1992; Murphy, 2009). For instance, a case study of homelessness services and policy in San Francisco, California, identified several obstacles to shelter, including a lack of available beds, prioritization of beds to certain populations, and the time commitment necessary to reserve or wait in line for a bed (Murphy, 2009).

The process of bed assignment may create additional barriers to shelter access. Some emergency shelters assign beds on a nightly basis, which often involves selecting guests at random using a lottery system (e.g., Frischmuth, 2014). Other shelters offer temporary stays of 1 week to 90 days, and individuals are placed on a waiting list until a bed becomes available (e.g., City and County of San Francisco, n.d.; Murphy, 2009).

There are potential benefits of offering longer term, temporary, shelter stays of one week to three months for individuals experiencing homelessness, such as reducing the daily burden of shelter seeking. However, limitations of such an approach may exist. For example, one homeless Continuum of Care (CoC) reported a 2- to 4-week waitlist for shelter entry (Ramsey County, 2015). Further, some CoCs have procedures individuals must follow in order to remain on the shelter waitlist or locate their status on the waitlist. For instance, one CoC requires individuals or families to call weekly during set hours (Ramsey County, n.d.), while another requires them to check a website regularly in order to remain on the waitlist (City and County of San Francisco, n.d.). Such procedural requirements may reduce shelter accessibility among individuals who are the most vulnerable with urgent shelter needs.

Lipsky (2010) articulated several pitfalls of waitlists in social services. The extent to which waitlists "weed out" those who are no longer in need of services is unclear. It is possible that some individuals in need may not have the time to wait or resources needed to follow procedures (Lipsky, 2010). Waitlists and accompanying procedures may, in fact, disproportionately impact those with high service needs. A delay in service provision was found to be a significant barrier to service utilization in the homeless population, particularly among those with serious mental illness (Rosenheck & Lam, 1997). Over two-thirds individuals experiencing chronic homelessness in the United States sleep in unsheltered locations (U.S. Department of Housing and Urban Development, 2016). Although the reasons vulnerable individuals sleep outside of shelters are multifaceted, Lipsky argues that the implementation of waitlists by direct service providers, or "street-level bureaucrats," may limit access for some individuals. For example, the use of discretion among providers can influence whether waitlists are administered on a truly first-come, first-served basis. Less overt practices by service providers may include outreaching particular individuals on a waitlist more assertively than others or not disseminating information about services equally among all individuals on a waitlist (Lipsky, 2010).

There is a paucity of research on shelter implementation methods and their influence on shelter accessibility. It is currently unclear whether shelters offering temporary stays with accompanying waitlist procedures affect individuals' ability to access shelter. Further, research has not yet examined how temporary shelter stays affect the shelter environment. Finally, it is important to explore individuals' support seeking and sleeping locations while on shelter waitlists to determine the extent to which alternative options are utilized.

This study examined the effectiveness and the barriers of shelter procedures from the perspectives of shelter seekers in the context of a homeless shelter offering 90-day shelter beds assigned via a waitlist. To gain a breadth of perspectives on the shelter procedures, a qualitative analysis of open-ended survey questions was conducted for three groups of shelter seekers at a homeless service provider: (a) those who entered the shelter from the waitlist who gained rapid access; (b) those who entered the shelter from the waitlist who experienced longer waiting periods; and (c) those who were referred to the shelter but were removed from the waitlist for procedural reasons. In addition, information regarding the waitlist length, reasons for being removed from the waitlist, utilization of natural supports, and living situations of individuals while on the waitlist was collected.

1 | METHOD

1.1 | Setting

This study was conducted at a shelter for individuals experiencing homelessness operated by a large homeless service provider in a midsize Northeastern city.[1] The organization provided an array of services to meet the needs of people experiencing homelessness, including street outreach, case management, veteran's services, and employment services. Beyond shelter services for both the single adult population and families, the organization provided permanent supportive housing and rapid re-housing opportunities for eligible clients. The agency was the largest provider of supportive housing and other support services in the city, but the shelter had fewer beds than others. The shelter operated 24 hours per day, 7 days per week, and provided beds for up to 16 men and 24 women experiencing homelessness each night. Individuals staying in the shelter slept in dormitory-like settings separated by gender. Shelter guests were unable to stay in the shelter during the daytime unless engaged in programming delivered onsite. Approximately five paraprofessional resident assistant staff supported the shelter in the afternoon and evenings. During the day, an average of four paraprofessional staff, under the supervision of two professional staff, provided residents with case management and other services.

1.2 | Waitlist procedures

Individuals seeking services were self-referred to the shelter or were referred by a service provider (e.g., mental health or substance abuse treatment, homeless outreach). Upon referral, individuals participated in a screening to determine their housing needs, and shelter diversion options were discussed with prospective clients. Following the screening, individuals in need of shelter were placed on a first-come, first-served waitlist and were required to call the shelter weekly to maintain their status on the waitlist. Once a bed became available, the individual at the top of the waitlist was contacted by phone. However, those referred from the local hospital with acute medical concerns may have received priority for shelter and bypassed the waitlist.

Individuals were removed from the waitlist and no longer eligible for a bed for the following procedural reasons: (a) they did not call at least once a week, (b) they declined a bed when one became available, or (c) they did not answer their phone or claim their bed within 24 hours of a bed being offered. Individuals who were removed from the waitlist were able to re-refer to the shelter at any time and be re-added to the end of the waitlist. Individuals entering the shelter could remain there for up to 90 days, and after completing a stay were ineligible to return for 90 days. Shelter guests were assigned a case manager and had access to a range of services offered through the provider to help them achieve goals related to housing, employment, and engagement with mental health and primary care. Participation in services was not required.

1.3 | Participants

Two groups of participants ($N = 59$) were recruited from the waitlist of the shelter. The first group comprised clients who obtained a shelter bed from the waitlist ($n = 46$), herein referred to as the "Shelter" group. The second group, referred to as the "No Shelter Waitlist" group ($n = 13$), comprised individuals who were placed on the waitlist but subsequently removed from the waitlist for one of the three above-mentioned procedural reasons and were not staying at the shelter at the time of study enrollment. Participants in the Shelter group varied in the amount of time spent on the waitlist prior to entering shelter. A median-split of the number of days on the waitlist (*median* = 14 days) was used to separate the Shelter group into "Brief Wait" ($n = 23$; < 14 days on the waitlist) and "Long Wait" ($n = 23$; > 14 days on the waitlist) subgroups to better understand how length of stay on the waitlist may have influenced experiences with the shelter procedures. Thus, analyses occurred for three groups: Brief Wait, Long Wait, and No Shelter Waitlist groups.

[1] Some shelter operations have changed since the study was conducted, so the policies and procedures implemented at the time of the study are described here in past tense.

Participants in the Brief Wait and Long Wait groups were on the waitlist an average of 2.74 days (*standard deviation* [*SD*] = 4.05; *range* = 0–13) and 35.52 (*SD* = 17.53; *range* = 15–17) days, respectively, before entering the shelter. Those in the No Shelter Waitlist group were on the waitlist an average of 20.67 (*SD* = 11.87; *range* = 8–42) days until they were removed from the waitlist. Participants in the No Shelter Waitlist group self-reported the following reasons for removal from the waitlist: forgetting to call, no access to a phone, lack of knowledge that calling was required, declining a bed because they had another place to stay or were looking for services elsewhere, an inability to "handle the process," and not receiving a response from the shelter after calling about a bed.

1.4 | Measures

Participants were administered a survey in interview format to collect demographic information (age, gender, employment status, income, etc.) and homelessness history. Further, participants self-reported the presence of each of the following disabling conditions: mental illness, medical illness, physical disability, or substance use issue. In order to assess participants' use of natural supports, both groups were asked, "Where have you stayed since you were referred to the shelter?" (e.g., street, friend's house, hospital), and "How many times did you reach out to friends and family for a place to stay since your shelter referral?" Participants were asked open-ended questions regarding the shelter procedures (e.g., "What barriers did you find when using the referral-based system?" and "What is your overall opinion of the effectiveness of the shelter referral system?"). The No Shelter Waitlist group was asked "What is the primary reason you were unable to stay on the shelter waiting list?" and participants in the Shelter group were asked, "If you could not stay at [shelter provider] tonight, where would you go?"

1.5 | Procedures

The study procedures were approved by the DePaul University institutional review board. Shelter staff generated two lists on a weekly basis that included names and contact information of eligible participants. The first list included names of those who received and accepted a shelter bed within the previous week (i.e., Shelter group), and the second included those who were removed from the waitlist within the previous week (i.e., No Shelter Waitlist group). Shelter group participants were recruited in person at the shelter, and No Shelter Waitlist group participants were recruited by phone. The duration of time on the waitlist was computed by subtracting the date individuals were placed on the waitlist from the date they either entered the shelter or the date they were removed from the waitlist.

Contacting individuals in the No Shelter Waitlist group was hindered because many phone numbers on record were inactive. As such, only a minority of eligible No Shelter Waitlist group participants (less than 10%) were reached, and it is likely that our sample is not representative of the larger group of individuals who were removed from the shelter waitlist. The survey was administered in a private office at the homeless service provider agency. Participants received a $10 restaurant gift card as an honorarium.

1.6 | Analysis

Chi-square and analysis of variance (ANOVA) were used to examine differences in sociodemographic factors between those in the Brief Wait, Long Wait, and No Shelter Waitlist groups. Because participant groups were based on waitlist length, living situations and support seeking were not independent of group assignment (i.e., those in the Brief Wait group had fewer opportunities to reach out for support and to stay in multiple settings). Thus, only descriptive statistics were computed for these indicators.

Thematic analysis (Braun & Clarke, 2006) was used to interpret responses to open-ended questions about shelter procedures. A Microsoft Word document containing only open-ended responses was used for analysis. Two independent coders conducted the qualitative data analysis. In the first step, each coder independently read and re-read data for familiarization. Through the data familiarization process, coders noted overlap of ideas across groups as well as the

two open-ended questions—one related to shelter barriers, one related to effectiveness. As such, data were analyzed and reported together regardless of group and open-ended question.

The second step involved coding the data, which was an iterative process of grouping similar responses together and identifying and naming "meaningful segments" (Creswell, 2013, p. 180). Codes were then used to create themes, or higher level categories forming a single idea (Creswell, 2013). Theme identification was based on observing patterns across participants; therefore, comments that were inconsistent across participants or reported by one individual were excluded (Hill, Thompson, & Williams, 1997). Next, codes, subthemes, and themes emerging from the responses were compared, and coders discussed discrepancies until agreement in thematic categories, the thematic hierarchy, and naming was reached. The identified thematic hierarchy was used to re-code the data by group.

The frequencies of themes and subthemes emerging across groups were calculated. Themes and subthemes endorsed by at least two participants are reported. Because there are no set rules regarding number of times a code must be endorsed to "count" as a theme, qualitative methodologists call for flexibility and decision making based on the context of the study (Braun & Clarke, 2006; Ryan & Bernard, 2003). Because of the short answer nature of the data, setting a low benchmark for frequency of theme endorsement allowed for a more accurate representation of the variety of comments made by participants. As such, thematic prevalence is noted to provide an overview of the data rather than argue for the importance of themes. Differences in theme endorsement by group are noted in the findings.

2 | RESULTS

Table 1 displays the sociodemographic characteristics of the sample. The average age was 47.2 years, and 52.5% were female. Participants were diverse in terms of race/ethnicity; 66.1% were black/African American, 28.8% white/European American, and 5.1% endorsed another racial/ethnic or multiethnic background. A significant gender difference across groups was found, χ^2 (2, $N = 59$) = 18.41, $p < .001$, with those in the Brief Wait group having the greatest proportion of women. A significant difference across groups was revealed for having an income from retirement, veterans' benefits, or alimony, χ^2 (2, $N = 59$) = 16.06, $p < .001$. Those in the No Shelter Waitlist group had the greatest proportion of participants receiving all or some of their income from these sources.

2.1 | Alternatives to the shelter

Table 2 presents descriptive statistics regarding the places individuals in the three groups stayed while on the shelter waitlist, as well as their frequency of seeking a place to stay from friends and family. Staying in a different shelter was the most common living situation while on the waitlist across groups. A greater proportion of the No Shelter Waitlist participants stayed with friends and family in relation to the two Shelter groups, and they reached out to friends and family for a place to stay an average of 4.08 times.

Among the 46 participants in the two Shelter groups, 17 (37.0%) indicated they would stay on the street or another public place if they were unable to stay at the shelter that night. Thirteen (28.3%) participants reported they would stay with friends or family, and 7 (15.2%) stated they would stay in a different shelter. Seven (15.2%) participants would stay at a hospital or emergency department. Finally, two (4.3%) participants stated they would stay at a hotel or motel, or another location.

2.2 | Qualitative findings

Responses to open-ended questions yielded four superordinate themes regarding the referral and waitlist process: *procedural benefits*, *procedural challenges*, *benefits of certainty about length of stay*, and *communication challenges*. Themes were categorized as either benefits (Table 3) or challenges (Table 4) associated with the shelter procedures. The frequencies of subtheme endorsement are reported for the Brief Wait ($n = 23$), Long Wait ($n = 23$), or No Shelter Waitlist ($n = 13$) groups in Tables 3 and 4.

TABLE 1 Participant Sociodemographics

	Total $N = 59$	Brief Wait $n = 23$	Long Wait $n = 23$	No Shelter Waitlist $n = 13$
Age *M* (*SD*)	47.24 (9.98)	46.00 (12.28)	47.83 (8.42)	48.39 (8.35)
Gender[a] *n* (%)				
Female	31 (52.5)	20 (87.0)	6 (26.0)	5 (38.5)
Male	28 (47.5)	3 (13.0)	17 (74.0)	8 (61.5)
Race/Ethnicity *n* (%)				
Black/African American	39 (66.1)	15 (65.2)	13 (56.5)	11 (84.6)
White/European American	17 (28.8)	7 (30.4)	8 (34.8)	2 (15.4)
Other race/ethnicity	3 (5.1)	1 (4.3)	2 (8.7)	0 (0.0)
Has child(ren) *n* (%)	42 (71.2)	14 (60.9)	18 (78.3)	10 (76.9)
Marital Status *n* (%)				
Never Married	33 (55.9)	12 (52.2)	14 (60.9)	7 (53.8)
Divorced/Separated/Widowed	21 (35.6)	8 (34.8)	7 (30.4)	6 (46.2)
Married/Partnered	5 (8.5)	3 (13.0)	2 (8.7)	0 (0.0)
Education *n* (%)				
Less than high school diploma	14 (23.7)	7 (30.4)	4 (17.4)	3 (23.1)
High school diploma/GED	22 (37.3)	9 (39.1)	8 (34.8)	5 (38.4)
Some college	13 (22.0)	3 (13.0)	7 (30.4)	3 (23.1)
Associate's degree/Vocational school	6 (10.2)	3 (13.0)	1 (4.3)	2 (15.4)
Bachelor's degree	3 (5.1)	1 (4.3)	2 (8.7)	0 (0.0)
No education information available	1 (1.7)	0 (0.0)	0 (0.0)	0 (0.0)
Employment status *n* (%)				
Unemployed	50 (84.7)	20 (87.0)	20 (87.0)	10 (76.9)
Employed part-time	8 (13.6)	3 (13.0)	3 (13.0)	2 (15.4)
No employment information available	1 (1.7)	0 (0.0)	0 (0.0)	1 (7.7)
Currently seeking employment *n* (%)	38 (64.4)	17 (74.0)	14 (60.9)	7 (53.8)
Income *n* (%)				
No income	28 (47.5)			
Disability income	6 (10.2)	3 (13.0)	1 (4.3)	2 (15.4)
Earned income	8 (13.6)	3 (13.0)	2 (8.7)	3 (23.1)
Other income[a]	22 (37.3)	6 (26.0)	5 (21.7)	11 (84.6)
Self-reported disabling conditions *n* (%)				
Mental health	40 (67.8)	16 (69.6)	14 (60.9)	10 (76.9)
Chronic illness	31 (52.5)	12 (52.2)	13 (56.5)	6 (46.2)
Physical disability	22 (37.3)	9 (39.1)	7 (30.4)	6 (46.2)
Substance use	13 (22.0)	4 (17.4)	5 (21.7)	4 (30.8)
Chronically homeless *n* (%)	24 (40.7)	8 (34.8)	9 (39.1)	7 (53.8)

Note. M = mean; SD = standard deviation.
[a]Significant difference between groups at $p < .001$.

2.2.1 | Procedural benefits

Themes and subthemes indicative of both benefits and challenges of the shelter procedures emerged. Regarding the theme procedural benefits, participants in the Brief Wait and Long Wait groups endorsed the subtheme rapid access

TABLE 2 Participant Living Situations and Support Seeking While on the Waitlist

	Total $N = 59$	Brief Wait $n = 23$	Long Wait $n = 23$	No Shelter Waitlist $n = 13$
Number of different places stayed while on the waitlist *n* (%)				
1	38 (64.4)	19 (82.6)	16 (69.6)	3 (23.1)
2	14 (23.7)	4 (17.4)	5 (21.7)	5 (38.5)
≥ 3	7 (11.9)	0 (0.0)	2 (8.7)	5 (38.5)
Places participants stayed while on the waitlist *n* (%)				
Shelter	35 (59.3)	16 (69.6)	11 (47.8)	8 (61.5)
Friend's home	21 (35.6)	5 (21.7)	9 (39.1)	7 (53.9)
Family's home	17 (28.8)	3 (13.0)	7 (30.4)	7 (53.9)
Street or other public place	13 (22.0)	2 (8.7)	4 (17.4)	7 (53.9)
Hospital or treatment facility	5 (8.5)	2 (8.7)	3 (13.0)	0 (0.0)
Transitional housing	2 (3.4)	0 (0.0)	1 (4.3)	1 (7.7)
Motel	1 (1.7)	0 (0.0)	1 (4.3)	0 (0.0)
Jail	1 (1.7)	0 (0.0)	1 (4.3)	0 (0.0)
Number of times reached out to family and friends for a place to stay since referral to shelter *M* (*SD*)	1.83 (2.49)	0.78 (1.28)	1.61 (2.27)	4.08 (3.15)

Note. M = mean; SD = standard deviation.

to shelter. One Long Wait group participant stated, "It took just over a month to get in, and that seemed fast for me." Another subtheme captured the shelter's helpfulness to a subset of the homeless community. For instance, several participants reported sentiments that the shelter was "helping the right people," and the procedures required to enter the shelter selected out a subset of the homeless community compared to other shelters, such as those who were not "using [drugs/alcohol] as much." Two procedural subthemes suggested the procedures influenced the shelter environment and on shelter staff, cleanliness and improved knowledge of clientele. For example, a No Shelter Waitlist participant stated: "I suppose that the referral system is good 'cause then it gives you guys a little bit of background on us."

2.2.2 | Procedural challenges

The theme procedural challenges included five subthemes related to procedural drawbacks that may be barriers to shelter. Though some participants reported rapid access to the shelter, the most frequently endorsed subtheme across all subthemes and reported across groups was dissatisfaction with the wait time. A participant in the No Shelter Waitlist group implied that other shelters also had waitlists that led to further difficulty accessing shelter during a time of need: "Not enough immediate action for help taken. Everyone has a waiting list…perhaps we should sign up at birth." In addition to the duration of time on the waiting list, the subtheme uncertainty comprised quotes from participants expressing dissatisfaction with the uncertainty they experienced regarding when their bed would become available.

Three further themes related to procedural challenges included: lack of resources to call, organizational concerns, and lack of fit with individual needs. Participants reported having a lack of time or material resources necessary to call weekly while on the waitlist, such as not having a phone, which created a barrier to shelter access. Regarding organizational concerns, participants reported improved communication among shelter staff was needed to facilitate shelter access, and that there needed to be "more structure" for those who need help getting into the shelter. Finally, participants had differing perceptions of the lack of fit between the shelter procedures and individual needs. Some believed the shelter procedures did not meet the need of those with health problems. Other participants made statements such as "unless you had a drug problem or other serious issues, you could not get in."

TABLE 3 Themes Indicating the Benefits of the Shelter Procedures

Superordinate theme	Subtheme	Examples	Groups endorsing subtheme		
			BW *n* (%)	LW *n* (%)	NSW *n* (%)
Procedural benefits	Rapid access to shelter	"Out of all the shelters, [shelter] contacted me first. Even with the wait, I got in here the fastest."	5 (21.7)	3 (13.0)	0 (0.0)
	Helpfulness to a subset of the homeless community	"You have to call to get in, so people staying here are better than people at [other shelter] who have been there for years."	4 (17.4)	6 (26.1)	0 (0.0)
	Cleanliness	"[It is] better because have same people in the same beds. There aren't as many bugs and lice, and if there is, it's easier to find out who it was. It's cleaner."	1 (4.3)	1 (4.3)	0 (0.0)
	Improved knowledge of clientele	"I hope it helps the shelter know more about the people that they are helping. I'd like to think the shelter is more discriminating about the people and their problems so the shelter can be safer for all involved."	1 (4.3)	0 (0.0)	1 (7.7)
Benefits of certainty about length of stay	Planning	"It's better than lottery. I get to know I'm here for 90 days. I like knowing I have a place to stay every night."	2 (8.7)	0 (0.0)	0 (0.0)
	Goal orientation	"Overall effective. Helping the people who are willing to make a change in their lives."	0 (0.0)	2 (8.7)	0 (0.0)

Note. BW = Brief Wait group; LW = Long Wait group; NSW = No Shelter Waitlist group.

TABLE 4 Themes Indicating the Challenges Associated With the Shelter Procedures

Superordinate theme	Subtheme	Examples	Groups endorsing subtheme		
			BW *n* (%)	LW *n* (%)	NSW *n* (%)
Procedural challenges	Wait time	"The wait list was long. It's not fair. When you have nowhere to go and the shelter is full, where are you supposed to go?"	3 (13.0)	9 (39.1)	4 (30.7)
	Uncertainty	"Not knowing when a bed would be available."	0 (0.0)	2 (8.7)	0 (0.0)
	Lack of resources to call	"Not having a telephone was a barrier…."	0 (0.0)	1 (4.3)	2 (15.4)
	Organizational concerns	"They need to be more connected as a team. It seemed like everyone was not on the same page...."	0 (0.0)	1 (4.3)	1 (7.7)
	Lack of fit with individual needs	"It's hard having health issues and being homeless and hungry. Refer to shelters that fits the purpose for that person needs to get that help in a month time."	0 (0.0)	1 (4.3)	3 (23.1)
Communication challenges	Difficulty contacting shelter staff	"Called every day. Not talking to anybody personally was a barrier. Have to talk to an answering machine and I don't know if anybody got my call."	1 (4.3)	4 (17.4)	7 (53.8)
	Lack of communication about status/process	"Mostly trying to leave voicemails and you don't find out what number you are on the list at all."	0 (0.0)	3 (13.0)	3 (23.1)
	Unclear calling procedures	"It's strange that you have to make a referral and then call *each day*."	4 (17.4)	5 (21.7)	2 (15.4)

Note. BW = Brief Wait group; LW = Long Wait group; NSW = No Shelter Waitlist group.

2.2.3 | Benefits of certainty about length of stay

Two subthemes emerged regarding the benefits of certainty about the length of stay at the temporary shelter: planning and goal orientation. Participants reported the ability to plan as a result of the shelter procedures and described the referral and waitlist process as "better than having to wait in line" or "better than the lottery." Individuals were also able to plan ahead for their next shelter or another living situation. For example, one participant stated: "Knew ahead of time I needed to get a new shelter. I had to plan ahead." With regard to goal orientation, participants reported favorable perceptions that the shelter services were goal-oriented, which could be fostered by the 90-day length of stay available to clients.

2.2.4 | Communication challenges

Communication challenges was a frequently endorsed theme composed of three subthemes: difficulty contacting shelter staff, lack of communication about status/process, and unclear calling procedures. Participants across groups reported difficulty contacting shelter staff while on the waitlist. A participant who was dropped from the waitlist indicated: "No one was returning or calling to inform or notify any messages. Someone needs to actually answer the phone so we know accurately the calls are being taking down in an orderly time. And someone is expected to call back." The subtheme lack of communication about status/process resulted from the shelter not having a direct phone line for prospective guests to check in regarding their place on the waitlist. A participant stated they were unaware they were removed from the list: "I didn't know I was off the list and still trying to receive services." Finally, participants described unclear calling procedures. Rather than calling once weekly to remain on the list per the shelter procedures, several participants in the Shelter groups reported a perceived requirement to call daily or multiple times per week, suggesting that the once a week requirement may not have been clearly communicated to prospective shelter clients.

In addition to the themes identified, 29 (63.0%) of the 46 participants in the two Shelter groups reported no barriers to shelter or nonspecific comments about the effectiveness such as that "it's good." Indications of no barriers or nonspecific comments were particularly prevalent among individuals in the Brief Wait group (82.6%). All of the individuals in the No Shelter Waitlist group reported experiencing barriers.

3 | DISCUSSION

This preliminary exploration of the perspectives of homeless shelter seekers revealed several themes regarding both benefits and challenges of the shelter procedures that may inform procedures for shelters offering temporary stays. In terms of benefits, participants alluded to having peace of mind with lower turnover among shelter clientele, perceiving that shelter staff had better knowledge of the guests and that the shelter waitlist procedures promoted cleanliness of the environment. Some individuals in the two Shelter groups indicated they were satisfied with the waitlist because they rapidly entered the shelter through alternative referral routes, such as the hospital, and some who had a longer wait to enter the shelter also perceived the process to be swift. Finally, participants who accessed the shelter suggested the shelter procedures were helpful, particularly for those who were goal-oriented and who could follow the procedures. Taken together, these positive reactions are consistent with the intention of implementing shelter with lengthier stays up to 90 days.

Participants across the three groups also described drawbacks to the shelter waitlist procedures, most frequently related to challenges with communicating with the shelter staff while on the waitlist and the duration of the waitlist when they had immediate shelter needs. There was variability in wait time among those in the Shelter groups, suggesting some individuals received higher priority for shelter than others. Previous research has indicated that prioritization of shelter to particular segments of the homeless population, or favoritism in bed assignment, can create barriers to access and service navigation among other shelter seekers (Dickson-Gomez et al., 2007; Murphy, 2009). Though the greater proportion of women in the Brief Wait group compared to the Long Wait group may indicate shelter prioritization for women, the briefer wait time for women was likely due to the larger number of beds for women at the

shelter and the availability of other shelters for women in the area. Prioritization of shelter beds was not examined in the present study, so additional research on the extent to which prioritization influences shelter bed assignment is necessary.

Those in the Long Wait group waited over a month to enter shelter, on average, and described dissatisfaction with their uncertainty about when they would obtain shelter. Individuals were required to call weekly to maintain their status on the waitlist, but calls were directed to a voicemail box. Shelter staff checked these messages and tracked those who called and those who did not call, but prospective shelter clients were uncertain their calls were received. As a result, some individuals in the Shelter groups indicated they were compelled to call more frequently than necessary. Specifically, some participants had a belief that they needed to call daily, not weekly, suggesting a misunderstanding or miscommunication of the waitlist procedures. Additionally, some individuals in the Long Wait and No Shelter Waitlist groups reported not knowing whether they were still active on the waitlist.

More than half of the participants utilized natural supports, such as reaching out to, or staying with, friends and family while on the waitlist, and this was particularly evident for those in the No Shelter Waitlist group. These findings suggest that the shelter screening process used by the provider may have helped encourage individuals to identify places to stay other than the street when alternative shelter options were not available. In congruence with policy-driven initiatives for rapid re-housing (Culhane et al., 2011), findings from this study support recommendations for shelter intake processes focusing on existing resources and ways in which individuals may draw on these resources immediately. Nevertheless, access to alternatives was not available for a substantial portion of participants; 37% of those in the Shelter group indicated they would stay on the street or another public area had the shelter been unavailable to them that night.

3.1 | Limitations

There were several limitations to this study. First, the small sample in this study is not representative of all individuals in need of shelter, and prospective research is needed to capture a more representative sample. Though some significant differences in sociodemographic information emerged across the three groups, the small sample size increased the probability of type II error. A larger, representative sample may have shown additional characteristics differentiating those who accessed the shelter compared to those who did not. Future research on larger CoC coordinated entry to shelter systems is necessary. Another limitation was the use of open-ended survey data used for qualitative analysis, rather than in-depth interviews, which limited the amount of detail about participants' experiences with the shelter procedures. Future studies with in-depth qualitative interviews with room for probing and clarifying participant responses would provide more clarity for the themes and context for the feedback gathered in the present study. Evaluations that include the perspectives of shelter staff would also be beneficial to inform services.

The study findings were likely driven by the sample of individuals to whom we had access. The inability to reach an equivalent number of individuals across groups was reflective of one of the challenges experienced by homeless service providers: reaching individuals awaiting shelter who were subsequently removed from the waitlist. Though the proportion of participants with self-reported disabling conditions were similar among those who entered shelter and those removed from the waitlist, it is possible that individuals who were not reached for study recruitment may have experienced different barriers to shelter access than those in the recruited sample, and may have offered important perspectives on the shelter procedures that were not captured in this study.

3.2 | Implications for practice and future directions for research

Recent policy initiatives have charged CoCs with implementing a centralized system for assessing the needs of individuals and families experiencing homelessness and connecting them with appropriate services, including shelter beds (U.S. Department of Housing and Urban Development, 2012). On a systems level, assigning beds for brief, reliable lengths of stay, rather than nightly assignment, could theoretically facilitate CoC coordination of shelter availability across a community because reducing turnover simplifies tracking of available shelter beds. Many CoCs are now

coordinating shelter entry via centralized waitlists, and it will be important for future studies to explore how findings from the present study are upheld in the context of a larger system of shelter services.

Based on the heterogeneity of experiences of homelessness (Morrell-Bellai, Goering, & Boydell, 2000) and the perceptions among this sample that the shelter procedures did not match individual needs, shelter providers may consider how to tailor engagement methods (i.e., calling weekly, dropping in) for individuals with different personal and social resources. Findings from the present study suggest that tailoring the shelter entry process based on individuals' needs or resources might be beneficial. For example, as part of a CoC's coordinated assessment and entry procedures, it may be beneficial to prioritize shelter beds to those on the waitlist who do not have immediate access to resources for safe shelter alternatives.

Moreover, individuals who do not have the ability to call weekly to remain on a waitlist could be engaged in other ways. Such methods may include being contacted by case managers individually or being provided with extra time to return phone calls before being removed from the waitlist. This, of course, would require a greater distribution of time and resources on behalf of homeless service providers. Yet the potential for more accessible shelter would be made possible through such accommodations. To fully understand how to improve client follow through with shelter waitlist procedures, future studies using prospective methodological designs are needed to capture a representative sample of shelter seekers.

Fortunately, many of the challenges identified can be addressed. Even in circumstances in which shelter waitlists are unavoidable, many of the identified challenges can be addressed. Improving communication with individuals on the waitlist may be an important method of increasing engagement and reducing anxiety among prospective shelter clients. Many of the challenges associated with the waitlist procedures validate Lipsky's (2010) position on service providers as street-level bureaucrats determining who gains access to services and who does not. Future studies on the role of service providers in administering communitywide and individual shelter waitlists is indicated.

3.3 | Conclusion

The study reported on the perspectives of shelter seekers, a stakeholder group whose views should inform the development of shelter policies and procedures. In accordance with increased resources available for rapid re-housing and permanent supportive housing, fair and equitable access to shelter will ensure that those in need will also have access to other important service connections. Although individuals expressed concerns with the long waitlist, it was revealed that those who were unable to enter the shelter tended to draw on sources of natural support for shelter, thereby possibly enabling shelter resources for those who did not have access to natural support. However, given challenges related to communication between prospective shelter clients and shelter staff, it is recommended that enhanced screening and communication occur for those on waitlists. With limited research on homeless shelter services, findings from this case study provide some direction for shelters offering temporary stays and accompanying waitlists.

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