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Social Service Barriers Experienced by Low-Income Extended-Stay Hotel Residents

Terri Lewinson & Carol S. Collard

This article presents findings from a qualitative study of 14 individuals residing in extended-stay hotels after housing displacement. Framed in ecosystems and structuration theory, the purpose of this study was to understand social service barriers experienced by help-seeking residents. Participants were engaged in in-depth interviews and asked about challenges faced when they reached out for assistance to prepare for stable housing. Reported barriers included negative interactions with social service personnel, cumbersome agency processes, and insufficient/inappropriate resources. Hotel residents identified guidance, compassion, and advocacy as interventions practitioners can use to support client transitions to stable housing.

IMPLICATIONS FOR PRACTICE

- Client-practitioner interactions must be improved to support homeless adult transitions to stable housing.
- Study findings point to empowering strategies to improve case management approaches with help-seeking homeless clients.

In 2009, more than 120,500 people lost their homes due to eviction and foreclosure in Gwinnett County, Georgia, a suburban area of metropolitan Atlanta (Rainbow Village, 2011). Although the U.S. economic recession and housing crisis affects numerous households across the country, displaced families in Gwinnett County are particularly at risk of street homelessness because of the absence of a family shelter. Impromptu transitional housing for these families often consists of doubling-up with friends and family or paying weekly fees at extended-stay hotels (Lewinson, Hopps, & Reeves, 2010). Enumeration of this hidden population of homeless families is difficult, but the Gwinnett County school system categorizes children living in extended stay hotels, because of economic hardship, as homeless. A conservative estimate of homeless children living with their families in 36 of Gwinnett County's extended stay hotels in 2008 was 2,100 (Dodd, 2007). These children often reside with single mothers who earn low wages, have poor credit histories, and cannot afford apartment rentals in this affluent county (Gerstein, 2002).

Moving into hotels for temporary shelter, while sorting out plans for permanent housing, is appealing for displaced families because this form of accommodation affords the ability to rent a room without credit checks or security deposits and to maintain family independence (Lewinson, 2010). Unfortunately, one drawback is that resident tenure is often extended as families unsuccessfully attempt to save money for a new dwelling while also trying to balance limited income, family expenses, and

past-due bills associated with previous living situations (e.g., eviction and utility fees). In fact, residents report feeling "trapped, boxed-in, and unable to escape" (Lewinson et al., 2010, p. 26) the temporary hotel housing solution. Pay-by-the-week hotels, as an ad hoc shelter solution, have become so prominent that city officials in Gwinnett County's capital seek to revive and enforce a dormant 14-year-old ordinance that limits room rentals in extended-stay hotels to 45 days (Anderson, 2011). Therefore, pressures are mounting for families who may be forced to move from these hotels before they secure more permanent housing (Sanders, 2011; Wickert, 2011).

When people become homeless, they often turn to human service agencies (e.g., social service centers or welfare offices) for assistance (O'Toole et al., 2007). To successfully transition from precarious to stable shelter, people need help with building social support networks, increasing income, accessing healthcare, and strengthening self-empowerment, as well as finding affordable housing options. Clients also identify positive relationships with service providers as key in exiting homelessness (Thompson, Pollio, Eyrich, Bradbury, & North, 2004). Case management that includes provision of concrete resources, emotional support, and positive regard by workers has been instrumental in helping homeless families successfully transition into stable housing (Lindsey, 1996). However, structural service barriers in agencies interfere with homeless people's ability to attain stable housing (Krüsi, Fast, Small, Wood, & Kerr, 2010).

Structural Service Barriers

Structural barriers are based on interactions with social service or care providers that inhibit people from obtaining needed resources. Such barriers may include unaffordable application fees, limited agency hours, restricted eligibility requirements, inaccessible service information, and poor personnel communication skills (Aviles & Helfrich, 2004; Kurtz, Surratt, Kiley, & Inciardi, 2005).

Additionally, organizational characteristics, such as funding strategy, agency size and complexity, and staff professionalism can influence service use (North, Pollio, Perron, Eyrich, & Spitznagel, 2005). An agency’s culture of “welcome-ness” or “unwelcome-ness” may also influence clients’ capability to obtain needed assistance (Wen, Hudak, & Hwang, 2007), as well as interagency practices that threaten the dignity of the help-seeker (Miller & Keys, 2001; Shier, Walsh, & Graham, 2007). On a community level, fragmentation of services across agencies can also be a barrier for overwhelmed families who are unaware of effective strategies to navigate complex systems of service delivery (Hambrick & Rog, 2000).

Theoretical Framework

Ecosystems theory is a dominant perspective in the field of social work and is used here to conceptually frame an examination of social service barriers experienced by hotel residents. Within this theoretical orientation, human–environment relationships can be examined at multiple intervention levels. An important construct in ecosystems theory is *interface*, which defines the point of contact where systems mutually transact, such as when clients contact organization representatives to obtain assistance. This study seeks to discover residents’ perceptions of what occurs at the interface of micro–macro system transactions.

Structuration theory is useful for understanding the integration of micro and macro processes of practice that

focus on person–environment fit. Recently, this theoretical perspective has been merged with ecosystems theory to expand an understanding of dynamic worker–client power structures in service delivery (Kondrat, 2002; Tangenberg, 2005). According to this theory, human actors within microsystems have recursive relationships with larger systems—continuously affecting and being affected by social structures and practices (Kondrat, 2002). Adoption of ecosystems and structuration theories for this study supports the assumption being made here that extended stay hotel residents, as human actors embedded within a social context, possess discursive and practical knowledge about institutional practices that perpetuate their roles, positions, and actions (Kondrat, 2002). Furthermore, from their disenfranchised societal position as homeless, these pay-by-the-week hotel residents are able to perceive, understand, and communicate coconstructed power dynamics inherent in institutional procedures that create barriers to accessing resources.

Methods

Research Design and Questions

This exploratory study engaged hotel residents in qualitative interviews to understand barriers to social service resources. Fourteen residents were recruited by placing flyers in lobbies at three extended-stay hotels that advertised weekly room rental rates. Snowball sampling expanded the pool of potential participants. Three hotels were initially

TABLE 1. Sample Demographics

Resident	Age	Ethnicity	Gender	Marital status	Monthly income*	Weeks in hotel	People in household
North hotel site							
Charmaine	21	AA	F	E	\$1,416	2	4
Mike	23	AA	M	S	\$3,333	14	2
Steve	21	CA	M	M	\$1,600	8	3
Neo	40	AA	M	D	\$2,083	3	2
Dee	30	AA	F	S	\$1,666	8	2
Yaneen	50	AA	F	D	\$1,280	16	2
Tasha	33	AA	F	S	\$0	16	2
Stacy	34	AA	F	S	\$1,360	6	1
East hotel site							
Sophia	31	LA	F	D	\$600	4	3
Constance	49	AA	F	SE	\$1,833	20	3
Tracey	38	AA	F	S	\$1,500	36	1
Sam	61	CA	M	S	\$2,166	32	1
James	45	AA	M	D	\$2,333	60	1
Michelle	27	AA	F	S	\$1,416	3	1

Note. AA = African American; CA = Caucasian American; LA = Latin American; F = female; M = male; S = single; E = engaged; M = married; SE = separated; D = divorced. * Monthly household income.

selected from north, east, and southwest areas of Gwinnett County. Although managers at each hotel initially agreed to the study, during data collection only two of the sites allowed flyers to be posted on the properties. Therefore, this study's sample was drawn from hotels located in the east and north areas of the county. Since the two hotels were economy chain facilities branded under the same corporation, design characteristics and clientele were similar. The following questions were explored in the study: (a) What social service barriers did residents experience when reaching out for help? (b) What types of resources are needed to support transitions from hotels into stable housing?

Participants

Study participants were eight Black females, one Latina female, three Black males, and two White males (see Table 1). Ages ranged from 21 to 61 and the average age was 36 years. Each participant lived at the hotel for at least two consecutive weeks prior to the interview and expressed a desire to move out. Resident occupancy ranged from 2 to 60 weeks; the average stay was 17 weeks. Participants earned an average income of \$1,737 monthly and paid fees ranging from \$197 to \$300 per week for a hotel room. Four of the residents lived alone and nine respondents lived with a significant other, a spouse, or an extended family member. Four participants lived with minor children at the hotel. Children's ages ranged from 1 to 17 years. Reasons for living at the hotel varied, but most respondents resided there due to an inability to meet the economic demands of rent and mortgages. Most in the study left previous homes to escape abusers and dysfunctional living situations.

Procedures

The institutional review board at Georgia State University provided approval for this study. In-depth interviews were conducted using a semistructured interview guide and ranged from one to two hours in length; each were tape-recorded and transcribed verbatim. Participants were allowed to choose a pseudonym before answering questions such as: "After becoming aware that you were in trouble keeping your housing, what did you do first?" "Where did you turn for help?" and "How helpful did you feel this resource was for you?" Respondents were allowed to speak about all perceived barriers, but were prompted to focus on experiences that inhibited transitions from the hotel. Participants were given \$20 remuneration for their time.

Data Analysis

We used a grounded-theory approach and constant-comparative technique to analyze data (Glaser & Strauss, 1967; Merriam, 2002). First, we conducted a preliminary analysis of data after each interview was transcribed and then open coded the data to identify categories. Next, we created linkages between these categories and their subcategories during a process of axial coding (Creswell,

2006; Merriam, 2002; Strauss & Corbin, 1990). As newer categories were formed, we applied *in vivo* labels that described the data inherent within them, such as "It's just so tiring." Selective coding followed axial coding to confirm and disconfirm category relationships. This process led to the identification of themes across participant interviews.

Results

Social Service Barriers

Hotel residents in this study struggled with various life challenges that included conflicted family relationships, financial crises, food insecurity, and various chronic health problems. Participants sought assistance from state and federal agencies (e.g., Department of Family and Children Services, Medicaid, Department of Housing and Urban Development) and faith-based organizations (e.g., missionary co-ops). From these organizations, residents requested information on housing programs, as well as help with past-due bills, hotel rent, food, clothing, employment, and other resources to manage daily needs. Positive social service experiences were typically reported with regard to faith-based programs. From these missionary co-ops, residents often received emergency rental assistance, food, clothing, and spiritual support. Many of the barriers reported by residents were based on perceptions of state and federal agencies. From the analysis, three dominant themes emerged to describe social service barriers experienced by hotel residents: "I feel like I be [sic] begging," "There's got to be a better way," and "They don't help."

Theme 1: "I feel like I be begging"

When making requests for services, residents reported interactions with personnel that seemed to undermine their sense of self-worth. They expressed feeling inferior and powerless. In a hierarchical power structure, they felt like stigmatized people desperate for resources.

Feeling desperate. In their efforts to reach out for support from social service organizations, residents felt their sense of pride was compromised. Charmaine, in particular, felt ambivalent about asking for help because she believed she should be able to meet her own needs. She resisted approaching organizations because when she last tried, it felt like a "slap in the face." She recalled:

We come up there like we're begging for help. It's not our, I mean yes, it is our fault but when you need help, you need help. And, some people don't deserve to be treated a certain way.

Repeatedly, residents relayed a sense of being at the mercy of agency gatekeepers. Constance described it as a "cat-and-mouse thing." Stacey described the embarrassing complexity involved in requesting assistance:

Sometimes I feel like I'm on my knees begging because people want to take you through so much just to get that help. You got to make an appointment. Got to come here. Run down there. I just been at their mercy...I feel like I just be pleading and begging. I just be feeling desperate. You basically got to kiss butt, even over the phone. You say the wrong thing...that might mess your chances up of getting some help.

Feeling stigmatized. Residents felt judged as underserving homeless people by helpers because of their precarious living situations. They felt “looked down on” and believed providers considered them “low-life” transient people looking for a handout. Constance explained, “It’s sort of like you’re homeless so you had to do something to cause that. ‘You’re just lazy.’ ‘You’re just this.’ ‘You’re just that.’ And you get that feeling a lot of times, that for some reason, you’re beneath.” As an educated woman, she felt it was especially difficult for her to be identified with homeless stereotypes represented in the media:

I can tell you, when you’re in those shoes, it is very ugly how you are identified and even treated. People who do not have faith, people who do not have strength could even be put in a suicidal position because of the treatment. I understand now why people give up. It doesn’t matter who you are. It’s such a stereotype. Even in this day, I can’t understand why the negativity is so strong because homelessness is [in] the middle class now....It’s those of us who’s contributed to society and paid in. Now I understand why people say “I don’t want to [ask for help].” I don’t want to put myself through that.

Theme 2: “There’s got to be a better way”

Residents felt helpless in the midst of inefficient agency practices. Often, they were overwhelmed with scheduling difficulties and an abundance of paperwork. Several residents described negative waiting room experiences such as long waiting times, crying children circling frustrated parents, disrespectful receptionists, and multiple appointments. Organizational delays that interfered with access to services were clearly articulated by respondents:

It takes a long time at the Medicaid office. I don’t really want to go sit up there. We don’t have a car right now so it’s hard for us to get back and forth. (Steve)

You fill out your paper, then bring it up to the front and go sit down and wait [for hours] to be called for your appointment. But, you have to come back a couple of weeks later for your appointment. [laughs] So what’s the point of me waiting? And then if you leave...like turn your paperwork in and then leave? You have to wait a week and a half

just to get the appointment that they send you in the mail. That appointment will be set for another couple of weeks after that....there’s got to be a better way. (Charmaine)

Other reported barriers to accessing services at institutions were residents’ inability to provide required documentation or to pay application fees. In these cases, the process for help was terminated at that point.

Theme 3: “They don’t help”

Hotel residents reported that after sitting through complicated processing practices, they were either not given any help or received help that was insufficient or inappropriate. Tracey is a 38-year-old woman who lived alone at the hotel and struggled with managing the complications of her kidney disease. Throughout the years, she became estranged from her extended family and needed social service support. She transported herself to weekly dialysis treatments, but afterward needed help with preparing meals and completing chores due to her weakened medical condition. Tracey reported that she received little assistance from organizations. She recalled:

Every time I try, I can’t get help. If I had children, if I got evicted from my home, then they would help. But my situation wasn’t a situation they found they could help me with. And in Gwinnett, some places ran out of money, didn’t have any appointments, or couldn’t take me.

Another common complaint from residents related to the lack of comprehensive service delivery. When residents were able to obtain resources from providers, the assistance was insufficient. Charmaine needed help paying for a \$150 electric bill to keep the lights on in her apartment. She also needed food stamps because she had no money for groceries. After weeks of trying to meet with the right case manager, she received a \$15 voucher for the electric company and continued to wait on the food stamps. She believed her effort to obtain the resources was wasted. She stated, “That was just it. And, they said, ‘You know you can’t get help for another 12 months for that.’ And, I was like, okay there was no point in doing that then.” Participants commonly reported situations like Charmaine’s. As a result, they contacted various organizations to access fragmented resources that seemed to only partially meet client needs.

Some resources offered by organizations were considered inappropriate. Residents believed the assistance offered would cause them to lose ground in their hopes for safe, secure, and stable housing. In particular, parents who were raising school-aged children at the hotel tried to maintain a sense of stability by remaining in one hotel and school system. Parents took comfort in knowing

that the local school bus would pick up and drop off children at the hotel, which provided some level of normalcy. When Constance contacted a missionary co-op for rental assistance, she was told they would only make payments at certain hotels. She was appalled at the agency's unwillingness to help her family remain settled. She stated:

That really irritated me. The kids were already situated here and they wanted to move us all the way to Marifield to an extended-stay that's very drug-infested and very open with prostitution. I did not want to go there and because of that, it put them in a way that they didn't want to assist me here.

Yaneen was also disappointed with providers that only had contracts with hotels in undesirable communities. She believed, "These agencies work against you, some of them. They want to put you in these nasty, dirty hotels. It's because you're unemployed or because they figure, well you don't deserve better." Therefore, participation in some programs was not considered a benefit. Instead, the resources offered would set residents further from their goals of improving life circumstances. Tracy also recalled a telephone conversation with a church representative that left her feeling angry:

I know they give rental assistance, but [the staff member] was so nasty to me over the phone. She said they didn't have any funds right now, "Why don't you go to a shelter?" I told her I have been living here for a month now. I got too much stuff to take to a shelter. . . She was really unconcerned [and said] "That's all I can tell you to do," and she hung up the phone.

Unlike other respondents who reported discouragement after a negative experience seeking help, Tracey mentioned that such mistreatment only made her more persistent in getting the help she needed. However, Sophia was less resolute. In tears, she exclaimed, "I'm a U.S. citizen. My kids are U.S. citizens. I come from domestic violence abuse. I'm unemployed. I'm living here and they—they just [crying]—they don't help!"

Residents' Requested Interventions

Respondents in the study identified three resources that would be helpful while trying to become stably housed: guidance, compassion and understanding, and advocacy.

Guidance. Participants needed guidance on how to navigate multiple systems to access resources more effectively. Constance suggested a "care-mentoring manager" who would be there to facilitate contacts, referrals, and information about resources available in the area. She met many people who are not from the area and she believes "it can be very frightening when. . . things happen out of your con-

trol. . . [with] nobody to talk to [and] nowhere to go." This was also true for retired pilot Sam, 61 years old, who said he did not know how to contact organizations for assistance.

Compassion and understanding. Residents wanted to be perceived in a better light and respected for their effort despite their housing situation. Michelle stated, "These social workers out here are getting complacent and I see them. Some of them don't care at all. . . So, for me to be going through it, I need y'all to open your eyes and get it together because anybody can go through this, anybody." Residents' responses indicated powerlessness when interacting with service providers. Helpers must improve communication, adjust application processes to respect clients' life circumstances, and understand the compounding effects of poor credit, past evictions and foreclosures, and limited income when assisting these residents.

Advocacy. Past life experiences posed problems for residents' current and future housing prospects. Most of the participants reported poor credit histories, eviction expenses, and past-due bills that kept them in arrears and prevented them from moving into an apartment. Therefore, residents requested an advocate to speak on their behalf with apartment management and a case manager to negotiate second chances for residents that have fallen on hard times, but want to re-establish stable housing.

Additionally, female residents described being manipulated and exploited by landlords. Sophia's landlord held her items after an unlawful eviction and inappropriately propositioned her for sex in exchange for her late rent. Dee also felt unsafe and targeted by her landlord's sexual advances. Michelle believed these manipulative management tactics were common in unfavorable areas of Atlanta. These women were victims, but did not report these illicit practices because they were afraid of interacting with police.

Many residents needed assistance with obtaining employment to improve financial footing. They felt responsible for their situations, but needed jobs to regain control of their lives. Steve, in particular, was adamant that employment assistance was a better strategy than just doling out money. He stated, "You can't just give somebody money and be like, 'Here, go live.' If you give them a job then you're giving them a chance to do something with themselves. Just give them a job and then it's their responsibility."

Discussion

Given the structural constraints that are present in the U.S. economy, such as depressed wages, limited job opportunities, and unaffordable housing (Beeghley, 1988; Cabaniss & Fuller, 2005), the number of people pushed into poverty and homelessness has grown (National Low Income Housing, 2011). Although there is growing evidence that structural deficits in U.S. society are the biggest contributors to poverty and homelessness (Conley, 2010; Shier, Jones, & Graham, 2010), it is reported that

the majority of Americans believe that to be poor or to be homeless is largely the fault of individual deficiencies (Eitzen & Smith, 2009). However, both individual and structural factors contribute to the problem. For extended-stay hotel residents in this study, requests for help from social service organizations have been met with insufficient and inappropriate outcomes. During interactions with social service institutions, these residents found themselves faced with complicated procedures that made them feel as though they were begging for help, being stereotyped, and at the mercy of compassionless providers. Helping workers and service users understand their perceptions of and knowledge about the nature of poverty and homelessness, particularly by examining social system interactions, can influence the efficiency of obtaining resources (Shier et al., 2010).

According to structuration theory, people must have knowledge of implicit and explicit system rules to skillfully access resources in order to harness power for social mobilization (Kondrat, 2002). Since social service workers strive to improve the social conditions of clientele, a primary goal of intervention must be to produce knowledgeable social actors. From the findings of this study, it is clear that residents are seeking such knowledge. When individuals are provided with information about how to navigate complex social systems they feel empowered and are better able to access important resources on their own.

Residents also recognized that allocated resources functioned as setbacks from the progress they made in stabilizing their families. Ultimatum messages received from workers suggested to homeless help-seekers that if they failed to comply, assistance would not be available. However, such an approach diminishes client empowerment and reinforces submissive roles for people interfaced with powerful institutions. In a recent editorial, Powell (2009) promotes the position that social service workers should improve their approach with clients by reclaiming what Hyde (2007) refers to as the artistry of work that allows one to gift the type of help that “elevates and empowers people” (Powell, 2009, p. 132). He wrote, “People need responsible others who are less dominated by paperwork and documentation and more available for actual helping. Does anyone remember how to be forthright and engaging anymore?” (p. 131).

Implications for Practice

The interface for obtaining social service assistance must be improved for overwhelmed families who are struggling to get by daily. In this study, people who needed services to transition to stable housing considered it not worth the price of pride and dignity to beg for insufficient and inappropriate assistance. As such, the following interventions may be used to improve the help-seeking experiences of clients interfacing with practitioners and institutions.

Enhancement of budgeting, job training, leadership, and network-building skills have been effective in transitioning people from homelessness (Dworsky & Courtney, 2007; Teater, 2009; Washington, 2002). Providing encouragement to clients working toward housing goals is also helpful (Thompson et al., 2004). Improved training for intake personnel is also important in minimizing negative stereotyping and poor interfaces with clients. Additionally, streamlined intake processes may minimize undue strain on already overwhelmed families.

Finally, an important service for evicted families is obtaining information about renter’s rights and available legal representation. Legal advocates can help residents negotiate their options at the threat of eviction, foreclosure, and displacement. In addition, second chance programs can be expanded to more communities to help displaced people re-establish favorable rental histories to turn their precarious housing situation around.

Limitations and Conclusion

The findings of this study shed light on the perceptions of precariously-housed people who are politically pressured to find permanent housing outside of an extended stay hotel, but experience social service barriers when seeking needed resources. Nevertheless, limitations in the study must be acknowledged. The small sample size precludes complete generalizability to the larger population of individuals and families residing in extended stay hotels. Selection bias is apparent since residents who may have experienced extreme barriers to obtaining resources were likely evicted from the hotel, making them inaccessible for the sampling pool. Further, the ability to speak conversational English was a criterion for participating in this study. Therefore, hotel occupants who did not speak English were excluded. It is reasonable to presume that these residents would experience significant language-based communication barriers while interacting with social service organizations. Similarly, people with disabilities were not represented in the sample, thereby limiting the possibility of unique experiences that could have been reported by help-seekers with complex needs. Researchers continuing inquiry on this important topic should strive to obtain wider variation in participants, such as hotel residents with low literacy levels, debilitating health conditions, or non-citizen status.

This exploratory study also did not account for the diversity in social service organizations. Future studies might investigate perceived social service barriers based on various agency characteristics (e.g., size, location, and program structure). Finally, since relationships between micro and macro systems are ever changing, a longitudinal study with repeated resident and provider interviews would be effective in identifying recursive transactions and power dynamics between these systems.

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