

“What the Fuck is the Point of Unpacking?”: Perceptions of Residential Transitions

Among People with Histories of Residential Instability

Konrad Czechowski

Thesis submitted to the

University of Ottawa

in partial fulfillment of the requirements for the

Master’s Degree in Experimental Psychology

School of Psychology

Faculty of Social Sciences

University of Ottawa

## Table of Contents

Abstract .....	iv
Introduction.....	1
Frequency of Residential Change as a Measure of Stability .....	2
Type of Housing as a Measure of Stability .....	3
Measuring Instability: From Single Factors, to Multiple Factors, and Beyond.....	4
Understanding Residential Instability as a Process .....	7
Pathways into Homelessness. ....	7
Exits from Homelessness.....	11
The Present Study .....	13
Methods.....	14
Participants and Sampling.....	14
Data Collection .....	15
Data Analysis .....	17
Findings.....	20
Under What Circumstances Do Participants' Transitions Occur? .....	20
Interpersonal conflict .....	21
Safety concerns .....	21
Substance use .....	23
Financial issues .....	24
Pests .....	25
Other factors.....	26
Multifactorial influence .....	26
What is the Nature of Participants' Transitions?.....	27
Circumstances that are associated with more or less planned moves. ....	27
Consequences Experienced by Participants as a Result of Their Transitions .....	29
An absence of clear improvement.....	30
Transitions from housing to shelters involve trade-offs. ....	30
Low connection to housing.....	32
Discussion.....	33
Findings as They Relate to the Literature .....	34
Our Unique Contribution .....	35
Policy and Service Implications.....	39
Future Avenues of Research and Limitations .....	41
Conclusion .....	42

References..... 44  
APPENDIX A: Participant Interview Guide..... 49  
APPENDIX B: Interview Summary Form ..... 55

**Abstract**

This study examined the perceptions of housing transitions of individuals with histories of residential instability. Participants were recruited from the Health and Housing in Transition study (HHiT), a longitudinal multi-city Canadian study tracking the health and housing of 1,192 participants over a 5-year period. Twenty-two participants from Ottawa were recruited from the larger study to participate in the present study. Participants were interviewed using a semi-structured interview guide about their experiences of housing transitions (moves from one housing situation to another). A general inductive method for the analysis of qualitative data was used to examine participants' perceptions of their transitions. Findings suggest that participants experienced feelings of disconnection from their housing situations. Their transitions were characterized as chaotic and initiated by factors outside of their control. Participants attributed their transitions to factors such as interpersonal issues, substance use, financial issues, safety concerns, and pests. The present study emphasizes the complexity of participants' precarious housing situations and the multifactorial nature of their residential instability.

## Introduction

Many individuals find themselves along a continuum between homeless and stably housed. This is a population for whom problems associated with residential instability are not always resolved with the provision of housing. Even after gaining housing, there often exist conditions that represent and maintain the instability these individuals experience, increasing their likelihood of losing their housing. The following sections of this dissertation will show that the instability experienced by these individuals is not narrowly limited to their housing. Indeed, there exist persistent environmental, social, and structural conditions that lead to and preserve residential instability.

One of the challenges in studying this topic is a lack of agreement on basic concepts such as “residential instability”. Recent work has attempted to clarify the concept of residential instability and to identify its characteristics (Frederick, Chwalek, Hughes, Karabanow, & Kidd, 2014; Cotton & Schwartz-Barcott, 2016; Cox, Henwood, Rice, & Wenzel, 2017; Roy et al., 2016). Cox et al. (2017) reviewed literature on housing instability and found a pattern of inconsistency in the language used to describe it. Of the articles they reviewed that focused on housing security, the majority (64%) used the terms housing stability or housing instability, about a quarter used the terms housing security or housing insecurity, and others used housing insufficiency, housing satisfaction, risk of homelessness, or housing affordability. Cox et al. (2017), argue in support of a consistent term as a step toward a unified conceptual definition. In acknowledging there are many ways to label residential instability, the present article will opt for use of “residential instability” for the sake of consistency, and other terms when reviewing literature that used them. We opt for the use of “residential” rather than “housing” to include a broader array of residential circumstances than may be implied by the use of “housing.” We

believe, however, that this may not be a perfect way to describe the phenomenon, since as we will outline and argue, there are many other important factors that contribute to instability in these people's lives in addition to their residential circumstance.

### **Frequency of Residential Change as a Measure of Stability**

The lack of consistency in how the phenomenon is labelled is emblematic of the challenges researchers face describing its characteristics. This reflects the complex and multidimensional nature of residential instability. In the following paragraphs we review relevant literature that aimed to clarify residential instability. We will first review how previous contributions characterized residential instability, then factors that have been attributed to the phenomenon, and finally, review literature that studied pathways in and out of homelessness, since housing loss and gain are an important part of the process of residential instability.

The simplest definitions of residential instability have involved unidimensional indicators. One such unidimensional indicator for residential instability has been frequency of residential change, employing terms such as residential mobility (Clark, Deurloo, & Dieleman, 2006), high residential mobility (Herbers et al., 2012), and hypermobility (Vogel, Porter, & McCuddy, 2017). Cotton and Schwartz-Barcott (2016) note that frequency of residential change is often calculated within a given timeframe to indicate instability. In such instances, a specified number of moves is used as a threshold to define (in)stability (threshold dependent on a given research design). This method is very useful in that it characterizes housing (in)stability with a single factor, which can easily be measured such as in an administrative database (e.g., Chamberlin & Johnson, 2013) or during an interview (e.g., Coley, Leventhal, Lynch, & Kull, 2013). Although the cut off for how many instances of residential change constitute residential

instability varies from one study to another, there is a consensus in the literature that a greater amount of change in a shorter period of time is generally an indication of greater instability.

A limitation to considering only the frequency of residential change becomes apparent when considering how residences can vary considerably in factors that can affect their stability. For example, regardless of frequency of moves, one may consider living in foster care, jail, or a homeless shelter as unstable residential circumstances. Furthermore, frequency alone also fails to consider reasons for residential change, such as why one may have been forced out of their previous housing or chosen on their own accord to move. These other factors that may be important contributors to residential instability will be examined in the following sections.

### **Type of Housing as a Measure of Stability**

While frequency of moves is a common unidimensional indicator that aims to define instability by quantifying moves, another unidimensional indicator that recognizes different types of residences as qualitatively different is type of housing. The Canadian Observatory on Homelessness defines homelessness as the absence of safe, permanent, appropriate housing describing a range of housing and shelter circumstances. This definition includes a spectrum of circumstances from no shelter at all on one end to being insecurely housed (unsheltered, emergency sheltered, provisionally accommodated, or at risk of homelessness) at the other (Gaetz et al., 2012). According to this definition, a roof alone therefore is insufficient for stability. The definition stipulates that homelessness involves the inability or lack of means of acquiring stable, safe, permanent, appropriate housing in addition to living in a range of poor physical living situations.

In their study of the housing status of adolescents living with HIV, Eastwood and Birnbaum (2007) coded their participants' housing situation as a dichotomous variable, either

stable or unstable. Housing considered unstable included living in a homeless shelter, jail, group home, foster care, doubled up with a friend, or generally not-specified unstable housing. They considered housing stable when living with one's family, a partner, or in one's own housing. Authors used two measures of housing stability, considering "current housing" and "history of housing" (asking where their adolescent respondents lived in the recent past), each coded as either stable or unstable, depending on what kind of residential setting they indicated.

An important advantage to the unidimensional approach of considering housing type is that it considers qualitative differences between residential settings. However, Frederick et al., (2014) identify a clear limitation to this approach, in that measured stability among certain types of housing varies across different studies, showing that some studies classify supported housing and group homes as stable housing while others consider them unstable. Further, such an approach may ignore important differences and variation within groups living in similar residential settings (e.g., some foster homes may be supportive and nurturing households, while others may not). Finally, a crucial shortcoming of the approach is that it is unidimensional. Just as with any other unidimensional approach to defining residential stability, it ignores the many other important dimensions and contributing factors to residential instability, which will be outlined in the proceeding sections.

### **Measuring Instability: From Single Factors, to Multiple Factors, and Beyond**

Where single indicators of residential stability are used, such measures are advantageous in that they are simple to use, but they do not capture the multidimensional nature of residential instability. In the proceeding section, we review literature that considers both frequency of residential change and type together, other social and environmental factors, and finally, the important influence of broader systemic factors that contribute to instability.

In their research on the relationship between social support and finding and maintaining housing among people with serious mental illness, substance use disorders, and history of homelessness Gabrielian, Young, Greenberg, and Bromley (2016) categorized their participants' housing status as belonging to one of three mutually exclusive categories, where they considered both type of housing and the percentage of days spent in it as of domiciliary discharge: stable independent housing (at least 70% of days spent in stable housing including own home or permanent residence with family members), sheltered housing continually engaged in structured housing programs (at least 70% of days spent in residential rehabilitation or other structured programs), and unstable housing (less than 70% of days spent in stable or sheltered housing). In their approach, Gabrielian et al. (2016) used both housing type and frequency as indicators of stability, determining which category their participants fall into depending on the percentage of days spent in housing types (see also Gabrielian et al., 2015).

Although frequency of residential change and considering type of residence are effective to ensure consistency in measuring the phenomenon, they fail to capture other elements that play important influential roles in creating instability. In addition to frequency of residential change and type of residence, there are common elements attributed to residential instability in the literature. For instance, based on their review of literature and interviews with 51 homeless youth transitioning out of homelessness, Frederick et al. (2014) propose that housing stability could be measured by considering the following factors: type of housing, recent housing history, financial status, current housing tenure, education and employment status, drug abuse, legal status, and subjective assessments of stability and housing satisfaction. In their review of residential stability among low-income families, Cotton and Schwartz-Barcott (2016) contribute an element of predictability to their definition of residential instability, describing it as “a patterning of abrupt,

unforeseen changes in short-tenure occupancies that are driven by imperative need” (p. 260).

They go on to conceptualize residential instability with four influential factors: financial imperative (loss of income, housing no longer affordable); safety imperative (violence, unsafe neighbourhood); legal imperative (eviction or incarceration); and social imperative (romantic break up, other social conflict).

Some authors emphasize that stability ought to be understood as a continuum, a state that for many individuals may be temporary and fragile (Frederick et al., 2014). Sylvestre, Ollenberg, and Trainor, (2009) go further in providing a perspective on residential instability that also recognizes broader systemic influences that contribute to the fragility of the stability individuals experience. In developing a definition and model for housing stability with multiple local housing systems for people with mental illness, Sylvestre et al., (2009) describe stability as a dynamic relationship between person, housing, and support. They also acknowledge system-level factors such as those involved in agency operations as playing an important influential role. In essence, they argue that an ongoing fit between individual, environmental, and programmatic characteristics is necessary to achieve housing stability. Their conceptualization is inclusive of broader factors that contribute to residential instability.

In sum, residential instability is a multidimensional and complex phenomenon for which a unidimensional indicator is insufficient to capture its complexity. In identifying elements that contribute to or put individuals at risk of residential instability, one must consider factors that increase the likelihood that one will lose their housing, and equally, consider factors that help individuals regain housing. This is because individuals experiencing residential instability live under a constant threat of losing their housing and many experience frequent residential transitions. To better understand residential instability and the threat of transitioning from a state

of housing to homelessness it is helpful to consider factors associated both entry into and exits out of homelessness.

### **Understanding Residential Instability as a Process**

In reviewing literature that conceptualized residential instability in various ways and from various perspectives, one can see that residential instability unfolds as a process for many. This process is multidimensional and unfolds over time, and since an important part of the process of residential instability often involves living under the threat of housing loss, the instability can be better understood in reviewing literature on housing gain and loss, that is, pathways into and out of homelessness.

**Pathways into Homelessness.** The interaction between structural and individual risk factors in the context of a crisis influence pathways into homelessness (Gaetz et al., 2012). Literature that has examined pathways into homelessness has generally aimed to identify risk factors and important elements that increase the likelihood that an individual will lose their housing and become homeless, this section reviews some of that literature.

A study of pathways into adult homelessness using data from an administrative database of nearly 4000 individuals and 65 in-depth interviews (Chamberlin & Johnson, 2013) identified five typical pathways into homelessness. They were identified as housing crisis, family breakdown, substance abuse, mental health, and youth to adult (referring to those who had been homeless as youth and remained homeless into adulthood). The authors observed that certain pathways into adult homelessness tended to result in longer periods of homelessness. An important factor that appeared to contribute to the duration of their homelessness is whether or not they became involved in the homeless subculture, engaging in social practices that made it difficult for them to exit homelessness. Specifically, the authors found that those who entered

homelessness through the family breakdown or housing crisis (referring to a financial crisis precipitating loss of housing) pathways were less likely to get involved in the homeless subculture or accept homelessness as a way of life. Individuals who entered homelessness through the family breakdown or housing crisis pathways did not tend to remain homeless as long as those experiencing the substance abuse and youth to adult pathways. Those experiencing the mental health pathway did tend to remain homeless long-term but were not found to engage in the homeless subculture; their experience was characterized by social withdrawal, often belonging to few or no social networks (Chamberlin & Johnson, 2013).

Overlapping with three of Chamberlin and Johnson's (2013) five pathways, MacKenzie and Chamberlain, (2003) identified three pathways into what they call a career of adult homelessness. Those pathways they called housing crisis, family breakdown, and youth to adult in their study of "homeless careers" that lead to chronic homelessness. In their study of individual adults, youth, couples, and family groups, authors were interested in studying the various phases through individuals' lives leading up to their self-identity with homelessness. They emphasize that homelessness is a lifelong "career process."

The first pathway Mackenzie and Chamberlin (2013) identify, housing crisis career, refers to difficulties individuals at risk of homelessness experience financially while living in poverty, as they approach imminent eviction. They found that these individuals did not tend to experience an "in and out" stage with their housing, but after losing housing their difficulties would abruptly worsen. The second pathway into adult homelessness they called family breakdown, typically characterized by interpersonal conflict between partners (e.g., domestic violence), which they did find to include an "in and out" stage where an abused partner may leave and subsequently return a number of times before finally leaving for good. Finally, their

third pathway they labelled youth to adult homelessness, referring to cases where individuals were homeless before adulthood and stayed homeless into adulthood. Mackenzie and Chamberlin (2003) found that half of the young adults in their sample (aged 19-24) had entered adult homelessness this way. They describe this pathway as particularly challenging since most had become homeless in their early to mid-teens and experienced issues related to substance use and mental health, and all were living in poverty. This is consistent with other literature on youth homelessness identifying risk factors for homelessness that include poor family functioning, socioeconomic difficulty, problems related to addiction, and issues related to mental health (Shelton, Taylor, Bonner, & van den Bree, 2009).

Mackenzie and Chamberlin (2003) argue that substance use and mental illness do not constitute a distinct “career path” into adult homelessness, but that these issues, when present prior to beginning one of their three outlined pathways, contribute to them, ultimately increasing the likelihood one will transition into chronic homelessness. They also note that many in their sample were found to develop issues related to mental health or substance use after becoming homeless.

***Relationship Between Mental Illness and Pathways into Homelessness.*** After the poor implementation of deinstitutionalization, many were quick to draw a direct link between mental illness and homelessness. This is a perspective that although fairly common, commits an erroneous oversimplification of pathways into homelessness (Cohen & Thompson, 1992). However, the relationship between mental illness and homelessness is well documented and complex (Mojtabai, 2005; Folsom et al., 2005). In their study of pathways into homelessness among those living with mental illness, Sullivan, Burnam, and Koegel, (2000) compared pathways into homelessness for individuals living with mental illness with those who were not.

They concluded that although mental illness may play an influential role in the process of becoming homeless for some, mental illness on its own is likely not a sufficient risk factor for homelessness. They found that people who were homeless and had experienced mental illness tended in some ways to be more privileged (meaning less likely to belong to a racialized group and were better educated) than other homeless individuals, but ultimately, they found mentally ill homeless individuals to have more in common with other homeless individuals than they did with mentally ill housed individuals (homeless individuals shared backgrounds of extreme poverty and social disadvantage; Sullivan et al., 2000).

Mojtabai (2005) studied a sample of homeless adults, examining their perceived reasons for housing loss and continued homelessness using secondary data (n = 1,620). Just over half of their sample (56%) met their definition of mental illness, whose responses were compared to the rest of their sample who were categorized as not mentally ill. Both groups reported similar reasons for their continued homelessness (poverty, unemployment, lack of adequate affordable housing) and few differences among reasons for loss of housing were identified between the two groups. In fact, only a small proportion of those living with mental illness identified mental illness as the main reason for their homelessness. This led Mojtabai (2005) to conclude that treatment of mental illness is only one of the many needs of those who are homeless and mentally ill. The study found both groups to attribute other factors to their loss of housing and ongoing homelessness that may not be directly related to their mental illness, including insufficient income, unemployment, and lack of suitable housing. In reviewing this literature, it is clear that while mental illness may be a contributing factor to homelessness, it is not a sufficient risk factor for loss of housing into homelessness.

Broadly speaking, literature on pathways into homelessness is instructive when studying pathways into residential instability in that homelessness itself is often defined as a form of the broader (encompassing more than just homelessness) categorization of residential instability (e.g., Gaetz et al., 2012; Eastwood & Birnbaum, 2007). Since pathways into residential instability is presently not an established area of research, literature on pathways into homelessness is useful in examining the experience of those who are unstably housed and what may have contributed to their becoming stably housed. To this end, exits from homelessness are also useful in studying how individuals may successfully exit circumstances of residential instability.

**Exits from Homelessness.** There are several important factors that tend to shorten the duration of an individual's homelessness. Economic resources including income supports, subsidized housing, recent employment, and earned income are some of the factors that have been linked with exiting homelessness (Zlotnick, Robertson, & Lahiff, 1999; Piliavin, Entner Wright, Mare, & Westerfelt, 1996). In addition to economic resources, Caton et al., 2005 found shorter homelessness duration to be associated with good coping skills, adequate family support, absence of substance abuse treatment history, and an absence of arrest history. In their study of whether social affiliation is associated with exits from homelessness Zlotnick, Tam, and Robertson, (2003) found that exits out of homelessness were associated with social support from friends and family and service use. Moreover, a study examining risk and resilience factors that affect individuals' ability to exit homelessness found that increased income, a larger social support network, and access to subsidized housing increased the odds that one may achieve housing stability. It is therefore quite clear in the literature that financial and social supports are important factors in aiding individuals to exit homelessness.

An approach to facilitate permanent exits from homelessness among those living with mental illness and experiencing substance abuse increasingly supported by evidence is the Housing First model. Housing First is an evidence-based approach to remove barriers to housing entry; housing is provided to individuals not contingent on treatment and sobriety, and has been found to be an effective means of increasing the likelihood individuals would remain housed (Tsemberis, Gulcur, & Nakae, 2004). An underlying premise of the approach is that individuals ought to have choice in where they live, providing them with greater agency and control over their lives. Housing and clinical services are kept separate and consumer choice in both housing and services (housing and neighbourhood type, intensity of services) is a core value of the approach. Importantly, the approach emphasizes that among those who are chronically homeless, more assertive interventions with high support are required to help individuals attain and then maintain stability (Aubry, Nelson, & Tsemberis, 2015).

The At Home/Chez Soi project followed 2000 individuals across five cities in Canada, about half of whom received the Housing First intervention (Goering et al., 2014). Authors of the study found that those who received the intervention were more likely to remain housed, reported improved quality of life and community functioning, and reduced their hospital service use as compared to the group that did not receive Housing First, known as the “treatment as usual” group. The Housing First program also offered support and treatment services to users, acknowledging that stability is not only achieved with the provision of housing. At Home/Chez Soi illustrates the difficulty individuals have in retaining housing on their own and showed that without the intervention, individuals generally struggled to gain stability. The present study examines a sample of individuals who did not receive an intervention such as Housing First, comparable to a “treatment as usual” group.

In sum, consistent across literature reviewing pathways and residential instability is the notion that there are many factors outside of these people's control that contribute to their continued instability. Although these factors vary slightly from one study to the next, the process of residential instability is illustrated as being influenced by various social, environmental, and structural factors that contribute to and maintain instability. Most of the research however is correlational research that shows a relationship exists between the reviewed factors and the instability. Few studies delve deeper into how the process of residential instability unfolds, focusing on the transitions themselves and how the transitions are impacted by the various factors, and the resulting outcomes for individuals who are unstably housed. The present study aims to fill that gap but studying the transitions themselves.

### **The Present Study**

For many individuals with histories of residential instability, the circumstances under which they lose housing and the nature of their relationship to their housing can be complex. Their experience is one where the boundary between homeless and housed is easily (and sometimes often) traversed. The provision of housing is only one element of stability since after housing is obtained, many challenges individuals with histories of unstable housing face persist. The presence of other risk factors reviewed above, including substance use, poverty, mental illness, etc., can have a very destabilizing effect on one's life. This destabilization can increase the chances of housing loss and contribute to the instability experienced by individuals who are not stably housed. The preceding review explored the various conceptualizations of residential instability including the different ways it is referred to, characterized, and factors associated with loss and regaining of housing. The present study aims to provide a closer analysis of the nature

and consequences of the residential transitions of individuals with histories of unstable housing, using data from a larger Canadian study.

The Health and Housing in Transition (HHiT) study, a longitudinal study across three Canadian cities (Toronto, Ottawa, and Vancouver), explores the experience of individuals who are homeless or vulnerably housed with histories of unstable housing (Hwang et al., 2011). As part of the HHiT study, a qualitative study of people with histories of unstable housing was undertaken to better understand how unstable housing can negatively affect vulnerable people. A key issue we investigated was their perceptions of the housing they acquired on their own (Sylvestre et al., 2018) as well as how they transitioned into and out of the housing they acquired. The latter issue is the focus of the present study, using data from the Ottawa sample. Much of the research reviewed above has identified factors associated or correlated with unstable housing, loss of housing, and homelessness. The present study however, aims to shift from a variable view to a process view – a focus on the process of individuals' transitions in and out of housing, the impacts of abrupt losses of housing, and how this inconsistency in their lives contributes to their marginalization. To this end, we posed the following research questions to guide our analysis:

1. Under what circumstances do participants' transitions occur?
2. What is the nature of participants' transitions?
3. What consequences do participants experience as a result of their transitions?

## **Methods**

### **Participants and Sampling**

The larger quantitative HHiT study included four interviews 12 months apart over a four-year period from 2009 to 2014. A sample of 22 participants with a mean age of 47.7 years (SD =

11) was recruited to participate in a one-time qualitative interview during the last quantitative interview in the larger longitudinal HHiT study if they met inclusion criteria. Participants were asked about their interest in participating in an interview for the present study if they had reported at least two moves in the last two years. A “move” referred to a housing transition between two different settings, such as housing, homelessness, or between any different types of residences. Further, recruitment aimed for an equal representation of men and women (11 male, 10 female, one transgender), and for approximately half (12, 55%) of the sample to have indicated a self-reported lifetime mental health diagnosis in an aim to obtain sample of individuals living with diverse challenges. Thirteen participants (59%) identified English as their first spoken language, the rest of the sample identified French, Persian, Italian, Ojibway or Inuit as their first language. Participants reported to have had an average of 4.1 moves ( $SD = 4$ ) over the past four years, and at the time of the interview, 20 (91%) were housed and two (9%) were homeless. Demographic information is presented in Table 1.

### **Data Collection**

Participants who expressed interest in participating in the one-time qualitative interviews during data collection for the larger HHiT study were subsequently contacted by phone to set up the interview. All participants received a \$20 honorarium for their participation. Participants gave informed consent at the start of each audio-recorded interview and were given an opportunity to ask any questions they may have had about the study or the interview. To guide the interviews, a semi-structured interview protocol (included as Appendix A) was used which included questions about participants' health, their current and past housing, and their service use. Participants were also asked to discuss in detail one particular housing transition, how it was initiated and transpired, and how they were impacted by the transition.

Table 1  
*Demographic characteristics of the sample*

Demographic Variable	Participants (n=22)
Age (years), mean (SD)	46.6 (10.7)
Gender, n (%)	
Male	11 (50)
Female	10 (45)
Transgender	1 (5)
Marital status, n (%)	
Single/never married	15 (68)
Divorced/separated	4 (18)
Married/common law	0 (0)
Partnered, not married	3 (14)
Born in Canada, n (%)	19 (86)
Racial/cultural group, n (%)	
White	15 (68)
Black/African-Canadian	1 (5)
First Nations/Aboriginal	4 (18)
Mixed ethnicity	0 (0)
Other	1 (5)
Employed in past 12 months, n (%)	3 (13)
Average monthly income in past 12 months, (CDN dollars) median (IQR)	850 (703)
Current housing status, <sup>1</sup> n (%)	
Homeless	3 (14)
Unstably housed	19 (86)
Average number of moves in last 4 years, mean (SD)	4.1 (3.1)
Age at first homelessness (in years), mean (SD)	26.5 (12)
Ever diagnosed with a chronic health condition, <sup>2</sup> n (%)	21 (95)
Ever diagnosed with a mental health problem, n (%)	13 (59)

<sup>1</sup> Participants were considered homeless if at the time of the interview they were living in a shelter, public place, vehicle, abandoned building, or temporarily staying with friends or family due to lack of own housing. Participants were considered unstably housed if they reported living in their own room, apartment, or place and had been homeless in the past 12 months and/or had at least two moves in the past 12 months. Participants who were temporarily living with friends or family and were paying rent were considered unstably housed, while those who were not paying rent were considered homeless.

<sup>2</sup> Chronic health conditions include high blood pressure; heart disease; asthma; COPD (includes emphysema and chronic bronchitis); cirrhosis; Hepatitis B or C; intestinal or stomach ulcers; urinary incontinence; bowel disorders; arthritis; problems walking, lost limb, or other physical handicap; HIV/AIDS; epilepsy; fetal alcohol syndrome or fetal alcohol spectrum disorder; head injury; glaucoma; cataracts; cancer, diabetes; or anemia.

Discussions often included descriptions of other transitions as participants had trouble distinguishing between moves, had experienced a large number of moves, or because they were unable to nominate one move as most significant. Interviews were conducted at a university-affiliated research centre on campus and, in some case, in the participants' homes or in public spaces. Interviews with participants were audio-recorded and then later transcribed verbatim. Interviewers took notes during interviews and also filled out interview summary forms (included as Appendix B) that summarized salient themes discussed throughout the interview and reflected on the interview process (adapted from Miles, Huberman, & Saldana, 2014). The summary forms were reviewed throughout the interviewing process by interviewers; topics that arose during the interviews were discussed among interviewers including themes that emerged from follow-up questions. This process allowed interviewers to discuss how interviews were proceeding and what themes (expected and unexpected) were emerging throughout the semi-structured interview process.

### **Data Analysis**

After audio-recorded interviews were transcribed into Word documents, they were checked against the recording to ensure their accuracy. Any inconsistencies were corrected. Next, the text was transferred into a QDA Miner file, a qualitative analysis software used to code and manage the data (Provalis Research, 2013). Prior to beginning the coding process, we employed a data condensation process (Miles et al., 2014). First, a matrix table was used to summarize each interview, where rows represented each major question or theme discussed in a given interview, and columns were filled with summaries of participants' responses and corresponding quotes that illustrated each summary. A coding scheme was developed based on

these matrices, consisting of descriptive codes to summarize passages of data (Miles et al., 2014).

The coding scheme was then applied to a few initial transcripts by multiple coders. Next, coders reviewed and compared their codes, and in discussion with the research team, refined codes and their definitions to ensure codes fit the data and that they were being applied consistently. This process resulted in a final coding scheme which was applied to all the data independently by all three coders. Next, a second cycle phase of the analysis began in an aim to identify common themes across participants. A cross-case housing matrix was developed to simplify and condense data across participants (cases) represented in its rows to examine their understanding of their current and past housing situations. The cross-case housing matrix included columns for salient themes including current housing situation, their experiences with stable and unstable housing, and elements of improvement or new challenges as a result of a notable housing transition they were asked to describe.

Although some aspects of the housing transition were coded for in the original round of coding, for the present study, it was important to delve deeper into the participants' experiences of their housing transitions. To this end, all the interviews were reviewed to identify all statements related to the participants' descriptions of their housing transitions, and any factors that were attributed to transitions, their precursors, or consequences. These were coded for as "general transitions." These "general transitions" text segments were then exported to an Excel document and formatted into two columns, where one represented participants, and the other contained the coded text segments belonging to a given participant, allowing a review of each participant's descriptions of their transitions. The text segments were coded sufficiently broadly to include enough context so that they could be understood on their own. They were then

examined, and using an inductive approach, a number of subcategories were developed. These subcategories included interpersonal issues, substance use, poverty, safety concerns, pests. Each sub-category was represented in a given column in the matrix, and each row represented a given participant, to create the transition matrix.

The transition matrix was then populated using five sources, each was a different summarized or condensed form of the original data. The following five sources were used to fill cells in the matrix, each source was consulted for each participant in order: (1) the “general transitions” code Excel document; (2) analytic memos written when reviewing transcripts, describing each participant’s transitions; (3) the cross-case housing matrix; (4) a participant's transcript summary matrix table; and if necessary (5) the original transcript. Each document was consulted until saturation was reached (normally by the 4<sup>th</sup> source) in that no new factors described as influencing transitions were emerging. The use of several sources allowed for a process of data verification, ensuring that data applied to the transition matrix can be confirmed using multiple sources, and when there was uncertainty, the original transcript was finally reviewed to confirm accuracy. This was an exercise in attempting to fill in the cells of the cross-case transition matrix; a decision rule for entry into the matrix (Miles et al., 2014) was that that a given precursor must have been described as somehow associated with a move. For instance, it was not sufficient that a participant described a substance use issue they had for it to be included in the matrix, but that the substance use must have been said to have in some way influenced or impacted their transition. Finally, a researcher explanation row (Miles et al., 2014) was created to summarize patterns observed in the data for each precursor. Other rows or columns were added (e.g., planned vs unplanned transitions) as new ideas or theories emerged during the analytic process.

The process of data condensation, organization, and discussion among researchers was itself a form of analysis, and a series of analytic memos were kept during this process, which refer to a brief narrative that documents researcher's reflections and thinking process about inferences drawn from the data as part of the data condensation process. Among researchers, this process also involved a constant revisiting of data and documents created to condense data, to seek evidence to confirm or disconfirm themes identified throughout analysis (Miles et al., 2014). An audit trail was maintained throughout analysis to ensure analytic transparency and consistency among the research team throughout the process, to be able to retrace and continuously evaluate the research process (Corbin & Strauss, 2008).

### **Findings**

The present study aims to illustrate how the process of residential instability unfolds in our sample of individuals with histories of unstable housing. Participants found themselves going from one residential circumstance to the next, aiming to improve their circumstances with each move. As the proceeding sections will show however, their experiences make clear that their circumstances did not necessarily improve from one move to the next. Rather, they often found themselves facing new challenges in their new residences, challenges that in many cases contributed to subsequent moves. The findings are presented below according to the individual research questions.

#### **Under What Circumstances Do Participants' Transitions Occur?**

Our first research question aimed to investigate under what circumstances individuals' transitions occurred. Since participants' characterizations could be grouped into several categories or precursors, the following section is organized by each identified precursor as identified by our participants and is followed by a section guided by the second and third

research questions which centered around the nature of their transitions and consequences participants experienced as a result of their transitions.

**Interpersonal conflict.** Interpersonal conflict was the most-cited influence on participants' transitions. A total of 18 of our 22 participants described some form of interpersonal conflict as having preceded one or more of their transitions. Four participants described moving away from or escaping intimate partners (all four female) and the rest spoke of conflicts with roommates, neighbours, friends, or building management. When speaking about conflict with others, participants often spoke about conflict that had led to an abrupt move. These moves were typically initiated by themselves to escape interpersonal confrontation or conflict or initiated by others such as their landlord or family.

In one instance, a line was crossed that forced a participant to move abruptly, when one day he "came home and there was, I don't know how to say this properly, there was a couple hundred pounds of marijuana in the house." The illegal cannabis belonged to his roommate and he decided to immediately leave when his roommate refused to remove the cannabis from the residence, putting them both in legal jeopardy.

Although most instances of interpersonal conflict described involved participants and another party, one participant was living with a family in a spare room, paying them rent. One day, he learned the spouses had divorced, the house was put on sale immediately, and the family moved out. This forced him out, leaving him without a home: "It was a shock, and you know the house is being sold and this is going on, and I mean, my possessions that I did have there I didn't even go and collect them."

**Safety concerns.** Often closely related to situations involving interpersonal conflict is another commonly cited influence, safety concerns. Just over half of participants described safety

concerns as having influenced at least some part of their residential transitions. With the exception of a few who experienced specific threats, most participants spoke of general fears for their safety, having witnessed violence in or around their housing, leading them to seek new housing. Four described specific threats to their safety as having led to their transitions, including threats from a building superintendent, a community member, an abusive ex, and a stalker. Conversely, general environmental fears of violence led to less abrupt housing transitions, ones where participants were able to give themselves some time (though often not much) to leave their housing. In the former cases involving specific threats to safety however, participants had to flee quickly and abruptly.

One example of an abrupt move happened when one participant had to leave her housing after experiencing unwanted advances from her building superintendent. Eventually, it led to a physical altercation after he forced himself into her room, she described that “he was creepy. I beat him up. He was coming into my room ... because he had access.” This points to a lack of safety leading to an abrupt move, in this case when the superintendent began to let himself in. Another participant’s sudden move was precipitated by a threatening note she received after a recent break up from her ex-partner, and she describes: “I had to get out of there. The cop told me [my ex-partner’s] going to kill me.”

Most participants, however, described scenarios where they lived in an environment where they did not feel safe. Often, these individuals were not specifically targeted (such as by an ex or superintendent in previous examples), but instead witnessed or experienced violence or understood their environment to be dangerous. Their moves were less abrupt but still under very distressing circumstances. One participant described his need to move out of the shelter because

he did not feel safe after previously experiencing violence and understanding the threat remained indefinitely:

I want my peace of mind. I want to go to sleep at night knowing that nobody's gonna, nobody's there dealing drugs and I wanna know that I can go to sleep not get hit over the head, or get punched in the face like I have been before.

Nearing the end of an interview, one participant revealed she just recently saw “a girl that always beats me up just at the corner here.” The interview ended early and the interviewer called for somebody to come escort herself and the participant out of the building because they were concerned that person was still there, and their safety was not guaranteed. The interviewer was exposed first-hand to the very real safety concerns – although only a small fraction and for a short moment – that some participants experience daily.

**Substance use.** Fifteen participants described substance use as having influenced their transitions. When discussing substance use in the context of their transitions, most participants spoke about the need to avoid an environment that would either trigger use for those who are not using and recovering from addiction or trigger increased use for those who currently use. A minority of participants who cited substance use as an important influencing factor spoke of the use itself as having led to or initiated their loss of housing, rather than experiencing a self-initiated move to avoid an environment that encouraged use. Most often, use-initiated transitions were in a context of substance use being against residential rules, leading to their eviction once caught using.

Residential change to avoid an environment of substance use most often involved leaving a shelter for housing or for another shelter, in an aim to find an environment with less use. One participant described his shelter as “a drugstore” and explained his routine: “when check day

came, I just go to the bank, get money, come back, get the drugs, and go to my room and smoke my brains out.” Another participant described it as “difficult to maintain a fulltime job and live at the [shelter]. I wasn’t going anywhere. I couldn’t get away from the drugs because the drugs are under your nose 24 hours a day, 7 days a week.” Participants often contrasted their experience living in environments with rampant drug availability to other residential circumstances where drugs were less present, describing availability of drugs as being highly correlated with their use. As described by one participant who lived in an all-women rooming house:

Three quarters of us were addicted to crack ... we would knock on each other’s door and say, ‘do you have any or can you spare me a little bit?’ It was sick. It was a sick vicious cycle that I’m so glad I’m out of now.

As illustrated in her description, the constant availability of drugs was made worse by an environment of drug sharing, making it nearly impossible for her to stay clean, but that changed once she was housed in an environment where drugs were no longer so ubiquitous. This was clearly outlined by another participant who when asked what it was like to leave the shelter and transition into housing, said “it was a big change. Like I said, I... I got off of the drugs.”

**Financial issues.** Half of our sample described financial issues as having forced them to move or lose their housing. When speaking of financial difficulties that led to housing transitions, participants spoke of high housing costs rendering their housing unaffordable or of their inability to afford both food and housing at the same time (choosing food and losing housing). In some instances, financial constraints described by participants were linked to substance use, with participants reporting that they could no longer afford their housing because their money was spent on substances they were addicted to, or as one participant described in the previous section, their drug addiction prevented them from being able to maintain employment.

When asked about his loss of housing, one participant simply described that it was due to a “lack of funds.” Lack of financial capacity to house and support themselves often left participants with anxious feelings of uncertainty, as one reported: “There was nothing to be happy about, like seriously you don’t know where your next meal is, you don’t know where your next bed is, you don’t know anything.” Often, participants mentioned financial constraints in passing before moving on to other issues to describe in greater detail and with more emphasis.

**Pests.** Although somewhat less frequently discussed than the other precursors, pests were among the most disturbing to participants. Often, pests were described as a red line, a limit to what participants were willing to endure before they had to move. Nine participants described living in spaces infested by mice, bedbugs, cockroaches, or other insects.

One participant described his previous housing as “infested with fucking mice, I was catching, like, three, four an hour where [the mouse traps] just slap it and I would spring load it, bar ones. I love those traps.” This participant, however, saw a rodent infestation as an improvement over the bedbugs that had infested his previous housing. As he described, “okay, we had to deal with mice, easier than bugs.” This sentiment was echoed by another participant’s experience: “No, my room had mice before, but I’m not scared of those compared to the bedbugs.”

Bedbugs were described as intolerable. One person said that “there was bedbugs like, holy fuck ... in the middle of the day and they're climbing, they're literally crawling over the walls man.” He described why he prefers “bedbugs verses cockroaches. Bedbugs like to eat off of you. They feed off of you.” Bedbugs were described as violating participants’ bodily integrity, creating visible bites and rashes, in their most personal spaces, their beds. When asked what is

most important to her about where she lives, one participant reflected what many others described: “Just that there's no bedbugs and it's clean and no cockroaches, plain and simple.”

**Other factors.** A few other factors were cited as having influenced participants' transitions. Although over half the sample self-reported a lifetime mental health diagnosis, only two participants reported that their mental health directly influenced their transitions. One participant simply said one of her moves “was due to mental health” without elaborating further, while another said her mental health causes her to “flip out” and “fight with [others] for no reason.” A third individual said his mental health influences his residential transitions indirectly, describing that “once my mental health starts to deteriorate, um, generally, my drug use goes up” which in turn has caused him to lose his housing. Therefore, similar to when participants described their poverty, mental health was often mentioned in passing when discussing transitions without much elaboration; participants generally focused on other factors. Other issues some participants described as having played important roles in influencing their transitions included physical disability, constraining residential rules, poor quality housing, and frequent incarceration.

**Multifactorial influence.** The circumstances under which our participants find themselves, when transitioning from one residence to another, were complex. Although the factors above are presented separately, it is quite clear that they are very interrelated. For example, interpersonal conflict is often related to safety concerns. Further, safety concerns were often reported to be present in environments where there is heavy substance use, which itself may contribute to financial constraints. For example, one individual illustrated this interrelationship between different factors when he said that “once my mental health starts to deteriorate, um, generally, my drug use goes up.”

Among the five factors (interpersonal conflict, substance use, poverty, safety issues, and pests), most participants experienced more than one. In fact, only two participants reported to have only experienced one of the five factors when describing their previous transitions. Most reported to experience three of five (12), four experienced four out of five and, one individual attributed all five factors to having directly impacted or influenced their previous residential transitions.

### **What is the Nature of Participants' Transitions?**

In this section, we aim to illustrate how the process of gaining or losing housing unfolds in our participants' lives and how their relationships with their housing may be influenced by this process. Our second guiding research question inquired about how participants described their transitions occurred. When discussing their transitions, participants generally focused on the surrounding social and environmental circumstances that influenced their transitions. In studying their descriptions, it is clear that the nature of many of their transitions can be characterized as either being more planned, self-initiated, and gradual, or less planned, other-initiated, and more abrupt. The proceeding section uses "planned" and "unplanned" to simplify description but as is noted further, these are better understood on a continuum between transitions that are more planned or less planned, rather than the two being dichotomous.

**Circumstances that are associated with more or less planned moves.** When unplanned, moves tend to be abrupt, and often initiated by someone other than the participant (e.g., landlord evicting tenant) or by the participant themselves, under circumstances outside of their control, forcing them to initiate the move (e.g., specific, imminent danger to one's safety). Circumstances under which unplanned moves tend to occur in our sample include acute partner conflict, eviction as a result of substance use, or imminent threats to safety: "when the police say

my life was in danger, well, I went to the [shelter].” When in violation of residential rules, participants may have found themselves in patterns of abruptly leaving their residential circumstance only to return to the same one, often a shelter, sometimes multiple times. As described by one individual who was “kicked out of every [shelter]. At least six times each. Because when you're kicked out of one then they have to refer you to another one.” Another participant described her experience when evicted from her housing and given only 72 hours to leave, leaving her with insufficient time to find new housing:

It was hard. It was really, really hard. No, I had no idea what the hell I was going to do because I had -- I had no forewarning, none whatsoever. It's just we're kicking in your door today, you've got to get as much belongings out of there as you possibly can, and that's it.

Such abrupt moves were often caused by evictions for disobeying residential rules or failing to pay rent, other abrupt moves may have resulted from threats of violence or conflict with an ex or roommate. Regardless of the cause of a given abrupt move, such moves were described as very stressful experiences, often leaving participants to seek residence in a homeless shelter given the inadequate amount of time to find new housing, leaving them no time to plan their next steps: “Plans, eh [loud exhale] [laughs] that's something I don't do.”

On the other hand, when planned, moves tend to be less abrupt, giving individuals more time to prepare, these moves are often self-initiated. Planned moves tend to occur under circumstances that include less acute partner conflict, conflict with neighbours or community members, a desire to move away from an environment of substance use, financial issues (e.g., no longer able to afford rent), presence of pests, or living in an unsafe location. One participant said she decided to move after she “watched [a] murder happen on [her] street.” Although there was

no direct, immediate threat directed toward her safety, the experience left her determined to move. If, however, someone had left her a note threatening to murder her specifically, she likely would have had to move more abruptly with much less time to plan.

Despite use of “planned” and “unplanned,” it is important to note, that these exist on a continuum from more planned to less planned residential transitions. The degree to which a move is “planned” in this context refers to the time an individual has to prepare for the move, its abruptness. In most cases, individuals would not plan to move if they did not have to, they are leaving their residential circumstance because one or more factors make their living conditions intolerable.

In sum, the nature our participants’ moves is one where their moves are along a spectrum from more planned to less planned, and nearly always are not initiated of their own accord. In essence, they are not moving in an active pursuit of better living conditions, but moving away from intolerable circumstances. Under such circumstances, participants found themselves expecting to move again in the near future following a residential transition, often on short notice. This culminates in feelings of indifference to their housing, where they often do not bother to get settled since they expect to move again in the near future:

It didn’t matter to me where I was. As soon as I got a place, I didn’t really get settled because I know as soon as I do something bad is going to happen. When I do, sure enough something does happen.

### **Consequences Experienced by Participants as a Result of Their Transitions**

The third research question concerned the consequences experienced by participants from their transitions. Participants have been unstably housed for a number of years and we endeavored to inquire about the consequences and outcomes of such instability. The first two

research questions painted a picture of transitions outside of participants' control, often leaving their residential circumstance once environmental or social conditions became intolerable. The third research question aims to explore the outcomes of living under such circumstances for our participants.

**An absence of clear improvement.** In describing their transitions, participants hoped for better living conditions when they moved. Although they were successful in leaving the poor living conditions in their previous residential circumstance after they moved, they generally did not describe a clear improvement in their situation. Whether implied or explicitly stated, participants' circumstances did not change: "Well, I moved but it didn't really change." From one change to the next, participants did not describe their circumstances as generally improving, but changing:

This is our third move within the last nine months. The first place had bed bugs in it, the place we just moved out of we just finished dealing with a mice situation ... Just finished struggling with that and didn't like my other neighbors, so me and my girlfriend moved out.

This participant described how having moved three times in just nine months, their circumstances did not significantly improve. In fact, as outlined in a previous section, this individual viewed the mouse infestation as an improvement over the bedbugs he lived with in his previous residence. In instances where improvements were described, they were often described in the context of an improvement from one challenge relative to the next, essentially trading a worse challenge for a better challenge, but a challenge nonetheless.

**Transitions from housing to shelters involve trade-offs.** It was expected that participants would generally view their transitions from shelters to housing as improving their

circumstances, but the picture was more complex. Although in some respects this was correct (generally, feelings toward housing were more positive than toward shelters), participants tended to describe this kind of a transition as involving trade-offs. A participant cited in the “substance use” section described her relief when she was housed, leaving a shelter with an environment of drug use which made it hard for her to stay clean. Shelters were often described as encouraging drug use and dangerous, so participants were often eager to leave them. One participant said that when living in an all-men’s shelter, he would “get into fights which happen many a times. Because you're just living with 450 screaming animals.” Privacy, lack of open drug use, and safety were factors participants said they appreciated after they left shelters and got housed. One participant described:

When you got your place, you can go home, close the door, you don't have to worry about everything that's surrounding you. ... I don't know if you ever tried to sleep and, like, a bunch of people, uh, awake beside you.

Despite the often-cited challenges participants were happy to escape from at shelters, there were some positive aspects they were reluctant to leave behind.

Shelters met basic needs, granting participants access to services and opportunities to socialize and belong to a community. One participant described the access to services positively, describing his reluctance to leave the shelter: “Ain't gonna know when you walk out 'cause you don't wanna walk out, 'cause you got everything provided there.” Another individual described that his basic needs were met and he had developed a routine at the shelter, “They wake you up, you got your breakfast, you got your lunch, you got everything, you know? You got nothing, but you got everything at once. It's weird to say, but that's what it is.” But when he finally got housed: “First two weeks I got my place, but I was sleeping at [the shelter].” When asked why he

stayed at the shelter for a time after he was housed, he said, “I didn't have no TV ... been almost 10 years in the shelter with everybody around me ... So the - the peace and quietness [it's], at first, scary ... not scary, but I mean... it's different.”

For this individual it was difficult to leave a shelter that met many of his needs and had become familiar to him, to then be housed all alone. Especially when housed in unpleasant environments (unsafe, pests, etc.) after leaving shelters, participants trade various challenges they experienced in their shelters for new challenges in their new housing (and various benefits or advantages in shelters for benefits when housed).

**Low connection to housing.** In a context of frequent and often abrupt moves, rarely initiated by their own choice, participants developed a weak relationship with their housing, characterized by a lack of meaningful connection to their housing. Often, as illustrated by one participant, they did not keep many belongings to make the process of constant moving less burdensome: “I had nothing. So, one of the staff at the [shelter], with her car, helped me [move].” This individual was able to fit their belongings into their car and move with the help of a shelter staff member in one drive to their new housing. Such circumstances lead to feelings of indifference toward their housing. When asked if he had any say in regard to where he was going to move to, one respondent who had experienced many recent moves said, “I didn't care, bud ... I just wanted a place.”

Contributing to the lack of connection with their housing was a lack of choice, as one participant described after leaving a bedbug-infested apartment where she was routinely harassed by a “nasty” neighbour: “I left my place because I really had to.” According to another participant, “I've really had very little choice over where I lived and that can be a real problem.”

The sum total of these experiences is a lack of rootedness and connection to their housing. This lack of connection led participants to develop a very transient relationship with their housing, expecting to move again in the near future shortly after settling in. They were not rooted both socially (changing social relationships after moving from one place to another) and in terms of attachment to their housing. This was quite clearly illustrated by one participant:

I don't plan on unpacking anything, since we already have it, within a year or so we're going to be moving again ... What the fuck is the point of unpacking? All I have to do is unpack what we need.

The emotional consequences of this include general feelings of hopelessness. This created a mutually reinforcing cycle where a lack of control over intolerable circumstances pushed them to move, and their lack of connection with their residence coupled with a lack of improvement in their circumstances did not create an incentive or desire to keep their housing: "Unpacking and packing, moving, unpacking, then packing, then moving, get settled. Pack and move and then, fuck it."

### **Discussion**

A central argument in this thesis is that housing itself is necessary but not sufficient to achieve residential stability. In studying the residential transitions of individuals with histories of unstable housing, we aimed to illustrate the multifactorial nature of the instability they experienced. Participants characterized their transitions by describing the circumstances under which they occurred, most of which could be grouped into the following categories: interpersonal issues, substance use, financial issues, safety concerns, and pests. These circumstances were often presented as having directly precipitated participants' transitions, yet as they moved from one residence to another, they often found that although they managed to

successfully escape the challenge that influenced their move, they were often presented with new challenges in their new residence. As a consequence of abrupt, frequent, chaotic, and to some extent unplanned residential changes, participants developed impermanent and transient relationships with their housing. In the absence of attachment to their housing, participants often described feeling indifferent toward their housing, expecting to move again in the near future.

### **Findings as They Relate to the Literature**

The five principal precursors as identified by our participants, namely, interpersonal issues, substance use, financial issues, safety concerns, and pests, characterize the circumstances under which our participants have lived during periods of residential instability in their lives. These characterizations are largely consistent with previous literature that aimed to define or characterize residential instability. For instance, Cotton and Schwartz-Barcott (2016) identified four factors they found to influence residential instability, including financial imperative, safety imperative, legal imperative (eviction or incarceration), and social imperative (social conflict). These factors are very similar to the factors that emerged from the data in the present study, with the exception of legal imperative (although participants did report some precursors leading to eviction). Further, Cotton and Schwartz-Barcott (2016) described patterns of abrupt and unforeseen changes in residential circumstance, which is very consistent with our findings.

The identified precursors also overlapped with some factors previously linked to pathways into homelessness, for instance as identified by Chamberlin and Johnson (2013; housing crisis, family breakdown, substance abuse). In their study of pathways into homelessness, Mackenzie and Chamberlin (2013) described that some individuals tend to experience an “in and out” stage with their housing before they are homeless, such as under circumstances of intimate partner violence – this was observed in our sample when participants

described “in and out” experiences when sheltered and then forced out for breaking rules related to substance use (and returning, and then leaving again after caught breaking rules).

Literature reviewed for the present study that examined pathways into homelessness and residential instability did not, however, identify presence of pests (or bedbugs specifically) as an influencing factor. For participants in the present study, presence of pests was generally described as the most alarming circumstance influencing a residential change. Rates of bed bug infestations in the developed world have been on the increase, and infestations disproportionately affect households of income below poverty level and homeless shelters (Gounder, Ralph, Maroko, & Thorpe, 2014; Hwang, Svoboda, De Jong, Kabasele, & Gogosis, 2005). The frequency with which bed bugs were discussed and significance attributed to the pests as having influenced moves was unexpected. It is possible that bed bug infestation is not a factor researchers consider when testing their hypotheses when studying residential instability or pathways into homelessness. A strength of our inductive approach is that it allowed us to explore topics as they emerged from the data, allowing us to discover patterns we did not expect.

Our participants made clear their frustration about the lack of agency they had regarding their moves, and on a number of occasions expressed their dismay about not having choice over when they would move or where they would be moving to. An underlying premise of the Housing First approach is that individuals should have choice over where they live (Aubry et al., 2015). This need was illustrated by our participants who presumably would have appreciated the choice available in a Housing First model, had they access to it.

### **Our Unique Contribution**

Our research compliments the larger body of literature that has identified factors associated with pathways into and out of homelessness and that defines residential instability.

However, the simple fact that some factors are associated or correlated with unstable housing, or loss of housing, does not explain or illustrate the process of gaining or losing housing itself, or the impact of such abrupt losses of housing on individuals. Our research allowed for a deeper examination of factors we identified (often similar to correlates identified in previous research) to come up with a fuller picture. This can be described as a shift from a variable to a process view, where our primary focus was on how the process of these transitions unfolded and their resulting consequences, rather than merely studying their correlates. Our process view also acknowledged the interrelationship between factors, rather than listing several factors that may appear independent from one another.

When closely studying the main factors we identified, we were able to detect nuances that correlational studies may not have been sensitive to. For instance, we further parsed out instances where substance use was a driving factor in participant's transitions into those seeking to leave substance use environments to avoid increasing their present use (or avoid relapsing for those who no longer use) or those who lost housing directly as a result of their use. A key difference between the two different scenarios, is that the former type of transition was generally self-initiated, unhurried, and to a certain extent within the participants' control while the latter was other-initiated, abrupt, and largely outside of participants' control. Such patterns within factors were observed when studying other circumstances too. For example, transitions initiated by safety concerns were largely grouped into instances where there was a specific threat (e.g., an ex threatening violence) or general feelings of danger (e.g., witnessing violence) which followed the same patterns as described above, where the former was often other-initiated and the latter self-initiated.

Nearly all of the transitions described could be categorized as abrupt, other-initiated, and less planned, or more gradual, self-initiated, and more planned. It is important to remark however, that these categorizations are not always so clear and simple. It is debatable to what extent transitions are “self-initiated” or “planned” when responding to intolerable living circumstances. Further, as some transitions have multiple influences, it is often the cumulative effect of several factors that lead to a transition. We nevertheless find these distinctions useful, especially when comparing and clarifying participant experiences relative to other individuals who are unstably housed.

Another important contribution this study makes is in acknowledging the relative importance participants give to the different precursors that have been identified. Consistently, it was observed that some factors were given more weight and were described as having much stronger influences on moves. When participants described financial constraints and mental health they were often mentioned in passing when discussing influences on their transitions without further elaboration. Only half the sample identified financial constraints and three attributed moves as having been influenced their mental health (while half the same self-reported lifetime mental health diagnosis). Consistent with other research, mental illness is not viewed as a sufficient risk factor for housing loss, and only a small proportion of those living with mental illness in our sample directly attributed their loss of housing to their mental health (Sullivan et al., 2000; Mojtabai, 2005)

Financial constraints were viewed as a distal factor, participants did not often describe as central to influencing their moves. It is very likely that for the vast majority of our sample, poverty played an important role in their circumstances, but only half directly said poverty, or financial constraints, played a role in their transitions. It is possible that poverty is something that

participants have struggled with for a long time and something they have grown accustomed to, leading them to not directly draw a link between their financial struggles and their history of being unstably housed. Poverty has led participants into chaotic and unpredictable housing situations, and it was other factors they often described as influential to their moves such as interpersonal conflict, safety concerns, and substance use. This may suggest that the financial constraints are of a more peripheral nature for them, or that after long periods of housing instability, poverty is something participants have grown so accustomed to that it is not something they identified or discussed at length when asked about their transitions.

Participants were very much affected by their surroundings, and most disturbed by pests, especially bedbugs. As participants lacked control over many aspects of their lives, bedbugs were described as a violation of their bodily autonomy. Once this most personal area of their lives was impacted and out of their control, they often decided it was time to move. The psychological impact and disgust was illustrated by one participant cited earlier, when he described how “bedbugs like to eat off of you. They feed off of you.”

Finally, it is also important to note what influences that were not noted when discussing transitions. Very rarely did participants say they left their housing circumstance because the physical quality of the housing was poor. Despite describing poor quality housing, and living circumstances, participants did not link the poor quality directly to their decisions to change residences. With the exception of pests, participants were generally preoccupied with social influences and precursors to their transitions. Physical quality, although often described as poor, was not something participants described as sufficient on its own to merit a move. This illustrates the precedence the other mostly social factors were given in these situations.

### **Policy and Service Implications**

The evidence from the present thesis, consistent with previous research, is that individuals with histories of unstable housing struggle to gain stability on their own. People who experience residential instability are faced with a number of factors that contribute to their continued instability, including interpersonal or family conflict, addiction, poverty, mental health difficulties, and environmental factors such as pests and poor quality housing. It is important therefore, that appropriate supports be in place to address the many different barriers to stability so people may become stably housed.

The Canadian Government unveiled its \$40 billion 10-year National Housing Strategy (NHS), promising to build 100 000 new social housing units and repairing or renewing another 300 000 units (Government of Canada, 2018). While there is a lot of evidence to suggest that financial supports and provision of housing are important to help people to exit homelessness (e.g., Zlotnick, Robertson, & Lahiff, 1999; Piliavin, Entner Wright, Mare, & Westerfelt, 1996), this is not sufficient for gaining and maintaining stability. It may be unlikely that the provision of a new or renewed social housing through the NHS would be sufficient to ensure housing stability for many in this sample. Only one participant said they had lost housing due to financial reasons, while nearly all other participants mentioned multiple reasons in addition to the poverty they experience, including interpersonal conflict, substance use, and safety concerns, that would not be addressed through the provision of housing alone.

People need access to a range of supports in order to achieve stability. This may involve community-based support offered to individuals in addition to housing such as intensive case management that links them to supports including mental health care, addictions support, social

services, and material supports (income supports, funding for furniture, etc.; Aubry, Cherner, Ecker, & Yamin, 2017).

Additionally, efforts are required to inform tenants of their rights and to advocate on their behalf. Such efforts may also include informing tenants about how to identify and protect themselves from pests in addition to the responsibilities of their landlords regarding pest management – this is increasingly important as bedbug infestations re-emerge, particularly where homeless and vulnerably housed individuals live (Hwang et al., 2005). Programs designed to aid in obtaining employment coupled with supported employment can also be very helpful in gaining stability (Mueser & Cook, 2016).

Finally, an important finding of the present thesis is that our unstably housed sample felt a lack of connection to their housing and community. On a community level, programs offered by drop-in centres that promote a sense of community and belonging are important for gaining and maintaining stability. On an individual level, it is important that individuals are able to build connection with their housing. Such connection can be facilitated if individuals feel a sense of ownership and responsibility toward their housing, which can be promoted with a move-in allowance (financial support to assist with the moving process), so individuals can buy some of their own furniture. Addressing such barriers at both the individual and community levels may promote individuals' active participation in their communities and their becoming fully enfranchised as citizens, which would importantly contribute to their stability (Sylvestre, 2017). Further, as is a core value of the Housing First model, individuals ought to have some choice over where they live and what kind of housing they live in (Aubry et al., 2015) – this may further contribute to a sense of agency, control, and ownership.

**Future Avenues of Research and Limitations**

Future research using a similar methodology to ours may sample individuals who do not have histories of unstable housing as well as those who do. Factors that are present, and the importance given to them in influencing transitions, would allow for researchers to measure what contributed to continued instability and how that compares to situations where individuals were stably housed but suddenly found themselves experiencing residential instability. Another avenue for future research could focus on exits from instability. The experience of a sample of individuals who have a history of unstable housing but have gained and maintained stability for a number of years could be studied to identify what factors contributed to their transition into stability and how they managed to maintain their residential stability.

In reviewing literature, we found few studies had looked at the specific impact of bedbugs on loss of housing and homelessness. Although our sample only consisted of 22 individuals, nine of whom described bedbugs as an important influencing factor, we anticipate that this may be an issue experienced by many others. Administrative databases often used for large-scale studies do not always measure presence of bedbugs. Further, researchers may not hypothesize the bedbugs may be an important factor when studying pathways into and exits out of homelessness or residential instability. Future research could attempt to confirm or disconfirm the experience described by our participants in relation to bedbugs on a larger scale.

Finally, it is recommended that researchers focus on pathways into and exits out of residential instability. Literature focusing on pathways into and out of homelessness has been gaining prominence over the past decades, but there is a scarce amount of such literature focusing on residential instability. Indeed, as was made clear in the review, there presently exists little agreement on how to label the phenomenon, and more research is needed to clarify how it

should be defined, but it is our view that residential instability is sufficiently separate and important to merit its own pathways focus. Although some consider homelessness as a form of unstable housing, there are many forms of unstable housing (e.g., living in poor quality housing with limited financial capacity to keep the housing) that are not always considered within the definition of homelessness.

Some limitations have been identified with our present approach. First, our sample consisted purely of individuals with histories of unstable housing. Inclusion of those who have been stably housed for some time would allow us to measure how factors that influence transitions differ between groups, to further clarify what factors are present and influential in samples experiencing residential instability. Further, our sample consisted of 22 individuals, making our results not generalizable to the broader population.

### **Conclusion**

The difference between housed and homeless can become indistinguishable for individuals experiencing residential instability. Our study has shown how residential instability in our sample is characterized by sometimes frequent and often chaotic transitions. In describing their transitions, our participants generally described them by their precursors, consistently emphasizing some over others. Participants left their housing once circumstances become intolerable, and some circumstances, such as bedbugs, were described as far less tolerable than others. Living under such circumstances for prolonged periods of time for our sample was often associated with an impermanent and transient relationship with their housing. Our study highlights the complex circumstances under which participants found themselves when unstably housed. There exists an assumption that once individuals leave shelter and become housed, or once they transition from one residence to another, that their circumstances improve. As our

participants transitioned from one residence to another however, they found they were presented with new challenges in exchange for old.

### References

- Aubry, T., Cherner, R., Ecker, J., & Yamin, S. (2017). Community-based support in the context of housing: a review of models and evidence. In J. Sylvestre, J. Nelson, & T. Aubry (Ed.) *Housing, citizenship, and communities for people with serious mental illness: Theory, research, practice, and policy perspectives* (pp. 45-102). New York: Oxford University Press.
- Aubry, T., Nelson, G., & Tsemberis, S. (2015). Housing First for People with Severe Mental Illness Who are Homeless: A Review of the Research and Findings from the at Home—Chez soi Demonstration Project. *The Canadian Journal of Psychiatry, 60*(11), 467–474. <https://doi.org/10.1177/070674371506001102>
- Caton, C. L. M., Dominguez, B., Schanzer, B., Hasin, D. S., Shrout, P. E., Felix, A., ... Hsu, E. (2005). Risk Factors for Long-Term Homelessness: Findings From a Longitudinal Study of First-Time Homeless Single Adults. *American Journal of Public Health, 95*(10), 1753–1759. <https://doi.org/10.2105/AJPH.2005.063321>
- Clark, W., Deurloo, M., & Dieleman, F. (2006). Residential Mobility and Neighbourhood Outcomes. *Housing Studies, 21*(3), 323–342. <https://doi.org/10.1080/02673030600585946>
- Cohen, C., & Thompson, K. (1992). Homeless mentally ill or mentally ill homeless? *Am J Psychiatry, 149*, 816–823.
- Coley, R. L., Leventhal, T., Lynch, A. D., & Kull, M. (2013). Relations between Housing Characteristics and the Well-Being of Low-Income Children and Adolescents. *Developmental Psychology, 49*(9), 1775–1789. <https://doi.org/10.1037/a0031033>

- Corbin, J., & Strauss, A. (2008). Basics of qualitative research: Techniques and procedures for developing grounded theory. Retrieved from [https://www.researchgate.net/profile/Brad\\_Wuetherick/publication/277197202\\_Basics\\_of\\_Qualitative\\_Research\\_Techniques\\_and\\_Procedures\\_for\\_Developing\\_Grounded\\_Theory/links/55d44f6f08ae0a34172296a1/Basics-of-Qualitative-Research-Techniques-and-Procedures-for-Developing-Grounded-Theory.pdf](https://www.researchgate.net/profile/Brad_Wuetherick/publication/277197202_Basics_of_Qualitative_Research_Techniques_and_Procedures_for_Developing_Grounded_Theory/links/55d44f6f08ae0a34172296a1/Basics-of-Qualitative-Research-Techniques-and-Procedures-for-Developing-Grounded-Theory.pdf)
- Cotton, B. P., & Schwartz-Barcott, D. (2016). Residential Instability Among Low-Income Families: A Concept Analysis. *Archives of Psychiatric Nursing, 30*(2), 257–261. <https://doi.org/10.1016/j.apnu.2015.11.006>
- Cox, R., Henwood, B., Rice, E., & Wenzel, S. (2017). *Roadmap to a Unified Measure of Housing Insecurity* (SSRN Scholarly Paper No. ID 2817626). Rochester, NY: Social Science Research Network. Retrieved from <https://papers.ssrn.com/abstract=2817626>
- Eastwood, E. A., & Birnbaum, J. M. (2007). Physical and sexual abuse and unstable housing among adolescents with HIV. *AIDS and Behavior, 11*(2), 116.
- Folsom, D. P., Hawthorne, W., Lindamer, L., Gilmer, T., Bailey, A., Golshan, S., ... Jeste, D. V. (2005). Prevalence and Risk Factors for Homelessness and Utilization of Mental Health Services Among 10,340 Patients With Serious Mental Illness in a Large Public Mental Health System. *American Journal of Psychiatry, 162*(2), 370–376. <https://doi.org/10.1176/appi.ajp.162.2.370>
- Frederick, T. J., Chwalek, M., Hughes, J., Karabanow, J., & Kidd, S. (2014). How Stable Is Stable? Defining and Measuring Housing Stability. *Journal of Community Psychology, 42*(8), 964–979. <https://doi.org/10.1002/jcop.21665>

- Gabrielian, S., Bromley, E., Hellemann, G. S., Kern, R. S., Goldenson, N. I., Danley, M. E., & Young, A. S. (2015). Factors affecting exits from homelessness among persons with serious mental illness and substance use disorders. *The Journal of Clinical Psychiatry*, *76*(4), e469.
- Gabrielian, S., Young, A. S., Greenberg, J. M., & Bromley, E. (2016). Social Support and Housing Transitions Among Homeless Adults With Serious Mental Illness and Substance Use Disorders. *Psychiatric Rehabilitation Journal*. <https://doi.org/10.1037/prj0000213>
- Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., ... Streiner, D. (2014). National final report: cross-site At Home/Chez Soi project. *Calgary: Mental Health Commission of Canada*.
- Gounder, P., Ralph, N., Maroko, A., & Thorpe, L. (2014). Bedbug Complaints among Public Housing Residents—New York City, 2010–2011. *Journal of Urban Health*, *91*(6), 1076–1086. <https://doi.org/10.1007/s11524-013-9859-y>
- Herbers, J. E., Cutuli, J. J., Supkoff, L. M., Heistad, D., Chan, C.-K., Hinz, E., & Masten, A. S. (2012). Early reading skills and academic achievement trajectories of students facing poverty, homelessness, and high residential mobility. *Educational Researcher*, *41*(9), 366–374.
- Hwang, S. W., Aubry, T., Palepu, A., Farrell, S., Nisenbaum, R., Hubley, A. M., ... Chambers, C. (2011). The health and housing in transition study: a longitudinal study of the health of homeless and vulnerably housed adults in three Canadian cities. *International Journal of Public Health*, *56*(6), 609–623. <https://doi.org/10.1007/s00038-011-0283-3>

- Hwang, S. W., Svoboda, T. J., De Jong, I. J., Kabasele, K. J., & Gogosis, E. (2005). Bed Bug Infestations in an Urban Environment. *Emerging Infectious Diseases*, *11*(4), 533–538. <https://doi.org/10.3201/eid1104.041126>
- MacKenzie, D., & Chamberlain, C. (2003). *Homeless Careers: Pathways in and out of homelessness*. Counting the Homeless 2001 Project.
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A method sourcebook*. CA, US: Sage Publications.
- Mojtabai, R. (2005). Perceived Reasons for Loss of Housing and Continued Homelessness Among Homeless Persons With Mental Illness. *Psychiatric Services*, *56*(2), 172–178. <https://doi.org/10.1176/appi.ps.56.2.172>
- Mueser, K. T., & Cook, J. A. (2016). Why can't we fund supported employment? *Psychiatric Rehabilitation Journal*, *39*(2), 85–89. <https://doi.org/10.1037/prj0000203>
- Piliavin, I., Entner Wright, B. R., Mare, R. D., & Westerfelt, A. H. (1996). Exits from and returns to homelessness. *Social Service Review*, *70*(1), 33–57.
- Roy, É., Robert, M., Fournier, L., Laverdière, É., Berbiche, D., & Boivin, J.-F. (2016). Predictors of residential stability among homeless young adults: a cohort study. *BMC Public Health*, *16*, 131. <https://doi.org/10.1186/s12889-016-2802-x>
- Shelton, K. H., Taylor, P. J., Bonner, A., & van den Bree, M. (2009). Risk Factors for Homelessness: Evidence From a Population-Based Study. *Psychiatric Services*, *60*(4), 465–472. <https://doi.org/10.1176/ps.2009.60.4.465>
- Sullivan, G., Burnam, A., & Koegel, P. (2000). Pathways to homelessness among the mentally ill. *Social Psychiatry and Psychiatric Epidemiology*, *35*(10), 444–450. <https://doi.org/10.1007/s001270050262>

- Sylvestre, J., Klodawsky, F., Gogosis, E., Ecker, J., Polillo, A., Czechowski, K., ... Hwang, S. (2018). Perceptions of Housing and Shelter among People with Histories of Unstable Housing in three Cities in Canada: A Qualitative Study. *American Journal of Community Psychology*. <https://doi.org/10.1002/ajcp.12243>
- Sylvestre, J., Ollenberg, M., & Trainor, J. (2009). A Model of Housing Stability for People With Serious Mental Illness. *Canadian Journal of Community Mental Health*, 28(1), 195–207. <https://doi.org/10.7870/cjcmh-2009-0015>
- Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, 94(4), 651–656.
- Vogel, M., Porter, L. C., & McCuddy, T. (2017). Hypermobility, Destination Effects, and Delinquency: Specifying the Link between Residential Mobility and Offending. *Social Forces*, 95(3), 1261–1284. <https://doi.org/10.1093/sf/sow097>
- Zlotnick, C., Robertson, M. J., & Lahiff, M. (1999). Getting off the streets: Economic resources and residential exits from homelessness. *Journal of Community Psychology*, 27(2), 209–224. [https://doi.org/10.1002/\(SICI\)1520-6629\(199903\)27:2<209::AID-JCOP8>3.0.CO;2-2](https://doi.org/10.1002/(SICI)1520-6629(199903)27:2<209::AID-JCOP8>3.0.CO;2-2)
- Zlotnick, C., Tam, T., & Robertson, M. J. (2003). Disaffiliation, Substance Use, and Exiting Homelessness. *Substance Use & Misuse*, 38(3–6), 577–599. <https://doi.org/10.1081/JA-120017386>

## **APPENDIX A: Participant Interview Guide**

### **The Health and Housing in Transition Study: A Qualitative Study of Health and Housing Transitions**

#### **Introduction and Preamble**

Thanks so much for speaking to me in more detail about your housing moves. In today's interview, we will focus on one move that you made between 2006 and now. As you might recall, in the regular interviews for this study, you were asked about your history of housing moves. In preparing to talk to you today, we have put together a list of all the moves you told us about. We would like you to pick a move that you found especially important or significant. Importance might mean a strong positive change or a strong negative change or it might mean a move that had both positive and negative elements that were significant.

#### **Part 1: Your Move**

1. Let's begin by talking about this move and why it was significant for you. What is it about this move that is so significant for you?

- Was this move something you expected or wanted? Whose idea was it?
- What changed for you because of this move?
  - Did something change about you?
  - About the people around you?
  - About your plans for yourself?
  - About your ability to meet your needs or look after yourself?

- About how you felt about yourself?

2. Now I'd like to learn more about this move, and why it affected you the way that it has.

*Before the move:*

- Where were you living before the move?
- What was the place like before you moved?
- What specifically did you like or dislike about the place?
- Were you happy or unhappy there? What made you feel this way?
- How did living there affect you?

*Preparing for the move:*

- Thinking back, what was it that happened that led to this move?
- Was it a move you wanted or not?
- Did you know where you were going before you moved?
  - If yes, how did you know? If not, why not?
- Did any help you plan the move out of this place or help you find a new place?
- How did you feel as you prepared to move?

*Moving:*

- Now tell me, how did the move take place? What were the steps like? Was someone else involved with you?
- What was this change like for you? How did this affect you?

*Completing the move:*

- Now tell me about the place you moved to.
  - Is this a place you liked or did not like?
  - What did you like or not like about the place?
- What was it like for you moving to the new place?
  - What was it like settling in to this new place?
  - What was helpful or unhelpful during this settling in process?
  - Were there things that you did or that others did that made it easier or more difficult?
- Did anyone help you settle in?
  - What did they do?
  - What was helpful or unhelpful?
- How long did you stay there?
  - Was it a good place for you to be, or not?
- After the move was over and you were settling in, what thoughts or feelings did you have?
- Thinking back to the time as you settled in after this move, how were you affected by the move?

*Feelings about the move:*

- You've given quite a lot of detail about the move. Thanks so much. Some of the things you've told me about were about how you felt about the move. Thinking back over

everything that you've told me, how would you sum up or explain your feelings about the move?

## **Part 2: Your move and your health**

Now I'd like to spend some time talking about your health, and whether your health was in any way related to or affected by this move.

3. To begin, let's spend a few minutes thinking about what health means. What does the word "health" what does it mean to you?

- Do you consider yourself to be healthy?
  - Why or why not?
  - Are there some ways in which you are healthy and some ways in which you are unhealthy?
- Are there times since 2006 that you think you have felt relatively healthier?
  - Why would you say you were healthy then?
  - Were there some things you were able to do that you could not do when you felt healthy?
  - What was different about how you felt then?
- Are there times since then that you think you have been unhealthy?
  - Why would you say you were unhealthy then?
  - Were there some things were unable to do that you could do at other times?
  - Was there something about how felt that was different?

4. Now that I have a good understanding of what health means to you, I'd like to think about how your health may have been related to the housing move we were just talking about.

- Thinking about this move, was it a time when you would say were feeling healthy, unhealthy, or somewhat healthy but also somewhat unhealthy?
  - Why would you say this?
- Did your health have anything to do with the move you described earlier?
  - Did it make it more likely that you would move?
  - Did it make it easier or more difficult to move?
- Did your health have anything to do with your experiences during the move?
  - Did it make it easier or more difficult to move?
- Did your health have anything to do with how you settled into the new place you moved to?
  - Did it make settling in easier or more difficult?
- Think back over this period of time did your health change at all during or after the move?
  - Did it get better or worse?
- Why do you think this move had (or did not have) an effect on your health?
  - Was it something about the process of change, or the place you were moving to or from, about the people who may have played a role in the change?

### **Part 3: Your move and the health and social services you receive**

5. Thinking about this move, did it affect the health or social services you receive?

- Did it make it easier or harder to get services you wanted or needed?

- Were there some services that started or stopped receiving because of the move?
- Which ones? How did this affect you, if at all?
- Did the health and social services you received help in any way with your move?
  - Did they give you the idea to move or help you to move, in any way?
  - Did they help you settle in, in any way?
- Thinking back how were the health and social services most helpful and unhelpful during this time?

#### **Part 4: Facilitators and barriers of housing transitions**

6. Thank you for sharing all of these thoughts about your housing moves. As someone who has had a number of moves in your life, I wonder if you might share with me your thoughts about some of the most significant barriers that you have experienced to getting and keeping the housing you want.

- What is it that in your experience has made it most difficult to get the housing you want?
- What is it that in your experience has made it most difficult to keep the housing you have had?

7. Thinking about the things you have just told me, along with all the other things you have told me during this interview today, what would help someone who has had the kind of experiences you have had?

- What would help you to find and to get the kind of housing you want?
- What would help you to keep the housing you want?

**APPENDIX B: Interview Summary Form****(Adapted from Miles and Huberman, 1994)****Advancing the Health and Housing in Transition Study: A Qualitative Study of Health  
and Housing Transitions**

Participant ID#:

City:

Date of Interview:

Interview completed by:

Recording: Yes / No

Other notes: Yes/No

Date Form Completed:

1. What were the main issues or themes that struck you during this interview?
2. Summarize the information you got (or failed to get) from the interview
3. What else struck you as salient, interesting, illuminating or important about this contact?
4. What are new issues or questions that could be pursued in other interviews?
5. What are elements of the interview that could be improved?