

MEMORANDUM

TO: Regional Steering Committee on Homelessness and Housing

FROM: HomeBase

RE: Family Homelessness – Updates and latest Research

DATE: October 19, 2007

Setting the Context—Family Homelessness

Researchers estimate that every year 600,000 families, with 1.35 million children, experience homelessness in the United States.¹ Of these children, 42% are under the age of five.²

Homeless parents are slightly younger and more likely to be from an ethnic or racial minority than housed, poor families.³ Homeless families are more likely to have tumultuous housing histories, including living in overcrowded or substandard conditions, and/or experienced eviction.⁴ Nationwide, homeless families earn around \$5,000 annually, less than half the poverty level, an amount insufficient to afford housing in any housing market.⁵ Not surprisingly, data also shows that the receipt of a housing subsidy greatly increases a family's long-term stability once they return to housing.⁶

The destructiveness and the human, social and economic costs of family homelessness are well known to people serving the homeless population. For the parent, the experience of homelessness and the associated stress that results from economic, social, and psychological dislocations can negatively affect health and well-being.⁷ Children in homeless families are more likely than other children to be taken away from their families and placed in foster care⁸, are less healthy⁹, and have higher exposure to stress and experience more disruptions in school and to friendships.¹⁰

¹ Culhane, D. (2004). *Family Homelessness: Where to from here?* Presentation by Dr. Dennis Culhane, University of Pennsylvania Professor of Social Welfare Policy, Delivered October 14, 2004 to the National Alliance to End Homelessness Conference on Ending Family Homelessness. Powerpoint available online at <http://www.endhomelessness.org/content/article/detail/1044>.

² Burt, M.R., Aron, L.Y., Douglas, T., Valente, J., Lee, E., & Iwen, B. (1999) *Homelessness: Programs and the People they Serve . Findings of the National Survey of Homeless Assistance Providers and Clients. Technical Report.* Washington, D.C.: U.S. Interaency Council on the Homelessness. [Available online at <http://urban.org/UploadedPDF/homelessness.pdf>]

³ Shinn, M., Weitzman, B. C., Stojanovic, D., Knickman, J. R., Jimenez, L., Duchon, L., James, S. & Krantz, D. H. (1998). Predictors of homelessness among families in New York City: from shelter request to housing stability. *American Journal of Public Health, 88*(11): 1651-1657; and Bassuk, E. L., Buckner, J. C., Weinreb, L. F., Browne, A., Bassuk, S. S., Dawson, R., & Perloff, J. N. (1997). Homelessness in female-headed families: families: childhood and adult risk and protective factors. *American Journal of Public Health, 87*(2): 241-248.

⁴ Shinn, et al. (1998) op cit.

⁵ Merves, E. (1992). Homeless Women. Beyond the Bag Lady Myth. In M. Robertson & M. Greenblatt (Eds.). *Homelessness. A National Perspective.* New York: Plenum Press, 229-244. Bassuk, E. L. (1995). Lives in Jeopardy: Women and Homelessness. In C. Willie, P. P. Rieker, B. Kramer & B. Brown. *Mental Health, Racism and Sexism.* Pittsburgh: University of Pittsburgh Press, 237-252.

⁶ Shinn, et al. (1998) op cit.

⁷ Webb, D. A., Culhane, J. F., Metraux, S. Robbins, J. M. & Culhane, D. (2003). Prevalence of episodic homelessness among adult childbearing women in Philadelphia, PA. *American Journal of Public Health, 93*(11): 1895-1896.

⁸ Culhane, J. F., Webb, D., Grim, S., Metraux, S. & Culhane, D. (2003). Prevalence of child welfare services involvement among homeless and low-income mothers: A five year birth cohort study. *Journal of Sociology and Social Welfare, 30*(3): 1-11.

The good news about family homelessness is that it is a solvable problem. Communities in the Bay Area and across the country have begun to take real steps towards reducing the number of homeless families. This document presents some of the recent research, developments, and best practices for ending family homelessness. It by no means reflects an exhaustive list of all the latest or ongoing strategies for preventing or eliminating homelessness.

II. Recent Research on Family Homelessness

2007 National Symposium on Homelessness Research—Homeless Families and Children

Over the last two decades, research has provided significant information on the characteristics of homeless families and the causes of their homelessness. Research has also focused on understanding the needs of homeless families and whether or not a “typology” of homeless families can be created. At the 2007 National Symposium on Homelessness Research, a paper titled *Homeless Families and Children* was presented that synthesized relevant research on homeless families.¹¹ Below are the key findings of the synthesis and recommendations for future research.¹²

Key Findings on the Characteristics and Needs of Homeless Families and Children

Based on the synthesis of research on homeless families and children, the paper identified the most consistent findings on the characteristics of homeless families, their housing and service needs, and the impact of homelessness on families.

The most common profile of a homeless family is one headed by a single woman in her late 20’s with approximately two children, one or both under 6 years of age; those at greatest risk belong to ethnic minority groups.

- Homeless families are more likely than poor domiciled families, and both are substantially more likely than the general population, to be members of minority groups, in particular African Americans. Although the particular minority groups vary by city, reflecting a city’s ethnic and racial composition, minority groups are invariably disproportionately represented.
- Homeless families are disproportionately headed by women and have young (pre-school age) children. The risk of homelessness is highest among children under the age of six. Pregnancy and recent delivery are also significant risk factors.

The residential histories of homeless families typically reveal high mobility and instability, living in a variety of doubled up and other housing arrangements.

- In one study examining the 18 months prior to entering a homeless program for homeless families, families moved an average of 5 times, spent less than 7 months in their own home, 5 months homeless or in transitional housing, 5 months doubled-up, and 1 month in other living situations.
- Another study found that that a key predictor of first-time homelessness for families in New York was frequent mobility and overcrowding.

⁹ Weinreb, L., Goldberg, R., Bassuk, E., & Perloff, J. N. (1998). Determinants of health and service use patterns in homeless and low-income housed children. *American Academy of Pediatrics* 102(3): 554-562.

¹⁰ Masten, A. S., Miliotis, D., Graham-Bermann, S. A., Ramirez, M. & Neeman, J. (1993). Children in homeless families: Risks to mental health and development. *Journal of Consulting and Clinical Psychology*, 61(2): 335-343.

¹¹ Rog, D. J., & Buckner, J.C. (1997). *Homeless Families and Children*. 2007 National Symposium on Homelessness Research—Discussion Draft, February 12, 2007.

¹² The following information is derived from numerous sources. Citations to the original research have been omitted in this document, but can be found in the Symposium Paper, *Homeless Families and Children*

Family separations are a common occurrence with homeless families, both before and after the homeless episode.

- In one study, 44% of homeless families had a child separation, compared to only 8% of low-income, never homeless families.
- Another source reported that 60% of all homeless women in 1996 had children younger than 18, but only 65% of those women lived with any of their children. 41% of homeless men had minor children, but only 7% lived with any of them.

Homeless families are typically extremely poor, and have human capital needs with respect to both education and employment.

- The incomes of homeless mothers are significantly below the poverty level. Homeless families almost always have incomes too low to obtain adequate housing without subsidies. In 1996 the median income for a homeless family was \$418, or 41% of the poverty line.
- Adults in homeless and poor families generally have low levels of educational attainment and poor work histories.
- GED rates for homeless mothers range from 35-65%, depending on studies. This compares to the national average of 75%.

Conflict, trauma and violence figure prominently in the lives of homeless families, as they do with equally poor but domiciled families.

- Homeless and poor mothers generally have experienced high rates of domestic and community violence.
- In one study, almost two-thirds of homeless mothers had been severely physically assaulted by an intimate partner and one-third had a current or recently abusive partner.
- Another study reported that 40% of homeless mothers had been sexually molested by the age of 12 and 60% had experienced severe physical abuse.

The health of homeless mothers is often poorer than domiciled mothers, but homeless mothers typically report high rates of access to health care; by contrast, their mental health problems are comparable in rate and nature (e.g. typically depression) to poor women in general, and are typically unmet.

- Homeless mothers have more acute and chronic health problems than the general population of women under 45 years.
- Homeless families have significant unmet dental health services needs.
- Homeless mothers have high lifetime rates of post-traumatic stress disorder (3 times more than the general population).
- Depression is relatively common among homeless and poor women.

Reports of substance abuse, though likely underestimates, are higher for homeless mothers than for other women in poor families, but lower than for single homeless adults.

- Homeless families are more likely than extremely poor families, but less likely than homeless individuals to report substance abuse.

Both homeless and low-income housed children experience the negative effects of broad poverty-related adversities.

- Studies suggest that although homelessness itself can have an additional detrimental impact on children's mental health, physical health, and school performance, particularly in the short term, the effects tend to dissipate over time once children are re-housed.
- Homelessness can function as a "marker for risk" for children (meaning likely to have a higher rate of problems than similar age youth in the general population) but not necessarily higher than similarly poor, but housed youth.

Ending Homelessness for Families

The body of research on housing interventions is small and limited to descriptive evaluations. Longitudinal studies that examine factors relating to increased stability have also contributed to knowledge on how to improve residential stability on families.

Subsidies

Studies show that housing subsidies are strong indicators of exits out of homelessness for families. Additionally, families receiving subsidies after leaving shelters are less likely to return to shelters than families receiving some other type of housing placement. Subsidies have also been shown to improve the quality of neighborhoods where formerly homeless families live. Finally, research also suggests that housing subsidies are important to families exiting transitional housing and one study indicated that almost all families needed some kind of subsidy to secure permanent housing. Although some families who do receive subsidies return to homelessness, they are a crucial resource for families exiting and remaining out of homelessness.

Evaluations of other housing interventions all show improvements in housing stability and often in other outcomes such as income and school attendance. However, studies are needed to examine the type of housing and service combination that is most effective in serving families with different needs. Comparative research is needed to study different models and different intensities of services. Until these studies are done, we will not have information on the most effective models of housing and service delivery needed by different types of families.

Preventing Homelessness

The paper identified the following findings from research that examined efforts to prevent homelessness:

- Subsidies are effective in preventing homelessness and increasing the amount and access to these benefits would likely result in a lower incidence rate of family homelessness.
- Targeting families for prevention is difficult because there is no effective way to identify families that are most vulnerable for homelessness. Among extremely low-income families, researchers have had little success consistently identifying which families would become homeless. Although based on research to date, young families and families that have past stays in homeless shelters, may be at highest risk.
- There are multiple sources of risk for family homelessness and it has been difficult to identify one specific factor that, if ameliorated, would substantially lower the incidence rate of family homelessness.

Recommendations for Future Research

After examining the existing body of research on Homeless Families and Children, the authors recommended areas where further research is necessary:

- Broader Geographical Samples- There is a need for research on families from broader geographical areas, especially the Midwest, South, and in rural areas.
- Longitudinal Designs- Studies are needed to examine the homelessness and residential instability over several years.
- Intervention Research- There is a need for research on matching housing interventions with the needs of families. There is also a need for data on the role of services in ameliorating the range of problems faced by homeless families, particularly in the context of housing.
- Homeless Children- Additional research is needed to study the impact of homelessness on children, specific subgroups of children, as well as to determine which interventions are effective for children, parent-child separation, and resilience.

National Center on Family Homelessness—Homeless Families Program

The National Center on Family Homelessness, in partnership with Policy Research Associates and the Vanderbilt University Institute for Public Policy, has been involved in a study on how best to meet the needs of

homeless women and their children. The study, called the Homeless Families Program, is being funded by a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

This study is the first ever multi-site study to focus exclusively on interventions for homeless mothers with psychiatric and substance use disorders. The study is examining eight sites throughout the country to determine which intervention practices are most effective in producing increased residential stability, decreased psychology distress, trauma recovery and substance abuse recovery. The sites involved in this study are located in Arizona, Connecticut, Massachusetts, Missouri, New York (2 sites), North Carolina, and Pennsylvania. The study is also looking at the emotional and behavioral health of children. Successful practices will help providers serve this vulnerable and disadvantaged population. The Homeless Families Program study concluded in 2006 and results are forthcoming.

III. Providing Services and Housing to Homeless Families

Provide Housing as the Prime Intervention

The Role of Permanent Supportive Housing in Addressing Family Homelessness¹³

Permanent supportive housing is a promising intervention for many families who are homeless for long periods and face the greatest obstacles to stability and self-sufficiency, but more needs to be learned about its effectiveness. For most families facing homelessness, receiving a housing subsidy is a strong predictor of residential stability. The research on the impact of mandatory vs. voluntary services is not definitive, and the issue is complex. It appears from the limited evidence on family permanent supportive housing that a voluntary services approach may have a greater impact on homelessness by increasing housing stability, while resulting in less progress on other goals such as employment and family reunification; whereas a mandatory service approach may have the reverse results – lower rates of housing stability, more progress on employment and family reunification. More rigorous research is required before we can come to any definitive conclusions about the right service approach for families, although evidence indicates that the development of reliable and trusting relationships between providers and residents may make both approaches more effective. Additionally, research seems to indicate that when programs emphasize engagement and relationships, there is less need for stringent program rules related to program participation, as well as greater likelihood of positive outcomes.

San Francisco Homeless Families Services Redesign

In 2005 San Francisco Mayor Gavin Newsom proposed a plan to redesign the family homeless system in the City. Two years later, the plan has been completed and strategies for implementation are underway.

In the fall of 2005, Mayor Newsom, based on the success of the Housing First model in housing single adults, announced plans to redesign the family homeless system. The goal was to explore transforming the current emergency system into a proactive Housing First model. The San Francisco Human Services Agency, Division of Housing and Homeless Programs was charged with guiding the redesign process. An advisory committee was formed to provide direction to three subcommittees. Subcommittees, each staffed by an HSA Housing and Homeless staff member, were assigned one of three topics: eviction prevention/rental assistance, emergency shelter/assessment, and transitional/permanent housing. The advisory committee met monthly and the subcommittees met twice per month during the six-month process of eliciting recommendations for the plan.

More than 140 people participated in developing the plan, including service providers, advocates, housing developers, the school district, the Housing Authority, foundations, families, and other city agencies. A work

¹³ The Role of Permanent Supportive Housing in Addressing Family Homelessness: A policy brief prepared by the Corporation for Supportive Housing and the National Center on Family Homelessness. December, 2006.

group developed additional tools to gather family recommendations from the plan including surveys, focus groups, questionnaires, and a provider survey. Sub-committees, after six months of meeting, brought their recommendations to the advisory committee, which voted on the recommendations and prioritized them for inclusion in the plan. The *Homeless Services Redesign Plan* was completed and released to the public in July 2006.

The recommendations in the plan are organized around the three topics covered by the subcommittees. Overall 19 recommendations were made. Throughout the process, and evidenced by the recommendations made, key themes emerged: Families need access to affordable housing, affordable/subsidized childcare, culturally and linguistically competent services, and vocational/employment services that enable a family to increase their income.

Implementation of the plan is underway in San Francisco. Shortly after the plan was introduced, the city released an RFP to provide expanded rental assistance and temporary rental subsidies for families. The city also created a system for expedited access to childcare for families in shelters. The formation of a Housing First workgroup is also underway.

Shifting Gears Initiative: Fast Track to Housing for Bay Area Families

In June 2004, the Charles and Helen Schwab Foundation funded the *Shifting Gears Initiative: Fast Track to Housing for Bay Area Families*.¹⁴ The goal of this initiative was to support family homeless service providers in the Bay Area as they shifted away from old models of “managing” homelessness through shelters and transitional housing programs and towards a Housing First model. Nine service providers from six Bay Area counties participated in *Shifting Gears*.¹⁵ Each provider designed a proposal based on one or more housing-based strategies: rapidly placing families in housing, providing financial assistance for move-in costs and/or rent, providing home-based case management services, preventing at-risk families from becoming homeless and increasing the supply of supportive and affordable housing through advocacy and/or housing development. The initiative encouraged programs to take risks in designing innovative programs focused on long-term solutions to prevent and end homelessness. A key component of the initiative was the creation of a learning community where providers and their staff would have the opportunity to receive training and collaborate with other providers as the programs were implemented. In this learning community, agencies were supported as they became agents of change in redesigning services to prevent and end homelessness for families.

Agencies took a variety of actions to rapidly re-house people, assist with housing retention and prevent homelessness. Five agencies restructured their intake process to create a tool that would help them screen families for rapid re-housing and help case managers design housing strategies. Three organizations cultivated relationships with landlords and property managers to create more re-housing opportunities and also to mediate disputes to increase housing retention. Four agencies provided rapid re-housing move-in grants and rental subsidies, including one agency that secured new funding to provide longer-term grants to working families. Other actions taken by several programs were helping families increase their income and accumulate savings and providing emergency assistance to prevent homelessness. Five participating agencies are developing new permanent housing through conversion of transitional programs or purchasing new property. Finally, two agencies are using their grant money to fund advocacy projects. One agency hired a housing campaign coordinator to advocate locally to create permanent housing and the other organization hired a public education coordinator to implement an education campaign focused on implementing inclusionary zoning requirements.

¹⁴ In 2005, after the first year of the program, the Schwab foundation transferred project management and second year funds to the NAEH.

¹⁵ The participating providers were: Building Futures with Women and Children and Tri-City Homeless Coalition from Alameda County, SHELTER Inc., from Contra Costa County, Homeward Bound of Marin, Hamilton Family Center and Raphael House from San Francisco, Shelter Network from San Mateo, and EHC Lifebuilders and InnVision from Santa Clara County.

An evaluation report¹⁶ of the initiative at its halfway point found that the projects were generating positive results by increasing housing opportunities for families but that positive changes were also occurring at the program implementation level. Key findings from the evaluation include:

- Families who participated in the new programs moved into permanent housing faster than comparable families had done in the year before the Shifting Gears Initiative was implemented. In total, the projects participating in the initiative prevented homelessness for 633 families and rapidly re-housed 59 families.
- Agencies participating in the initiative have begun to experience operational and programmatic changes as they gain staff buy-in for new service delivery models and alter their institutional practices.
- The “harm reduction” approach is crucial to bringing about this culture shift in agencies. As organizations shift to a Housing First model, it is important that they abandon the “clean and sober” housing readiness model. This old model is exchanged for strategies that place people into housing first and then provide services that assist with addiction and dependency issues.

The second year of the *Shifting Gears Initiative* concluded at the end of 2006 and a final report and evaluation and report is forthcoming.

Consider Interventions for Homeless Families like those for Low-Income Families

At the July 2007 National Alliance to End Homeless Conference in Washington DC, Enterprise Community Partners gave a presentation on Resident Services for Families. Enterprise is a national non-profit, working in the fields of community development and affordable housing. Enterprise, along with the National Resident Services Collaborative, has been instrumental in working with providers of affordable housing to create service-enriched housing models that increase economic stabilities of families and prevent homelessness.

Resident services are support services designed to assist low-income families increase and maintain housing stability. Unlike supportive housing, which is designed to assist populations with special needs by providing intensive support services, resident services target low-income families and connect them with less intensive services focused on asset building and stability. The goals of resident services are to help families work through crisis, reduce or remove barriers to economic success and to prevent homelessness. With the support of these services, families are able to maintain stability and often move to market rate housing or even become homeowners.

The lynchpin of this service enriched housing model is the Resident Service Coordinator (RSC). The RSC works to connect tenants to quality social, education, and employment services as well as rental assistance, health services, and other crisis intervention services. The RSC works with and develops partnerships with existing service providers in the community and provides referrals to tenants. Some on-site direct services may also be available to tenants, such as after school programs for kids, computer labs, adult literacy and financial management classes, and youth development programs.

Resident services programs have great benefits for housing providers as well as residents. Increased economic stability for families results in improved rental collections, lower tenant turnover, reduced vandalism and maintenance costs, and lower eviction related legal fees. In 2006, Enterprise partnered with Mercy Housing to conduct a study on the impact of resident services on property management. The study examined 36 properties with 1,757 units in urban, suburban and rural areas and found that residential services resulted in decreased costs for property owners. In fiscal year 2005 the annual savings per unit was \$255 and in 2006 the savings was \$356 per unit. For a property with 100 units, this can result in an annual savings of more than \$30,000.

Effective resident services programs cost between \$500 and \$1000 per unit, depending on the services provided. Few dedicated, sustainable funding sources exist for resident services, and interruptions in services threaten

¹⁶ Shifting Gears and Making Waves: Evaluation Findings at the Midpoint of the Shifting Gears Initiative. Prepared by LaFrance Associates, LLC. June 2006

tenants' trust in the program and can reduce positive outcomes. Successful resident services programs are typically funded 1/3 with property income, 1/3 organization and 1/3 fundraising.

Comprehensive information on resident services for families can be found at:
www.enterprisecommunity.org and www.residentservices.org

Target your Investment in Interventions

In a recent article, researcher Dennis Culhane and his team test a typology of family homelessness based on patterns of public shelter utilization and examines whether family shelter characteristics are associated with those patterns of shelters use.¹⁷ Families in shelter fell into one of three categories: short term stays, long term stays, and families with repeat shelter stays. The results from the study indicate that there are no significant differences in the intense behavioral health treatment histories, disabilities, or unemployment rates between families with short shelter stays and families that stay in shelter for longer periods of time. Families with repeat shelter stays had higher rates of intense behavioral health treatment, placement of children in foster care, disability and unemployment.

The Study

The study sought to answer two questions:

1. Do longitudinal shelter utilization data indicate robust patterns of family homelessness?
2. Are differential patterns of family shelter utilization associated with distinguishing characteristics of the head of household?

The study looked at public shelter utilization by families entering shelter for the first time in four jurisdictions: Philadelphia, New York City, Columbus (Ohio) and the state of Massachusetts. Different time frames were used for each jurisdiction, depending on the data available, with a minimum two-year observation period for all families. The study used other health and social service utilization data to determine whether families had a history of involvement and a need for significant or ongoing services. Available data varies by jurisdiction, but enough data was available to allow for assessment for patterns.

Analysis produced three clusters, or categories, of homeless families, based on the length of shelter utilization during the study period. Families were divided into those with short shelter stays, long shelter stays and those with repeated or episodic shelter stays. Demographic and other health and social service usage was then compared between the three categories of families.

The Results

Cluster Characteristics

In each jurisdiction, the largest cluster (80% in Columbus, 72-74% in the other jurisdictions) was composed of families with a single, short episode of shelter use. The second cluster was composed of families with fewer than 1.5 episodes of shelter use of a relatively long duration and was much smaller in size (17.9% in Columbus and 20-21.5% in other jurisdictions). The third cluster was the smallest (2.1% in Columbus and 5-8% in other jurisdictions) and was composed of families that experienced episodic shelter stays (3-3.5 stays on average) during the study period. Across all four jurisdictions, approximately half of the bed days were used by the roughly one-fifth of the families in the long stay category. The short stay families used between 32% (Philadelphia) and 43% (Mass.) of the bed days. Because the observations times differed between jurisdictions, the average length of stay used to define each cluster varies among the jurisdictions.

Demographic Characteristics and Service Usage

¹⁷ Culhane, D.P., Metraux, S., Park, J.M., Schretzman, M., Valene, J. (1997). Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning. *Housing Policy Debate*, 18(1): 1-28.

A few trends emerged from the research:

- Households headed by an African American were more likely to be represented among the episodic cluster in New York and underrepresented among the temporary cluster in Philadelphia.
- Households headed by a Hispanic person are overrepresented among the temporary cluster in New York and overrepresented among the long-stay cluster in Massachusetts.
- Across all sites but Columbus, there is a consistent pattern in the age of the head of household, with the episodic cluster having the youngest head of household and the long-term cluster having the oldest.
- In general, episodic shelter users have the highest rate of service usage, disability, unemployment, and foster care use. Families with short stays had the next highest rate of service usage. Families in the long-term stay cluster had rates that were lower than or not significantly different than families in the short stay cluster.
- The one deviation from this pattern was that in New York and Philadelphia foster care placement was higher in long-term users than for short-term users, but episodic users still had the highest level of involvements. The researchers speculated that this could be the result of longer exposure to residential supervision or the detrimental effect on family stability.
- At least half of the episodic shelter users could be defined as chronically homeless under HUD's homelessness and disability criteria. These families exhibited repeated homelessness and intense behavioral health needs. For example, 31% of episodic families in Philadelphia received inpatient psychiatric treatment. In Massachusetts, this cluster had the highest rate of disability, measured by SSI receipt.

Discussion

The evidence suggests that long-term shelter utilization is not associated with evidence of more intensive service needs or barriers to housing stability. In some measures, long-term shelter users had the lowest rate of service utilization and need but overall the difference between the long and short-term clusters was not significant. The episodic cluster does appear to be associated with a population of homeless families with significantly higher rates of intensive service utilization.

The researchers suggest that these results might be consistent with the practice of shelters and transitional housing programs. For example, the longest-staying households might be those who "graduate" from the program and those likely to have cooperated with program requirements. These families may have even been recruited into long-term programs based on their relative stability (creaming). Families with the least stability are those more likely to be discharged from programs or evicted causing repeat shelter stays. Researchers also noted that there was an uneven distribution of households with long-term stays among specific shelters in the study jurisdictions. The study indicates that the practices of homeless service system play an important role in sustaining long-term shelter stays than the characteristics of the families themselves and that more research in this area is needed.

The research also highlights that the current system is inequitable and inefficient. Half of the resources are being used by a small group of families with long-term stays and these families do not show signs of needing these services relative to the other clusters. The systems are consistent in that families with few intensive behavioral health or social service histories do have relatively short shelter stays. They ask whether shelter stays for families with few or no apparent barriers to exit (including those in the long-stay cluster) could be made shorter. They also question whether programs with intense services might be reserved for families with high needs, though they acknowledge families may be reluctant to stay in intense programs.

The paper notes that families exiting shelter with a subsidy have positive housing outcomes, regardless of the length of shelter stay. Additionally, a long-term shelter stay for one family is equivalent to several years of housing subsidy for that family or short-term subsidies for multiple families. The reinvestment of current resources could serve more families or the same family for longer, in a more normalized setting. Research needs to be done to explore how best to match packages of rental assistance and services to family needs to maximize self-sufficiency and cost-efficiency. In order to undertake a restructuring of this type a few

considerations must be taken. The idea of matching family needs to housing and service packages only works if there is a valid tool to distinguish types of families and their needs. The complexity of funding sources for homeless assistance programs may make such a large-scale change difficult. Any new system must also be mindful of unintended consequences and the moral hazards must be considered. Finally, alternative homeless assistance systems must be understood in terms of the housing market.

Conclusion

The study found that characteristics seem to play a secondary role in determining shelter utilization patterns and policy and program factors play the primary role. The system distributes resources inequitably relative to need and possibly inefficiently compared to more direct housing relocation and subsidy programs. Alternatives to the current methods of providing emergency assistance should be tested. Any new system should more closely match needs and resources. Future research is needed to identify subpopulations of families to be matched with packages of housing and services.

Recognize the Needs of Families are Different from the Needs of Individuals

Bassuk Response to the Culhane Article

Ellen Bassuk, from the National Center on Family Homelessness, responded to the Culhane article.¹⁸ Bassuk concludes that Culhane's findings are limited and that the research captured only a small part of the real-life experience of homeless families. Bassuk notes that the Culhane study assumes that the mental health needs of families are the same as those of single adults. It fails to consider the very high prevalence of traumatic exposure and its often lifelong aftermath, as well as the distinct needs of children of different developmental ages and their families as a unit. Hence, she warns, any conclusions drawn from this work must be filtered through the lens of trauma and shaped by the complex needs of the children and their interactions with their parents.

Among the areas overlooked by this approach are the high levels of traumatic stress and violence in the lives of homeless families, children's needs, and the interactions between parents and children. When only limited research is available, there is a danger that even modest findings will be used to support broad policy directions. Further research is needed to arrive at a defensible typology.

The variables analyzed are too narrow and are limited by the nature of administrative data sets. The data gathered in this study do not adequately reveal the complex needs of family members and do not contain critical information that can come only from direct interactions with homeless families and children. Richer data sources are needed. The challenge in moving forward is to integrate the methodology with knowledge generated from the field, clinical experience, and the families themselves. Since homeless families have distinctly different mental health issues than homeless single adults, these issues are not likely to be captured by the indicators used in this study. Because Kuhn and Culhane (1998) applied a methodology previously used to investigate the needs of single adult homeless people whose mental health profile is markedly different from that of families, Bassuk contends that this study should be applied only to the very small numbers of families headed by an adult with severe mental illnesses that are similar to those experienced by single adults (e.g., schizophrenia and other psychoses, and some co-occurring disorders.)

Triage Families to find the Appropriate Housing/ Shelter/ Service Placement

Burt Response to the Culhane Article

¹⁸ Bassuk, Ellen K. Comment on Dennis P. Culhane et al.'s "Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning". *Housing Policy Debate* 18(1): 29-42.

Martha Burt from the Urban Institute also authored a response to the Culhane article.¹⁹ Burt concedes that it is hard to disagree with the primary inference that the authors draw from their data, that housing subsidies would effectively end homelessness for most of the families that enter shelters. Her response, however, takes issue with the premise that reducing shelter use by families will necessarily mean that fewer of them are or will become homeless. She also discusses the difficulties of putting the authors' recommendations into practice, since they would require a good deal of centralized control and major changes in homeless and mainstream systems of care. Few communities would have the commitment and the resources in the form of mainstream and homeless assistance agencies to approximate the type of system being suggested.

Despite the strength of the evidence the authors have assembled from administrative data, Burt argues that there is value in aspects of transitional housing and does not think the case against it has been proved. She goes on to describe the types of families for which transitional housing seems to be most appropriate: people beginning their recovery from addictions; parents who are just getting a child back from child protective services; and some women who are leaving domestic violence situations and need time to put a life together.

Burt suggests that we eliminate the transitional housing and permanent supportive housing categories and adopt a blend that we call simply "supportive housing." After a triage process to select the families least likely to stabilize their housing situation on their own, it would take families where they are, without requiring the parent to be clean and sober or to sign on to a commitment to improve. It would offer structured services designed to help families stabilize in housing and, if they are able, move into housing independent of services.

Burt argues that the most important implication of Culhane et al.'s proposed solution is that it relies on the same public agencies that have consistently failed this population for many years. Those agencies would need to change their ways and would also need to learn to work together and with the gatekeepers of the homeless assistance network. They would have to commit resources to and reach out to the people who are their own special responsibility, those whom they have tended to see as the least worthy of attention and the most difficult to serve, rather than staying in their offices and waiting for those needing help to make appointments. None of the relevant agencies have enough resources as it is.

IV. Additional Information

For additional information, *Homeless Families- A Literature Review*, containing the citations and article abstracts of the important literature on homeless families published from the summer of 1999 to the summer of 2007, is available from HomeBase.

For more information, please contact Bridget Kurtt DeJong, HomeBase Staff Lawyer, at bridget@homebaseccc.org or 415-788-7961 ext. 314.

¹⁹ Burt, Martha R. Comment on Dennis P. Culhane et al.'s "Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning". *Housing Policy Debate* 18(1): 43-58