

USICH BRIEFING PAPER

PREFACE:

Five federal workgroups were convened to initiate development of the federal plan. At their first meeting, each workgroup was presented with an overview of the literature. These were prepared and presented by Carol Wilkins and Janice Elliott, under contract with USICH.

Homelessness among Families with Children

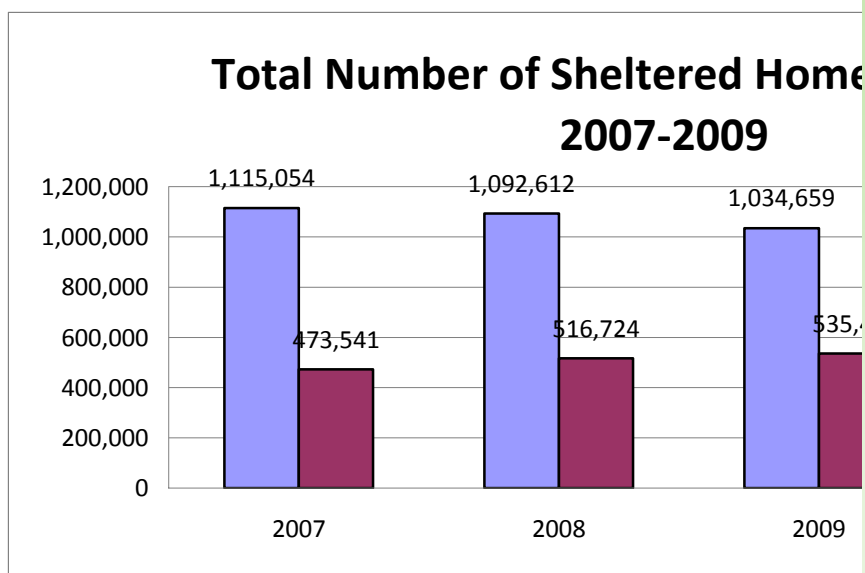
Scope of the Problem

1. Family homelessness is increasing. Data from the 2008 Annual Assessment Report to Congress (AHAR) and data provided by HUD for forthcoming 2009 AHAR report indicate a significant increase in family homelessness from 2007 to 2009 – an increase in 62,000 persons in families or a 13% increase from 2007.¹ The patterns shown in these data reveal more clearly the effect of homeless families of the worsening economic situation. Previous research has shown that family homelessness is more sensitive than individual homelessness to business cycles, which also may help explain why family homelessness increased although individual homelessness did not.²

Figure 1 Total Number of Sheltered Persons; Source: 2008 AHAR and HUD preliminary data for 2009

¹ U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2009, July). *The 2008 Annual Homeless Assessment Report to Congress (AHAR)*. Washington, DC.; U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2010). 2009 Annual Homeless Assessment Report (AHAR), forthcoming.

² U.S. Department of Housing and Urban Development (2009, July), 2008 AHAR.



Ten Continuums of Care reporting the Largest Number of persons in families on a single night in January 2009:

New York City
 Texas Balance of State
 Los Angeles City and County
 Colorado Balance of State
 Metropolitan Denver
 Georgia Balance of State
 Washington Balance of State
 Hendry, Hardee, Highlands Counties (Florida)
 Tampa/Hillsborough County (Florida)

Source: HUD preliminary 2009 Point in Time data

2. Nearly three-quarters of homeless families are sheltered. The Point-in-Time homelessness counts reported for the 2009 Continuum of Care competition revealed that: 79% of persons in families (187,313 persons) were sheltered; 21% of persons in families were homeless and unsheltered (50,797 persons).³
3. More than one-third (38.8%) of the sheltered homeless persons in families in 2009 were in suburban/rural areas; 61.2% were in urban areas.⁴
4. **Families are far more likely to enter homelessness from a housing situation than single persons** who, for the most part, are already homeless when they enter shelter. Over 56% of families spend the night before entering shelter in a housed situation. Only about one-quarter were already homeless prior to entering shelter.⁵
5. "Family homelessness is perhaps most aptly described as a pattern of residential instability. Homeless episodes are typically part of a longer period of residential instability marked by frequent moves, short stays in one's own housing, and doubling up with relatives and friends."⁶
6. "The threat of homelessness looms constantly over most poor families who struggle to meet their rent or mortgage payments, but there are risk factors or predictors of homelessness that suggest that some families affected by the affordable housing crisis are more likely to become homeless than others. Families that become homeless tend to ... have extremely low incomes, have young children and be headed by a younger

³ U.S. Department of Housing and Urban Development (2010), 2009 AHAR, forthcoming..

⁴ U.S. Department of Housing and Urban Development (2010), 2009 AHAR, forthcoming.

⁵ U.S. Department of Housing and Urban Development (2010), 2009 AHAR, forthcoming

⁶ Rog, D., Holupka, S., & Patton, L. (2007, Fall). *Characteristics and Dynamics of Homeless Families with Children*. Washington, DC: U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation.

parent, lack strong social networks, and often have poor housing histories or move frequently.”⁷

7. The problem of housing affordability for the poorest households is documented periodically by HUD’s Office of Policy Development and Research. HUD’s most recent “worst case needs” report, based on American Housing Survey data collected by the Census Bureau in 2005, shows that 2.3 million families with children are renters without housing assistance, with incomes below 50 percent of the area median, and paying more than half their income for rent or (less frequently) living in severely substandard housing. And the problem has been getting worse. The number of worst case needs households rose from 4.76 percent of all households in 2001 to 5.5 percent in 2005”.⁸
8. A recent White Paper issued by HUD indicated that increased vacancy rates have not resulted in increased availability of homes affordable to low income households and the supply of assisted housing has remained very tight. Although national vacancy rates remain above 10%, vacancy in project based Section 8 is below 5% and the vacancy rates in public housing projects dropped 2% (from 11.5 to 9.5%) from 2006 to 2008. The report also found evidence of increasing numbers of families moving in together to save housing costs. Nearly 12% of all households moving in 2008 did so in order to join another household, a nearly 25% increase from 2005.⁹
9. Homeless families actually look much more similar to other poor families. The three most important differences between homeless families and other poor families concern not their personal characteristics, but the resources they need to secure housing. First, homeless families have extremely low incomes... Second, homeless families are less likely than low-income families who remain housed to have access to housing subsidies... Third, the social networks of homeless families are not able to provide sufficient help.¹⁰
10. A review of the body of research on the characteristics and needs homeless families indicated that the following findings were consistent across all studies:¹¹
 - Homeless families are almost always headed by a single woman who on average is in her late 20s with approximately two children, one or both under 6 years of age;
 - Families at greatest risk of homelessness, as well as poverty in general, belong to ethnic minority groups;
 - Homelessness is highly linked to family separations, including foster care and involvement with child welfare services;
 - Homeless mothers have significant human capital needs, with insufficiencies in education, employment history, and income;

⁷ National Alliance to End Homelessness. (2006, June). *Promising Strategies to End Family Homelessness*. Washington, DC: National Alliance to End Homelessness and Freddie Mac.

⁸ U.S. Department of Housing and Urban Development, Office of Policy Development and Research. (2007, May). *Affordable Housing Needs 2005: Report to Congress*. Washington, DC.

⁹ Collinson, R. & Winter, B. (2010, January). *U.S. Rental Housing Characteristics: Supply, Vacancy, and Affordability*. HUD PD&R Working Paper 10-01. Washington, DC: U.S. Department of Housing and Urban Development.

¹⁰ Shinn, M. (2009). *Ending Homelessness for Families: The Evidence for Affordable Housing*. Washington, DC: National Alliance to End Homelessness Homeless Research Institute and Enterprise Community Partners.

¹¹ Rog, D., Holupka, S., & Patton, L. (2007, Fall).

- Homelessness may exhaust the social networks that some families have and may also be the source of conflict, trauma, and violence;
- Families who become homeless often have residential histories marked by considerable mobility and instability;
- Homeless mothers report high rates of health problems but also report high rates of access to health care;
- Mental health problems for homeless mothers mirror those of poor women in general and are largely unmet;
- Substance abuse reports for homeless mothers, though likely underestimates, are higher than for other women in poor families but lower than for single homeless adults;
- Children in homeless families also have high rates of acute and chronic health problems, and the majority have been exposed to violence; and
- The long-term effects of homelessness on children's behavior may be less than expected, but the effects on school performance appear significant and long-lasting.

Demographic Characteristics of Sheltered Homeless Persons in Families, 2009¹²

Demographic Characteristic		Number	Percentage
Age	Under 18	323,235	60.5%
	18 to 30	116,101	21.7%
	31 to 50	87,455	16.4%
	51 to 61	6,099	1.2%
	62 and older	765	0.2%
Household Size	2 people	130,251	24.5%
	3 people	156,711	29.4%
	4 people	122,855	23.0%
	5 or more people	123,306	23.1%
Race	White/Non-Hispanic	115,173	23.6%
	White, Hispanic	68,162	13.9%
	Black or African-American	233,882	47.8%
	Other single race	30,204	6.2%
	Multiple races	41,408	8.5%

11. Families experiencing homelessness usually have limited education¹³

- 53% of homeless mothers do not have a high school diploma;
- 42% of children in homeless families are under age six.

¹² U.S. Department of Housing and Urban Development (2010), 2009 AHAR, forthcoming.

¹³ The National Center on Family Homelessness. (2008, April). *The Characteristics and Needs of Families Experiencing Homelessness*. Newton Centre, MA.

Perceived reasons for increases in homelessness as reported by school districts¹⁴	
Reason	Number of Districts Reporting
Economic Downturn (job loss, high cost of living, etc.)	845
Foreclosure crisis (including renters, where rental property has been fore-closed)	492
Other housing-related factors	464
Increasing incidences of domestic violence, substance abuse or other factors negatively influencing mental or physical health	394
High medical expenses, with inadequate or no health insurance	149

12. Students and Homelessness¹⁵

- The U.S. Department of Education reports that, in the 2008-09 school year, over 936,000 homeless students were reported served by local education agencies (school districts), an 18 percent increase from 2007-08. Over 617,000 students were reported served by McKinney-Vento sub-grants in 2008-09, a 31 percent increase from 2007-08.
- In 2007-08, 794,600 homeless students were reported by local education agencies; over 472,300 were served with McKinney-Vento subgrants (an increase of 23% from the year before). The majority of homeless children served had their primary nighttime residence at the time of enrollment defined as “doubled up” (65%); another 21% were in shelters and 7% in motels. Seven percent were unsheltered.

13. Patterns of homelessness among families vary widely, with average shelter stays across 19 cities ranging from 24 nights in Cleveland to 18 months in Santa Monica. Nevertheless, about three quarters of families exited shelter quickly, relative to other families in the same system, in four jurisdictions analyzed in detail by Dennis Culhane and colleagues. In all four jurisdictions, most families who exited quickly stayed out of shelter thereafter.¹⁶

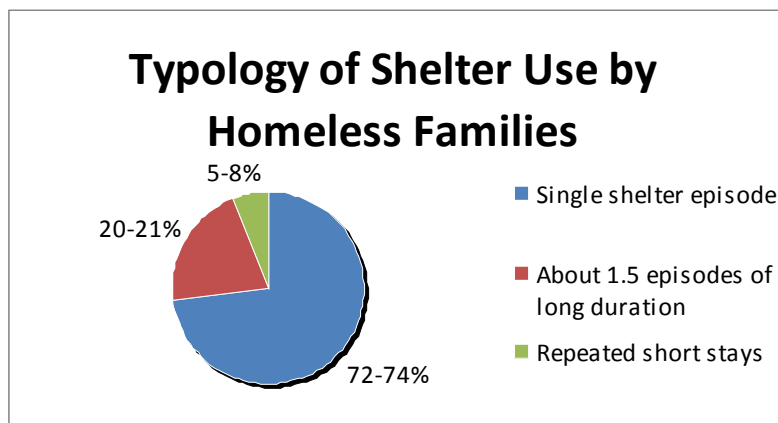
14. Shelter utilization. Only a small group of families used shelters repeatedly. These families also appeared more

¹⁴ Duffield, B. & Lovell, P. (2008, December). The Economic Crisis Hits Home: The Unfolding Increase in Child and Youth Homelessness. National Association for the Education of Homeless Children and Youth and First Focus. Retrieved April 19, 2010 at <http://www.firstfocus.net/Download/TheEconomicCrisisHitsHome.pdf>

¹⁵ National Center for Homeless Education. (2010, April). Education for Homeless Children and Youth Program: Analysis of Data From the SY2008-09 Federally Required State Data Collection for the McKinney-Vento Education Assistance Improvements Act of 2001 and Comparison of the SY2006-07, SY2007-08, and 2008-09 Data Collections.

¹⁶ Shinn, M. (2009); Culhane, D.P., Metraux, S., Park, J.M., Schretzman, M., & Valente, J. (2007). 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*, 18:1-28.

troubled, with higher levels of inpatient treatment for mental health and substance use problems and higher levels of disability, as measured by receipt of supplemental security income (SSI), and more foster care placements. Families in this small group of episodic shelter users (2 percent in Columbus; 5 to 8 percent in New York City, Philadelphia, and Massachusetts) seem good candidates for intensive service models, such as supportive housing.¹⁷



15. **Homelessness comes at an incredible cost** to families and to society. The annual cost of an emergency shelter bed is approximately \$8,067, more than the average annual cost of a Section 8 housing voucher. It costs the tax payer more money to place a family in emergency shelter than in permanent housing on a monthly basis. The overall cost to the nation of sheltering homeless families is estimated to be between \$1.9 and \$2.2 billion annually.¹⁸

16. **Factors that contribute to homelessness among families**¹⁹

- **Lack of affordable housing:** in 2005, about 40% of households with children ages birth through 17 reported one or more of the following housing problems: physically inadequate housing, overcrowded housing, or excessive cost burden; overall the number of households with children reporting 'severe' housing problems has increased from 8% in 1978 to 13.8% in 2005
- **Poverty:** in 2005, more than 60% of families with incomes below 30% of the area median were paying in excess of half of their income for rent; the majority of homeless mothers rely on public assistance.
- **Violence:** among homeless mothers with children, more than 80% previously experienced domestic violence.

17. **Many people counted in single adult homeless population are part of families**²⁰

- Among all homeless women, 60% have children under 18, but only 65% live with at least one of these children.
- Among homeless men, 41% have children under age 18, but only 7% live with at least one of their children.

¹⁷ National Alliance to End Homelessness. (2006, June). *Promising Strategies*.

¹⁸ National Alliance to End Homelessness. (2006, June). *Promising Strategies*.

¹⁹ Aratani, Y. (2009). *Homeless Children and Youth, Causes and Consequences*. National Center for Children in Poverty. Retrieved April 19, 2010, from http://www.nccp.org/publications/pdf/text_888.pdf

²⁰ The National Center on Family Homelessness. (2008, April).

Costs and Consequences of Homelessness on Families

1. “Homelessness influences every facet of a child’s life – from conception to young adulthood. The experience of homelessness inhibits the physical, emotional, cognitive, social, and behavioral development of children.²¹
 - “Homeless women face many obstacles to healthy pregnancies such as chemical abuse, chronic and acute health problems, and lack of prenatal care.”
 - “Infants born into homelessness are more likely to have low birth weights and are at greater risk of death.
 - “Homeless children begin to demonstrate significant development delays after 18 months of age, which are believed to influence later behavior and emotional health problems.
 - “By the time homeless children reach school age, their homelessness affects their social, physical, and academic lives.
 - “In general, homeless children consistently exhibit more health problems than housed poor children. Environmental factors contribute to children’s poor health ... Poor nutrition also contributes ... causing increased rates of stunted growth and anemia.
 - “Homeless children are confronted by stressful and traumatic events that they often are too young to understand, leading to severe emotional distress.”
2. “Children experiencing homelessness are sick four times more often than other children.²² They have:
 - 4 times as many respiratory infections;
 - 4 times more likely to have asthma;
 - Twice as many ear infections;
 - 5 times more gastrointestinal problems;
3. Among school age homeless children:²³
 - 47% have problems such as anxiety, depression, and withdrawal compared to 18% of other school aged children;
 - 36% manifest delinquent or aggressive behavior, compared to 17% of other school age children.
4. “The impact of homelessness on mothers is profound. Many experience anger, self-blame, sadness, fear, and hopelessness. Mothers experiencing homelessness have significant histories of interpersonal violence²⁴.
 - Over 92% of homeless mothers have experienced severe or physical and/or sexual abuse during their lifetime; 63% report that this abuse was perpetrated by an intimate partner; 32% report that they have been the target of severe violence by their current or most recent partner; and almost 27% reported needing medical treatment because of a partner’s violence.
 - Mothers experiencing homelessness struggle with mental health issues: they have 3 times the rate of PTSD (post-traumatic stress disorder) and twice the rate of alcohol and drug dependence;
 - About 50% of mothers have experienced a major depressive episode since becoming homeless.

²¹ Hart-Shegos, E. (1999, December). *Homelessness and its Effects on Children*. Minneapolis, MN: Family Housing Fund.

²² The National Center on Family Homelessness. (2008, April).

²³ The National Center on Family Homelessness. (2008, April).

²⁴ The National Center on Family Homelessness. (2008, April).

- Mothers are often in poor physical health: over 1/3 have a chronic health condition; they have ulcers at 4 times the rate of other women; and 20% have anemia compared to 2% of other women under age 45.
5. An analysis of 8,251 homeless children in New York City found that 18% of them received child welfare services over the five-year period following their first shelter admission, and an additional 6% had a history of having received such services before their first shelter admission. Recurrent use of public shelters, exposure to domestic violence, older age at first episode of homelessness, and larger number of children in a household were associated with an increased risk of child welfare involvement. The high rate of crossover between homelessness and the child welfare system suggests the need for service coordination for children in homeless families.²⁵
 6. In a Minnesota Supportive Housing and Managed Care Pilot, “nearly half of the parents in the Pilot experienced levels of parenting stress high enough to put them at increased risk of committing child abuse and neglect. Adults in families experienced tremendous instability prior to enrollment, with more than 60 percent having been separated from their children for a significant period, often due to alcohol and drug use, incarceration, or the inability to care for or provide housing for a child. More than half of the children had experienced the death of a close friend or family member, and more than half had witnessed more than three violent events. The children in the Pilot not only witnessed violent events, but also directly experienced them. Two children had been shot, others were beaten up and chased, or had been in natural disasters.”²⁶ For family adults and children, costs were dominated by income support and medical care (i.e., health care services other than mental or chemical health).

Term of Rental Assistance.

Until the introduction of the Homelessness Prevention/Rapid Re-housing Program (HPRP) as part of the American Recovery and Reinvestment Act, rental assistance had overwhelmingly been provided by HUD on a permanent, long-term basis. This applied to both mainstream housing assistance (Section 8/Housing Vouchers) and homeless assistance (Shelter + Care). HPRP has permitted widespread use of short (up to 3 months) and medium (4 to 18 months) rental assistance. Analyzing the outcomes achieved under HPRP will provide valuable information on how much and how long housing assistance must be provided in order to prevent homelessness.

Strategies to Prevent Family Homelessness

To be successful homeless prevention needs to be efficient as well as effective.²⁷ “Prevention in the current policy context needs to realize overall cost benefits and reductions in demand for homeless services and be effective

²⁵ Park, J.M., Metraux, S., Brodbar, G., Culhane, D. (2004, June). Public Shelter Admission among Young Adults with Child Welfare Histories by Type of Services and Type of Exit. *Social Service Review*, Vol. 78, 284:303.

²⁶ The National Center on Family Homelessness. (2009, March). *The Minnesota Supportive Housing and Managed Care Pilot: Evaluation Summary*. Minneapolis, MN: Hearth Connection.

²⁷ Burt, M., Pearson, C., & Montgomery, A. E. (2005). *Strategies for Preventing Homelessness*. Washington, DC: U.S. Department of Housing and Urban Development.

meaning that measures work to a greater degree of housing stability to the point that literal homelessness is averted or reversed...Limitations to the *homeless-specific* resources at hand means that primary prevention activities need to go farther downstream and target assistance to households who are very likely to become homeless without the assistance.”²⁸

Secondary prevention can reduce the size of the homeless population in its ability to greatly expedite exits from homelessness. Longitudinal research on shelter use has consistently shown that, for most households, homelessness is a transitory condition. The vast majority of households who enter shelters stay for less than two months. For this population, short term assistance, if it is primary, will divert them from homelessness and, if it is secondary, will facilitate their rapid exit out of homelessness. Tertiary prevention efforts should not require a minimum time spent homeless. Instead, tertiary assistance would intervene early on behalf of households who, without assistance, would likely remain homeless for an extended time period. Targeting is important as all long-term homeless households do not need tertiary services to make lasting exits from homelessness.²⁹

- Recent research has found that families which stay in shelters the longest are not any more likely to have histories of intensive service use than short-term homeless families while the families with the greatest service needs are likely to bounce in and out of shelters in a series of short, episodic shelter stays.³⁰
- Homelessness prevention requires system change that includes rather than avoids mainstream agencies and other community partners. This engagement in homelessness prevention by agencies and services systems that did not see their mission as addressing homelessness was a critical component in the English reform and represents a key challenge to creating a prevention-based approach in the US.³¹

Best practices in prevention include:

1. **Unified intake/assessment** targeting resources to those at greatest risk of homelessness:
 - Agencies and systems sharing information, through a single unifying data system or with the capacity to track clients across different data systems³²; and
 - A single agency or system controlling the eligibility determination process, including agreed-upon criteria combined with housing barrier screening and triage.³³
 - Multiple jurisdictions have implemented:
 - Single point of access

²⁸ Culhane, D.P., Metraux, S., & Byrne, T. (2010). *A Prevention-Centered Approach to Homelessness Assistance: A Paradigm Shift*. [in review]

²⁹ Culhane, D.P., Metraux, S., & Byrne, T. (2010).

³⁰ Culhane, D.P., Metraux, S., & Byrne, T. (2010).

³¹ Culhane, D.P., Metraux, S., & Byrne, T. (2010).

³² The Community Shelter Board (CSB) in Columbus has a unified system to connect homeless families with services and track the assistance through programs. The CSB connects with not-for-profit agencies to provide the appropriate services for the families. Family homelessness has decreased by 40% over 8 years and 9 out of 10 families are not returning to shelter. Source: Bill & Melinda Gates Foundation. (2009, December). Family Homelessness: Strategy Overview. Retrieved April 19, 2010 at <http://www.gatesfoundation.org/united-states/Documents/homelessness-strategy.pdf>

³³ Burt, M., Pearson, C., & Montgomery, A. E. (2005).

- Uniform assessment process
 - Triage for short and long term assistance
 - Target households with temporary crisis-generated housing instability, and use short-term relatively inexpensive, time-limited interventions: time limited housing subsidies; emergency cash assistance; and mediation in housing courts.
2. **Housing assistance:** the primary strategy to prevent and end homelessness among families is to provide adequate housing assistance to allow these households to obtain and/or maintain the housing.³⁴
- “Solving the problem of family homelessness requires understanding why families become homeless. The existing—and most conclusive—research identifies the lack of affordable housing as the primary driver of homelessness in the United States. This is both because there is an inadequate supply of affordable housing and because incomes are so low that families cannot pay for the housing that is available. The rising cost of housing accompanied by declining wages creates conditions that put families at risk of losing their housing, and make it even more difficult for families to find housing once they become homeless.”³⁵
 - There is strong evidence that indicates that the vast majority of homeless families who are offered a federal housing subsidy will exit homelessness and not re-enter shelter.³⁶

Paradigm for characterizing prevention activities:

- **Primary prevention:** preventing new cases of homelessness and stopping people from ever becoming homeless;
- **Secondary prevention:** focuses intervening early during a first spell of homelessness to help the person leave homelessness and not return; and
- **Tertiary prevention:** seek to end long-term homelessness, preventing continued homelessness.

³⁴ *Evidence for housing subsidies:* Shinn and colleagues (Shinn et al., 2001; Stojanovic et al., 1999) documented the effectiveness of housing subsidies at keeping at least 80 percent of first-time homeless families housed for a minimum of two years. Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, and Holupka (1995) demonstrated similar success (80–85 percent retention over at least 18 months) for homeless families in which a parent’s mental illness complicated housing stability. Evidence from simulations (Quigley, Raphael, and Smolensky, 2001) indicates that subsidizing housing costs for extremely low-income people has the strongest effect on lowering homelessness rates compared to several other interventions tested. Thus when used as secondary and tertiary prevention, housing subsidies help 80–85 percent of homeless families or chronically homeless single adults to achieve housing stability.

Sources:

Burt, M., Pearson, C., & Montgomery, A. E. (2005). *Strategies for Preventing Homelessness*.

Quigley, J.M, S. Raphael, and E. Smolensky. (2001). *The Links Between Income Inequality, Housing Markets, and Homelessness in California*. Research Brief: Public Policy Institute of California.

Rog D.J., K.L. McCombs-Thornton, A.M. Gilbert-Mongelli, M.C. Brito, and C.S. Holupka. (1995). Implementation of the Homeless Families Program: Characteristics, strengths, and needs of participant families. *American Journal of Orthopsychiatry*, 514–527.

Shinn, M.B., Baumohl, J., & Hopper, K. (2001, December). The Prevention of Homelessness Revisited. *Analyses of Social Issues and Public Policy*, Vol. 1, No. 1, 95-127(33).

Stojanovic, D., Weitzman, B.C., Shinn, M., Labay, L.E., & Williams, N.P. (1999). Tracing the path out of homelessness: The housing patterns of families after exiting shelter. *Journal of Community Psychology*, 27(2), 199-208.

³⁵ National Alliance to End Homelessness. (2006, June). *Promising Strategies*; Burt, Martha. (2001). *What will it take to End Homelessness?* Washington, DC: Urban Institute Press.

³⁶ Shinn, M. (2009).

- “To date, evaluation evidence indicates that “housing” prevents homelessness more effectively than any other strategy (Shinn et al., 2001)... when used as secondary and tertiary prevention, housing subsidies help 80–85 percent of homeless families or chronically homeless single adults to achieve housing stability.”³⁷
 - Bridge subsidies to families on public housing authority waiting lists has been shown to reduce family homelessness³⁸.
3. **Eviction prevention** through mediation in Housing Courts and with landlords. Evidence documents that mediation under the auspices of Housing Courts shows the ability to preserve tenancy, even after a landlord has filed for eviction. Successful prevention strategies have been demonstrated to include: legal services to address eviction, short and long term case management, landlord/tenant mediation, financial assistance and housing location services³⁹.
 4. **Cash assistance** for rent or mortgage arrears. Cash assistance to cover arrears in rent, mortgage, or utility payments to avert eviction, as used in multiple jurisdictions, results in very small numbers of assisted families experiencing homelessness in the 12 months following receipt of help.
 5. **Long-term Rent Subsidies:** As noted in the research, long-term rent subsidies such as Housing Choice Vouchers (which assists about 2 million households) have been effective at providing stable housing for families⁴⁰. A range of states supplement federal long term rental assistance with state-funded programs including those financed through real estate document recording fees. Long term subsidies are clearly effective but they are also costly and need to be targeted toward those households with the least likelihood of being able to become financially self-sufficient.

Strategies to End Family Homelessness

1. Housing First

- Housing First” is an approach that guides a set of interventions designed to help families transition more rapidly out of the shelter system; it includes crisis intervention, re-housing as quickly as possible, follow-up case management, and housing support services to prevent the reoccurrence of homelessness. What differentiates a Housing First approach from traditional emergency housing or transitional models is that there is an immediate and primary focus on helping families quickly access and then sustain housing—put

³⁷ Burt, M., Pearson, C., & Montgomery, A. E. (2005). *Strategies for Preventing Homelessness*.

³⁸ National Alliance to End Homelessness. (2007, February). *Community Snapshot: Westchester County, NY* Retrieved April 19, 2010 at <http://www.endhomelessness.org/content/article/detail/1524/> Westchester County has succeeded in reducing family homelessness by 57%.

³⁹ National Alliance to End Homelessness. (2005, June 1). *Community Snapshot: Hennepin County*. Retrieved April 19, 2010 at <http://www.endhomelessness.org/content/article/detail/945/>. Through a coordinated county approach with 17 service providers and outcome-focused interventions, family homelessness decreased by 43% from 2000 to 2004.

⁴⁰ Shinn, M. (2009). In New York City, for first-time homeless families who received a housing subsidy, 97% were in their own apartment 5 years after applying for shelter compared with 38% of families who did not receive a housing subsidy

simply, housing comes first, then services.⁴¹

2. Rapid exit from shelter/Rapid Re-housing:

- Generally requires flexible financial assistance to cover past due amounts or security deposits and initial month's payment. Quickly re-housing a family that must turn to emergency shelter has been demonstrated to be effective in minimizing the impacts of homelessness on the family and reducing the risk that the family will return to shelter.⁴²

Rapid Re-housing Demonstration

Program: Part of the 2008 Continuum of Care competition, HUD awarded funds to 23 communities to run a demonstration program, subject to rigorous evaluation, of the effectiveness of rapid re-housing in ending homelessness for families.

3. Transitional to Permanent Housing

- Service-enriched (case management and specialized services for substance abuse, mental health issues) transitional housing for families for approximately one year with a plan to move tenants into subsidized permanent housing.⁴³ Long term affordable housing is key to successful outcomes

4. Transition in place

- Under this model, homeless families are placed in apartments. A primary component of a Housing First model is the provision of intensive, individualized, and usually time limited services after the family has been re-housed in the community. Families receive supportive services for six months to two years while the homeless assistance agency pays the rent, and holds the lease. While the housing placement is initially considered to be transitional housing, the family is expected to assume the lease and remain in the housing after the transitional period is successfully completed. "While most families may no longer need intensive supportive services once they leave a transitional program, most continue to need rent subsidies to access permanent housing, and some also need at least intermittent support services."⁴⁴
- For families, studies have found that services, when combined with housing, contribute little to improved

⁴¹ Shinn, M. (2009). States such as Connecticut provide state-funded rental assistance through the Rental Assistance Program (RAP). The program, with a budget of \$16 million, provides 1800 vouchers to low-income families earning less than 50% of Area Median Income. Through the collection of real estate document recording fees, the state of Illinois is able to fund rental subsidies of \$25 million for 4,000 low-income households (must earn less than 30% AMI with 50% earning less than 15% AMI)

⁴² Hennepin County supports a program to move families who enter emergency shelter into housing rapidly, and to promote their housing tenure for at least six months after they leave shelter. Returns to shelter within 12 months were assessed against the county's Homeless Management Information System (HMIS)— 12 percent of the families served experienced a return to shelter. Compared to family shelter readmission rates in Philadelphia and New York City—which ranged from a low of 19 percent to possibly as much as approximately 36 percent of families who return to shelter within one year—the rapid exit results in Hennepin County represented at least one-third, and possibly as many as two-thirds, fewer families returning to shelter (Culhane, D.P., Dejowski, E., Ibanez, J., Needham, E., & Macchia, I. (1994, January). Public Shelter Admission Rates in Philadelphia and New York City: The Implications of Turnover for Sheltered Population Counts. *Housing Policy Debate*, Vol, 5, Issue 2, 107-140).

⁴³ Sound Families Initiative funded by the Bill & Melinda Gates Foundation, provides transitional housing and services for homeless and at-risk families. Positive outcomes include: 89% of those who completed the program exited to permanent housing, nearly half increased their income, employment rose 23% from entry to exit and full-time employment tripled from start to finish among Sound Families graduates. Source: University of Washington School of Social Work. (2008, September). *Evaluation of the Sound Families Initiative: Final Findings Report*. Seattle, WA: The Bill and Melinda Gates Foundation.

⁴⁴ University of Washington School of Social Work. (2008, September). *Evaluation of the Sound Families Initiative*.

housing stability, although case management and other services can facilitate improved, non-housing outcomes.⁴⁵

5. Permanent Supportive Housing

- A small but significant percentage of homeless families require on-going access to supportive services in order to maintain housing stability and positive outcomes for their children. This includes people with serious mental illness, violence and trauma survivors, chronic substance users⁴⁶.
- There is very limited research on outcomes and effectiveness of permanent supportive housing for families. One analysis is “Family Permanent Supportive Housing, Preliminary Research on Family Characteristics, Program Models and Outcomes:”⁴⁷
 - With an average age of 36, mothers are older, have higher levels of education when compared to homeless mothers generally.
 - They tend to have been homeless for longer periods and had more shelter episodes
 - Some significant percentage of the families have ‘special needs’ related to mental health and substance use. The families seem to comprise a discrete subgroup with greater needs than previously described in the literature.
 - The data suggest that mandating services is not the answer for most families since high control programs were associated with increased reunification and self-support, but lower rates of housing stability.
 - Engaging clients with extensive histories of traumatic stress may be especially challenging. Trauma informed services avoid program restrictions that clients frequently view as coercive and instead build mutually respectful relationships that address participant’s ambivalence about being engaged in services.
 - High demand programs – those with strict rules for participation – achieve family reunification and increase employment rates and income; however, program attrition is high.
 - Low demand programs have high rates of retention but are not as successful at supporting the efforts of families to reunify and move toward economic independence.
 - Despite some changes in income, families in both high and low demand programs did not become self-supporting.
 - Many families were reluctant to engage with case management potentially related to prior trauma.

⁴⁵ Culhane, D.P., Metraux, S., & Byrne, T. (2010); Weitzman, B., and Berry, C. (1994). Formerly homeless families and the transition to permanent housing: High-risk families and the role of intensive case management services (Final report to the Edna McConnell Clark Foundation). New York: New York University; U.S. Department of Health and Human Services, Office of the Inspector General. (1991). *Homeless Prevention Programs*. Washington, DC; Bassuk, E.L. & Geller, S. (2006). The role of housing and services in ending family homelessness. *Housing Policy Debate*, 17(4), 781–806.

⁴⁶ New Foundation’s Crestview Apartments serves 44 formerly homeless families with mental health and/or substance abuse in a congregate setting in St. Paul, MN. The program provides comprehensive, coordinated (family team conferencing) family-focused services to meet the needs of all members of the household.

⁴⁷ Bassuk, E.L., Huntington, N., Amey, C., & Lampereur, K. (2006, February). *Family Permanent Supportive Housing: Preliminary Research on Family Characteristics, Program Models, and Outcomes*. New York: Corporation for Supportive Housing.

6. Critical time intervention for families – Evidenced Based Case Management Model

- Critical time intervention (CTI) for families is a time-limited (9 month), evidence based intervention, used with rapid re-housing to increase continuity of care for homeless families. CTI has been used effectively to maintain housing for a wide range of populations including those with multiple co-occurring conditions.
- CTI targets case management to those family needs and problems that are most closely linked to persistent homelessness. The program addresses mental health, substance abuse, trauma, health, parenting, employment, child issues, and family reunification. Families receiving CTI services have been documented to have less time homeless and their children have better school and mental health outcomes.⁴⁸
- CTI is time-limited and divided into three phases; the goal is to transfer case management and care to community-based providers. The intensity of case management services is highest during the initial re-entry to the community and diminishes as the client is supported in transitioning to community services. CTI has a significant clinical component and needs to be implemented with continual support from clinical directors and community psychiatrist.

7. Other Key Services for Families

- Employment and Vocational Training . Research indicates that for homeless families to maintain stable housing, they need stable income. When interviewed, the majority of homeless families revealed that they were homeless because they could not pay their rent⁴⁹ . Homeless heads of household often do not have the educational or vocational training needed to obtain well-paying, secure employment. Training programs that provide hands-on experience with employment opportunities afford homeless/formerly homeless heads of household the chance to gain employment and increase their income⁵⁰ .
- Family Support Programs . The research on homeless children indicates that these children face far greater complex life challenges in physical health, mental health, and education compared to non-homeless children⁵¹ . They also face a greater chance of becoming homeless adults – repeating the cycle of homelessness. Programs seek to stop the cycle by providing comprehensive services for the entire family including: children’s services, education, job training, individual counseling, parenting programs and case management. Positive outcomes include: greater housing stability, increase in income and employment⁵² .

⁴⁸ Westchester Housing First randomized trial of 210 families in a rapid re-housing, scattered site program for homeless families, single moms with mental illness and/or substance abuse.

⁴⁹ Burt, M., Aron, L., & Lee, E., with Valente, J. (2001). *Helping America’s Homeless: Emergency Shelter or Affordable Housing?* Washington, D.C.: Urban Institute Press.

⁵⁰ The Good Shepherd Center in Los Angeles provides transitional housing, permanent supportive housing, and job training at the Village Kitchen for homeless mothers with children. The program seeks to teach, “the skills necessary to achieve independence and self-sufficiency.”

⁵¹ Bassuk, E. & Friedman, S. (2003). *Facts on Trauma and Homeless Children*. Los Angeles: The National Child Traumatic Stress Network, Homelessness and Extreme Poverty Working Group.

⁵² Horizons for Homeless Children. (2008, December). *Bringing Hope to Young Homeless Children: A policy paper submitted to the Office of The President-Elect*. Retrieved April 19, 2010 at <http://www.horizonsforhomelesschildren.org/Advocacy.asp>