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The Role of Permanent Supportive Housing in Addressing Family Homelessness

A policy brief prepared by CSH and the National Center on Family Homelessness



THE NATIONAL CENTER ON
Family Homelessness

for every child, a chance

Corporation for Supportive Housing

The Role of Permanent Supportive Housing in Addressing Family Homelessness

Across the nation policymakers, community leaders, and practitioners have focused considerable effort on expanding the availability of permanent supportive housing for single adults, some of whom are chronically homeless. These efforts have gained momentum in part because numerous research studies have documented the effectiveness of supportive housing in significantly decreasing homelessness for this population. Progress is being made in addressing the housing needs of this vulnerable subgroup of homeless people. In contrast, less is known about interventions that work for families experiencing long-term and/or repeated spells of homelessness. We know that far too many poor families experience homelessness each year. Permanent supportive housing is a promising intervention for many of these 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. This policy brief summarizes findings from recent research on supportive housing for homeless families¹, and suggests additional research that would help create a persuasive policy framework by better quantifying and defining the problem and describing a cost-effective approach to reducing the numbers of homeless families.

THE POWER OF HOUSING SUBSIDIES TO ADDRESS FAMILY HOMELESSNESS

Inability to afford housing is a root cause of all homelessness. Research has shown that access to affordable housing—which the federal government defines as costing less than 30% of household income—plays a major role in whether or not poor families are able to avoid homelessness. Unfortunately, affordable housing is in short supply. The Harvard Joint Center for Housing Studies estimated that in 2003—the most recent year for which comprehensive data is available—4 million homeowners and 7 million renters in the bottom fifth of the income distribution were paying more than half their household income in housing costs.²

For most families facing homelessness, receiving a housing subsidy is a strong predictor of residential stability. Shinn et al. found that receiving a housing subsidy after living in a shelter increases the odds of remaining housed by *over 20 times*.³ But the stark reality is that only 1 in 4 poor households eligible for federal housing subsidies actually receives one. Until such programs—or state/local equivalents—are funded at a scale to meet the need, progress in ending family homelessness will be incremental at best.

¹ This policy brief summarizes research from the *Family Permanent Supportive Housing Project*, which includes data on 409 families in 13 supportive housing programs, and though not a nationally representative sample, documents the characteristics and needs of homeless families living in supportive housing programs. At four of the thirteen programs studied (with 139 families) researchers were able to conduct follow-up interviews with families one year after their initial enrollment. These data can provide preliminary evidence concerning program outcomes. The full report, *Family Permanent Supportive Housing: Preliminary Research on Family Characteristics, Program Models, and Outcomes*, is available at www.csh.org. Also included in this brief are findings from Nolan, C., ten Broeke, C., Magee, M., & Burt, M.R. (2005). *The Family Permanent Supportive Housing Initiative: Family history and experiences in supportive housing*. Washington, DC: The Urban Institute.

²Joint Center for Housing Studies of Harvard University. (2005). *The State of the Nation's Housing 2005*, available at www.jchs.harvard.edu.

³Shinn 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*, 8(11), 1651-1657.

Responses to homelessness must take into account the reality that some families experience long and multiple episodes of homelessness.

It is commonly accepted that for most families, homelessness is an episodic event that can be addressed with housing subsidies, the creation of additional affordable housing options, and some mix of services. However, research indicates that some homeless families have long and protracted spells of homelessness, and that others return to homelessness after being rehoused. The size of this subgroup is not known, but the data suggest that they may have greater needs than the “typical” homeless family served in the emergency shelter system. In a recent study of 100 families living in supportive housing, researchers reported that this group had long histories of homelessness, mental health and substance use problems, were older than sheltered homeless mothers and tended to remain extremely poor and unemployed. Furthermore, the heads of household in these families may qualify as chronically homeless. The study findings included:

- The average duration of homelessness as an adult was 44 months. Ninety-three percent of these families reported having been homeless at least once in the past (before their current homeless episode), and 40 % had been homeless three or more times previously, roughly double the proportion found in a nationally representative study that examined families in homeless assistance programs. One-third of the women in these supportive housing programs had their first homeless experience as a minor.
- Heads of households in these families often faced challenges related to substance use and/or mental health disorders although the data did not specify the nature or duration of these problems.
- The average age of mothers in the permanent supportive housing programs was 36 years, substantially older than the population of homeless mothers seen in shelter settings, who tend to be in their late 20's. The families typically have both young children (under age 5), and school age children (age 5-12), with teens being a minority.

FAMILY SUPPORTIVE HOUSING PROGRAMS

While the programs included in recent studies all provide the twin pillars of supportive housing—subsidized housing and supportive services—they vary greatly in size, housing type, administrative arrangements, the extent to which they require tenants to participate in services, and the mix and intensity of services.

- Some programs are housed in a single large apartment building, others feature housing units scattered in the community;
- The programs ranged greatly in size, from 13 to 218 units of housing;
- In some programs a single agency administers both the housing and the services, while in others these functions are purposely separated;
- Most programs impose no restrictions on participants beyond those a tenant usually has, while a few have rules such as curfews, mandatory room inspections, or mandatory participation in supportive services as a condition of tenancy.

- Although these mothers tended to have higher education levels than sheltered families described in the literature (60% completed high school/GED vs. 21%), they remained extremely poor—the mean monthly household income ranged from \$716 to \$1,296—and continued to be unemployed.

Permanent supportive housing is successful in facilitating housing stability for many families experiencing long-term homelessness and may lead to other positive outcomes, including family reunification.

Permanent supportive housing, affordable housing paired with supportive services, is effective for helping homeless single adults achieve housing stability. In recent years programs have begun adapting this model for use with homeless families. The programs included in this review are at the forefront of this effort and are achieving similar housing stability outcomes.

At two of the four programs with follow-up data nearly all the residents (95%, and 94%) were still housed in the program a year after enrollment. In the other two programs the proportions were lower but substantial—71% and 67%. This is a notable achievement given the extensiveness of their homeless experiences and service needs.

Families in some of the programs were able to achieve high rates of reunification – an important issue for many families. Two programs reported high rates of family reunification over the course of a year (73% and 67%), and two others reported lower rates (40% and 0%, although this sample was small).

Across the programs, families made limited progress toward economic self-support. The percentage of mothers employed increased slightly during the one-year follow-up period after families moved into supportive housing, but by the end of the first year less than 50% of mothers were employed. Incomes increased slightly over the follow-up period in three of the four programs, but families remained extremely poor with average monthly incomes across the four programs ranging from \$836 to \$1,447.

Permanent supportive housing models must be adapted to the needs of families and children. The mix and intensity of services must be tailored to the special needs of each family unit and address the trauma that many of these families have experienced.

A broad array of supportive services must be available to help families become stably housed and work toward recovery and economic self-support. The data suggest that families with long histories of homelessness require a broad array of readily accessible services including: income support, education, job training, employment assistance, child care, case management and housing/systems advocacy. In addition, the data suggest that many of

these families have additional needs requiring services that address health, substance use, mental health and trauma. Often, some of these issues are overlooked in families, even in programs designed to serve families with one or more “special needs” such as recovery from addiction. It is likely that these complex problems are contributing to some of the adverse outcomes families have experienced and therefore, must be carefully addressed.

Therefore, programs should develop flexible, trauma-informed, inter-disciplinary on-site services that can effectively engage and support families with complex needs, as well as well-oiled referral routes to highly specialized services. These services must be sensitive to the cultural/ethnic needs of diverse subgroups.

In addition to comprehensive supports for the family, **developmentally appropriate services should also be created for children living in these settings.** Despite their significant needs, the study indicated that relatively few services have been developed to meet the needs of children in these homeless families in part because services funding is often tied to identified disabilities and service needs of the parents. It is imperative that programs routinely assess children within the context of the family. Specific services should be developed for toddlers, preschool children, preadolescents, and teens. Services must be comprehensive, coordinated, readily accessible, and family-centered.

THE SERVICES IN FAMILY SUPPORTIVE HOUSING

All the supportive housing programs provided some type of resource coordination and advocacy or 'case management', that typically featured a blend of formal and informal service contacts that focus on relationship building, the development of shared goals, and ongoing monitoring of progress. Beyond this common element, these programs varied greatly in the range of services they provided to adults and children. Many provided primarily economically focused services such as housing assistance, money management or vocational training. Others combined these services with more clinically focused mental health and/or substance abuse services for parents. Many programs also developed a range of services and activities for children and youth.

Programs must strike a careful balance between encouraging progress toward goals and setting strict requirements that may exclude or terminate housing for those with the greatest need for services. Regardless of the approach, fostering reliable and trusting relationships between staff and tenants is a critical component of engagement.

Data suggested that outcomes for participants varied by the degree of control that programs exerted over participants' lives. Of the four programs at which researchers collected follow-up data, two are smaller with centralized administrative structures and high levels of program control above and beyond the basic control that typically occurs in landlord-tenant relationships. This control over residents had a strong focus on helping parents achieve and maintain recovery from substance use problems. Participants in these programs appear to have achieved modest gains across all three outcomes (residential stability, reunification, and self-sufficiency). Participants in the other two programs, which were larger, more diffuse, and had low levels of program control, were more likely to remain in supportive housing for at least a year, but were less likely to make progress towards self-sufficiency and had lower

rates of family reunification. These results may reflect higher drop-out rates in the programs that exerted greater degrees of control.

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.

Current measures of participant success must be broadened to focus on recovery.

Recovery for clients can have many meanings. For some families achieving economic self-support within 12-24 months is a stated goal but not achievable if unresolved mental health, substance use and trauma issues are not addressed. Furthermore, these can take considerable time, but are critical first steps in achieving family stability and reunification, improved functioning and quality of life, and long-term economic self-sufficiency. Program rules and financing mechanisms must support the provision of affordable housing and a broad array of support services that are available to clients for as long as needed.

Resources must be available in every community to develop supportive housing for families that need it to stay housed.

Federal, state, and local targeted and mainstream resources must be available to create and sustain additional permanent supportive housing programs for homeless families who would benefit from housing and more intensive services. Financing structures must be in place to allow permanent supportive housing programs to offer (directly or, if not possible, through referral) the array of services necessary to serve parents and children with complex needs. Current mainstream financing mechanisms often do not reimburse for outreach and engagement efforts, making it difficult for programs to conduct these critical activities. It is essential that the scope of reimbursable services be expanded to include these more informal, relationship-building activities.

The definition of chronic homelessness should be modified to reflect the unique needs of homeless children and their families.

The current federal definition of “chronic homelessness” and associated incentives for providing permanent housing for this population should be reconsidered in order to incorporate a focus on families that experience long-term homelessness. A definition for “chronically homeless families” ideally would take into account the length of time spent homeless as well as other conditions that would make it more difficult for a family to achieve housing stability. Furthermore, because the impact of homelessness may have more immediately adverse effects on developing children, the definition of duration may need to be shortened to account for the needs of children. Additional criteria could include:

- a parent with a diagnosable physical and/or mental disability;
- a parent who has experienced serious trauma;
- a parent reentering the community from jail or prison;
- a child with serious medical or emotional disturbance/ disability; or
- involvement with the child welfare system.

An evidence-based policy framework—that defines cost-effective solutions to a clearly defined and measurable problem—is needed to address long-term homelessness among families.

Not all homeless families are alike and “one size fits all” program and policy responses are ineffective in meeting the unique needs of various subpopulations. For most homeless families, subsidized, affordable housing and access to a range of services in the community can effectively address their homelessness. However, some families need additional intensive supports, but we have little systematic evidence to help policymakers and practitioners guide decisions about which families could benefit most from which types of housing and service interventions. We need to generate more information to help us better understand the size of this group and the characteristics of families requiring intensive services. Rigorous, longitudinal research needs to be done to help us answer some critically important questions:

- What outcomes does supportive housing achieve for parents and their children, including housing retention, family reunification, improved mental and physical health, and decreased substance use?
- What are the essential “key ingredients” that make family supportive housing effective and distinct from supportive housing for single adults?
- Do different models of family supportive housing work better for families with particular characteristics and needs?
- Do investments in family supportive housing produce savings in costs of other public services?

Additional information of this type would help us craft more rational and evidence-based policies to help end family homelessness.

About the National Center on Family Homelessness

The National Center on Family Homelessness (The National Center) was founded in 1988 to develop long-term solutions aimed at eradicating family homelessness. We are the only national organization solely devoted to developing a body of knowledge about family homelessness that can be translated into innovative services and responsive policies. The National Center works closely with shelters, homeless families, service providers, researchers, advocates, and policymakers throughout the country. We combine evaluation and applied research, program development and dissemination, and public education and policy initiatives to address family homelessness and the related issues of poverty, trauma, substance abuse, and mental illness. For more information, contact:

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About the Corporation for Supportive Housing

The Corporation for Supportive Housing (CSH) helps communities create permanent housing with services to prevent and end homelessness. As the only national intermediary organization dedicated to supportive housing development, CSH provides a national policy and advocacy voice; develops strategies and partnerships to fund and establish supportive housing projects across the country; and builds a national network for supportive housing developers to share information and resources. CSH is a national organization that delivers its core services primarily through eight geographic hubs: California, Illinois, Michigan, Ohio, Minnesota, New Jersey, New York, and Southern New England (Connecticut, Rhode Island). CSH also operates targeted initiatives in Kentucky, Maine, Oregon, and Washington, and provides limited assistance to many other communities. For more information, contact:

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