University of Pennsylvania

From the SelectedWorks of Dennis P. Culhane

May 2005

Family Homelessness: Background Research Findings and Policy Options

Contact Author

Start Your Own SelectedWorks

Notify Me of New Work

Available at: http://works.bepress.com/dennis_culhane/16

School of Social Policy and Practice

Departmental Papers (SPP)

University of Pennsylvania *Year* 2005

Family Homelessness: Background Research Findings and Policy Options

Mary Beth Shinn [*] Debra R. Rog [†]
Dennis P. Culhane [‡]

[*]
[†]
[‡]University of Pennsylvania, culhane@mail.med.upenn.edu

Postprint version. Published by *The US Interagency Council on Homelessness*, May 2005, 28 pages.

This paper is posted at ScholarlyCommons@Penn.
http://repository.upenn.edu/spp_papers/83

FAMILY HOMELESSNESS: BACKGROUND RESEARCH FINDINGS AND POLICY OPTIONS

Mary Beth Shinn, Ph.D.
Debra J. Rog, Ph.D.
Dennis P. Culhane, Ph.D.

Prepared for the US Interagency Council on Homelessness

May, 2005

I. Background

- **Homelessness afflicts many families; families now comprise a major segment of the homeless population**

Convergent sources suggest that as many as 600,000 families are homeless annually in the United States. This includes approximately 1.26 million children, representing 10% of the nation's poor children each year.

The National Survey of Homeless Assistance Providers and Clients (NSHAPC),[1] conducted with homeless people using 16 types of homeless assistance programs in 76 geographical areas, is the only nationally representative data source available to estimate the number of families who are homeless in the United States. The NSHAPC estimated that family members made up 34% of the homeless population. Of this estimate, 23% were children and 11% were adults. These estimates, reflecting two different sampling points during 1996, suggest that 420,000 and 725,000 households respectively (1.3% - 2.2% percent of all families) were homeless at least one time during that year. The midpoint of the estimates would yield an estimate of 1.8% of all families (572,000 households) being homeless for at least one day during 1996. When just the poverty population is considered, the midpoint estimate indicates that 8% of poor families were homeless for at least one day during 1996.

Another source of data for estimating the rate of risk for homelessness among families and children comes from local Homeless Services Management Information Systems (HMIS).[2] Nine jurisdictions with an HMIS, including Washington, DC; Columbus, Ohio; Spokane, Washington; New York, New York; Philadelphia, Pennsylvania; St. Paul, Minnesota; Montgomery County, Maryland, St. Louis County, Missouri, and the state of Rhode Island, recently collaborated to standardize their reporting formats and to produce an annual estimate of rates of shelter use based on 1998 data. The resulting annual rates of shelter use in 1998 for families range from .2% to 1.6% of all families, and between 1.8% and 7.4% of poor families (assuming that all homeless families are poor at the time they were homeless). If one excludes the outlier (.2% of all families and 1.8% of poor families), the range narrows to between 2.9% and 9.9% of poor families as homeless that year, with an average of 5.4%.

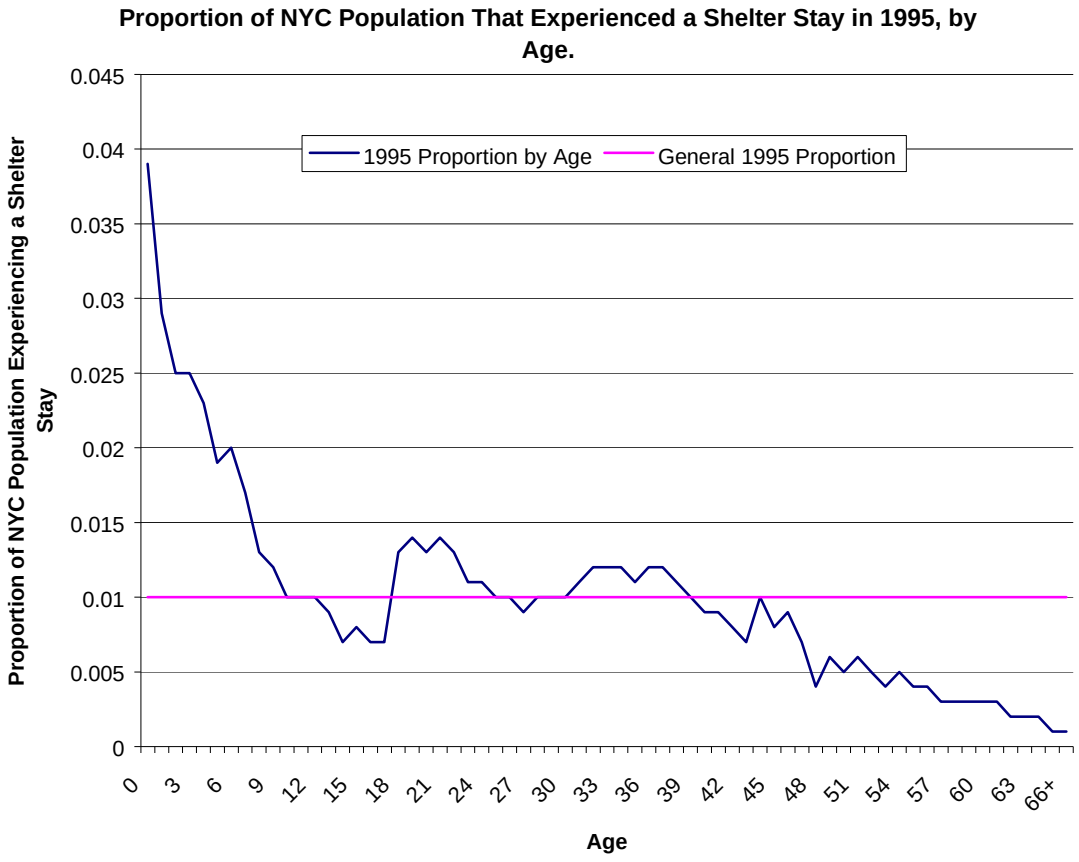
Further evidence that homelessness is a common experience for poor families comes from a national telephone survey that found 7.4% of U.S. adults in households with phones had been literally homeless (sleeping in shelters, abandoned buildings, bus and train stations, etc.) over their lifetimes. Of those who had ever received public assistance (typically as part of families), 19.8% had been homeless at least once in their lifetime. If the definition of homelessness was expanded to include doubling up, nearly a third of the people (31.2%) who had ever received public assistance had been homeless at least one time in their lifetime.[3]

In summary, these prevalence estimates, while revealing some inconsistencies that indicate a need for improved local and national documentation, suggest that homelessness is a relatively common phenomenon among poor families.

- **The prevalence of homelessness is higher for young families with small children and African American families**

Not only are homeless families overwhelmingly households headed by women, but they are disproportionately families with young (pre-school) children. The risk for homelessness is highest – and higher than the general population rate – among children under the age of 6. Furthermore, the risk increases the younger the child, such that the highest rate of risk is among children under the age of 1 year ("infants"), among whom approximately 4.2% were homeless in 1995 [see chart below].[4]

Rates of risk are also much higher for African American children, such that 11% of poor African American children were homeless in New York City in 1995. Again rates of risk are highest among young children, leading to an annual rate of homelessness in New York City among poor African American children under the age of 5 of 15% in 1990 and 16% in 1995.[5]



- **Family homelessness is a pattern of residential instability, which leads to shelter stays when other resources are exhausted**

Because many fewer families are in shelter on any given night than the number who enter shelter over many years, we know that homelessness is not a permanent state. Though families may experience relatively short stays of literal homelessness – in shelters or in public places not intended for human habitation – the homeless episodes are typically part of a longer period of residential instability, involving frequent moves, and doubling up with relatives and friends, as families strive to remain housed.[6] For example, in the 18 months prior to entering a housing program for homeless families in nine cities (Atlanta, Baltimore, Denver, Houston, Nashville, Oakland, Portland, San Francisco, Seattle) families moved an average of five times, spending seven months in their own place, five months literally homeless or in transitional housing, five months doubled up, and one month in other arrangements.[7] Note, however, that families in this study were chosen for their recurrent homelessness.

- **Homeless families are more similar to other poor families than to homeless single individuals**

Homeless families share more characteristics of families who are poor than they share with homeless single individuals.[8,9,10,11]

Compared to other poor families who remain housed, homeless families typically:

- have fewer housing, economic and social resources; [12]
- are younger heads-of-households; [13,14]
- are more likely to be members of minority groups, especially African-American;[15]
- are likely to be pregnant or the mother of a newborn; [16,17]
- are more likely to abuse substances; [18,19]
- experience similarly high rates of depression; [20,21]
- experience similarly high rates of both domestic and community violence; [22] and
- have similarly low levels of educational attainment and minimal work histories. [23]

In comparison to homeless adults, however, homeless families:

- are much younger, typically 25 to 30 years old;[24,25]
- are less likely to abuse substances;[26,27]
- are much less likely to have psychotic disorders;[28,29]
- are more likely to be married (23% of homeless families vs. 7% of the adults); [30]
- are similarly more likely to be members of minority groups, especially African-American (though there are regional differences);[31]
- have lower levels of education (high school graduation/GED; again, there are regional differences); [32] and

- have slightly higher incomes, due to families' greater access to means-tested benefit programs such as welfare and more help from relatives and friends.

The majority of differences between homeless and domiciled poor families have to do with resources and life stage. In addition, poor families are disproportionately headed by women, but the relative proportion of homeless and poor families who are married in a particular study depends greatly on whether the homeless families are recruited from shelters that exclude men. In representative samples of families in New York, homeless families were more likely than other poor families to be married at the point of shelter entry.

Compared to homeless adults, however, homeless families have far fewer mental health and substance abuse needs. In addition, though they have slightly more economic resources, the median income for a homeless family in the NSHAPC in 1996 was only $418 per month, or 41% of the poverty line for a family of three, far too low to secure adequate, unsubsidized housing adequate for a family.[33]

A developmental psychologist described homeless and other poor children as on "a continuum of risk," with homeless children worse off on a number of dimensions than other poor children, who are in turn worse off than middle class children.[34] The same characterization applies to homeless families.

- **Shelter policies shape characteristics of homeless families**

Characteristics of homeless families are shaped by shelter policies and practice. For example, the size of the family homeless population can depend in part on the availability of shelter beds in a given location, because families are much less likely than single individuals to live on the streets. The U.S. Conference of Mayors reported that 33% of family requests for shelter were turned away in 2003.[35] These actions, combined with data on the range of alternatives sought by families prior to even seeking shelter,[36,37] suggests that families are often seeking shelter when other options are exhausted. Shelter availability alone, therefore, does not appear to be creating the instability. Length of stay in shelter is determined in large part both by shelter limits on length of stay and on the availability of subsidized housing to assist exits. The proportion of families who return to shelter also depends on the availability and quality of subsidized housing.

Shelter policies also influence the composition of homeless families. As we have already noted, the extent to which studies find homeless families headed by single parents depends on whether the participants in the studies are recruited from shelters that exclude men.

- **Homelessness is associated with family separations**

Family separations are unfortunately all too common among homeless families. Because separation from the family of origin in childhood is one predictor of homelessness among adults, the patterns of family separation are not only costly to families and local

governments in the short term, but may also entail future costs.

The NSHAPC reported that 60% of all homeless women in 1996 had children below 18 years, but only 65% of those women lived with any of their children (and often not all of their children); forty-one percent of all homeless men had minor children, but only 7% lived with any of them.[38] These numbers are consistent with other studies, in which large numbers of homeless individuals and families report children living elsewhere.[39,40,41,42]

Five years after entering shelter in New York City, 44% of a representative sample of mothers had become separated from one or more of their children (compared to 8% of poor mothers in housed families). A majority of the separated children lived with relatives, although a substantial minority were in foster care. (Interestingly, looking at the numbers from the foster care side, among a birth cohort of children who went into foster care by age 5 in Philadelphia, 61% had been in the homeless system.)[43]

Three factors predicted separations in the New York City study:: maternal drug dependence, domestic violence, and (controlling for drug dependence) any institutionalization, most often for substance abuse treatment. But at any level of risk, homeless families were far more likely to become separated from children than housed families. In other words, a homeless mother with no risk factors was as likely as a housed family with both drug dependence and domestic violence to become separated from a child.[44] Many of the separations occurred after families were re-housed.

Many factors lead to family separations. First, as noted, shelter policies can create false separations between partners that not only distort our perception of the composition of families, but also can have enormous strain on family cohesion and stability. Second, families often voluntarily separate when becoming homeless so as not to expose their children to shelter or street life. Third, shelters are often difficult environments in which to parent, both because of lack of space and resources, and because shelter staff and rules often usurp parenting roles. Re-establishing those roles after families leave shelter may be difficult.

Fourth, homeless families, and families in special service programs following shelter, are subjected to high levels of professional scrutiny. Psychological research shows that observers rate the same behaviors as more abusive if performed by low-income parents rather than middle-income parents,[45] and it is likely that homeless families are accorded even more biased assessment. Several states have ruled out placement of children due to homelessness alone.[46] However, one state training manual for identifying child abuse notes that although the mere presence of risk factors, such as homelessness, should not be considered proof of abuse or neglect, “they may point to a need for further investigation and future intervention.”[47]

Finally, homelessness can make the reunification of separated families more difficult. This is particularly true if, after separation, parents lose access to income and housing supports that allow them to create a suitable environment for their children.

II. The Crisis in Affordable Housing

The Department of Housing and Urban Development deems housing affordable if a household spends no more than 30% of income on housing costs, including utilities. HUD also calculates "fair market rents" for all counties in the United States.[48] The National Low Income Housing Coalition has combined these to determine the income necessary to afford the fair market rent for units of different sizes.[49] Families with children ordinarily seek units that have two or more bedrooms. There is no state in the country where an individual working full-time, year-round at the prevailing minimum wage in the state (federal minimum or the state minimum if higher) can afford a two-bedroom apartment. Indeed, a parent would need to work from 67-68 hours per week (in Puerto Rico and West Virginia) to 152-153 hours per week (in Washington DC and New Jersey) to be able to afford the fair market rent for a two-bedroom apartment.

There is a growing gap between housing costs and income. Fair market rents have continued to increase while incomes at the bottom of the income distribution have stagnated. The average "housing wage" necessary to afford the fair market rent for a two-bedroom apartment has risen from $11.08 in 1999 to $15.21 in 2003.[50]

Another way to look at the crisis in low-income housing is to examine housing problems experienced by extremely low-income households, based on the American Housing Survey. The latest data available are from 2001. Extremely Low-Income (ELI) households are those with incomes, adjusted for family size, below 30% of the median income in their area. Nationally, in 2001, there were 7.65 million ELI households who rented their dwellings, 2.88 million of them included minor children.[51] Among married couple ELI renter households with children, three fifths (59%) experienced severe housing problems (paying over 50% of their income for housing or living in seriously deficient units). Among ELI renter households with children not headed by a married couple, nearly two thirds (65%) experienced such severe problems.[52]

III. Implications of the Current Research Base: The Central Role of Subsidized Housing

The affordability (or lack thereof) of housing challenges poor people's abilities to maintain decent housing. Families with limited incomes have few housing choices. Those who cannot or do not want to live with family and friends are faced with increasing difficulties finding affordable housing in ever tightening housing markets. In turn, high housing costs are one of the most common contributing factors to the loss of housing.[53]

Several non-experimental studies suggest the central role of subsidized housing in ending homelessness for families. The role services play in addition to housing is more ambiguous.

- **Access to and receipt of rental subsidies improves residential stability**

Receipt of rental subsidies improves the housing outcomes of homeless families.[54,55,56,57,58,59] Rental subsidies, such as Section 8 certificates, provide payment for housing that is generally based on some proportion of an individual's income. A Section 8 certificate, for example, allows an individual or family to go into the private housing market and rent an apartment or house from a landlord who agrees to participate. The household pays approximately 30% of its income toward rent, and the federal government subsidizes the remainder.

In a nine-city study in which homeless families received both Section 8 certificates and case management services, 88% of the families accessed and remained in permanent housing for up to 18 months (based on 601 families in 6 sites where follow-up data were available). Although all families also received some amount of case management and access to other services, the level of service provision varied greatly across and within each of the nine sites and did not appear to differentially affect housing stability. This finding was replicated in an evaluation of families participating in the 31 sites across the country receiving FY 1993 funding under the Family Unification program (FUP). FUP, administered by collaborating housing agencies and child welfare agencies, provides families with Section 8 rental assistance and child welfare services. The study found that 85% of the families were still housed after 12 months in nearly all 31 sites, despite different eligibility criteria, services, and other factors.[60]

A smaller study in New York City in the early 1990s examined a very similar intervention involving subsidized housing coupled with short-term intensive case management and yielded similar findings. A comparison group received subsidized housing, but no special services. At the end of a one-year follow-up period, the vast majority of families in both groups were housed, and less then 5% had returned to shelter. Whether or not families had received the intensive services did not affect the outcomes. The type of subsidized housing received was the strongest single predictor of who would return to shelter, with families in buildings operated by the public housing authority more stable than those in an alternative city program.[61]

In a longitudinal study of first-time homeless families and a comparison random sample of families on public assistance, residential stability was predicted only by receipt of subsidized housing. In follow-up interviews that occurred five years from initial shelter entry, 80% of the homeless families who received subsidized housing were stable (in their own apartment without a move for at least 12 months), compared to only 18% who did not receive subsidized housing. This figure was virtually the same for the comparison sample of families from the public assistance caseload. After leaving shelter, formerly homeless families were not part of special case management programs, but had access to services generally available to families on public assistance.

Factors in this study that were unrelated to stability, in the context of subsidized housing, included mental illness, substance abuse, health problems, history of incarceration, education, work history, various features of the respondent's childhood (disruptive family experiences, growing up in poverty, teen pregnancy), domestic violence, and strength of

personal network, although some of these factors were associated with initial shelter entry. The study provided strong evidence that subsidized housing was both necessary and sufficient for the vast majority of families to be residentially stable.[62]

An earlier follow-up study of formerly homeless families in St. Louis found similar evidence of the role of subsidies in fostering stability. Of the families who had received housing placements at termination from the shelter and could be located during the follow-up (201 families out of a possible 450 families), those who had received a Section 8 certificate at termination were much less likely to have had a subsequent homeless episode than families who had received some other type of placement (6% vs. 33%).[63]

Finally, studies using administrative records in both New York City and Philadelphia provide additional support for the role of subsidized housing in ending homelessness. In New York City, families discharged from shelters to subsidized housing were the least likely to return to shelter (7.6% over two years). Families who were discharged to "unknown arrangements" had the highest rate of shelter return (37%). [64] Similarly, after a policy of placing homeless families in subsidized housing was adopted in Philadelphia, the number of families entering shelter who had been in shelter previously dropped from 50% in 1987 to less than 10% in 1990. [65]

Part of the success of subsidies is that they not only allow homeless people to live affordably, but that they generally also allow them to live in safer, more decent housing. In a study of single adults with severe mental illness, Newman and her associates found that the Section 8 certificates were associated with improved housing affordability and improved physical dwelling conditions. The quality of the physical housing, in turn, is related to other outcomes, especially residential stability.[66]

- **Housing is key for ending homelessness; it may not be enough to fully meet the needs of all families**.

Housing is an essential part of the remedy for homelessness. The role services play in ending homelessness is not clear from the research available. Only one study to date has examined services and housing in comparison to housing alone for homeless families and found no differences in outcomes between those who received services and those who did not.[67] Moreover, the lack of relationship between the amount of services received and stability in other studies as well as the high rates of stability that were found in these studies calls into question the impact that services have on the housing outcome.[68,69]

There is some limited evidence that some level of service may be indicated for a small segment of homeless families. One study involving 66 families in Alameda County, California, like the other research cited, found that receipt of entitlement income and subsidized housing were the most important predictors of stable exits from homelessness.[70] However, those families with diagnoses of mental disabilities and substance abuse had a higher risk of returning to shelter, and receipt of some type of social services while homeless reduced risk.[71] In addition, in the nine-city study of homeless families, three sites that enrolled specific subgroups of families with needs

experienced increased housing drop out at 30-month follow-ups. There was speculation that some of the drop out may be due to these families no longer having case management and assistance in completing the paperwork to remain in their housing.[72]

- **Other housing-related assistance can help homeless families find and maintain housing in the community**

Housing specialists have been reportedly helpful in facilitating the Section 8 process for families with multiple problems.[73] These individuals can help clients complete lengthy and complex applications[74] and serve as a bridge to others in the housing agency. They also can serve as an advocate to landlords, who may be more willing to rent to individuals when they know that case management is available.[75]

On the basis of existing research, it seems clear that subsidized housing is a critical element in ending homelessness for families and may have some benefits for other outcomes. A study comparing welfare reliant and low-wage workers in Charleston, San Antonio, Chicago, and Boston before welfare reform found that housing subsidies were an important form of help that allowed women to work rather than rely on welfare.[76]

However, housing subsidies should not be expected to create jobs, cure disease, end domestic violence, or solve all other problems afflicting low-income families.

The additional benefits that social services may have for housing stability are less clear. But just as housing subsidies are unlikely to cure other social ills, social services are unlikely to cure homelessness. This is an important area for future research. If services are designed to foster other outcomes, such as employment or reductions in substance use, this may be an area where the needs of homeless individuals may be similar to those in the broader community and therefore may be best treated as such.

IV. How Resources Are Currently Spent and Strategies for Redirection

- **Current federal homeless assistance for families emphasizes transitional housing**

The McKinney Vento Act authorizes fund for four programs administered by HUD,[77] two that serve homeless families without specific disabilities: the Emergency Shelter Grants (ESG) and the Supportive Housing Program. Neither program, however, provides for permanent housing for families. ESG provides for basic shelter and essential supportive services. It also can be used for short-term homeless prevention assistance to persons at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs. SHP's major component for families is transitional housing.

Resources devoted to transitional housing are increasing. The U.S. Conference of Mayors reports that 36% of survey cities increased the number of transitional housing units for homeless families from 2002 to 2003.[78]

Transitional housing is housing that is time-limited and typically provides a host of services beyond shelter, food, and clothing. There is, however, no consistent definition or model of transitional housing.[79] Transitional housing programs vary greatly in the amount of time an individual can stay in the program (3-months to 24-months or longer), services provided, physical structure (congregate settings to individual apartments), and admission criteria (e.g., some programs may be exclusively for individuals in substance abuse recovery).

In many cases, the concept of transitional housing emerged as an intermediary place to live for individuals and families who were waiting for permanent housing due to the limited supply of affordable housing.[80] It has increasingly become viewed, however, as a step between shelter and permanent housing for those who may not be perceived as "housing ready"[81] and may benefit from a more structured setting with a range of services provided on site, including mental health, substance abuse, health, employment readiness and education, and others, before moving into independent housing. Some of the housing may also offer structured savings programs that help an individual or family save money for rental down payments and move-in costs.

There has been no controlled study of the effectiveness of transitional housing and no study that has compared the outcomes of transitional housing to direct placement in permanent housing.[82] As noted in the previous section, several studies have indicated that the majority of homeless families, even those with multiple needs, who move directly to permanent housing from shelters and other homeless conditions remain stable for considerable periods of time. These findings question whether people need to become "ready" to live independently in permanent housing. Although the administrative data that are available on transitional housing indicate that the majority of families who graduate go on to stable housing,[83,84] it is not clear whether these families would have done just as well if permanent housing had been available immediately.

It is also not clear that these programs serve families who are having the most difficulty finding housing on their own. There is some concern that transitional housing is too frequently used for families whose main need is affordable housing,[85] rather than as a specialized service for the likely small number of families who might need it the most. Indeed, transitional housing programs often have a number of eligibility criteria for families (e.g., requirement of being clean and sober) that exclude families with greater service needs or that cause these families to drop out from the programs.[86]

Moreover, in housing markets in which the most affordable housing requires someone making 2-4 times minimum wage to rent or purchase a home at 30-50% of their income, many individuals will have difficulty without subsidies and, if in transitional housing, will have few places to transition.

More research is needed to understand when transitional housing is warranted, and what aspects may be particularly beneficial. For example, some of the services and supports provided in transitional housing (e.g., temporary subsidies; plans for saving for escrow;

child care) may help some families move more quickly into their own market rate affordable housing. These supports could be combined with permanent housing models and yield the same improvements without requiring additional moves that are particularly disruptive to children.

- **Emergency and transitional shelter for homeless families is costly**

Reliable national data on the cost of emergency and transitional shelters for homeless families are not readily available. First, providers of emergency and transitional shelter are not required to provide detailed per unit costs to the US Department of Housing and Urban Development – nor to state government funders on a nationally consistent basis. Second, uniform standards for distinguishing "emergency" versus "transitional" shelter do not as yet exist, so it is not clear what self-ascribed classifications may mean.

That said, the 1998 HMIS prevalence study did include a survey of providers regarding revenue and expenditure patterns. The data did not support disaggregation of family and single adult shelter providers, or, within providers that served both populations, costs for families versus singles. Nevertheless, the average per unit cost (one household – single or family – per unit) per year was $15,276 for "emergency" shelter programs, and $17,176 for "transitional" shelter programs (expressed in 2003 dollars). On a per diem basis, the average per unit was $41.85 for emergency shelter and $47.05 for transitional shelter.

Based on the NSHAPC data, Martha Burt and colleagues estimate an annual rate of turnover for all units (households) of 4.14 per year; thus, an imputed average length of shelter stay per household was 83 days per episode. Based on these figures, one could estimate that the average cost of an episode of family shelter use is between $3,473 for emergency and $3,905 for transitional shelter. This is likely an underestimate, however, as it assumes that the cost for a family is the same as for an individual. Applying these figures against the NHSHAPC-derived midpoint for the number of families who experienced homeless in 1996 (i.e., 1.8%), would yield an estimated annual cost of shelter for homeless families of between $1.9 and $2.2 billion annually. This is roughly consistent with the fact that providers estimate receiving approximately 25% of revenues from HUD, which would be between $475 and $525 million annually.

V. Alleviating the Crisis in Affordable Housing - Policy Options

Although there may be individual reasons why particular families become homeless, the major factor for the increase in family homelessness over the last two decades is undeniably the decreasing supply of affordable housing. To end homelessness for families, therefore, requires solutions that improve the "affordability" part of the equation as well as increase the availability and supply of "housing." Because of the complexity of the issue, multiple policy options may be required to do more than chip away at the problem.

IMPROVING THE AFFORDABILITY OF HOUSING FOR FAMILIES

The affordability of housing is a joint function of incomes (for low-income households) and of housing costs. A number of federal, state, and local strategies can be used for each.

- **Increasing incomes may reduce homelessness for working poor families**

Some states and municipalities have increased incomes for poor families by passing local minimum wage ordinances, supplementing wages, providing earnings disregards to welfare recipients allowing them to keep more of their earnings, or using other strategies to "make work pay."[87] Experimental evaluations of two relatively generous programs, New Hope in Milwaukee, which provided earnings supplements, and the Minnesota Family Investment Program, which provided an earnings disregard to welfare recipients, shows that they succeeded in decreasing the percentage of families living in poverty.[88,89] Other strategies involve subsidizing costs that families would otherwise have to pay for child care or food (e.g., food stamps, WIC).

- **Maximizing and preserving the Earned Income Tax Credit for homeless families may reduce homelessness for working poor families**

The federal Earned Income Tax Credit (EITC), supplements income for low-income working families, providing more than $35 billion a year. Moreover, this program and other tax expenditures that benefit families are considered even more important within the context of the affordable housing crisis.[90]

There are various ways to maximize the existing program to benefit homeless families. First, there need to be efforts to get all eligible families to participate in the program.[91] A significant number of eligible families do not file their taxes and in turn do not receive the credit. In 1996, 13-18% of all EITC eligible individuals did not file for the credit. Compared to those who did file, individuals who did not file for the tax credit were more likely to be renters, have lower incomes, and to be in one of four states – California, Texas, New York, and Florida. Approximately one-fourth of the non-filers were Hispanic.[92]

Second, eligible families need to be encouraged to receive the credit through the "advance payment" option that allows them to receive up to 60% of their credit in their regular paychecks throughout the year. Nearly all families (98%), however, receive their credit as a lump sum with their income tax refund and thus do not have the advantage of applying it toward monthly costs.[93] Moreover, there is increasing concern that families may be getting advances on the total lump sum through cash-checking outfits that also charge exorbitant fees for processing the credits.[94]

Third, it is important to help families retain the benefits that currently exist. The proposed IRS requirements – that families pre-certify their eligibility for the EITC and

prove that they have resided at the same address as the children that qualify them for the credit for at least half of the year – pose special problems for families who experience homelessness. As noted above, homeless families and families on the verge of homelessness move frequently.[95] They are likely to have to document residence with their children at multiple addresses over the course of a year to qualify.

In addition, homelessness and residential mobility disrupt the relationships with agencies and individuals who could provide documentation. Moreover, homeless families are frequently doubled up and thus are not leaseholders that can obtain verification of residence from landlords.[96,97] Homeless children switch schools frequently, so that school address records may not be up to date.[98] Homeless and formerly homeless families are less likely than other poor families (even years after leaving shelter) to have a regular medical home.[99] Research on child care shows that poor families are far more likely than middle class families to use unregulated and family-based child care provided by relatives and neighbors, but these latter providers are excluded from providing documentation of addresses.[100]

In the event that the proposed regulations become final, homeless service providers will need to assist families in establishing their eligibility for EITC benefits.

- **Expanding the Earned Income Tax Credit Program can relieve severe housing cost burdens**

In addition to maximizing the existing EITC program, several housing experts have proposed options for using it explicitly as a mechanism to reduce several housing cost burdens.[101] These options include having expanded credits for childless workers and for families with three or more children (proposed by Congressman Coyne); providing an earnings-based supplement to the credit for all EITC families paying more than 50% of their income for rent,[102,103] and tying the supplement to median housing costs.[104]

The different proposals have varying cost and outcome implications. Proponents of using EITC to deal with the affordable housing crisis prefer it over other options to raise income such as living wage laws and expanding subsidies;[105] in their view, living wage laws may discourage employers from hiring low-skill applicants and housing subsidy program expansions seem unlikely in the current Congressional climate. In addition, they believe more families would be affected by EITC than subsidies, and that EITC would have lower administrative costs than housing assistance vouchers. Finally, expanding the EITC program would allow housing assistance programs to focus on those families not eligible for EITC.[106]

Another way to expand the EITC would be to encourage state and local supplements. These supplements could be targeted specifically for housing assistance.

- **Community development funds can be used to support permanent housing**

The Community Development Block Grant (CDBG) provides funds to states and units of local government to meet local needs and priorities. The funds can be used as each grantee sees fit, as long as how they are used meets one of three broad objectives: benefits persons of low and moderate income, assists in the prevention or elimination of slums or blight, or meets other urgent community development needs that cannot be met by the grantee.[107]

Ways in which CDBG funds can be used as a primary mechanism to develop permanent housing or support its development include acquiring property upon which the housing can be built; having a community based development organization serve as a housing developer to construct new housing as part of neighborhood revitalization; and converting existing nonresidential buildings into residential units.

- **Using TANF funds for housing assistance**

There is a large overlap between the populations eligible for housing assistance and the population receiving TANF.[108] Several proponents have identified ways in which TANF funds may be used to assist with housing needs. TANF funds can be used in a variety of ways to alleviate the housing problems of families.[109,110] For example, funds can be used to provide families who are leaving the welfare roles with transitional supports and temporary housing subsidies to help bridge the time to more permanent forms of subsidies or affordability. Funds may be used to help increase the pool of affordable housing through project-based rental assistance as well as efforts to rehabilitate housing for families. Thus, state and local governments can help families on TANF become more stable and self-sufficient through using one or more strategies of applying TANF funds for ongoing housing assistance.[111,112]

This linkage between TANF and housing may be a logical one, as there is evidence that those on welfare reform who also received housing assistance had increased earnings and employment, as well as decreased TANF and Food stamp payments. The findings are suggestive of an interactive effect between welfare reform and housing assistance.[113] It is hypothesized that housing assistance may allow welfare recipients to first stabilize their lives, making them ready to enter the work force in a more productive manner.[114]

It should be noted, however, that TANF program rules do have a number of restrictions that can constrain state and local efforts. Looking at ways in which the use of TANF funds can be more flexible will aid in the housing crisis for these families.[115,116,117]

INCREASING THE SUPPLY OF HOUSING

- **Federal resources should be redirected from transitional housing toward permanent "housing first" strategies**

In response to current research findings, one option that can be implemented immediately is to redirect current resources from transitional housing toward permanent "housing

first" strategies. Given that as much as $2 billion per year may already be spent on emergency and transitional shelter costs alone for families, it may be worthwhile to consider what it would cost to provide the primary target population with a year-round housing subsidy, such as that provided by the Section 8 program.

First, as for the size of the target population, if one were to limit the target population to poor single mothers with at least one child under the age of 5, according to the US Census Bureau, 915,000 households, or nearly 1 million households, met that criterion at some point in 2002. At a cost of $8,000 in housing subsidy per family per year, a housing subsidy for everyone in this target group would cost approximately $8 billion annually. This is clearly far greater than the $2 billion spent on emergency and transitional shelter, which – it must also be noted – while serving disproportionately poor mothers with very young children, does serve other types of families as well. Nevertheless, if all of the shelter funds were redirected to this group, a gap of $6 billion would still remain.

It remains to be seen what other costs homeless families may differentially accrue as a result of their homelessness episodes. We do know, for example, that homelessness has negative implications on children's health and education.[118,119] Future research should explore the extent to which child welfare, health and education system costs may result from homelessness, and whether or not those combined costs would make a more compelling case (on cost factors alone) for the redirection of resources to more permanent and preventive solutions to family homelessness.

- **Transitional housing can be converted to transition-in-place housing**

Some communities are testing "transition-in-place" or convertible housing models,[120] in which intensive services are provided initially to families upon entry into the program and gradually reduced as their needs are met. The apartments can then become permanent dwellings for those who choose that option.

The Sound Families Program, a joint collaboration among the Bill and Melinda Gates Foundation, local government funders, and housing developers in the state of Washington, is implementing and evaluating a transition-in-place strategy. The program is being implemented in three counties in and around Seattle, and aims to create 1500 transitional housing units. Participation in the housing-based services is typically required during the transitional phase in order to remain in the housing. The transitional phase, however, is individualized and does not have a specific time limit. Upon successful completion of the phase, families are provided a Section 8 voucher and have the option of using it to stay in the unit they are in or to move to other affordable housing. Those who stay can be reintegrated into the services program without having to move if they need additional services. Those who choose to move are typically provided six months of follow-up services.

This program involves a HUD blanket waiver on the marketing requirements for a project-based Section 8 voucher as well as agreements with the local housing authorities

that provide families who successfully complete the transitional phase with a Section 8 voucher.[121]

- **"Housing first" approaches need to be examined for homeless families**

Although there are varying "housing first" approaches, all approaches emphasize rapid re-housing of homeless families in permanent independent housing and providing services before and after a family is housed to reduce the time homeless and to help work through problems that could jeopardize their housing stability. As used by Beyond Shelter,[122] "housing first" is designed to help homeless families move into permanent affordable housing as quickly as possible. Stabilization services are typically provided for a 6 to 12 month period to assist families in making the transition from shelter to housing. Possible benefits of the approach are that the services provided can be more flexibly and individualized and that linkages to community resources can be made more quickly.

Similarly, Minnesota's Family Homeless Prevention and Assistance Program (FHAP) provides state funds, including TANF block grant dollars, for counties and community nonprofit organizations to help families remain in their homes and to rapidly re-house those who have become homeless. The goals of FHAP are preventing initial and repeated homelessness, and shortening the length of time families experience homelessness. As an example, Hennepin County's Rapid Exit Program focuses on quickly identifying a family's housing barriers and providing assistance to overcome those barriers. Individualized assistance in finding and securing housing may include direct financial assistance for "start-up costs," legal assistance, case management, and others.

The Hennepin County program also works at the systems level to try to increase the pool of affordable housing. Much of this involves working closely with landlords to keep them receptive to Section 8 (e.g., staff to have relationships with landlords; paying double security deposits for families with poor rental history, cosigning leases, and so on). An ongoing evaluation of the program indicates that 85% of the 1714 families who were served in the program had not returned to the shelter within two year time period (despite the fact that 34% had been homeless prior). Those families that did return had a much shorter length of stay than before (10 days vs. 29.5 days).[123] It should be noted that although promising, "housing first" programs are limited by the availability of affordable housing and Section 8 vouchers.

GREATER ATTENTION TO PREVENTION BY TARGETING PATHWAYS INTO HOMELESS

- **Identifying families at special risk of homelessness is difficult, but may hold some promise**

Increasing the affordability of housing by affecting the supply and cost of housing, or increasing disposable income by increasing wages or subsidizing costs of housing, childcare, food, and other essentials, will serve to prevent homelessness among low-income families. Another strategy to prevent homelessness is to attempt to identify groups that are at greatest risk, and to offer special services to prevent homelessness for them. This task is fraught with difficulty but may be possible in some cases.

A study in New York City that used 20 predictors to distinguish new applicants for shelter from the public assistance caseload in 1988 was able to build a model that correctly identified 66% of shelter entrants while targeting 10% of the public assistance caseload.[124] However, because the public assistance caseload is so much larger than the population becoming homeless in any year, providing special services to even 10% of the public assistance caseload would mean serving 4 families who would not become homeless for every family who would; that is, from the perspective of preventing homelessness, 80% of services would be wasted. Any model based on a single risk factor, rather than a complex risk profile, is likely to do less well.[125] Nevertheless, it is worth considering several populations of families at special risk, and what might be done to stabilize them in housing.

There is some research on identifying populations, but little research on successful prevention models. In 1990, the General Accounting Office published a report entitled *Homelessness: Too early to tell what kinds of prevention assistance work best*.[126] Unfortunately the situation is little better today.

- **Eviction prevention programs are probably cost-effective, but studies make unrealistic assumptions**

The most common type of prevention program for families targets families threatened by evictions.[127] Typically, these programs offer some combination of cash grants or loans, counsel on budgeting and finances, legal services, mediation or negotiation between residents and landlords or mortgage holders, and advocacy. Evaluations, however, tend to simply count families served rather than make realistic estimates of homelessness prevented or delayed. Cost-benefit analyses tend to ignore administrative costs and to assume, unrealistically, that every family threatened with eviction would go to shelter in the absence of services, and that all those who receive services are prevented from homelessness forever, although there is typically little follow-up. Under such assumptions, the programs are quite cost effective.[128] It is hard to tell whether they would remain so under more realistic assumptions[129] although an evaluation of programs in Washington State, which had short-term follow-ups in at least some sites, suggests that they will.[130] Another concern with eviction prevention programs is that they tend to target families who are most likely to succeed even without the programs, that is families who can show that they can return to self-sufficiency in the future. Those with an ongoing inability to pay the rent may be at higher risk.

The HOPE program in Pennsylvania, Ohio, Kentucky, Texas, and Colorado to prevent mortgage foreclosures provided evidence that homelessness prevention has benefits to the

community that go beyond benefits to people whose homelessness is averted. To households with delinquent mortgages, the program provided intensive financial counseling and support, negotiation with creditors, and various additional resources such as job training, loans, and help obtaining benefits such as energy assistance. Mortgage lenders and utility companies, which stand to benefit when homeowners can pay their bills, provided most of the financing for the program. One utility company estimated that it recouped $9 that would previously have been written off as bad debt for each dollar invested.[131] Other programs have adopted novel strategies such as counseling for landlords as well as tenants, coordination among community services, information on entitlements, eviction hotlines, housing clearinghouses and referral networks, and matching services for people who wished to share housing – but no rigorous evaluations have been conducted.[132,133]

- **Youth aging out of foster care have high likelihood of entering shelter**

Those who transition out of foster care, ostensibly to live independently, are often ill prepared to live on their own.[134,135] Most studies have found that fewer than 40% are employed at the time they leave foster care,[136,137,138] and those who are working generally earn less than low-income youth or former foster care youth who reunite with their families.[139] Moreover, education levels are low. Generally a third or greater do not have a high school diploma or GED at the time of discharge,[140,141] and similarly high percentages did not attain a GED a year or greater after discharge.[142,143] Finally, among females who age out of foster care, studies have found anywhere from 20%[144] to 40%[145] of females either pregnant or already parents. Those with more placement moves in foster care are more likely to have children than those with more stability.[146]

In addition, foster care youth in general have more mental health, health, and developmental needs than non-foster youth of similar backgrounds, and those who age out of the system appear to be among those with the greatest needs.[147,148] Moreover, these individuals are also likely to have the most tenuous relationships with their families.

It is not surprising, given the lack of preparation for self-sufficiency, that many youth leaving foster care are unable to afford adequate housing[149] and find themselves among the rank of the homeless. In a study tracking foster youth transitions 12 to 18 months after leaving out-of-home care, 12% had been homeless at least once and 22% experienced considerable residential instability, having lived in 4 or more places during this same time frame.[150] Additionally, in a study of youth exiting New York City's child welfare system, and tracked through the city's computerized shelter records, 23% were found to have entered public shelters within 10 years of their exit. Women were twice as likely to become homeless as men, and most of them became homeless with their children.[151]

The link between homelessness and foster care also has been revealed in studies of homeless adults, where greater than expected proportions of this population report having been in foster care as children. Studies have found that anywhere from 15%[152] to 39%[153]

of homeless adults have lived in foster care as children, compared to much lower rates for non-homeless poor individuals.

Many States already work with youths in foster care to prepare them for independent living; it is not clear what additional package of services would be likely to forestall homelessness. The fact that a history of family disruptions such as foster care predicted initial shelter entry in a longitudinal study in New York, but had no effect on housing stability five years later once subsidized housing was accounted for, suggests that housing subsidies are likely to be a critical part of the mix.[154] We are not aware of evaluations of specialized programs to prevent homelessness in this group.

- **Young families with young children are at special risk for entering shelter.**

As noted earlier, studies have consistently shown that homeless families are younger than other poor families.[155] The cost of starting out in a new apartment (moving costs, first month's rent, security deposit, furnishings) may be prohibitive even for families who could afford to maintain the housing. As one step toward identifying those at risk, the housing assistance needs of pregnant women and mothers of newborns using health clinics serving low-income families, and their housing situations could be assessed. A targeted program of loans or assistance directed at such families or at first-time renters might permit more young people to make the transition to independent housing. (We are not aware of any research on such a program.) Additional assistance to pregnant women and new mothers, beginning with full funding of WIC (the Women, Infant, and Children Food and Nutrition Information Program) and subsidized child care might also help young women weather the transition to parenthood.

- **High-risk neighborhoods could be targeted.**

Another approach to preventing homelessness would select families on the basis of the neighborhoods in which they live. In Philadelphia and New York, between three-fifths and two-thirds of families entering shelter over an extended period came from identifiable clusters of census tracts.[156] The prior addresses of homeless families were more concentrated than the addresses of families in poverty in these cities. In Washington DC, poverty and homelessness were more equally concentrated.[157] In cities where local officials can identify neighborhoods from which homeless families come, it may make sense to site prevention activities in these areas. Efforts could include community economic development, housing construction or rehabilitation, job development and training, child care that permits mothers to take jobs, substance abuse treatment, and work with social service agencies or faith communities to stabilize neighborhoods. Alternatively, strategies to identify families at high risk and provide housing subsidies or other services might meaningfully be placed in such high-risk areas. We are not aware of research on the extent to which geographically-based strategies prevent homelessness.

- **Families who have exited shelter may be at risk for re-entry**

As research cited above has shown, housing subsidies appear to be an effective means of reducing returns to shelter even among high-risk families. But even families who are discharged to subsidized housing sometimes return to shelter. In New York, families who left subsidized housing to return to shelter did so primarily because of serious building problems or safety issues (rats, fire or other disaster, condemnation, or the building's failure to pass the Section 8 inspection).[158] Thus efforts to assure the quality of housing to which families go might lower shelter return rates. Informal discussions with city officials suggest that another reason families return to shelter is failure to renew Section 8 certificates. Similarly, speculations were that failure to complete paperwork might explain some of the drop out of families from Section 8 at 30 months in three sites in RWJ/HUD nine city study. Help with this paperwork might be a useful prevention strategy. Finally, poor families are likely to have many economic pressures in addition to paying the rent. It is not unreasonable, therefore, for public agencies that provide housing subsidies to insist that the money be spent on housing, via direct payments to landlords.

- **Targeted strategies based on domestic violence, criminal histories, mental illness, and substance abuse appear less promising**

Although levels of domestic violence are high among homeless families, the most careful studies have found equally high rates for poor families generally, making it difficult to use domestic violence to target families for prevention efforts.[159] The fact that domestic violence is high, however, means that shelter operators should consider families' safety and the trauma that many have experienced in planning their programs. Individuals exiting prisons, mental hospitals, and residential substance abuse treatment programs are important targets for efforts to prevent homelessness among single adults, but less relevant to families, in part because such individuals are likely to have long since been separated from any children. None of these factors predicted shelter entry in New York, when other factors, primarily demographic characteristics and housing histories, were taken into account. [160]

- **Local variation has important implications for prevention planning**

The crisis in affordable housing contributes to homelessness everywhere, but the nature of that crisis varies from place to place. Fair market rents, even averaged across entire states, are over twice as high in some states as in others; local variation is much larger.[161] Vacancy rates for inexpensive units of various sizes also vary widely. Local planning should take into account family structure, employment and joblessness, incomes, rents, housing quality, and vacancies in housing stock for units of various sizes. Where a sufficient supply of low-income housing is available, policy makers may want to focus on strategies to increase employment, income, or housing subsidies. If housing quality is an issue, efforts to bring housing up to code may be important. Where the vacancy rate for low-income units is low, strategies to create new units will be necessary, by new construction, requirements that developers include a proportion of low-income units in development, helping homeowners to subdivide properties to take in tenants, or other strategies. Policy makers should pay attention to needs for units of different sizes – large

families cannot readily live in an inexpensive studio apartment. Because many low-cost units are in fact occupied by households who could afford more, displacing households who cannot, it may be necessary to produce units with income restrictions.

Strategies to target families at risk also depend on local conditions. For any potential targeted group (e.g., families facing eviction), policy makers should estimate 1) the proportion of the target group that becomes homeless over some time period, and 2) the proportion of the homeless population that comes from this group. The first proportion allows policy makers to calculate what proportion of services will be wasted from the perspective of preventing homelessness, even if those services are valuable on other grounds. For example if one in eight families who are faced with eviction become homeless, then eviction prevention services will serve seven families for every one who will become homeless. Targeting on multiple risk factors, for example, families faced with eviction who have a previous history of homelessness, may increase the proportion that are likely to enter homelessness, but may decrease the likelihood that prevention will work.

The second proportion gives the maximum impact of a perfectly effective prevention program on the shelter population. For example if one in five families who comes into shelter has been evicted within the last year, a perfectly effective prevention program will cut shelter entry by at most 20%. However, no prevention strategy is perfect. Policy makers should make credible local estimates of the effectiveness of particular prevention strategies for each targeted group, and then update these estimates with careful evaluation research. They will need follow-up data to determine whether homelessness has been permanently prevented or merely delayed.

Finally, policy makers should consider whether prevention programs are likely to reduce the overall incidence of homelessness or simply reallocate it to a different group of families. For example, if units from which families have been evicted typically become available to new families who would otherwise become homeless, a successful eviction prevention program may place these new families at risk. The point of this exercise is not to discourage prevention planning, but to give policy makers a realistic sense of the likely difficulties and outcomes inherent in any particular strategy.

VI. Selecting and Evaluating the Policy Options

Examining the various policy options suggests that some combination of options may help in chipping away at the factors that create homelessness. For example, linking efforts to increase housing affordability, increase housing supply, and prevent homelessness might serve to plug several “holes in the dike” simultaneously, resulting in perhaps a greater payoff than may be accomplished with any single strategy.

Clearly, any choice of options needs to be made judiciously and with a broad perspective. With any option, particularly those that target a specific group of families, there are risks of merely redistributing who is at-risk. In addition, care needs to be taken that the

implementation of one or more policy options does not result in perverse incentives to becoming homeless in order to obtain greater benefits.

Whatever options are considered and adopted, we strongly urge the use of controlled research in guiding these decisions. Too often, policies are made without the advantage of this information and can have long-lasting repercussions that may have been foreseen through careful study. In addition, any evaluation undertaken would benefit from a similar broad perspective that anticipates a range of positive and negative outcomes that may result (e.g., reallocation and redistribution issues).

---

[1] Burt, M., Aron, L. Y., Douglas, T., Valente, J., Lee, E., & Iwen, B. (Urban Institute) (1999). *Homelessness: Programs and the people they serve: Findings of the National Survey of Homeless Assistance Providers and Clients*: Technical report prepared for Interagency Council on the Homeless. Washington, D.C.: The Council.

[2] Metraux, S., Culhane, D. P., Raphael, S., et al. (2001). Assessing homeless population size through the use of emergency and transitional shelter services in 1998: Results from the analysis of administrative data in nine US jurisdictions. *Public Health Reports, 116*.

[3] Link, B. G., Susser, E., Stueve, A., Phelan, J., Moore, R. E., & Struening, E. (1994). Lifetime and five-year prevalence of homelessness in the United States. *American Journal of Public Health, 84*, 1907-1912.

[4] Culhane, D.P. & Metraux, S. (1999). One-year prevalence rates of public shelter utilization by race, sex, age and poverty status for New York City (1990, 1995) and Philadelphia (1995). *Population Research and Policy Review, 18* (3).

[5] Ibid.

[6] Weitzman, B. C., Knickman, J. R., & Shinn, M. (1990). Pathways to homelessness among New York City families. *Journal of Social Issues, 46*(4), 125-140.

[7] Rog, D. J., McCombs-Thornton, K. L., Gilbert-Mongelli, A. M., Brito, M. C., & Holupka, C. S. (1995). Implementation of the Homeless Families Program: 2. Characteristics, strengths, and needs of participant families. *American Journal of Orthopsychiatry, 65*, 514-528.

[8] Bassuk, E. L., Weinreb, L., Buckner J., Browne, A., Salomon A., & Bassuk, S. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *Journal of the American Medical Association, 276*, 640-647.

[9] Burt, et al. (1999) op cit. See also Wong, Y.-L. I. (1997). Patterns of homelessness: A review of longitudinal studies. In Culhane D. P. & Hornburg, S (Eds.) (1997), *Understanding Homelessness: New Policy and Research Perspectives*. Washington, DC: The Fannie Mae Foundation.

[10] Shinn, M., & Bassuk, E. L. (in press). Families. In S. Barrow et al. (Eds.) *Encyclopedia of Homelessness*. Berkshire Publishing.

[11] Shinn, M., & Weitzman, B. C. (1996). Homeless families are different. In Baumohl, J. (Ed.) *Homelessness in America* (pp. 109-122). Phoenix: Oryx Press.

[12] 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: Childhood and adult risk and protective factors. *American Journal of Public Health, 87*, 241-248.

[13] Shinn & Weitzman (1996) op cit.

[14] Burt, et al. (1999) op cit.

[15] Ibid.

[16] Weitzman, B. C. (1989). Pregnancy and childbirth: Risk factors for homelessness? *Family Planning Perspectives, 21*(4), 175-178.

[17] Bassuk, et al. (1997) op cit., although this factor dropped out in a multivariate model.

[18] Bassuk, et al. (1997) op cit.

[19] Burt, et al. (1999) op cit.

[20] Bassuk, E. L., Buckner, J. C., Perloff, J. N., & Bassuk, S. S. (1998). Prevalence of mental health and substance use disorders among homeless and low-income housed mothers. *American Journal of Psychiatry, 155*, 1561-1564.
[21] Shinn & Bassuk (in press), op cit.
[22] Bassuk, E. L., Perloff J. N, & Dawson, R. (2001). Multiply homeless families: The insidious impact of violence. *Housing Policy Debate*, 12, 299-320.
[23] Shinn & Weitzman (1996) op cit.
[24] Ibid.
[25] Burt, et al. (1999) op cit.
[26] Bassuk, et al. (1997) op cit.
[27] Burt, et al. (1999) op cit.
[28] Bassuk, et al. (1998) op cit.
[29] Shinn & Bassuk (in press) op cit.
[30] Burt, et al. (1999) op cit.
[31] Ibid.
[32] Ibid.
[33] Ibid.
[34] Masten, A. S., Miliotis, D., Graham-Bermann, S. A., Ramirez, M., & Neemann, J. (1993). Children in homeless families: Risks to mental health and development. *Journal of Consulting and Clinical Psychology, 61*, 335-343.
[35] U.S. Conference of Mayors (2003) op cit.
[36] Weitzman, et al. (1990) op cit.
[37] Rog et al. (1995) op cit.
[38] Burt et al (1999) op cit.
[39] Maza, P. L. & Hall, J. A. (1988). *Homeless children and their families: A preliminary study*. Washington: Child Welfare League of America.
[40] North, C.S. & Smith, E.M. (1993). A comparison of homeless men and women: Different populations, different needs. *Community Mental Health Journal, 29*, 423-431.
[41] Rossi, P. H. (1989). *Down and out in America: The origins of homelessness*. Chicago: University of Chicago Press.
[42] Zima, B. T., Wells, K. B., Benjamin, B., & Duan, N. (1996). Mental health problems among homeless mothers: Relationships to service use and child mental health problems. *Archives of General Psychiatry, 53*, 332-338.
[43] Culhane, J. F., Webb, D., Grim, S., Metraux, S., & Culhane, D. P. (2003). Prevalence of Child Welfare Services Involvement among Homeless and Low-Income Mothers: A fiver-year birth cohort study.. *Journal of Sociology and Social Welfare*, 30(3), 79-95.
[44] Cowal, K., Shinn, M., Weitzman, B. C., Stojanovic, D., & Labay, L. (2002). Mother-child separations among homeless and housed families receiving public assistance in New York City. *American Journal of Community Psychology, 30*, 711-730.
[45] McLoyd, V. C. (1990). The impact of economic hardship on Black families and children: Psychological distress, parenting, and socioemotional development. *Child Development, 61*, 311 346.
[46] Williams, C. W. (1991). Child welfare services and homelessness: Issues in policy, philosophy, and programs. In Kryder-Coe, J. H., Salomon, L. M., & Molnar, J. M. (Eds.), *Homeless children and youth: A new American dilemma*. New Brunswick, NJ: Transaction.
[47] New York State Society for the Prevention of Cruelty to Children. (1990). *Professionals' handbook identifying and reporting child abuse and neglect*. New York: Author, p. 21.
[48] FMRs are set at a percentile within the rent distribution for standard quality rental housing units in each FMR areas (see 24 CFR 888.113). FMRs are based on the distribution of rents for units that are occupied by recent movers—renter households who moved into their units within the past 15 months. The distribution does not include rents for units less than two years old or for public housing units. Rents for subsidized housing units are adjusted by adding back the amount of the subsidy.
HUD sets FMRs either at the 40th percentile rent or at the 50th percentile rent. For most FMR areas, the FMR is set at the 40th percentile rent. The rent for 40 percent of standard rental housing units is at or below this dollar amount. FMRs have been increased to the 50th percentile rent in those metropolitan areas where a FMR increase is most needed to promote residential choice, help families move closer to areas for job

growth, and deconcentrate poverty (See 24 CFR 888.113(c)). From Federal Register May 28, 2003 (Volume 68, Number 102)
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
Docket No. FR-4852-N-01

[49] Pitcoff , W., Pelletiere, D., Crowley, S., Schaffer, K., Treskon, M., Vance, C., & Dolbeare, C. N. (2003). *Out of Reach 2003: America's Housing Wage Climbs.* National Low Income Housing Coalition. http://www.nlihc.org/oor2003, accessed 1/04/04.

[50] Ibid.

[51] 2001 American Housing Survey Data reported in NLIHP, p. 7.

[52] Ibid. p. 28

[53] Wood, D. R., Valdez, R. B., Hayashi, T., & Shen, A. (1990). Homeless and housed families in Los Angeles: A study comparing demographic, economic, and family function characteristics. *American Journal of Public Health, 80*, 1049-1052.

[54] Shinn, et al. (in press) op cit.

[55] Rog, D. J., & Gutman, M. (1997). The homeless families program: A summary of key findings. In S. L. Isaacs & J. R. Knickman (Eds.) *To improve health and health care: The Robert Wood Johnson Foundation anthology.* San Francisco: Jossey-Bass Publishers, 209-231.

[56] Rog, D. J., Gilbert-Mongelli, A. M., and Lundy, E. (1998). *The Family Unification Program: Final Evaluation Report.* Washington, D. C.: CWLA Press.

[57] 2001 American Housing Survey Data reported in NLIHP

[58] Wood, et al. (1990) op cit.

[59] Stretch, J. J. & Krueger, L. W. (1992). Five year cohort study of homeless families: A joint policy research venture. *Journal of Sociology & Social Welfare, XIX*(4), 73-88.

[60] Rog, et al. (1998) op cit.

[61] Weitzman, B. & 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 University.

[62] Shinn, M., Weitzman, B. C., Stojanovic, D., Knickman, J. R., Jiminez, L., Duchon, L., & James, S., Krantz, D. H. (1998). Predictors of homelessness from shelter request to housing stability among families in New York City. *American Journal of Public Health, 88*(10), 1-7.

[63] Stretch & Krueger (1992) op cit.

[64] Wong, Y.-L. I., Culhane, D. P., & Kuhn, R. S. (1997). Predictors of exit and reentry among family shelter users in New York City. *Social Service Review, 71*, 441-462.

[65] Culhane, D. P. (1992). The quandaries of shelter reform: An appraisal of efforts to "manage" homelessness. *Social Service Review, 66*, 428-440.

[66] Newman, S. J., Reschovsky, J. D., Kaneda, K., & Hendrick, A. M. (1994). The effects of independent living on persons with chronic mental illness: An assessment of the Section 8 Certificate Program. *The Millbank Quarterly, 72*(1), 171-199.

[67] Weitzman & Berry (1994) op cit.

[68] Rog, et al. (1995) op cit.

[69] Rog, et al. (1998) op cit.

[70] Zlotnick, C., Robertson, M. J., & Lahiff, M. (1999). Getting off the streets: Economic resources and residential exits from homelessness. *Journal of Community Psychology, 27*, 209-224.

[71] Wong, Y.L. I., & Piliavin, I. A dynamic analysis of homeless-domicile transitions. *Social Problems, 44*, 408-423.

[72] Rog & Gutman (1997) op cit.

[73] Rog, et al (1995) op cit.

[74] Dixon, L., Krauss, N., Myers, P., & Lehman, A. (1994). Clinical and treatment correlates of access to Section 8 certificates for homeless mentally ill persons. *Hospital and Community Psychiatry, 45*(12), 1196-1200.

[75] Abt Associates. (1997). *National Evaluation of the Shelter Plus Care Program: Final Report*. Rockville, MD: U. S. Department of Housing and Urban Development.

[76] Edin, K., & Lein, L. (1997). *Making ends meet: How single mothers survive welfare and low-wage work.* New York: Russell Sage Foundation.

[77] United States Department of Housing and Urban Development (2004). http://www.hud.gov/

[78] U.S. Conference of Mayors op cit. p. 54.
[79] Barrow, S. & Zimmer, R. (1999). Transitional housing and services: A synthesis. In L. B. Fosburg & D. L. Dennis (Eds.), *Practical lessons: The 1998 national symposium on homelessness research.* U.S. Department of Housing and Urban Development and the U.S. Department of Health and Human Services.
[80] Ibid.
[81] Ibid.
[82] Ibid.
[83] Westat (1991). *A national evaluation of Title IV-E foster care independent living programs for youth. Phase 2: Final report.* Rockville, MD: Westat, Inc.
[84] Matulef, M. L., Crosse, S. B., Dietz, S. K., Van Ryszin, G., Kiser, M. L., Puhl, L. M., & Ficke, R. C. (1995). *National evaluation of supportive housing demonstration program: Final report.* Washington, DC: U. S. Department of Housing and Urban Development and the Office of Policy Development and Research.
[85] National Alliance to End Homeless (2004). http://www.endhomelessness.org/.
[86] Barrow & Zimmer (1999) op cit.
[87] Welfare Information Network (2001). *General information on disregards.* Retrieved July 30, 2002 from http://www.welfareinfo.org/GeneralDisregard.htm.
[88] Bos, J. M., Huston, A. C., Granger, R. C., Duncan, G. J., Brock, T. W., & McLoyd, V. C. (1998). *New Hope for people with low incomes: Two-year results of a program to reduce poverty and reform welfare.* New York: Manpower Demonstration Research Corporation.
[89] Miller, C., Knox, V., Gennetian, L. A., Dodoo, M., Hunter, J., & Redcross, C. (2000). *Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program. Volume 1: Effects on Adults.* New York: Manpower Demonstration Research Corporation.
[90] Stegman, M. A., Davis, W. R., & Quercia, R. (2003). *The Earned Income Tax Credit as an instrument of housing policy*. The Brookings Institution.
[91] Ibid.
[92] IRS, 2002 as noted in Stegman, et al. (2003) op cit.
[93] Romich & Weisner, 2001, in Stegman, et al. (2003) op cit.
[94] Winstead (2004) personal communication.
[95] Rog, et al (1995) op cit.
[96] Shinn, et al (1998) op cit.
[97] Bassuk, et al (1997) op cit.
[98] Rafferty, Y., & Shinn, M. (1991). The impact of homelessness on children. *American Psychologist, 46*, 1170-1179.
[99] Duchon, L., Weitzman, B. C., & Shinn, M. (1999). The relationship of residential instability to medical care utilization among poor mothers in New York City. *Medical Care, 37*, 1282-1293.
[100] Kontos, S., Howes, C., Shinn, M., & Galinsky, E. (1995). *Quality in family child care and relative care*. New York: Teachers College Press.
[101] Stegman et al. (2003) op cit.
[102] Dolbeare, C. N. (2001). Housing affordability: Challenge and context. *Cityscape: A Journal of Policy Development and Research, 5*(2), 110-130.
[103] Stegman, et al. (2003) op cit.
[104] Ibid.
[105] Ibid.
[106] Ibid.
[107] U.S. Department of Housing and Urban Development (2004). *Using CDBG funds in addressing the challenges of homelessness.* (Notice: CPD-03-14). www.hud.gov/offices/cpd/lawsregs/notices/2003/03-14.pdf
[108] Lee, W., Beecroft, E., Khadduri, J., & Patterson, R. (Abt Associates) (2003). *Impacts of welfare reform on recipients of housing assistance: Evidence from Indiana and Delaware.* U.S. Department of Housing and Urban Development, Office of Policy Development and Research.
[109] Sard, B. & Harrison, T. (2002). *The increasing use of TANF and state matching funds to provide housing assistance to families moving from welfare to work – 2001 supplement.* Center on Budget and Policy Priorities, February 2000.
[110] Sard, B. & Waller, M. (2002). *Housing strategies to strengthen welfare policy and support working families.* The Brookings Institution, Center on Budget and Policy Priorities.

[111] Sard & Harrison (2002) op cit.
[112] Sard & Waller (2002) op cit.
[113] Ibid.
[114] Ibid.
[115] Sard & Harrison (2002) op cit.
[116] Sard & Waller (2002) op cit.
[117] Lee, et al. (2003) op cit.
[118] Rafferty & Shinn (1991) op cit.
[119] Rafferty, Y. (1995). The legal rights and educational problems of homeless children and youth. *Educational Evaluation and Policy Analysis, 17*(1), 39-61.
[120] Barrow & Zimmer (1999) op cit.
[121] Gates Foundation (2003). *The state of the art: Supportive Housing for Homeless and At-risk Families. Background materials for learning forum*. February 27, 2003.
[122] Beyond Shelter (2004). http://www.beyondshelter.org/
[123] National Alliance to End Homeless (2004) op cit.
[124] Shinn, et al. (1998) op cit.
[125] Shinn, M., & Baumohl, J. (1999). Rethinking the prevention of homelessness. In L. Fosburg & D. Dennis Eds.). *Practical lessons: The 1998 National Symposium on Homelessness Research* (pp. 13-1 - 13-36). Washington, DC: DHHS.
[126] General Accounting Office (1990). *Homelessness: Too early to tell what kinds of prevention assistance work best.* Washington DC: General Accounting Office.
[127] Feins, J. D., Fosburg, L. B., & Locke, G. (Abt Associates.) (1994). *Evaluation of the Emergency Shelter Grants Program, Volume I: Findings*. Washington DC: US Department of Housing and Urban Development, Office of Policy Development and Research, HUD-PDR -1489.
[128] Schwartz, D. C., Devance-Manzini, D., & Fagan, T. (1991). *Preventing homelessness: A study of state and local homelessness prevention programs.* New Brunswick, NJ: American Affordable Housing Institute.
[129] See alternative calculations in Shinn & Baumohl (1999) op cit.
[130] McIntire, J. I., Layzer, J., & Weisberg, L. (1992). *On firmer ground: Housing for homeless and near-homeless families.* Prepared by University of Washington Institute for Public Policy and Management. Olympia, Washington: Washington State Department of Community Development.
[131] Schwartz et al. (1991), op cit.
[132] Bueno, I., Parton, M. B., Ramirez, S., & Viederman, D. (1989). *When the rent comes due: Breaking the link between eviction and homelessness: An eviction prevention access plan.* San Francisco: Home Base;
[133] Schwartz et al. (1991), op cit.
[134] United States General Accounting Office (1999). *Foster Care: Challenges in Helping Youths Live Independently*. (GAO/T-HEHS-99-121). Washington, DC: U.S. General Accounting Office.
[135] Collins, M. E. (2001). Transition to adulthood for vulnerable youths: A review of research and implications for policy. *The Social Service Review, 75*(2), 271-291.
[136] Scannipieco, M., Schagrin, J., & Scannapieco, T. (1995). Independent living programs: Do they make a difference? *Child and Adolescent Social Work Journal,12*(5), 381-389.
[137] McMillen & Tucker (1999) op cit.
[138] Westat (1991) op cit.
[139] Goerge, R. M., Bilaver, L., Lee, B. J., Needell, B., Brookhart, A. & Jackman, W. (2002). *Employment Outcomes for Youth Aging Out of Foster Care.* University of Chicago, Chapin Hall Center for Children.
[140] Scannapieco et al. (1995) op cit.
[141] Westat (1991) op cit.
[142] Courtney & Piliavin (1998) op cit.
[143] McMillen & Tucker (1999) op cit.
[144] Ibid.
[145] Barth, et al. (1990) op cit.
[146] Westat (1991) op cit.
[147] Mcmillen & Tucker (1999) op cit.
[148] Colca & Colca (1996) op cit.

[149] GAO (1999) op cit.
[150] Courtney & Piliavin (1998) op cit.
[151] Park, M., Brodbar, G., Metraux, S., & Culhane, D. P. (in press). Homelessness among youth leaving child welfare services. *Social Service Review*.
[152] Sosin, M. R., Colson, P., & Grossman, S. (1988). *Homelessness in Chicago: Poverty and pathology, social institutions and social change*. Chicago: The Chicago Community Trust.
[153] Sosin, M. R., Piliavin, I., & Westerfelt, H. (1990). Toward a longitudinal analysis of homelessness. *Journal of Social Issues, 46*(4), 157-174.
[154] Shinn, et al. (1998) op cit.
[155] Shinn & Weitzman (1996) op cit.
[156] Culhane, D. P., Lee, C.-M., & Wachter, S. M. (1996). Where the homeless come from: A study of the prior address distribution of families admitted to public shelters in New York City and Philadelphia. *Housing Policy Debate, 7*(2), 327-365.
[157] Culhane, D. P., & Lee, C. M. (1997). *Where homeless families come from: Toward a prevention-oriented approach in Washington, DC*. Washington: Fannie Mae Foundation.
[158] Stojanovic, D., Weitzman, B. C., Shinn, M., Labay, L, & Williams, N. P. (1999). Tracing the path out of homelessness: The housing patterns of families after exiting shelter. *Journal of Community Psychology, 27*, 199-208.
[159] Browne, A., & Bassuk, S. S. (1997). Intimate violence in the lives of homeless and poor housed women: Prevalence and patterns in an ethnically diverse sample. *American Journal of Orthopsychiatry, 67*, 261-278.
[160] Shinn, et al. (1998) op cit.
[161] Pitcoff , W., Pelletiere, D., Crowley, S., Schaffer, K., Treskon, M., Vance, C., & Dolbeare, C. N. (2003). *Out of Reach 2003: America's Housing Wage Climbs.* National Low Income Housing Coalition. http://www.nlihc.org/oor2003, accessed 1/04/04.