A Framework for Developing Supports and Services for Families Experiencing Homelessness

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Abstract: The purpose of this paper is to discuss the need for supports and services for families who are experiencing homelessness and to propose a framework for developing them based on families' needs over time. The authors propose a three-tier framework for understanding the needs of homeless families. Tier 1 includes short-term basic needs such as affordable housing, child care, transportation, health care; Tier 2 includes ongoing supports such as education and job opportunities, trauma and mental health services, and family supports; and Tier 3 includes lifelong supports related to chronic medical, mental health, or substance use issues. The authors also review recent service trends and emerging evidence for service needs for homeless families.

Keywords: Homelessness, families and children, support networks, systems of care, housing and supports.

"Home is the place where, when you have to go there,
They have to take you in."
I should have called it
Something you somehow haven't to deserve.
- Robert Frost, "Death of the Hired Man," 1915

INTRODUCTION

One in 50 American children experiences homelessness each year and the numbers are growing [1]. While sheltering a family provides safe haven, this is only a temporary solution. By providing permanent housing, connecting people to community networks, and addressing the issues that lead to homelessness, families can change their lives forever.

Whether homelessness happens because of economic hardship, domestic violence, the trauma of war, or physical or emotional challenges, these families have lost more than their homes. They have lost their safety, well-being, and capacity to support themselves. The children are young; they have witnessed violence in their families and on the streets; they are frightened, anxious, and depressed. Today, they need safe shelter. To build a life in the community, they need permanent housing combined with individualized services and supports.

Despite the growing numbers of families who experience homelessness each year, public policy and federal funding over the last decade have largely focused on the needs of chronically homeless individuals – namely those with long histories of homelessness who have some combination of health, mental health and substance use issues. Many efforts to respond to their needs, such as rapid re-housing, have been successful [2]. In general, these accomplishments have been targeted to homeless individuals and have excluded homeless families and children. The choice of how to allocate scarce resources seems to have been made by pitting one subgroup of homeless people against another.

More recently, with the unrelenting increase in numbers of homeless families [3] and the change in administration, we have begun to see the beginnings of a policy shift – with increased attention focused on the needs of the families. There is a growing consensus that we can end this tragic problem through rapid re-housing and by building as many units of permanent housing as possible for families as well as single adults. However, the role of supports and services continues to be hotly debated. The purpose of this paper is to discuss the need for supports and services for these families and to propose a framework for developing them based on families' needs over time.

RECENT TRENDS AFFECTING HOMELESS FAMILIES

Debate About the Need for Services

Because of the scarcity of resources and the relative lack of empirical data to support the importance of services in ending family homelessness, misperceptions and biases have filled in – with many insisting that services are not necessary except for a very small minority of families. The current prevailing opinion is that only a small number of homeless families require services and supports [4-6]. For example, a recent typology suggested that 80% of families may need rental assistance/ affordable housing and may need short-term/transitional or emergency services while the remainder – only 15-20% of families need subsidized housing and a range of services [7].

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Consistent with this view, Culhane and his colleagues [8] developed a typology of family homelessness using administrative data sets. Based on previous work about homeless single adults, they correlated duration of shelter use with various behavioral indicators. They drew a similar conclusion: only a small percentage of families needed services. This conclusion is based on administrative data sets that do not provide detailed information on the needs of individual families. Their measures of service use only included inpatient mental health hospitalization and inpatient substance abuse care; foster care involvement and SSI use – measures that are not relevant for most homeless families and children – and do not reflect the range of services and supports necessary to ensure that families will remain in permanent housing.

Emerging Evidence on the Importance of Services

Both research and feedback from the field strongly suggest the importance of supports and services for ensuring long-term housing stability for families. In a review of studies investigating the role of housing and services in ending family homelessness, Bassuk and Geller [9] found "that access to housing vouchers seems to increase residential stability and that case management and other services also contribute to residential stability and other desirable outcomes, including family preservation and reunification." However, they also document that studies investigating the impact of housing and services on families are limited and that most of the existing research does not carefully define the nature, duration, and intensity of services necessary to support particular subgroups of families and children.

Various research studies have suggested that services help to ensure long-term stability in housing. For example, Weitzman and Berry [10] found that case management plays a role. Other researchers [11-13] examining the role of housing and services learned that case management combined with some services (though unspecified) fostered positive outcomes such as family preservation and reunification. Family separation issues are particularly critical to the discussion of family homelessness as the links between experiences of homelessness and foster care have been well-documented. Mothers with a childhood history of foster care placement are more likely to become homeless and tend to become homeless at an earlier age than those who do not have a foster care history [14, 15]. However, in these studies the definitions of case management vary considerably.

Many researchers and policy providers have contended that the experiences of homeless women and children indicate the need for services and supports in addition to housing vouchers. Studies describing the needs of vulnerable children and their parents strongly support this viewpoint [16, 17]. Homeless mothers are quintessentially stressed women. Raising children alone without the economic and social buffers that prevent everyday problems from turning into catastrophes is a daunting task. Violence and traumatic losses are among the most prevalent chronic stresses and strains associated with extreme poverty. Over 92% of homeless mothers have experienced severe physical and/or sexual abuse during their lifetime. Almost two-thirds report that this abuse was perpetrated by an intimate partner [18, 19]. Their childhood experiences are also wrought with trauma. According to one study, 43% of currently homeless mothers were sexually molested, usually by multiple perpetrators, as children. Another 66% experienced physical violence [18]. Physical violence and sexual assault, especially during critical developmental years and when perpetrated by a family member or other intimate, carries with it the likelihood of adverse effects that last into adulthood. Responses to the cumulative effects of early trauma are exacerbated by the realities of living in shelters and on the streets. In addition, approximately two-thirds of homeless mothers have histories of domestic violence. Not surprisingly, these women now have three times the rate of posttraumatic stress disorder (PTSD) (36%) and twice the rate of drug and alcohol dependence (41%) [18]. About 50% have experienced a major depression since becoming homeless [20].

Sadly, the cycle of violence that pervades the lives of mothers often impacts their children. By age twelve, 83% of homeless children had been exposed to at least one serious violent event [18, 21, 22]. Almost 25% have witnessed acts of violence within their families [18, 21, 22]. Children who witness violence are more likely than those who have not to exhibit frequent aggressive and antisocial behavior, increased fearfulness, higher levels of depression and anxiety, and have a greater acceptance of violence as a means of resolving conflict [23]. Children experiencing homelessness have three times the rate of emotional and behavioral problems compared to non-homeless children [24]. They also have a range of physical health, academic, and developmental difficulties at rates much higher than their non-homeless peers.

These traumatic experiences have a significant and often life-altering impact on families' ability to exit homelessness and remain housed. Many people who have experienced physical and/or sexual abuse during childhood have difficulty maintaining supportive and sustaining relationships throughout their lifetime. In addition, they may suffer from PTSD and depression. Thus, "the impact of traumatic stress often makes it difficult for people experiencing homelessness to cope with the innumerable obstacles they face in the process of exiting homelessness" [25]. In an effort to respond to these needs, many programs are developing trauma-informed services – that is, services that are responsive to the unique issues facing survivors [26]. Trauma-informed services have emerged as a promising practice to help families and others experiencing homelessness regain control and autonomy over their lives [27]. For example, an outreach and care coordination program that provided family-focused, integrated, trauma-informed services to homeless mothers found that the program led to increased residential stability [28]. Other studies have shown similar results [29]. Although additional research is needed, the growth of trauma-informed interventions and philosophies is yet another indicator of how services can help families exit homelessness and maintain housing.

Still, additional work must be done to further define services and to understand which services should be targeted to particular subgroups of families. The literature review

conducted by Bassuk and Geller [9] concluded that "the nature of services has not been adequately defined," [9] and that "additional research is needed to better understand the role of housing and services in stabilizing different subgroups of families" [9]. Despite the scarcity of rigorous research and the lack of consensus about the nature of essential services and supports, existing literature and the extensive experience of service providers has begun to suggest various directions for addressing this issue.

We know that homeless families typically consist of a parent and two children – and most often a mother parenting alone [30]. Mothers or fathers parenting alone face unusual challenges in raising children without adequate resources and supports. Female-headed families are among the poorest of families. They are poorer than male-headed and two parent families, and 84% of families experiencing homelessness are female-headed [31, 32]. Even mothers who parent alone with significant resources require adequate income, flexible work situations, employment benefits, child care, basic services (e.g., medical care) and a support system to survive. Children also require various services and supports as they grow. If a child has medical, developmental, emotional, or academic problems, demands on parents are magnified and a family's stability may be further compromised.

WHAT SERVICES AND SUPPORTS DO HOMELESS FAMILIES NEED? A NEW FRAMEWORK

All families need permanent housing and some mixture of services and supports through the lifecycle. All of us are interdependent and cannot survive in a society as complex as ours without the help and support of others. Emerging evidence and clinical experience supports this view. For example, a qualitative study using focus groups and survey questionnaire in 10 sites, conducted by Health Care for the Homeless Clinicians' Network and the National Center on Family Homelessness, summarized this view. They concluded that "all programs serving homeless families and children should provide a core group of support services central to stabilizing families and improving their well being" [33]. They defined an array of critical services for the "overwhelming majority of mothers and children," but also emphasized that these services must be tailored to the family's evolving needs [33]. Without services, many families will fall back into homelessness or remain isolated in permanent housing [9]. We are proposing the following framework as a way of understanding the layers of supports and services critical to the lives of homeless families and children.

The service needs of families who are homeless fall on a continuum, best illustrated in the shape of a bell-shaped curve (see diagram, next page). The typical or average homeless family – comprising approximately 80% of all homeless families – has ongoing support and service needs that may wax and wane over time; may be episodic in nature; and will vary in intensity with life circumstances, transitions, and stressors. However, overall this indicates the need for ongoing supports and some level of services over the family's lifetime. This paradigm is not so different from the lives of many middle-income families, many of whom access supports and services such as counselors, specialized health care, and educational resources in raising their children.

On either side of the bell curve are a small number of families – on the left perhaps 10% who need only basic services and transitional supports. By contrast, on the right side of the curve, another 10% of families need lifetime income supports and high levels of intensive services in order to maintain their families in permanent housing (Fig. **1**).

In sum, 90% of families experiencing homelessness – those in Tiers 2 and 3 – need some ongoing infusion of supports and services. As previously described, this is no different than the needs of families from other socioeconomic groups, except that many of these families have a larger economic and social margin that helps to facilitate these connections and ensures access, availability and robustness of support networks and services. For example, in a middle class family, it is less likely that expending resources on a medical illness of a family member will destabilize the family.

The 10%-80%-10% breakdown corresponds to three tiers of services.

TIER 1

All families regardless of their socioeconomic status, need the following basic combination of supports and services to survive and maintain their families:

- Affordable permanent housing. Housing has been described as "the foundation of family life," from which safety, stability, self-worth, health and well-being stem [34]. To raise their children and participate in the economic and social community, families must live in affordable, permanent housing that is safe and stable.
- Jobs that pay a livable wage. To keep a family secure, household wage earners must earn enough income to cover basic expenses such as housing, food, utilities, health care, and child care.
- Child care. Child care is a major expense for most American families, and for families living in poverty, it is essential but often unattainable [35]. Without child care, mothers with young children cannot work. Many homeless mothers do not have extended families to count on and must depend on child care vouchers. Researchers examining welfare recipients' entrance into the workforce have found that access to child care facilitates this transition and that regular child care arrangements are associated with greater job stability and retention [36].
- Health care. Families experiencing homelessness often have significant health complications (e.g., asthma, hypertension, developmentally delays, mental health issues such as depression or anxiety), and these health conditions may have contributed to their homelessness. More than one in three low-income parents without insurance spent less on food, heat, or other basic needs in order to pay for health care in 2005 [31, 37]. Seven out of 10 households

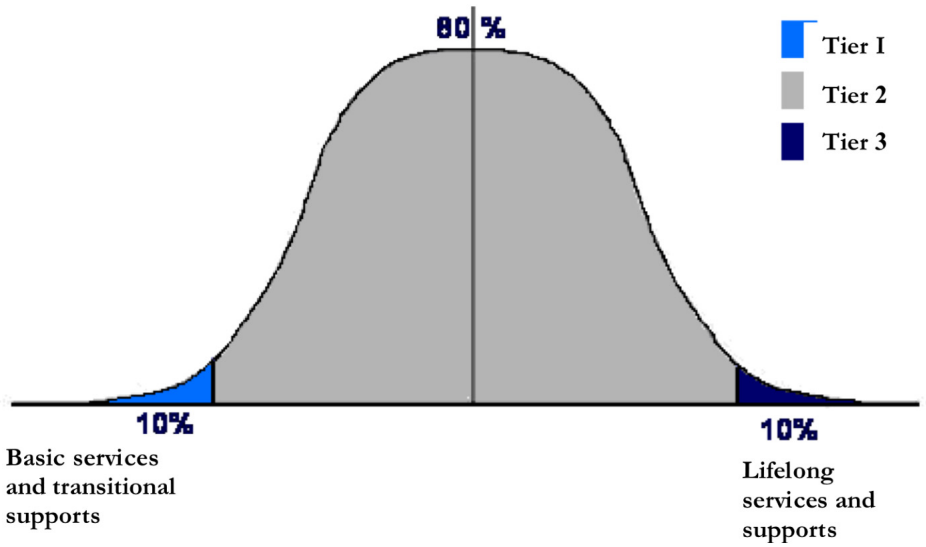

Fig. (1). Continuum of service needs of homeless families.

experiencing foreclosure state that it is due to medical disruptions and expenses [38].

- Transportation. Employers report that transportation is a major barrier to retaining former welfare recipients, or even hiring them in the first place. Transportation is also essential for parents to bring their children to and from child care/school, maintain social supports, and buy groceries and other household items [39].
- Basic services for children. These include opportunities such as: attending developmental day care, succeeding in school, engaging in creative play in safe environments, access to after school activities, and receiving health care.

Finding affordable housing and accessing basic mainstream services and supports can be a challenging task, especially when a family is homeless and stressed. To accomplish this, "transitional supports" are critical. As we were reminded after Hurricanes Katrina and Rita, where 2.5 million people were displaced, the loss of a home and eventual relocation are extremely stressful, traumatic events. The road back home is often a bumpy one, with many unexpected twists and turns. We know from this and other disasters that years later many people have had difficulty restarting their lives.

Furthermore, homelessness is a life altering experience, which can have profound, long-term impact on family members. The hallmark of homelessness is not only the loss of ones home, but disconnection from neighborhoods, community, reassuring routines, belongings, relationships, safety, and security. Sociologist Kai Erikson [40] writes that homelessness is:

> "…the outer envelope of personhood. People need location almost as much as they need shelter, for a sense of place is one of the ways they connect to the larger human community. You cannot have a neighbor (or be one) unless you are situated yourself. You cannot be counted a townsperson unless you have an address. You cannot be a member unless you are grounded somewhere in communal space. That is the geography of the self…then, to be homeless is to live on the outer edges of the human circle, if not to be excluded from it altogether – to be of another kind, maybe even of another species." [40]

Transitional supports bridge the gap between shelters and the community, prevent recurrent homelessness, and ensure community integration. The goal of transitional services is to reconnect people experiencing homelessness to community resources, services and supports. Supports should be mobilized when a family is homeless and remain in place until the family is fully connected to community supports and services. The goal is to support connection to natural supports as well as more formal mainstream services and supports when necessary and to prevent future homelessness.

Critical time intervention (CTI) is one way to provide the transitional supports needed by homeless people. CTI is an evidence-based practice (see www.nrepp.samhsa.gov) originally designed to bridge the gap in services for adults with severe mental illness and homelessness as they moved from institutions to the community, a critical transition when people are most likely to drop out of housing [41]. It is based on the premise that individuals are more likely to maintain stable housing if they are connected to critical supports and services. This nine-month intervention begins in the shelters and continues through stabilization in the community. It has three phases: 1)Transition to Community that allows clients and case managers to jointly formulate a treatment plan and connect to services while still in shelter; 2) Try-Out that involves assessing, testing and adjusting systems of community support; and 3) Transfer of Care that fine tunes the community support network to ensure stable, long-term linkages. Originally developed for homeless individuals experiencing mental illness, it has recently been adapted for use with homeless families as part of the Second Chance Families Program-CTI for Young Families [42].

In sum, all families experiencing homelessness need some level of supports and services to successfully transition

out of homelessness. A small subgroup of families – roughly 10% – will fare extremely well with this modest package of supports and services. This subgroup will find jobs that pay livable wages, and have flexible hours and benefits. They will have child care (often from extended family) and adequate transportation. Most importantly, their children will be faring well and have no special medical, developmental, behavioral, or academic issues. Once they transition out of homelessness, they are connected to natural supports and may not need specialized services.

TIER 2

Most homeless families – approximately 80% – fall into the second tier of services and supports. These families must have all the supports and services described in Tier 1 *and* additional ongoing services. The need for these services is likely to change over time. Some may be needed only for the short-term, others episodically, while still others over a lifetime. The intensity and duration of these services may also wax and wane. As discussed earlier, this is the normative situation – the one that applies to most homeless families and to most families overall. Think of your own family and their changing needs over time. Everyone's family at one time or another has variable medical needs. Others may have children with special learning, developmental or behavioral needs. Many families have members struggling with complicated emotional health issues. Most families also require supports to help them through difficult transitions such as divorce, pregnancy and birth of a child, and support for aging parents. Services needed may be of varying levels, intensity, and duration, and may wax and wane over time.

For families experiencing homelessness, the array of specialized services needed, in addition to those listed in Tier 1, may include:

1. Education and Job Opportunities

Education and jobs are critical levers for ensuring self-support. More than half of homeless mothers lack a high school education, which translates into low-paying jobs. In 2005, people with high school diplomas earned an average of $10,000 more than those without ($19,915 *vs* $29,448) [43]. Most homeless or formerly homeless mothers work in minimum wage service sector entry level jobs with a mean income 46% below the poverty line. To become self-supporting they must get a GED or high school diploma and find jobs that keep pace with housing costs.

2. Services for Traumatic Stress and Mental Health

There has been a long debate in the homelessness field about the relationship of mental health and homelessness and the rightful concern that focusing on emotional issues labels and dehumanizes people, and blames the victim.

Mental health problems "are one of the greatest public health challenges in contemporary medicine" [44]. Not only are they extremely common and protracted, but they account for untold suffering. Many of these disorders lurk below the horizon, affecting daily functioning, relationships, and work. As discussed above, many homeless mothers are dealing with post traumatic stress, depression, and anxiety. They may medicate their distress with substances. PTSD and depression are common and can be effectively treated. The pathways to healing and recovery are numerous. With the emergence of a myriad of evidence-based practices in this area, families and children can benefit significantly (see www.nrepp.samhsa.gov). Without appropriate supports, the outcomes and the impact on families and children can be devastating.

3. Family Supports

The high prevalence of separations of homeless children from their parents has been well documented and ranges from 18-44 percent in all families. Factors contributing to these separations include: social service and child welfare policies, abuse and neglect, shelter eligibility criteria, and parental efforts to protect their children from the experience of homelessness [45].

For families with children in the foster care system, programs such as the Family Unification Program (FUP), signed into law in 1990, help them reunite. Through partnerships with local public housing authorities and child welfare agencies, FUP provides families with Section 8 housing subsidies and the supportive services necessary to reunite with their children who would otherwise linger needlessly in foster care [46].

Many families experiencing homelessness are headed by a single parent, and as such, face unique challenges. These families may benefit from parenting supports and resources. One example of the impact of that these supports can have is currently being documented through the Strengthening At Risk and Homeless Young Mothers and Children Initiative, a multi-site demonstration project that supports locally-based partnerships that include housing/homelessness, child development agencies, as well as those that address family preservation, domestic violence, mental health, substance use, and other support services. In year one of the evaluation, researchers have noted that clients feel that they have become better parents through skills learned while in the program and that they have seen positive changes in their children (e.g., developmental, emotional, academic) [47].

Home visiting is another example of services that support families and children experiencing homelessness. By meeting families where they are currently living, whether it is in shelter, transitional housing, or other temporary settings, home visiting provides continuous services and reduces barriers to care. Intervening early can help mitigate some of the physical and emotional health issues associated with homelessness, resulting in better long-term outcomes [48]. One-on-one services are provided in a family's home, giving families critical support and allowing for early detection of problems [49]. Parents are taught skills that enable them to be more confident and to provide supportive home environments for their children [49]. Several programs across the country use home visiting programs with families experiencing homelessness [47, 50-53]. These programs have found that home visiting helps reduce many of the negative impacts of homelessness and prepares children for school, strengthens the parent-child bond, and decreases maternal isolation.

4. Services for Children

Because their parents often have complicated and intense needs, children experiencing homelessness are often

overlooked. Children are not just "along for the ride." They have experienced stresses similar to their parents, but through the lens of childhood. They have fewer coping skills to understand what has happened to them, and their fear and anxiety may manifest in various mental health, behavioral, and medical complications.

In addition to the services described in Tier 1, children who experience homelessness may also need access to quality mental health screening and treatment, attention to special physical and/or developmental health needs, special educational services, and more.

To summarize Tier 2, approximately 80% of all homeless families need an array of supports and specialized services that are flexibly provided and can respond to their changing needs over the lifecycle.

TIER 3

The final 10% of families require income supports as well as lifelong ongoing, often intensive, services and supports in order to maintain their families in housing and ensure the well being of all family members. Many of these families have a member with some combination of a serious medical, mental health and substance use problem. For example, a family with a child who has autism will require ongoing supports and specialized services as the child grows. Serious medical problems, such as autism, may dominate and drive the family experience.

CONCLUSION

The Tier system proposed in this paper provides a framework for designing services and supports for families without homes. Future research must articulate clear definitions of services and supports. Few studies describe services clearly or specify what works for whom, in what settings, and with what intensity, duration and outcomes. What is meant by "case management" or "advocacy"? Further investigation into these questions will inform efforts to support vulnerable families and help to end homelessness.

At the heart of this discussion is the unanswered question of whether homeless families are fundamentally different than extremely poor low income families. Empirical research has not yet conclusively answered this question. However, we do know that there is at least one dramatic difference between these groups. Families experiencing homelessness have lost their homes – an experience that is profound and life-altering. We know from extensive studies of various natural disasters such as the extensively studied 1972 Buffalo Creek Disaster in West Virginia when 16 coal mining communities were destroyed after a dam broke. Years later, people were still suffering from the aftermath and had not been able to reintegrate into community life or rebuild their communities.

More recently, we have seen the impact of Hurricanes Katrina and Rita. Four years later, communities are still reeling and hundreds of thousands of people are having difficulty restarting their lives. Homelessness is like the hurricane or the breaking of the dam in Buffalo Creek. It is devastating for a mother to be unable to protect her children and devastating to children to lose their homes.

The rigid adherence to the belief that most families can "go it alone" and become self-sufficient is embedded in our culture. The deeply held American belief of rugged individualism emerges from another era – when the frontier and American West were being settled. As our country has grown into a global economy we are beset by complex interdependencies. The Horatio Alger myth that hard work and virtue will ensure success is also no longer true. To survive in this complex world we must depend on each other. With this in mind, we believe that the notion of self-sufficiency should be discarded in favor of economic self-support. We should each take a closer look at what all American families require to survive and thrive. As part of this picture, we must recognize the pervasiveness of traumatic stress and its mental health consequences in the lives of families and children experiencing homelessness – and provide the supports and services people need for recovery and healing. This recognition in no way blames the victim, but rather identifies real needs and commands our nation to respond. Only by acknowledging the critical place of services and supports in the lives of almost all American families – and their connection to permanent housing-- can we address the issue of family homelessness adequately.

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