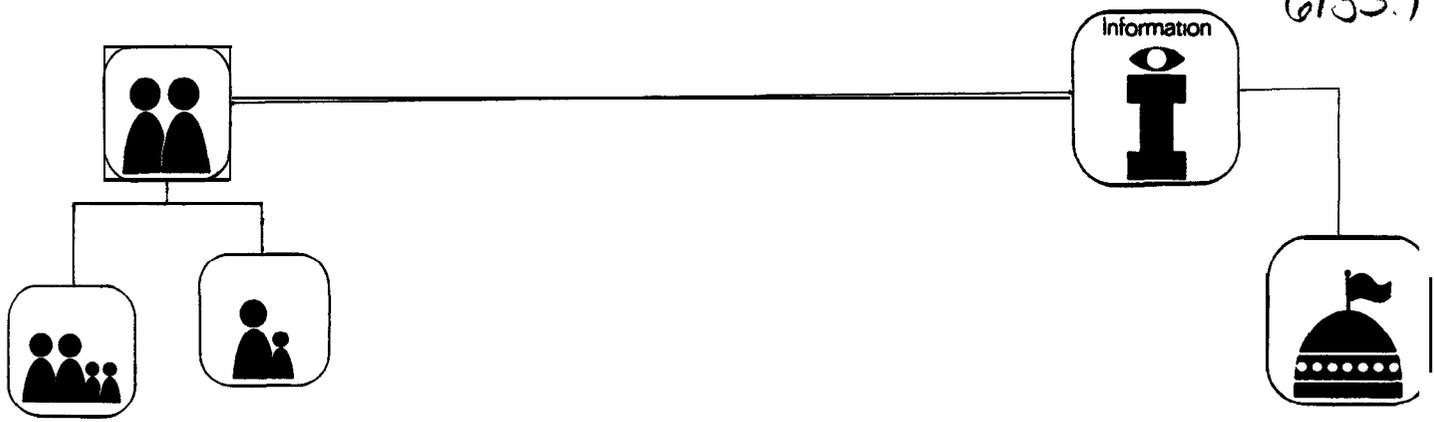Background Briefing Report and
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# Housing Is Not Enough:
# Helping Homeless Families
# Achieve Self-Sufficiency

Background Briefing Report
by Jenni Weinreb

and highlights of the Seminar held on September 13, 1996,
at 902 Hart Senate Office Building, Washington, DC

**Panelists:** **Dennis P. Culhane,** Associate Professor, School of Social Work and the
Center for Mental Health Policy and Services Research, University of
Pennsylvania
**Sally A. Koblinsky,** Professor, Department of Family Studies,
University of Maryland
**Cynthia P. Wilson,** Executive Director, Arlington-Alexandria Coalition
for the Homeless, Arlington, Virginia
**Moderator: Jenni Weinreb, Public** Policy Consultant, Family Impact Seminar

This seminar was the third of three on housing and community development
issues conducted by the Family Impact Seminar, 1730 Rhode Island Avenue, NW,
Suite 209, Washington, DC 20036, (202) 496-1964. The series was funded by the
Annie E. Casey Foundation.

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## I. INTRODUCTION

In the last 15 years, the United States has seen a tremendous growth in the percentage of the homeless population who are families. According to the U.S. Conference of Mayors' Status Report on Hunger and Homelessness,[1] between 1985 and 1995, the percentage of homeless families as a proportion of the total homeless population grew from just over a quarter (27 percent) to over a third (36.5 percent). At the same time, the percentage of homeless who are single men fell from 60 percent in 1985 to 46 percent in 1995. The absolute number of homeless people has grown as well, making the increase of homeless families effectively even greater — families are the fastest growing group among the homeless in the United States. Although intense disagreement remains about the number of homeless people overall and within each subgroup, few dispute the growing prominence of homeless families.

While certain issues affect all homeless people, several are of particular relevance to homeless families. From the myriad of pressing issues surrounding the problem of homelessness, this report focuses on the following four points:

1. In terms of the causes of homelessness, most families do not find themselves homeless as the result of a single financial mistake or stroke of bad luck; rather it is common for families to become homeless after a series of changes in their lives. These are likely to involve a combination of factors ranging from economic hardship due to a layoff or lack of training to a mental health issue or recurring substance abuse habit.

2. The effects of homelessness, like the causes, are not isolated and specific. Furthermore, the problems that lead a family to homelessness often multiply and worsen for a period of time before the individuals and the family as a whole are able to alleviate them and regain self-sufficiency.

3. To recover from homelessness and achieve self-sufficiency, housing assistance alone is not enough for most families. Most require assistance and opportunities in areas at least as comprehensive as the issues that caused their homelessness in the first place. Areas of need include financial planning, substance abuse

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[1] The word "homelessness" is regarded by some as inappropriate as it suggests that one is homeless as a result only of not having a home. In this report, homelessness refers to the full range of circumstances that have resulted in one becoming homeless.

counseling, further education, parenting classes, mental health counseling, and treatment for chronic illnesses (including HIV/AIDS), among a host of others.

4. For homeless families to improve their circumstances, their children must be able to remain in school and receive services necessary to address the developmental challenges that are likely to arise as a result of their homelessness. Without addressing the specific needs of homeless children, particularly those needs related to their homelessness, the long-term prospects for a family's well-being may be greatly compromised.

As the third seminar of a three-part series on housing and community development issues, this seminar and accompanying background briefing report pay special attention to the connection between homelessness and housing and community development — a link too often missing from debates about policies to alleviate homelessness. In general, homelessness and housing are discussed separately; the former is perceived as an issue for social workers, the latter for housing specialists. No one would deny that homeless people need housing, but whether one addresses homelessness as a housing affordability issue or as stemming from personal problems of homeless people has much to do with how one sees who or what is responsible for homelessness. Rarely is it reasonable to ignore either possibility.

In the first seminar of this series, the importance of housing was addressed in terms of its relationship to family self-sufficiency. The second seminar described how community-building initiatives can help enhance family capital to promote families' well-being and minimize distress within communities. It seems fair to say that supportive communities and adequate housing are critical to a family's prosperity. For homeless families, however, both are usually absent. As research has demonstrated, "trends in homelessness are closely tied to neighborhood conditions" (Edna McConnell Clark Foundation, 1994).

This report links the issue of family homelessness to the need for a combination of affordable housing and ongoing support services. After a review of the historical context, the bulk of the paper is devoted to considerations of current policies and reforms that directly affect homeless people and those at risk of homelessness, families in particular. Section II describes how the homeless population is counted and who falls into that population. Section III discusses the causes of homelessness and its impacts on families as a whole, and on children particularly. Section IV considers the role of the federal government and its efforts to address homelessness. In Section V, we look at state and local programs and policies regarding homelessness, and specific community responses are presented in Section VI. Section VII reviews the ongoing debates about homelessness and briefly presents suggestions for improving current systems for addressing and alleviating homelessness. Section VIII offers highlights from the Capitol Hill seminar held in

connection with this report. Our focus throughout the report is on families with children.2

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## II. THE HOMELESS: HOW MANY, WHO, AND WHY?

### Counting the Homeless

One of the longest-running debates about homelessness concerns how to determine the number of people who are actually homeless, and what that number is. While some argue that accurate numbers are critical for proper policy development, others claim that numbers do not matter and that the real issue is how to prevent homelessness regardless of its magnitude. Knowing the number with some degree of accuracy is important, as it impacts everything from public perception of the magnitude of the problem of homelessness to the specific policy recommendations for addressing it.

In the last two decades, there have been three widely recognized attempts at national counts of the homeless (Burt, 1995), undertaken by the Department of Housing and Urban Development (HUD) in 1984, the Urban Institute in 1987, and the 13ureau of the Census in 1990. The estimates of the number of homeless people range from a low of 228,222 by HUD in 1984 to a high of two to three million cited by advocacy organizations several years later. The most frequently cited figure is 500,000-600,000 from the 1987 Urban Institute study.

A fourth study (conducted by Link et al. in 1990) asked 1,507 randomly selected people nationwide whether they had ever been homeless. At first glance, it seems absurd to conduct a study of the homeless population that essentially misses anyone who is currently homeless, since anyone contacted in this particular survey was reached at a residence with a telephone. The argument for this type of study, however, is that looking at "ever homeless" as opposed to "currently homeless" provides a more accurate picture of the pervasiveness of homelessness over a longer period of time. Such a study also serves to discount the perception that most people who become homeless stay homeless. The Link study found that 14 percent of the respondents had been homeless at "some point in their lives" (Link et al., 1995, p. 349). This included those who reported being "doubled up" — living temporarily in someone else's residence — as well as those who had been literally homeless, that is, living on the street or in a shelter for at least one month.. Those who had been literally homeless at any one time in their lives comprised just over half of the 14 percent.

Part of the numbers controversy stems from how people are counted — not only who falls into the category defined as homeless but how to ensure that all those who do are included in a count. Two populations frequently miscounted are the "hidden homeless" located in places researchers do not look or are unaware of and the homeless who are "doubling up" — a group whom some argue should not be counted as homeless at all.3 These particular challenges render some studies, such as the Census Bureau count, less reliable because they count only those homeless

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3 **This report focuses more on homeless families who are living in shelters or other temporary residences and less on those who are doubled-up with other families.**

people observed on the street or staying at a shelter on a single given night (Wright, 1995, p. 324). As Wright asserts, however, the Census Bureau never intended its study to be used as a comprehensive count of the nation's homeless. Culhane et al. (1992) raise questions about the adequacy of point prevalence data for measuring the homeless problem because most shelter users appear to mobilize resources and community ties to avoid shelters most of the time. Put bluntly, many express skepticism about "whether a count of the homeless can ever be adequate" (Straw, 1995, p. 333).

As Martha Burt (1992) points out, the accuracy of the count of homeless people is important depending on what policies (if any) the numbers will be used to guide. As she explains, policy implications differ significantly depending on whether the count is intended to determine the number of beds needed to keep everyone sheltered on one particular night or the number of units of housing or vouchers needed to ensure that everyone is permanently housed.

Ideally, policymakers and others would like to know the extent of long-term and short-term shelter use and the duration of spells of homelessness. At one time, the public perception was once homeless, always homeless. On the contrary, however, many homeless people are only without a home for short periods during a given year but may be homeless several times over a longer period of time. This not only complicates counting but demands policies that address "episodic" rather than "chronic" homelessness. In sum, none of the tallies appears to be comprehensive enough to drive effective policymaking alone. All, however, have important uses and implications for addressing the issue of homelessness in the United States.

## Definitions and Categories of Homelessness — How and Why They Vary

Definitions of homelessness vary both in terms of what characteristics qualify someone as homeless and how people with those characteristics are identified. Although the Congressional Research Service (1995) has broadly defined a homeless person as "one who is poor and has no permanent residence," the Bureau of the Census (1991) maintains that there is an "absence of a generally agreed-upon definition of homelessness." How homeless people are defined has profound implications for policy and public perception. The Urban Institute survey counts homeless households rather than individuals — a household can be made up of a single man or woman, a couple with or without children, or a single man or woman with children. In Martha Burt's widely cited 1992 study, "Over the Edge: The Growth of Homelessness in the 1980s," all households are counted as families save for the single man or woman living alone (Burt, 1992, p. 12).

Disagreement exists not only about the number of homeless people overall, but also about the percentage of the total made up by particular groups, such as pregnant homeless women, homeless people with mental illnesses, and homeless families. Despite the discrepancies among studies, there is agreement that the number of homeless families has increased. Following is the U.S. Conference of Mayors' breakdown of the homeless population in 1985 and 1995:

**Percentage of Homeless by Population Group**

| Homeless Group | 1985 | 1995 |
|---|---|---|
| single men | 60% | 46% |
| families with children | 27% | 36.5% |
| single women | 12% | 14% |
| unaccompanied youth | NA | 3.5% |
| **Total** | **99%** | **100%** |

| Additional Categories | | |
|---|---|---|
| children | NA | 25% |
| severely mentally ill | 29% | 23% |
| substance abusers | 29% | 46% |
| employed | 19% | 20% |
| veterans | NA | 23% |

Source: U.S. Conference of Mayors, 1995.

The U.S. Conference of Mayors conducts a yearly assessment of hunger and homelessness in the United States using responses from a survey administered to cities. According to the chart above, which summarizes information from. the 29 cities that responded, families accounted for 36.5 percent of the homeless in 1995. Children make up approximately 25 percent of the homeless population, which includes children who are living with their families as well as unaccompanied youth who comprise 3.5% of the total homeless population.[4] While the Conference of Mayors is regarded as a relatively unbiased and reliable source, other estimates for homeless families range between 10 and 50 percent of the total homeless population.

**A** number of recent studies suggest that over half of the recent homeless are women with children, which is not surprising considering that family shelters are now the most prevalent shelters in the nation.  Homeless families are difficult to count because they are more likely to double up with extended family or friends for as long as possible before becoming visibly homeless and requesting specific services related to homelessness. It is also true that women on the verge of homelessness are more likely to be better cared for by their families than are **men, making the emergence** of **homeless women with children even more striking** (Jencks, **1992, p. 79). When** women with children do become desperate as support from friends and relatives has been exhausted, they are more likely to be found in shelters than lingering on the street or otherwise hidden.

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[4] **Unaccompanied youth are homeless young people under 18 years of age who have run away from home, cannot or will not return to their homes, and are living in alternative, non-permanent settings.**

It is important to recognize that the percentage of people in homeless families is greater than the percentage of the homeless households that are families. For example, the Urban Institute's 1987 count determined that 12% of homeless "households" were families, but 25% of homeless people were in homeless families (Burt, 1992, p.16).

In the early 1980s, homeless shelter workers and others in the field, particularly in urban areas, noticed a change in the demographics of those they served. Much of the literature on homelessness points to the 1980s as the new age of homelessness and to homeless families as the "new homeless." The "complex roots and perceived pervasiveness" of homelessness in the 1980s marks that decade as the relevant starting point for discussion of homeless families, as that is when an increase in families' use of shelters was noticed (Congressional Research Service, 1995, IP314H). Homelessness also began to be perceived less as a temporary crisis and more as a permanent social problem.

The changing makeup of the homeless population and the growth of the population as a whole was met by a huge increase in the number of shelter beds — between 1984 and 1988, the number of emergency shelter beds in the U.S. for individuals and families increased from 100,000 to 275,000 (Burt and Cohen, in Weinreb, p. 401). Homelessness was no longer seen simply as the result of laziness or as a curse befalling only poor, single men. While single "childless" men still made up the majority of the homeless population, young women with young children became an increasingly common sight.

Shifts in both public perception and the actual demographics of homeless people have been part of the impetus for increasing investigation of family homelessness, though consistency is still lacking in terms of definitions used to carry out the research. Some studies include among the homeless anyone who uses services targeted to the homeless, such as soup kitchens, food drop-off vans, and clothing pick-up centers. Others count the number of shelter beds occupied by homeless people in a particular jurisdiction as well as anyone observed sleeping or "staying" on the street at the time of the official count. Most studies focus on a single geographic area and often a single "theme" shelter, where, in addition to housing, homeless individuals or families address particular issues, such as domestic violence or substance abuse. Recently, however, studies have begun looking at families with multiple needs in a number of sites — for instance, the evaluation of the Homeless Families Program (described below) of the Robert Wood Johnson Foundation and the Department of Housing and Urban Development. Despite this trend, the inconsistency of methodologies among studies makes it difficult to compare them.

## Demographic Profile of Homeless Families

Although research projects have tried to accurately portray the homeless population, the fact that the population has changed rapidly in the last 15 years makes establishing reliable profiles difficult. We do know that women who head

homeless families tend to have certain characteristics not seen as often among other groups of homeless. Understanding these differences puts the plight of homeless families in context. For instance, in comparison with single homeless men or women, homeless women with children or who are pregnant:

- are more likely than single homeless women without children to be members of a minority group,
- are more likely to be younger than homeless men,
- have shorter spells of homelessness than either single men or single women (Baker, 1994),
- are likely to have both mental health and substance abuse problems, and
- are less likely to receive adequate prenatal care — homeless families living in rural areas are even less likely than the urban homeless to receive adequate prenatal care (Bassuk and Weinreb, 1993, p. 350).

Homeless families are more likely to come from neighborhoods with concentrations of black households and female-headed households — especially those with children under 6 years of age — but with fewer youth, elderly, and immigrant populations (Culhane, Lee, & Watcher, 1996). Most homeless mothers are single women in their late twenties and have, on average, two children. In a comparison of ten studies, McChesney found that the average age of homeless mothers fell within the small range of 26.8 to 29.5 years old (McChesney, 1993, p. 365). Of these studies that compared homeless with housed women, only one found that the average age of housed women was higher (34.5 years on average) than for homeless women — belying the assumption that homeless women are necessarily young and unsettled. Of homeless single mothers in their early to mid-twenties with children under six, almost all receive Aid to Families with Dependent Children (AFDC) (da Costa Nunez, 1995, p. 26). They have few choices about where to live and what they can offer their children. Most single homeless mothers receive no alimony and have low educational achievement. In one study of homeless mothers, two-thirds had not completed high school.

By the time they reach shelters, many mothers do not have all their children with them. Children of homeless women are more likely to be in the child protective services system or foster care than children of housed single women. It is not clear whether this is due primarily to children being removed as a result of the family's homelessness or to other reasons prior to homelessness that may also contribute to homelessness (i.e., financial inability to provide for children, depression or other mental health crisis, substance abuse, and so on). All studies show at least as high a proportion of minority women among the homeless as among poor, single women with housing, and many reveal a greater proportion of minority mothers among the homeless than among the general population.

Educational achievement has not been a particularly telling predictor of future homelessness, though a high proportion of homeless people, particularly young mothers, ended their formal education at an early age. Education is likely to become an increasingly telling predictor, however, since a high school diploma can no

longer be counted on as a ticket to a well-paying job. But even the assumption that a "well-paying job" means permanent stability is no longer valid, and the number of homeless people who point to unemployment as a cause of their homelessness continues to rise. The declining prospects for high school graduates relative to those with post-secondary training and education hurt young black males more than any other group. And few high school dropouts regardless of race or gender are able to counter the lack of wage premium associated with a high school diploma. With the income disparity rising between those with a college education and those without, the negative outcomes associated with the lack of formal education become even more prevalent. Whether education level is an accurate predictor of homelessness or not, it does appear to significantly influence a homeless person's ability to improve her or his circumstances. But this, too, may change if improving one's education means obtaining a General Equivalency Diploma (GED), which, as research has shown, often barely advances one's earnings past that of a high school dropout (Cameron and Heckman, 1993, p. **16).**

In addition to the wage differentials between high school graduates and non-graduates, homeless mothers without a high school diploma are more likely to have had their children at a younger age, to never have married, and to have more than one child. Regardless of other stresses that may contribute to a family's homelessness, this combination makes economic self-sufficiency an even more formidable challenge.

The vast majority of studies on homelessness concentrate on urban poverty. Rural homelessness, which appears to be a very different phenomenon, is all but ignored in most research. From the little that is known, however, one of the most prominent differences between the rural and urban homeless is the much higher percentage of the rural homeless who are married. As is true with rural populations as a whole, the rural homeless are also less likely than their urban counterparts to be members of ethnic minorities.

# III. The Causes of Homelessness and Its Impact on Families

## Causes of Homelessness

The causes behind today's homelessness are greatly debated. There is a consensus of opinion, however, that the causes of homelessness have changed significantly since the problem was first addressed by the federal government close to seventy years ago. Then, homelessness was considered the result of a one's poor moral character. Alcoholism and drug abuse, incarceration, or economic adversity were soon added to the list of presumed causes. In the 1960s and 1970s, the deinstitutionalization of mental patients is believed to have contributed to the increase of homelessness and people living on the streets, although the extent of its impact is still hotly debated. Until recently, the causes of homelessness were seen to affect individuals far more than families.

In the 1980s and into the 1990s, homelessness took on a new face. For the first time, large numbers of families, many without drug or alcohol problems, found themselves homeless and in search of shelter. The phenomenon of family homelessness, dominated by single mothers and their children, has occurred simultaneously with dramatic changes in family structure throughout the U.S. population in the last two decades: the rising number of homeless families headed by women coincides with the increase in general of families headed by women.

Problems associated with homelessness have been variously cited as the leading causes of homelessness. Substance abuse and mental health, which often go hand in hand, are the most commonly cited causes of homelessness. Prior incarceration is a precipitating cause for men vastly more often than women. Economic conditions and related financial hardship, such as plant shutdowns or relocation and corporate downsizing, are less widely recognized but rapidly growing causes. People made homeless by such economic factors are often referred to as the "situationally homeless," or those whose self-sufficiency is disrupted by external forces (Crystal, 1984, in McChesney, 1993, p. 368). Even though drug use and mental health problems are common among homeless people, it is often hard to pinpoint either as the specific cause of homelessness.

All of these factors can contribute to family homelessness, particularly if a family has been subsisting on one income earned by a single parent. The speed with which a single parent can move from housing to homelessness is remarkable. When children are young, a lack of reliable child care can be the key precipitating cause. Depending on the nature of the parent's employment, if the child care arrangement fails even once, the result can be the loss of a job and, soon after, a home.

With women still the primary caretakers of children, the continuing decline in the percentage of two-parent families, and the economic tightening of the workplace, it is no wonder that the number and proportion of female-headed homeless families is growing. There is also a demonstrated positive correlation between being

pregnant and becoming homelessness (Hausman, 1993, p. 363). Even as the new demographic profile of the homeless population became apparent in the 1980s, the vast majority of services were still targeted to single men, which also helps explain why homeless women and their children suddenly appeared on the streets as their calls for help and services went unanswered.

The causes of homelessness include:
- substance abuse (estimates range from 5-50 percent of the homeless fit this category),
- mental health problems (8-30 percent) and related deinstitutionalization,
- pregnancy or recent birth (Bassuk and Weinreb, p. 350),
- domestic violence (and the increased reporting of domestic violence),
- lack of social support or using it up,
- dramatic changes in family structure,
- incarceration,
- situational factors ("external" causes, such as layoffs and other forms of economic adversity), and
- lack of affordable housing (blamed for both causing and sustaining homelessness).

Although the magnitude of the change is still disputed, the predominant causes of homelessness have shifted from personal problems, such as substance abuse and mental health, to economic reasons, such as layoffs and downsizing.

Research supports that many causes of homelessness are interrelated — for example, the link between substance abuse and domestic violence is clear (Weinreb, 1993, p. 406). If a host of related causes lead to an individual's or family's loss of housing, then many types of services will be needed to regain and keep it. In the Homeless Families Program evaluation (see below), eviction, domestic violence, and unaffordable housing were the chief causes of homelessness.[5] These seemingly unconnected problems may, in fact, work together to make families homeless.

Homeless Families Program
The five-year Homeless Families Program (HFP) was launched in 1990 by the Robert Wood Johnson Foundation and the U.S. Department of Housing and Urban Development. The evaluation of HFP is particularly informative since data were collected the same way at all sites, allowing for reliable comparisons among them. Nine cities participated in the demonstration, which had as its primary goals the "development and restructuring of comprehensive service systems for homeless families" and the provision of "services-enriched housing" to families that would foster independence and self-sufficiency (Rog, 1995, p. 504).[6] HFP sought to accomplish what many programs serving homeless families lack — integration of

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[5] **Victims of domestic violence who find themselves homeless are likely to have been victims of abuse in past (McChesney, 1993, p. 370). As Browne (1993, p. 370) states, "only since 1975 has the prevalence of violence against women been systematically explored."**
[6] **All further references to the Homeless Families Program evaluation stem from Rog, 1995.**

housing and support services from the same base. An overview of the circumstances of participant families demonstrates that without such a combination of services, self-sufficiency might be an insurmountable hurdle.

To qualify for the program, families had to be in need of "some level of public health and support services for an extended period of time" (Rog, 1995, p. 518). Priority was given to mothers who were pregnant, under 21, with children living away, or a combination of the three. Over 70 percent of the mothers reported at least one childhood risk factor, such as living in foster care, experiencing physical abuse, and having a mentally ill parent. This supports past research that has found connections between such childhood circumstances and future homelessness. Other concerns expressed in the interviews with mothers revealed physical and mental health problems. Even considering the expected underreporting of substance abuse and alcohol use, nearly one-third of the respondents fell into the "alcoholic range" of the Short Michigan Alcohol Screening Test, and a full 74 percent reported past drug use. Twenty-eight percent of the participants had attempted suicide at one point during their lives (Rog, 1995, p. 523).

Despite this bleak picture of the HFP families, more than half of respondents had a high school diploma and almost all (92 percent) had been employed at some point. Although these achievements indicate sources of "human capital," the overwhelming evidence points to lack of resilience and strengths, which needs to be addressed. The obvious need by these women for multi-pronged assistance bolsters the argument that homeless families require more than housing to achieve long-term self-sufficiency.

HFP's requirement of memoranda of understanding between "lead agencies" in the programs and the local public housing authorities established a relationship between the housing and support services agencies often absent from services to homeless families. The evaluation looked at differences among sites in terms of case management (use and amount of time spent with clients) and actual services (access to and use of). Most families received more than one support service (services other than housing).

## Family Stability – The Emotional and Financial Impact of Homelessness

Becoming homeless thoroughly disrupts one's life. Any semblance of stability and routine disappears. The conditions of "normal" life, from mundane activities of daily living (regular showers or doing laundry) to the important job of getting a child to school, are brought to a sudden halt. Household foundations, however weak they may have been in the past, may become nonexistent once homelessness occurs.

Whatever the circumstances that explain a person's or family's homelessness, they are likely to worsen once homelessness becomes a reality. In other words, even if an apartment fire is the explanation for one's homelessness, such an unexpected crisis can quickly lead to depression, unemployment, and other conditions that will make

it more difficult for a family to regain economic stability and a home. The effects of homelessness on families are a combination of tangible and psychological, ranging from the loss of cherished material possessions and the loss of a job, to increased substance abuse and shattered relationships. Among the immediate results of homelessness that may persist until independence is realized are:

- lack of basic necessities due to constant mobility,
- no steady income,
- lack of nutritional food or enough food in general,
- strained relationships between parents and children,
- inability to prioritize needs or create daily structure necessary to begin addressing problems,
- lack of self-esteem and confidence,
- difficulty in maintaining family or other support networks and/or unwillingness of networks to continue providing support, and
- depression among family members.

Many of these conditions apply to both adults and children. Homeless children, however, suffer from an additional set of effects, which are discussed below. Studies show that entire families suffer due to the depression of adult family members. Parental depression has particularly negative impacts on parent-child interaction (Molnar et al., 1990, p. 115). Homeless families must endure what has been termed the "double crisis" (Hausman, 1993) — that is, the combination of homelessness and the regular tensions associated with parenting, which together create enormous stress on the relationships between mothers and children. A lack of maternal and parenting skills, particularly in dealing with stressful relationships, often surfaces when a family becomes homeless. A lack of positive social networks — or the existence of negative relationships — compounds the problem.

Characteristics of most shelter environments and the constraints imposed by homelessness lead to social isolation for many parents and their children. Parents feel guilty because they are not able to provide for their children as they would like to and know they should (Hausman, 1993, p. 362). Some homeless parents, while promoting the importance of education to their children, keep them from attending school — either out of embarrassment about their homelessness or to keep them near for emotional support. Mothers who did not use drugs prior to becoming homeless may be led to substance abuse by feelings of hopelessness about their bleak conditions and surroundings. Substance abuse, in turn, may lead them to nurture their children less well. Shelter staff often find themselves responsible for dealing with these and other conflicts that are wrapped up in the family's overall history and compounded by their homelessness.

One potential consequence of homelessness and the destruction it causes is somewhat counterintuitive — that is, the difficulty faced by families and individuals when stability becomes attainable again. Upward mobility can be a challenge in itself, as it brings with it a host of new responsibilities, including securing child care arrangements, attending parent-teacher conferences at school,

acquiring an appropriate wardrobe for a new job, and coordinating those responsibilities with others, such as maintaining substance abuse counseling and incorporating budgeting skills (Hausman, 1993, p. 366).

Although all of the effects of homelessness described above are clearly negative, it is nonetheless true — and perhaps ironic — that a crisis as severe as homelessness may mark the first time that a family or individual is able to address long-ignored problems. Many of the problems homeless people have predate their homelessness, but only come to the surface when circumstances leave no choice but to acknowledge them. If a woman and her children suffer homelessness due to domestic violence, they may finally get the counseling they need to start recovering once they are homeless. If substance abuse leads to economic instability and ultimately homelessness, shelter staff might require counseling or even residential treatment as a condition for a person or family to receive housing or employment assistance.

Clearly, prevention of such disrupting problems is preferable to letting them reach a crisis before they are noticed and addressed. But, as has been the case for many years, some services are available far more readily once one is homeless than when one is at risk of homelessness. Of course, a visible problem is more likely to receive attention, but, as demonstrated by the prevention program discussed below, prevention is usually a much more effective and reliable remedy both in terms of outcomes and cost.

Neighborhood Partners Initiative
The Neighborhood Partners Initiative of the Edna McConnell Clark Foundation (EMC) is a project within the Foundation's Program for New York Neighborhoods. The Initiative's primary purpose is to prevent homelessness and strengthen the overall community fabric in targeted one- to five-block neighborhoods in the South Bronx and Harlem. To accomplish this, EMC is establishing partnerships with community-based organizations to address four main goals:
1. substantial improvement of housing conditions,
2. greater access to economic opportunity and family supports,
3. increased resident participation and leadership concerning housing and neighborhood improvements, and
4. improving the overall community well-being for neighborhood residents.

Partnerships are expected to last from five to seven years. Support will be provided during an l&month start-up period for implementing homelessness prevention efforts, such as:
- housing improvement activities, including landlord/tenant mediation. and technical assistance to landlords and tenants,
- increasing economic opportunities through employment preparation programs and job creation strategies,
- homelessness prevention services supports for families, such as crisis intervention and eviction prevention, and

- coordination of neighborhood activities, such as clean-up and safety efforts, and youth  organizing.

Five community organization sites will participate in the partnerships and related activities of the Initiative.

Contact: Nancy Roob, Director, Program for New York Neighborhoods, The Edna McConnell Clark Foundation, 250 Park Avenue, New York, NY 10177, (212) 551-9210.

## Compromised Child Development and Well-Being — the Implications of Homelessness

As do their parents, the 100,000 or so children who are homeless each night endure a seemingly limitless number of stressful circumstances as a result of becoming homeless. Some "stressors" on homeless children are precisely the same as those experienced by the family as a whole. Others tend to have a particularly severe impact on children. In addition to those mentioned above which affect entire families, homelessness can cause children to experience setbacks in developmental growth, educational achievement, and nutrition and overall physical health.

Although scarce literature exists on the impact of homelessness on children, a number of helpful studies have been carried out that assess the consequences of homelessness on children and compare homeless to housed children (Masten et al. 1993, Bassuk and Rubin, 1987, Bassuk, 1990, and Kryder-Coe et al., 1991).  They address issues including the incidence of violence, the number of times children have changed schools, and the nature of homeless children's friendships. While homeless children often elicit a sympathetic public response and, perhaps, provide the impetus for additional services to homeless families, they nonetheless continue to suffer significantly.

Developmental Growth. In terms of age-appropriate development, homeless children are at a disadvantage. Their language and motor skills are likely to be delayed. There is speculation that poor day care quality or the constant moving in and out of day care might be the primary causes. The environments in which most homeless children live are conducive to poor socialization and age-appropriate behavior. Children who are homeless for any extended period of time simply do not have the opportunities to do what other children of their age do.[7] In other words, they are often forced to carry out responsibilities or to cope with factors that other children of their age do not — including children as young as six or seven caring for younger siblings, especially since homeless children are far more likely to be born to single mothers (da Costa Nunez, 1995). A mother may also use an older child as a liaison between herself and shelter staff, and homeless children may have to get to and from school on their own.

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[7] According to da Costa Nunez, little attention has been given to how long children stay homeless.

**Education.** Homeless children attend school less (Hausman, 1993, p. 364) and do worse in school than children with a permanent residence. More immediate concerns, such as food and shelter, may keep a mother from taking the time to enroll her child in the local school. Moreover, just as homeless children fear embarrassment at school, so do their homeless parents dread having to face school administrators who many fear are likely to ask a host of intimidating or unanswerable questions. Once a child is enrolled in a particular school, there is no guarantee that a move the next day will not make that enrollment virtually useless, if not harmful to the child. Homeless children are also subjected to humiliation by their classmates and, at times, even teachers and staff (Bassuk, 1990, p. 432). They are more likely than housed children to be placed in special education classrooms (DeWolfe, 1993, p. 12). This raises the question of whether such placement is a result of homeless children's developmental delays attributable to homelessness or whether educators assume homeless children must have delays and automatically place them in special ed, which may further contribute to their difficulties.

**Health and Nutrition.** Compared with both poor and non-poor housed children, homeless children are more likely to suffer from lower birthweight, higher infant mortality, and more pediatric disorders (McChesney, 1990). The level of lead at shelters and other temporary residences is often higher than in low-income housing. Homeless children are more likely to need but not receive adequate medical attention, and, as a result, homeless children pay more visits to the hospital. Access to health care is usually constrained or simply not sought, as evidenced by the often missing or late immunizations of homeless children (Molnar et al., 1990). Even when parents are able to get regular care for their children, they frequently change doctors due to constantly changing residences (McChesney, 1990), which makes it next to impossible for a doctor to get to know a homeless child well enough to recognize and attend to ongoing health concerns. Hunger is another common characteristic that distinguishes homeless from other children.  The nutritional weakness of their diets is not helped by the fact that few shelters have kitchens, requiring residents to buy ready-to-eat or fast food.

Compounding the embarrassment of being homeless and not being able to bring friends home, homeless children express fears related to their circumstances, including a fear of going to school in cases where abusive fathers might find them. Constant mobility hinders homeless children's opportunities to bond with other children and adult role models. The related interrupted learning all but ensures that homeless children will not be able to keep up with their peers without additional assistance. Homeless children get held back more and demonstrate poorer attendance records (Molnar et al., 1990).

In light of the the increased stress of parent-child relationships in homeless families, it is useful to note the findings of a study (Koblinsky and Taylor, **1990)** in Baltimore that indicated that although families are surprisingly resilient, they also need more than just affordable housing. As a contemporaneous wire story noted:

the city's homeless children are coping fairly well with the stress in their lives . . . [P]reliminary data indicates that a majority of the preschool children in Baltimore shelters for the homeless have significantly more behavioral problems than the average child tested nationally. But professors Sally Koblinsky and Martha Taylor said the most dramatic finding was how many homeless children were not affected . . . [Koblinsky] said the fact that more than one-third of the children had passing scores was remarkable . . . [she] credits the children's mothers who have a deep concern in their children's development ... She said the study shows that homeless problems run a bit deeper than merely providing housing.

Even if children demonstrate admirable coping skills, adults and children plainly sustain considerable and often lasting trauma as a result of homelessness. At the same time, subjecting homeless families to "intensive scrutiny" — whether out of legitimate concern or stereotyped expectations — can create extraordinary pressures for homeless parents (Molnar et al, 1990, p. 116). Treating problems differently for homeless than for housed children and families could be helpful when it results in needs being addressed, but detrimental when it leads to homeless children feeling singled out and different than their peers.

Helped in part by the growing body of literature on homeless families, policies are slowly incorporating services to address the more subtle yet no less urgent service needs into efforts to assist the homeless. In the following section, we look at the range of more comprehensive programs in place to serve homeless families and children.8 At the very least, these programs are likely to assess a family's needs and in many cases will seek to address them.

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8 While the doubled-up homeless may not have immediate shelter needs, we assume their living situations are far from ideal and often a precursor to literal homelessness.

## IV. FEDERAL POLICIES AND PROGRAMS ADDRESSING HOMELESSNESS

### History of the National Response to Homelessness and the Federal Government's Role

The first federal response to homelessness emerged in the 1930s. Since then, the United States has addressed homelessness with a variety of direct and indirect measures involving government at the federal, state, and local levels, nonprofit organizations, the court system, and the private sector.9

In 1933, the National Committee on Care of Transient and Homeless conducted a "Depression-era census" that found 1.2 million people homeless. From 1933 to 1935, 375,000 "transients and the homeless" were provided with food, clothing, jobs, housing, medical care, and other services under the Federal Emergency Relief Administration (FERA). After 1935, FERA was subdivided into programs that addressed individual needs. Two of these programs were the Works Progress Administration and the Social Security Act, which represented the first continuing federal relief programs.

The next significant legislation addressing homelessness did not come until the 1960s War on Poverty. Pensions, unemployment insurance, Medicaid, and Medicare were among the efforts to curb homelessness. The positive impact these programs had on reducing the number of homeless was countered, however, by the deinstitutionalization beginning in 1963 of 430,000 mentally ill people who added to the growing number of street dwellers.

The Supreme Court weighed in for the first time in 1972 when it "decriminalized" vagrancy and declared unconstitutional laws that "required residency as a condition of assistance." Seven years later, the first right-to-shelter lawsuit filed in New York brought a ruling that the state and city must provide "clean bedding, wholesome food and adequate supervision and security."

During the next decade, a number of studies contributed to the nation's intensified focus on the growing number of people afflicted by homelessness, including the Ellen Baxter and Kim Hopper study, *Private Lives/Public Spaces,* on New York City's "homeless problem"; a controversial survey by the Community for Creative Non-Violence in Washington, DC, which claimed that the number of homeless people had reached 2.2 million; the first U.S. Conference of Mayors' Survey of fifty-five cities demonstrating that only "43 percent of the demand for emergency services for the homeless is met"; and HUD's controversial count of the homeless population of 250,000 to 350,000, which was denounced by advocates as being far too low.

In 1987, partly in response to this flurry of research on homelessness, the Stewart B. McKinney Homeless Assistance Act was passed by Congress and signed into law. Billed as a response to the increasing visibility of homeless people, the McKinney

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9 Information regarding the evolution of the government role comes primarily from CRS Report IP314H.

Act **is** the most comprehensive federal response to homelessness to date. In its original form in 1987, McKinney stressed emergency services, but its reauthorization in 1990 shifted to an emphasis on long-term assistance and efforts toward self-sufficiency. The major programs created by McKinney include:

- Emergency Shelter Grants Program (ESG),
- Supportive Housing Demonstration Program (SHDP),
- Section 8 Moderate Rehabilitation Assistance for Single-Room Occupancy Dwellings (SROs),
- Shelter Plus Care (S + C),
- Supplemental Assistance to Facilities to Assist the Homeless (SAFAH), and
- Single Family Property Disposition Initiative (SFPDI).

The McKinney Act is unprecedented in the scope and funding of programs for assisting homeless people (Appendix II shows recent funding levels for the major federal initiatives — including the McKinney programs — serving homeless people). Of the six federal agencies that have jurisdiction over the McKinney Act, HUD receives the bulk of funding and administers the most programs. McKinney is so massive, however, that service providers and policymakers alike have found daunting the tasks of distinguishing among the programs, keeping separate their various complicated rules and regulations, and doing so efficiently enough to provide the services that McKinney was designed to deliver at the greatest possible capacity. It is telling that a 1995 HUD Report to Congress reviewing the McKinney Programs concluded that "the time is right to simplify and consolidate the McKinney programs." HUD is considering the consolidation of numerous programs into one block grant that would presumably allow state and local governments and nonprofit service providers easier access to the funding they need to provide a wide range of services to the homeless. However, a block grant may mean that programs for the homeless would be subsumed by larger, mainstream programs, thereby hindering their reach to homeless people.

**Federal funding for homeless programs by agency (in millions)**

| Agency | FY 1995 | FY 1996 |
|---|---|---|
| HUD | $1120.00 | $823.00 |
| HHS | 143.00 | 106.70 |
| FEMA | 130.00 | 100.00 |
| Veterans | 58.60 | 58.60 |
| Education | 38.30 | 23.00 |
| Labor | 5.00 | 0.00 |
| **Total** | **1495.20** | **1111.30** |

Source: Office of Management and Budget, 1996.

## Current Federal Policies and Programs

While most policies mandating assistance to homeless families stem from the federal government, the services they require are usually provided at the local level by nonprofit organizations and state and local governments. Since its first involvement over sixty years ago, the federal government's role in the area of homelessness has continued to grow. Seventeen federal agencies currently have jurisdiction over programs that assist the homeless. The Departments of Agriculture, Education, Housing and Urban Development, Health and Human Services, Labor, and Veterans Affairs provide the bulk of the federal assistance. Additional programs are administered by the Departments of Commerce, Defense, Energy, Interior, Justice, Transportation, the Federal Emergency Management Agency, the General Services Administration, the U.S. Postal Service, the Resolution Trust Corporation, and ACTION, the Federal Domestic Volunteer Agency. In recent years, efforts have been made to integrate the vast array of programs provided by the 17 federal agencies, including the creation of the Interagency Council on the Homeless by the McKinney Act. In 1994, the Interagency Council released Priority Home! *The Federal Plan to Break the Cycle of Homelessness.*

**Continuum of Care Concept**
Current HUD Assistant Secretary Andrew Cuomo has promoted the concept of a "continuum of care" in programs for the homeless, which has three components: outreach and assessment, transitional housing combined with rehabilitative services, and placement into permanent housing (Hombs, 1994, p. 120). This concept reflects HUD's and the nation's shift from a focus on emergency shelter programs to a focus on more permanent solutions to alleviating homelessness. The continuum of care model also stresses the importance of expecting and, when possible, requiring service recipients to help themselves, thereby reducing the likelihood of long-term dependence on government assistance. It is debatable whether a continuum of care exists as extensively in practice as it does in theory — coordinating the policies and services of numerous federal agencies has not surprisingly proven to be a formidable task.

Dozens of federal programs address the challenges faced by homeless people. A sample of more wide-reaching programs is presented below. Those described here provide services that affect homeless families, and they may address the needs of individual homeless people as well. They are organized according to the types of service provided (mental health, education, etc.), although type of service does not necessarily indicate which department or agency oversees the program. Most federal programs do not focus solely on homeless families, though few exclude families. Federal programs range from housing assistance to school lunches for children to substance abuse counseling.

**Emergency Services**
The Emergency Shelter Grants Program was established in 1987 with $10 million in funding to provide support to state, local, and private entities to assist homeless

people. An additional $50 million for the program was appropriated under the McKinney Act that same year. Funds must be used to provide "safe and sanitary" shelter for one to ten years, depending on the stipulation of the specific grant. Efforts must be made to include homeless people in the planning and design of services.

Contact: Office of Special Needs Assistance Programs, HUD, Washington, DC 20410, (202) 708-4300.

Transitional and Permanent Housing Services
Under the Housing and Community Development Act of 1992, HUD's Supportive Housing Demonstration Program was combined with the Supplemental Assistance for Facilities to Assist the Homeless (SAFAH) program to create the *Supportive Housing Program.* Together, they provide transitional and more permanent housing to homeless people with disabilities. People residing in transitional housing under the program are required to pay 30 percent of their income as rent for their unit. Child care is an allowable service to families for which program funds can be provided. The child care option combined with the required contribution to rent payments is intended to encourage adult family members to obtain employment. While this program is not specifically for homeless families, it allows at-risk parents to pursue self-sufficiency and reduce the negative effects of homelessness on their children.

*Single-Family Property Disposition Initiative -Lease and Sale of HUD-Acquired Properties for Use by the Homeless.* There are three ways in which homeless families can obtain homes under this program: (1) HUD properties can be leased for $1.00 for the term of the lease to nonprofit organizations and local government agencies, (2) nonprofit organizations can buy HUD properties for use in homeless assistance programs, and (3) nonprofit organizations can lease HUD properties with the option to buy in the future.

Housing Plus Support Services
*Shelter Plus Care* is a program that links federal rental assistance to support services for "hard-to-serve" homeless families and individuals with disabilities. Flexibility in terms of types of rental housing exists for the service recipients as long as the necessary support services can be provided.

*Homeless Family Support Services Demonstration Program.* Under this program, funding is provided to community-based organizations and public entities to develop and implement "comprehensive and supportive systems of support services for homeless and at-risk families" and to create service linkages among service providers.

Contact: Homeless Family Support Services Demonstration Program, (202) 401-9354.

*Housing Opportunities for People* with AIDS *(HOPWA)* provides states and localities with funding and resources to address the long-term housing and support services needs of people with AIDS and their families.

Contact: HUD Office of Special Needs Assistance Programs, Washington, DC, (202) 708-4300.

The *Rural Homeless Grant Program* was authorized under the Housing and Community Development Act of 1992 to provide housing and support services to homeless individuals in rural areas. Among other purposes, grant money from the program can be used to provide homelessness prevention services, emergency housing, or assistance to families with finding permanent housing and supportive services. At least half of the funds must go to communities of under 10,000 people. $20 million was appropriated under the program in 1994, marking one of the first appropriations by the federal government specifically for rural homeless.

**Substance Abuse and Mental Health**[10]
*McKinney Act Research Programs.* Two types of federal research programs, authorized under the McKinney Act, address substance abuse among the homeless population. One was initially funded in 1988 to provide and evaluate drug and alcohol treatment services to homeless people or those at risk of homelessness. Expanding on the first program, the second component, began in 1990, created 14 three-year, community-based public and private projects that continue providing service to homeless people in need of drug and alcohol treatment.

*ACCESS.* The impetus for the Access to Community Care and Effective Services and Supports (ACCESS) program came from the Federal Task Force on Homelessness and Severe Mental Illness convened by the Interagency Council on the Homeless. A five-year demonstration program that awarded $17 million in FY 93, it links services being provided at all levels of government to people with serious mental health and substance abuse problems. Six federal agencies are involved: HUD, DOEd, HHS, USDA, VA, and DOL. ACCESS was initially implemented in nine states in two communities each. ACCESS hopes to determine whether homeless people were better served as a result of integrated services. An evaluation of ACCESS is expected to inform the involved agencies and other providers of services about both the potential for and the challenges of integrated services to assist homeless mentally ill.

*PATH.* Projects for Assistance from Homelessness (PATH), like ACCESS, is administered by the Department of Health and Human Services and targeted primarily to the seriously mentally ill. Thus far, the vast majority of those served were over 18 and under 65. Half of them had both substance abuse and mental

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[10] **Though substance abuse and mental health problems are two separate issues, many homeless people suffer from both. Many programs, therefore, address this "dually-diagnosed" population. For this reason, the relevant programs are grouped together here.**

health problems. PATH funding is used by case managers and service providers to help clients get mental health and substance abuse counseling, job training, and other services. Every state in the nation and hundreds of local organizations have provided services funded under PATH.

The Department of Health and Human Services' Homeless Programs Branch is a component of the Substance Abuse and Mental Health Services Administration Center for Mental Health Services. The Branch administers ACCESS and PATH and another demonstration program. The Branch operates on the premise that mentally ill homeless people generally require assistance in other areas as well, requiring the cooperation of numerous state agencies.

### Health Care
*Health Care for the Homeless.* Created by the McKinney Act, Health Care for the Homeless (HCH) provides funds to local nonprofit and government entities that offer health services (including substance abuse treatment) to homeless families and individuals. Funding for HCH has increased every year since its inception; in FY 1995 funding was $65.4 million. More than half of those who receive HCH services have no other form of health care. Of those who do have other health care insurance, the vast majority have Medicaid or other government-funded care.

*Health Care for Homeless Children (HCHC)* was created in 1992 as an addition to the McKinney Act. In it first year, HCHC awarded approximately $2.5 million to local nonprofit and government organizations addressing the pressing health issues faced by homeless children. HCHC is administered from the same office as Health Care for the Homeless.

*Medicaid.* Under the Social Security Act, Medicaid is funded by the federal and state governments to provide health services to low-income pregnant women, families with children, and certain other groups with special needs. Eligibility for Medicaid varies by state. While not all homeless people are eligible for Medicaid, all families receiving AFDC are. In 1993, DHHS estimated that 25 percent of homeless families received Medicaid.

### Education
*Head Start Parent and Child Centers and Family Service Centers.* Both are recent attempts by the Department of Health and Human Service's Head Start Program to assist low-income families achieve self-sufficiency. Beginning in FY 1991, **41** Service Centers were funded and charged with providing many of the same services found at shelters for the homeless, such as substance abuse counseling and literacy and employment training. Parent and Child Centers work with children under three years of age and their families to foster positive parenting and child development in physical health, social development, and education — often trouble spots for homeless children. The Bright Beginnings Head Start program for homeless children and their parents is described in Section VI below.

The *Adult Education for the Homeless Program* (AEH), a McKinney Act program administered by the Office of Vocational and Adult Education, provides grants to states to support education for homeless adults. Programs are "usually part of integrated packages of homeless support services" and may be housed at a shelter or transitional program site. An individual instruction plan is developed jointly by the teacher and student to "reflect student goals."

Contact: Department of Education, Adult Education for the Homeless Program, (202) 205-5499.

The *Education* for Homeless *Children and Youth — State and Local Grants Program,* established by the McKinney Act, provides grants to states to develop and implement plans to educate homeless children. Funds are also to be used to create an "Office of Education for Homeless Children and Youth" in each state and to "ensure a free and appropriate education for homeless children." The program seeks remove barriers that make education a particular challenge for homeless children.

Contact: Department of Education, Office of Elementary and Secondary Education, (202) 401-1692.

## Issues of Coordination and Cost-Effectiveness at the Federal Level

Much of the federal legislation regarding the homeless since 1987 has been in the form of amendments to McKinney. Although the many McKinney Act programs are the most prominent serving homeless families, many other programs serve crucial purposes as well. The sheer number of programs, however, does not ensure that their mission to assist homeless families and individuals achieve self-sufficiency is actually achieved. In fact, homeless assistance programs, lauded at first by advocates for the homeless and service providers, can be, in practice, useless because of unrealistic timetables for implementation or matching grant demands that states can not achieve. For example, the HOME Investment Partnership Program provides funding to states and localities to increase the number of affordable housing units for families. According to one large city's housing director, only after the program was implemented did HUD consult with state and local officials about streamlining the complicated funding formula to make the program accessible.

The number of federal programs serving the homeless and their complicated nature requires coordination among the various agencies; the Interagency Council on the Homeless was established with precisely that in mind. However, representatives of agencies that are part of the Council claim that it is essentially a HUD-driven enterprise. This is true in part because the Council no longer has a budget line item for personnel or overhead and must rely on HUD funds for staff, office space, and supplies. Consensus exists among members that more streamlining and coordination of programs is essential to their success — as is exemplified in the

interaction between HUD, HHS, and other federal agencies in the Family Unification Program discussed in Section IV.

A recent Family Impact Seminar highlighted the importance of linking housing and welfare services, particularly since the two service areas have historically operated independently. Homeless families often find themselves in Catch-22 situations in which they cannot simultaneously obey the restrictions for receiving services from HUD and HHS, since doing so for one would make them ineligible for the other. A classic example is that of a homeless mother who was able to secure low-income housing through a HUD homeless assistance program with proof that she had sufficient income allowing her to contribute to the rent payments. Some of this income, however, was provided through an HHS program for which she remained eligible only if she was homeless. As U.S. Representative Bruce Vento (D-MN) aptly notes, there is "a disconnect between HUD's assisted housing programs and HHS's income assistance programs" (Vento in Stanfield, 1994, p. 532).

Among the other cumbersome and contradictory federal guidelines that with minimal restructuring would allow homeless families and individuals to expedite their achievement of self-sufficiency are:

- Welfare motels that serve as emergency housing frequently cost more than market-rate rent apartments in the same area. Although some people might say this is an over-cited example of inefficiency, it has yet to receive adequate attention from policymakers.
- HUD does not allow funding for emergency shelter to go toward permanent housing rental payments. Emergency shelter funding often serves its purpose, but this constraint demonstrates that homelessness *prevention* is low on the list of priorities. Allowing a portion of emergency shelter funds to go toward eviction prevention (i.e., homelessness prevention) would keep many families from needing emergency shelter in the first place.

## Potential Impact of New Federal Legislation on Governmental Roles

Policymakers and service providers at all levels of government are speculating on the impact welfare reform will have on homelessness. The shift of responsibility to the states will lessen federal influence, de-emphasizing current federal mandates to provide adequate services to homeless families and individuals. The "two years and off" proposal to discourage welfare dependency is frequently cited as a potential cause of continued increases in family homelessness. An extensive study of homeless and housed women in Massachusetts revealed that many more homeless women are "chronically dependent" on AFDC than housed women, who tend to use AFDC "briefly and intermittently" (Bassuk, 1990, p. 428). With or without welfare reform, AFDC is not keeping up with inflation and, therefore, is less likely to keep people from homelessness than it used to.

**The impact of federal housing policy reform also remains to be seen. For example,** the recent move by the House to deregulate public housing authorities (H.R. 2406) has homeless service providers and advocates distressed. Such deregulation would

mean greater local control, which despite its benefits could also mean an increase in the number of homeless families if restrictions are lifted concerning, for example, the minimum number of public housing units reserved for homeless people.

# V. STATE AND LOCAL ROLES IN ASSISTING HOMELESS PEOPLE

## State Policies and Programs

In many ways, state policies to assist homeless people are driven by gaps in federal policy. Fortunately, states have the flexibility to tailor their homeless assistance programs to meet specific needs that the federal government may not address for either financial or political reasons. Unfortunately, states do not always recognize the intensity of need, which may be disguised as long as welfare motels keep at least some of the homeless families "invisible." Even when the need for creative and expanded services is apparent, states may not make them top priority. A negative public perception of homeless people does little to encourage more and better spending to assist homeless families (Thomas, 1996). Despite these drawbacks, certain states have made significant headway in their approaches to the homeless families problem.

Many of the federal programs described in the previous section are carried out by states. While information about these programs will not be repeated here, these federal programs are an important part of any discussion of state assistance to homeless families and individuals. Similarly, many state-funded programs are jointly funded and administered by local governments and organizations.

Implementation of federal efforts to address homelessness differ from state to state, particularly when it comes to determining eligibility criteria, funding levels, and other program aspects. The variance among states in terms of eligibility and assistance levels for the national general assistance benefits to low-income people has a sizable impact on the number of homeless individuals and families in each state (for example, state payments for AFDC families of three with no countable income in January 1993 ranged from $120 in Mississippi to $923 in Alaska). Furthermore, a state's ability to carry out various forms of assistance is often regulated by federal guidelines. Finally, a number of programs to help the homeless population rely on federal funding matches. Therefore, state decisions about funding levels critically influence overall assistance to homeless people and cause it to vary from state to state.

State and local governments are expected to play an increasingly dominant role in the provision of homeless services. According to Ralph da Costa Nunez (1996), president of Homes for the Homeless in New York, many state and local jurisdictions create task forces that are "mainly information-sharing bodies with no power to mandate." Information sharing is an important aspect of successful provision of services; however, Nunez continues:

> [task forces] tend to view the problem of homelessness too narrowly.
> Housing becomes the central focus at the expense of needs such as
> education and family services . . . most states have focused on creating
> more housing, without the transitional services needed to equip families
> to remain in this housing (p. 23-24).

This sounds uncomfortably like the problem at the federal level. Technically speaking, more services are being offered, and homelessness is taking a front seat in social policy discussions. Even so, it is questionable whether the combination of services offered is providing the best possible assistance to homeless families.

An extensive study by the National Housing Institute and the American Affordable Housing Institute (1995), both at Rutgers University, documented the extent to which state and local homelessness prevention programs saved "tens of thousands of families from that fate." The study determined how many families were saved from homelessness as a result of each program. It addressed how the programs compared with shelters and welfare hotels in terms of cost-effectiveness, and if the programs contributed to long-term economic self-sufficiency for families or whether families ultimately required additional public welfare assistance. The study concluded with these findings:

- More families than individuals are assisted by state and local prevention programs, which have helped many thousands of families from becoming homeless.
- Programs to prevent homelessness are generally more cost-effective than those that serve the "already homeless." Among the seven programs studied, for example, one was nine times more cost effective than shelter or welfare service models and another three times more effective. The other five programs demonstrated varying degrees of cost-effectiveness.
- Prevention programs are highly replicable as a result of the logical, understandable methods used to carry out prevention — primarily eviction deterrents, such as short-term financial assistance and counseling.
- Programs were particularly successful at assisting families "whose homelessness-threatening circumstances are short-term" (Schwartz, p. 7).
- Prevention programs have put forth "reasonable efforts" to collect on loans to formerly homeless families and individuals and have demonstrated sound financial practices.

Because of the success of the programs studied, the authors recommend federal funding to encourage and support the replication of effective programs. Below are descriptions of two model programs profiled in the study.

Connecticut **Eviction Prevention/Rent Bank Program**
Begun as a pilot project in New Haven in 1989 to prevent the eviction of AFDC recipients, the Connecticut Eviction Prevention/Rent Bank Program was made a statewide program one year later. Neighborhood-Based Community Mediations, Inc., received the initial funding to start the New Haven program site, which would use its Rent Bank to pay the back rent of eligible households to prevent eviction. The program provides landlord-tenant mediation services free-of-charge to households on the verge of eviction. Agreements must include a plan for payment of back rent to be paid by the tenant, the programs' Rent Bank, or a combination of the two.

The timing of the program was critical because the number of single-parent homeless families relative to homeless individuals had been growing noticeably since the mid-1980s. This prevention program saved money because most state shelter beds were designated for single homeless men, meaning families were generally placed in (more expensive) private motels. The Eviction/Rent Bank program is administered independently and somewhat differently at each site in the state, although eligibility and funding criteria are uniform.

Contact: Carlene Moody Okafor, Community Mediations, Inc., 134 Grand Ave., New Haven, CT 06513, (203) 782-3500.

St. Louis Homeless Services Network
In 1985, the St. Louis Homeless Services Network was created to coordinate services for homeless people in St. Louis. Although individual agencies were providing prevention services already, the effort did not begin city-wide until 1987, at which time funding from the Ford Foundation allowed the city to hire a family homelessness prevention staff person. As in Connecticut, impetus for the creation of the Network stemmed in part from the visibility and acknowledgement of the growing number of homeless families with children. In 1990, 70 percent of the homeless population of St. Louis were single mothers with children.

As part of the Network, a Housing Resource Center provides most of the immediate informational services to homeless families or those at risk of homelessness. Among its primary functions are to operate an open-door intake service for walk-in homeless or imminently homeless families and individuals. The Center also relocates homeless people from condemned properties, families or individuals who are in overcrowded or doubled-up situations, and families housed in emergency shelters. The average payment made to assist an at-risk household is $275, thousands of dollars less than the amount usually required to house a family in a welfare motel or comparable emergency housing. Funding for the Network and the services it provides comes from federal, city, and nonprofit sources.

Contact: Jackie Jaschek, Homeless Services Program, Housing Resource Center, 2734 Gravois, St. Louis, MO 63118, (314) 771-2783.

## Local Policies and Programs
Programs may fall jointly under state and local jurisdiction both in terms of funding and provision of services to the homeless. Many locally-operated programs are funded by local, state, and federal government. In the U.S. Conference of Mayors 1995 Report, for example, 28 of 29 cities reported the use of federal **McKinney** Act funds, which accounted for 38 percent of the cities' overall funding for homeless services. Local funds supported 28 percent of the services, and state funds contributed 18 percent. When asked what programs serve homeless people in their city or neighborhood, residents and business owners undoubtedly mention local direct service providers and emergency services; they are unlikely to be aware of

other funding sources, regulations, and stipulations that guide program operations. It **is to** the local organizations, often nonprofits, that they would turn if faced with a housing crisis.

This recognition of local providers by their communities can be a double-edged sword, however, making them ready targets of both praise and disdain for the work they do. Agency staff and directors are more likely to know and interact with one another as much informally as a result of their daily responsibilities as formally in response to an organized agenda. Collaboration among local agencies is made easier for these reasons. Local service providers may also be better positioned to implement small-scale pilot programs.   One such program is Community Voice Mail.

Community **Voice Mail (CVM)**
Community Voice Mail has had a positive impact on homeless families and individuals by giving them individual voice mailboxes, thereby allowing them to receive calls from prospective employers, housing contacts, and family and friends (Spare Change, May 1995, p. 7). Started in Seattle in 1993, CVM has since expanded to Boston, Minneapolis, Phoenix, San Diego, Portland, OR, and New York City. While not targeted specifically to families, CVM allows parents to conduct business without having to go to seemingly endless offices to exchange messages and information more easily transacted by voice mail. It also minimizes the possibility of callers learning the stigmatizing fact that the voice mailbox holders are homeless.

Contact: Shelter, Inc., Boston, (617) 864-8140.

Local programs and policies to assist homeless families are more flexible than those at the state and federal levels. Local consensus may be more easily reached on how to address certain issues of homelessness or housing discrimination that would result in lengthy legislative battles at the state or federal levels. At the same time, however, local efforts may be hampered by state and federal funding, regulations, and standards. The type and level of services at the local level are also directly affected by the local revenue and expenditure schedules on homelessness assistance and alleviation efforts.

While coordination efforts have been undertaken with varying degrees of success by federal agencies, local programs for the homeless have demonstrated the capacity to develop and implement comprehensive, coordinated strategies. The Demonstration Partnership Program Homeless Individuals and Families Projects were evaluated by the U.S. Department of Health and Human Services' Administration for Children and Families. One of the programs studied was the Homeless Family Self-Sufficiency Project in Portland, Oregon.

**Homeless Family Self-Sufficiency Project**
The Homeless Family Self-Sufficiency Project, operated from 1989 to 1991 by the Multnomah County Department of Social Services in Portland, Oregon, used a

coordinated services/case management model to assist homeless families by providing the necessary services at a day shelter site.11 The services were intended to focus on long-term self-sufficiency more than short-term crisis intervention. A multi-agency partnership was formed to carry out the objectives of the Project. Members included Portland Impact (a service provider), Portland State University, the Private Industry Council, REACH Community Development Corporation, local businesses, the Coalition for Homeless Families, and State-Adult and-Family Services. The partnership model combined with on-site services created an "ease of access" that allowed homeless families to obtain and use services they might otherwise have avoided "due to the time and distance required to go to different service sites."

Families in the program were compared with homeless families who did not receive services based on an intensive case management and comprehensive services model. Findings of the comparison study were limited due in part to the difficulty of following up with homeless and formerly homeless families. The data that were obtained, however, did show benefits to families who received high levels of case management. Their monthly income increased, their housing situation improved, and they were depending less on AFDC and more on employment income than the comparison group. The degree of progress by a given family appears to be affected by the family's situation at the outset of program participation; some families who received intensive case management made far less progress than those who had minimal case management. A "family's skills, resources, and willingness to work toward self-sufficiency is crucial to the wise expenditure of limited funds," according to the study (Summary of Final Evaluation Findings, 1992).

Outcomes of the Project were not as positive as expected, although greater improvements were achieved for families in the experimental group than for other families. Multnomah County and other Oregon jurisdictions, however, were able to use the findings to guide future comprehensive service efforts for homeless families, including better collaboration with local and community-based service providers.

Contact: Wendy Lebow, Multnomah County Department of Social Services, Homeless Family Self-Sufficiency Project, 421 SW 6th Ave., 6th Floor, Portland, OR 97204, (503) 248-5464.

Tomorrow's Child
Tomorrow's Child, piloted and then expanded by the Better Homes Foundation, assisted women after they became homeless but before they gave birth with the intention of assuaging or preventing many of the developmental delays experienced

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[11] **This program included childless couples among its families. Approximately 65 percent of the program participants were couples with children or single men or women with children.**

by homeless children. The program had three sites, two of them integrated with permanent housing programs (Bassuk and Weinreb, 1993, p. 354).

Funded by Better Homes and the Ronald McDonald Children's Charities in 1990 for a total of $770,915 over three years, the three pilot sites were Baltimore, MD, Oakland, CA, and Multnomah County in Portland, OR. These sites, which were also part of the Robert Wood Johnson Foundation's Homeless Families Program described above, offered a common set of services, including shelter, prenatal care, and referrals to other services. The sites differed significantly in how they implemented and delivered services. Two were housed within existing service networks or departments and the third in the mayor's office.

A study of the women in the Tomorrow's Child program was consistent with other studies that show only a small percentage of homeless women abuse substances. Weinreb et al. (p. 494) found that the two sites that were located within existing local service systems were more likely to succeed. Tomorrow's Child was successful in helping 95 percent of the participants receive prenatal care before their third trimester and in bringing the rate of low birthweight babies closer to that of housed African-American women and the general population as a whole.

Tomorrow's Child's success was frustrated, however, by disconnected services, lack of consistency among agencies, and high staff turnover, all of which interrupted fragile program continuity. All three Tomorrow's Child sites struggled with program admission policies; in one case, women without "sufficient" problems were turned away. Weinreb et al. (p. 497) also found sites far better equipped to deal with short- rather than long-term problems. However, long-term, continuous services are necessary; interrupted services are detrimental to women's achievement of both economic and emotional self-sufficiency. As Weinreb and her colleagues point out, attention to coordinated, integrated services might not be helpful if it is only short-term.

## VI. COMMUNITY RESPONSES TO HOMELESS FAMILIES

### Sources of services for Homeless People

Direct Service Providers
Direct service providers are the best known and most numerous of organizations that serve the homeless. They range from emergency shelters, for which homelessness is the reason for a person's or family's admission, to Narcotics Anonymous programs, in which special attention is not necessarily given to homeless participants. Religious congregations, civic groups, and individuals are all components of the system of support services available to homeless families and individuals. These formal and informal organizations run soup kitchens, clothing centers, and medical clinics, which serve the immediate as well as the long-term needs of homeless families and individuals.

Emergency shelters are still the most familiar service providers, and family shelters are now the most common type of shelter in the U.S. (Weinreb and Rossi in Rog, *1995, p. 502).* Increasingly, however, transitional housing programs offer longer term stays and ongoing support services to the homeless. besides food, clothing and medical services, many shelters and transitional housing programs also provide services on-site or refer residents to services for pursuing permanent housing, addressing mental health concerns, enrolling children in school, and other crucial concerns that require attention. Most direct service providers work with local populations and limit their services to a geographic area. Non-profit organizations are the main providers of direct services to the homeless, while the policies they carry out are likely to stem from all levels of government.

Homeless Advocates
Advocacy organizations and individual advocates work at both the national and local levels. Organizations such as the National Law Center on Homelessness and Poverty and the National Alliance to End Homelessness are devoted to combatting homelessness and ensuring rights for the homeless. Lobbyists from national organizations such as the Child Welfare League of America and the Children's Defense Fund frequently take on homelessness issues in Congress. Local interest groups address homelessness issues particular to their communities by promoting such efforts as opening additional family shelters or allowing homeless people to sleep on city property. Advocacy organizations are instrumental in helping to fill a gap between service providers and policymakers.

Although advocates are often housed within direct service organizations, they are less likely to provide services directly to homeless people. Nonprofit organizations may, for example, designate a staff person to handle advocacy or simply encourage every staff person to participate as much as possible in advocacy efforts outside of the organization. Advocates may serve as direct service providers by assisting homeless people with legal issues or ensuring fair treatment of the homeless by real estate agents, for example.

**Homeless Policy Analysts**
Policy analysts, even further removed from direct service to homeless people, also serve an important purpose. The American Bar Association Commission on Homelessness and Poverty and the National Low Income Housing Coalition, among others, analyze pending legislation to determine the impact it would have on the homeless. They concentrate on the potential costs and benefits of pending legislation at the national level, although local policy analysis organizations exist as well. Advocacy organizations often employ policy analysts, and many policy analysts see themselves as advocates for the homeless.

## Types of Programs That Address the Needs of Homeless People
From a policy standpoint, homelessness is clearly more than a housing issue. It is a problem that requires the intervention of a variety of service providers, such as mental health and substance abuse professionals, and that must be attacked from all sides. While there are numerous government-funded programs to assist homeless people administered by thousands of public, private, and nonprofit organizations, only a handful of programs focus on preventing homelessness and even fewer address the particular issues that homeless families face.

Because a family's homelessness creates such a wide range of needs, the various sources of assistance must be in constant contact with one another to provide coordinated services. Unfortunately, this is much easier said than done. Few homeless individuals or families need only a home to resolve the issues that led to their homelessness, which is why both housing and social service professionals are actively involved with addressing homelessness. However, housing programs work on housing, and social service programs provide social services; few programs address both. While not every program should provide all things to all homeless, programs must be more explicitly linked in the interest of helping homeless people achieve long-term self-sufficiency.

*Housing-related services.*  Programs that focus on housing-related needs include:
- emergency shelters,
- transitional living programs,
- homelessness prevention programs,
- first-time homebuyer programs, and
- assistance to homeless people with signing up for public housing.

Support *services* for homeless families and individuals include:
- mental health counseling,
- substance abuse counseling,
- parenting classes and workshops,
- career counseling,
- consumer credit counseling,
- adult education, such as literacy and English as a Second Language, and
- budgeting classes.

To help close the gap between housing and social services, shelters are beginning to allow residents to stay at the shelter during the day to search for employment and housing and to pursue other goals. "Services-enriched housing," either through transitional or emergency shelter programs, offers case management and referrals to services other than shelter (Rog, 1995, p. 503). One study estimates that 10 percent of shelters serve as longer-term transitional housing.

A 1988 study of New York City's shelter system presents a useful overview of the wide range of options available to house and provide support services to homeless families on a temporary basis (Shinn et al., 1990). The study compared nine nonprofit-run shelters to each other and to city-operated "congregate shelters" and privately-owned "welfare hotels," from which the city rented rooms for homeless families. Four types of nonprofit family shelters were part of the study: apartment shelters with one family to an apartment, alternative hotels, "rooming house shelters" in which families have a private room but share common rooms, and shelters specifically for victims of domestic violence. In the study, both apartment shelters and the hotel/rooming house model are referred to as "large shelters."

Findings of the study revealed information about the costs, services, and length of stay among the nonprofit family shelters.[12] Excluding costs for services, larger shelters were more costly per day but housed larger families. In terms of services, larger shelters provided more for both children and adults at lower cost. At larger shelters, costs were higher due to security, "greater space, and better facilities," according to the study. Provision of food, supplies, and human services were more extensive at the alternative shelters in all but one case.

Social services was the area of greatest difference among the shelters. Each of the three large shelters among the nine nonprofits and the one domestic violence shelter provided on-site child care, with most of the other shelters arranging for off-site care. The three large shelters also provided some form of adult education and afterschool programs. Every shelter paired each family with a caseworker who was responsible for coordinating services to the family. At city-owned, privately-run welfare hotels, on the contrary, there was little, if any, coordination of services to families. The study concludes that for the same or lower cost a nonprofit shelter model can offer more and better coordinated services to homeless families than a welfare hotel.

The New York City study demonstrates that services vary significantly from shelter to shelter and program to program in terms of eligibility requirements, enrollment procedures, services provided, and whether services are provided on- or off-site. And this is only among shelters that admit families; the range of programs is greater when shelters for individual homeless people are considered.

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[12] In this report, all information related to the shelter study comes from Shinn et al., 1990.

For parents, the question of whether their children help or hinder them from receiving shelter assistance highlights a contradiction about admission policies: some homeless parents are convinced they would be "in the street" if it were not for their children, while others believe they need to break up their families in order to gain admission to shelters (Hausman, 1993, p. 363). In the 1995 U.S. Conference of Mayors Report, 18 of the 29 cities (64 percent) responded that families might have to break up in order to stay in emergency shelters, often because family shelters do not allow men or older boys; men are often housed in entirely separate facilities. Most cities have few, if any, shelters designated for two-parent families. Because homelessness is often taken as a sign that a parent or couple cannot care for their children, children may be removed from their parents once a family becomes homeless. To address this problem, HUD established the Family Unification Program to prevent unnecessary family separation.

Family Unification Program
The Family Unification Program, enacted in 1990, offers housing assistance to prevent unnecessary family separations due to homelessness and to allow already separated families to reunite. The program, begun in 11 states, provides Section 8 certificates to eligible families with which they can obtain permanent housing. The vouchers can also be used to assist families living in substandard housing conditions that have prompted the threat of removal of the children if the situation is not corrected. The program requires collaboration by local public housing authorities, who submit the application for funding, and child welfare agencies. Existing Section 8 rules apply to participants in the Unification Program. Section 8 subsidies last for five years and are renewable. This program serves the dual purposes of keeping families together and increasing the interaction among service providers and agencies that address the needs of homeless families.

Contact: Yvonne Doerre, Technical Assistance Provider, Child Welfare League of America, 440 First St., NW, Suite 310, Washington, DC 20001, (202) 942-0267.

An additional federal barrier faced by many homeless families is that Federal Emergency Management Agency (FEMA) funds cannot be used to support permanent housing, which contradicts the long-term self-sufficiency goal voiced by the federal government. The out-of-home care money saved by keeping a. family together with rent subsidies would seem to argue for this kind of support. According to the Child Welfare League of America, out-of-home care for a. child for one year can cost up to $20,000, while rental assistance costs about $7,000 annually (CWLA, 1994, p. 113).

Despite claims that federal spending on housing has steadily decreased for low-income families, Burt argues that federal housing subsidies reached more households and a larger proportion of the poverty population in 1989 than in 1981 (Burt, 1982, p. 49). However, assisting families to maintain permanent housing and

stay together only helps if it is joined by support services to address the challenges that may have led to their homelessness in the first place.

## Programs for Families that Combine Housing and Support Services

The following programs combine housing and support services, which experience has shown offer the best promise for a family's return to independent living.

### St. Elizabeth's Shelter

St. Elizabeth's Shelter, the only emergency homeless shelter serving Santa Fe, New Mexico, offers a range of services to homeless families and individuals, including 30-day emergency shelter and a transitional housing program in which participants can remain for up to two years. St. Elizabeth's refers the homeless people it serves to other organizations that provide support services, such as substance abuse and mental health counseling. The transitional program at St. Elizabeth's has the capacity to serve nine families with children at a time. Residents in both the emergency shelter and the transitional program have access to such services as job training, budgeting, health care, 30 days of free day care (provided through a partnership with the local community college), and first-time homebuyer counseling. In addition, transitional program members are required to save a portion of every paycheck and sign up for public housing. In an area facing high housing costs and low wages, St. Elizabeth's helps meet the needs of people who find themselves homeless whether as the result of economic hardship, domestic violence, or other causes.

Contact: Hank Hughes, Director, St. Elizabeth's Shelter, 804 Alarid Street, PO Box 8657, Santa Fe, NM 87504, (505) 982-6611.

### Arlington-Alexandria Coalition for the Homeless (AACH)

For more than ten years, the Arlington-Alexandria Coalition for the Homeless (AACH) has provided homeless people with a foundation to rebuild their lives. Unlike most emergency shelters, AACH's Sullivan House, near Washington, DC, in northern Virginia, has ten fully-equipped apartment units where families and individuals reside during times of crisis. This setup allows Sullivan House to come as close as any shelter to promoting independent living while still requiring residents to follow contracts that delineate goals toward achieving self-sufficiency. Among other benefits, every unit in Sullivan House has a kitchen, which removes barriers to nutritional eating that many shelters are unable to address. AACH also runs a unique Adopt-A-Family (AAF) transitional housing program in which participating families live in their own market-rate rental units, not in a facility owned or managed by AACH. Therefore, once they leave the AAF program, families are not forced to move from a transitional facility but are encouraged to remain in their apartments. The AAF program offers a counter to the argument that transitional living programs are overly restrictive. Finally, AACH is distinguished by offering several on-site services — for instance, SKIT and LifeWorks, a children's program and an employment program respectively, are integral to allowing residents to accomplish their goals and achieve self-sufficiency.

AACH is funded by federal, state, and local governments, foundations, other nonprofit organizations, and numerous individuals.

Contact: Cynthia P. Wilson, Executive Director, Arlington-Alexandria Coalition for the Homeless, 3103 North Ninth Road, Arlington, VA 22201, (703) 525-7177.

**Housing Enterprise for the Less Privileged (H.E.L.P.)**
Since 1986, H.E.L.P has provided transitional housing and social services to homeless families and is currently the largest provider for the homeless i:n the nation. H.E.L.P. has seven sites throughout New York state that house and provide support services to homeless and formerly homeless families. H.E.L.P. programs seek to address more than housing by providing a safe environment and services, such as parenting skills assistance, medical care, child care, employment, training, and individual counseling and support for the families it serves. In addition, housing placement assistance, adult education, and food and clothing distribution programs are provided by every H.E.L.P program, mostly on-site. One H.E.L.P. facility serves homeless people with AIDS and HIV-related illnesses. Unlike most programs that assist homeless families, H.E.L.P. began with a focus on transitional housing and support services and only recently opened its first emergency housing residence, which is exclusively for victims of domestic violence. Funds for H.E.L.P. come from private businesses, not-for-profits, and the sale of tax-exempt bonds.

Contact: Thomas Hameline, Director of Programs, H.E.L.P. Central, 30 East 33rd St., New York, NY 10016, (212) 779-3350.

**People's Emergency Center (PEC)**
Established in 1972, the People's Emergency Center (PEC), the oldest shelter for homeless families in Pennsylvania, uses a "continuum of care" model to offer a multitude of services to homeless families and individuals, including emergency shelter, a transitional housing program, an education and pre-employment program, parenting education and children's programs, and additional adult education in Life Skills workshops, such as substance abuse counseling and nutrition education. PEC offers both housing and supportive social services. The PEC Community Development Corporation plans to develop 30 homeownership units and 26 supported housing units, as well as a partnership housing project with another local agency (CoreStates Community Development Corporation), which will create 30 units of scattered site permanent housing for formerly homeless people. These projects reflect the shift by many organizations serving homeless families from an emergency shelter to a permanent housing focus. Funding for PEC's programs comes from individual donors, private corporations, and local, state, and federal governments.

Contact: Susan Daily, Director, PEC Office of Development, 3902 Spring Garden St., Philadelphia, PA 19104, (215) 382-7523.

## Programs for Children

Several community-based programs focus exclusively on assisting homeless children cope with their difficult circumstances. Of course, most of these programs believe that helping parents is one of the best ways to help children.

### Bright Beginnings

A licensed child care program, Bright Beginnings' initial funding came from the U.S. Department of Health and Human Services in 1989 and was matched by the Junior League of Washington, DC. In 1993, Bright Beginnings was one of 16 Homeless Demonstration grants awarded by Head Start. Bright Beginnings serves children between two-and-a-half and five-years-old who are living in a shelter or transitional housing. A group of public and private shelters and child care facilities refer children to Bright Beginnings and share information on the children's progress. Bright Beginnings provides social services and teaches parents how to educate their children, gain employment, pursue further education, and obtain permanent housing. The program is staffed by professional child care providers, volunteers, and parents of participating children.

Contact: Bright Beginnings, 901 Rhode Island Ave., NW, Washington, DC 20001, (202) 332-6160.

### Horizons Initiative

**Founded** in 1988, the Horizons Initiative focuses exclusively on the needs of homeless children and has the capacity to serve up to **71** children each day. It works with families, state agencies, shelters, advocates, experts, and private-sector child care providers to bring expertise and understanding to bear on the problems faced by homeless children. Horizons operates the Playspaces Program and the Playspace Volunteer Network, both shelter-based programs, and the Community Children's Center, an innovative, comprehensive child care center for homeless families in the Boston area. Recognizing that children's circumstances are heavily influenced by their parents' well-being, Horizons encourages parents to be active participants in the creation of activities and playspaces for their children. Volunteers in Playspaces and the other Horizons programs currently work at more than 20 shelters.

The Community Children's Center addresses both directly and indirectly many of the potential developmental consequences of homelessness by allowing children to stay in the same child care center even if his or her family must move from shelter to shelter. The program's structure offers a consistency that so many homeless children lack. Funding for Horizons Initiative comes from a range of sources including foundations, individuals, private companies, and banks.

Contact: Sue Heilman, Executive Director, The Horizons Initiative, 90 Cushing Ave., Dorchester, MA, 02125, (617) 287-1900.

**KIDSTART**
The Better Homes Fund implemented KIDSTART in three locations in 1990 with a grant from IBM. KIDSTART helps homeless children "cope with life on the streets, in motels, and in emergency shelters." KIDSTART case managers, or "Kidstarters," provide long-term, family-oriented intervention for homeless children ages three to six. Kidstarters evaluate children's needs and then link them with the services their families so often cannot find or access. Kidstarters are responsible for assessing children's development and also work directly with the parents of homeless children. They establish contact with schools, health clinics, volunteers, and others to ensure that the different service providers and systems are working together with the multiple issues and needs of the children in mind. In 1995, KIDSTART had grown to 15 locations nationwide.

Contact: Maria Meaney, KIDSTART Coordinator, The Better Homes Fund, 181 Wells Avenue, Newton Centre, MA 02159, (617) 964-3834.

**The Vogel Alcove Child Care Center for Homeless Children**
The Vogel Alcove is a project of the Dallas Jewish Coalition for the Homeless, a nonprofit, nonreligious organization of 30 synagogues and service groups. The Coalition was formed in 1986, and made child care for homeless families — "the most pressing need" — its top priority. The Vogel Alcove serves over 100 children a day between the ages of six weeks and five years who are referred from more than 10 Dallas shelters and transitional housing programs. The Center coordinates with other community service providers to meet the needs of homeless children with such services as immunization, hearing and speech screening, and mental health counseling. Special services are provided to "mildly ill" children who are cared for in a "Get Well" room to allow parents to continue pursuing permanent housing and keep them from having to miss work. Children also receive meals, toys, clothing, and books. The Vogel Alcove offers children stable child care while they are homeless. When they leave preschool, they are transitioned from Vogel to Head Start of Greater Dallas. Vogel Alcove was a KIDSTART site through 1995.

Contact: Vogel Alcove, 6380 LBJ Freeway, Suite 280, Dallas, TX 75240, (212) 386-6262.

**Homeless Family Child Care/Parent Support Project**
**Located** in Missoula, Montana, the Homeless Family Child Care/Parent Support Project was launched in 1992 as the first program of its kind in the state. It currently offers part-time preschool and school-age care to homeless children, which benefits the children as well as their parents who use the time to pursue education, health care, employment, or housing. The Project intends to expand to full-time services for children and to implement additional parent education and family support resources. Both the children's and parents' curricula include a violence prevention component. Funding for the Project comes from the state's Family Housing Intervention Network, which focuses on homelessness prevention.

Contact: Child Care Resources, 127 East Main St., Suite 314, PO Box 7038, Missoula, MT 59807, (406) 728-6446.

# VII. Ongoing Debates and Challenges for the Future

## The Nature of Homelessness

Debates about the causes and consequences of homelessness — as well as possible solutions for homelessness — have grown even more heated as a result of the "new homeless," primarily families with children. As this paper has discussed, disagreements continue about nearly everything from the definition of homelessness, to the number of homeless people, to whether emergency or long-term services should be at the forefront of the service agenda.

A particularly strong disagreement exists about whether a lack of affordable housing is the ultimate explanation for increased homelessness; of course, the answer greatly affects the design and implementation of policies and programs designed to combat the problem. McChesney argues that "homelessness is about the lack of residential options" and that "as long as there is a shortage of housing units that are affordable to the poor, there will be homeless families and homeless children" (1993, p. 376). Although this is accurate, most people who become homeless were at one time able to afford housing. Homelessness is rarely caused because one suddenly loses his or her home, but it is often the result of employment-related and other "situational" conditions. Although tight housing markets make locating and keeping permanent housing difficult for low-income families, families rarely become homeless due solely to a rent increase. However, the high cost of housing can be a major impediment to finding housing once one becomes homeless and has little if any stable financial support.

As the causes of homelessness multiply, so does the proportion of the population that suffers from it. The ongoing debate about causes of homelessness only bolsters the argument that the causes are numerous and need to be addressed simultaneously. If lack of affordable housing is a common barrier to regaining self-sufficiency, eviction prevention (and therefore homelessness prevention) mechanisms must be expanded. As Bassuk (1990) contends:

> lacking shelter is only one dimension of homelessness . . . Although
> economic factors, including the severity of the low-income housing crisis
> and inadequate welfare benefits, are enough to explain homelessness, we
> must also be attuned to the social and psychological needs of the families.
> Otherwise, once housed, the quality of life of these families will remain
> severely compromised (pp. 428,433).

Due to the recent economic stresses, such as increased layoffs and downsizing, homelessness has begun to be seen as a problem that all classes of people might experience. Homelessness is no longer perceived as a problem only for the lazy, mentally ill, or substance abusing. As the homeless population changes, the policy strategies to alleviate and prevent homelessness should likewise adapt.

## Responses to Homelessness

This report's review of federal, state, local, and community efforts to address homelessness, particularly among families, yields the following observations:

- At the federal, state, and local levels, there is a serious lack of coordination and connection between family policy (or welfare policy) and housing policy. While the responsibilities within these policy areas overlap extensively, their services and programs do not.

- There is a lack of communication and interaction between housing service providers, who tend to stress the importance of available housing units, and support service providers, who pay exclusive attention to service needs, such as substance abuse and mental health counseling, or to the failings of the welfare system.

- Policies and programs concerning homelessness may apply to homeless families as well as individuals, but few are designed to address the particular issues families face, such as schooling for children and needs for multi-room housing.

- Despite their proven success, prevention services are all but ignored by policymakers. As Weinreb (1993) argues, "providing shelter and services to families after they have become homeless, rather than intervening before the event, results in unnecessary suffering and a greater expenditure of resources" (p. 407).

- Policies and program at all levels of government continue to stress addressing families' short-term needs while neglecting the potential benefits of long-term solutions.

Two kinds of self-sufficiency — economic and emotional — are necessary for a family to avoid or escape homelessness. While economic self-sufficiency is materially all that is needed to maintain a residence, many homeless people have lost their economic self-sufficiency as a result of losing emotional self-sufficiency. The reverse can also be true. Understandably, then, programs that offer homeless families housing assistance and accompanying support services appear to be the most reliable and successful. This is why transitional housing programs are so valuable. Some critics argue that homeless people should be able to move directly from shelters into independent, permanent housing. But without a support system in place — whether in the form of a savings account or a social network — the phrase "a paycheck away from homelessness" is all too true for the most at-risk families. Most housed families and individuals who "live from paycheck to paycheck' actually could go without several paychecks if necessary because they have support systems — both formal and informal — that could help them temporarily until they regain economic self-sufficiency. But homeless families have often exhausted friendships and family members who are part of their support system; they need the help of a homeless prevention mechanism until they can

rebuild their systems. As Carling suggests, "supported housing is organized around three central principles: (a) consumers choosing their own living situations; (b) consumers living in normal, stable housing, not in mental health programs; and (c) consumers having the services and supports required to maximize their opportunities for success over time" (Carling, 1990, p. 973). While the debate continues about the appropriateness of independent living for some segments of the homeless population, many families benefit from transitional housing programs.

Crises requiring immediate attention undoubtedly must be addressed. But crisis intervention does not need to come at the expense of services that promote the continuity necessary for homeless families to become self-sufficient instead of permanently dependent on temporary benefits. Transitional housing that emphasizes independent living but provides support services for a discrete period of time is a logical step towards permanent self-sufficiency.

## Challenges for the Future
Families are the fastest growing homeless population in the United States, and services to homeless families have not kept up with demand. According to the 1995 U.S. Conference of Mayors Survey, 24 percent of families who requested shelter were turned away (p. 59). Services for homeless families are more costly than prevention, begging the question as to why prevention programs are not more widely supported. Homelessness prevention programs are desirable precisely because homelessness is rarely the result of one event but stems from a culmination of problems and issues that have come to a head.

Future policy on homelessness should be forged in three arenas. First, the growing visibility of homeless people, particularly families, should affect public perception and political sentiment and, thereby, influence policymaking and program funding. However, it remains unclear whether heightened awareness of homeless families will lead to enhanced or curtailed efforts to assist them. Second, foundations and other grantmakers indirectly impact policymaking with their funding trends and decision-making processes. Third, well-established, nonprofit organizations in both the service delivery and advocacy realms have been vocal regarding the plight of the homeless and efforts to alleviate homelessness and should continue to be the major source of current reform efforts.

The greatest challenge facing both policymakers and service providers is how to increase the stock of affordable housing while providing ongoing support services for homeless families who are likely to remain fragile even after they are housed. Finding homeless people a new home might make them temporarily "unhomeless," but it will not guarantee that they stay housed, particularly if they have a history of substance abuse, sporadic employment, poor financial management, or other conditions and circumstances not corrigible by the presence of a home. Difficulties accompany a new home if one is not ready either financially or emotionally for independence. Strong research and program evaluations, bolstered by the experiences of homeless families themselves, provide convincing

evidence that nothing short of full integration of housing and support services will accomplish long-term, sustainable self-sufficiency for homeless families — and, thereby, the alleviation of family homelessness.

## VIII: HIGHLIGHTS OF THE SEMINAR

Held Friday, September 13, 1996, 902 Hart Senate Office Building, Washington, DC.

### Introduction

Theodora Ooms, executive director of the Family Impact Seminar, welcomed the panelists and audience to the third in a series of Capitol Hill seminars on housing, community development, and homeless families funded by the Annie E. Casey Foundation. She introduced Jenni Weinreb, a public policy consultant and author of the seminar's background briefing report, as the moderator. A recent graduate of the Kennedy School at Harvard, Weinreb once worked for the Arlington-Alexandria Coalition for the Homeless.

Weinreb said there are two reasons why the Family Impact Seminar included a seminar on homeless families in a series on housing and community development: (1) families are fast becoming the greatest subset of the homeless population, and (2) homelessness is often left out of discussions of welfare reform, community development, and affordable housing. As the background briefing report suggests, homeless families and individuals need more than just housing; they need adequate support services to obtain and maintain housing and self-sufficiency. She noted that the panelists will describe public and private programs that are attacking homelessness from many fronts: crisis intervention, long-term assistance, counseling, housing, and support services.

### Dennis Culhane

Culhane, an associate professor at the University of Pennsylvania, has researched homelessness for ten years. He is currently working on two major projects: the New York Neighborhoods Program for the Edna McConnell Clark Foundation and a collaborative project between the Departments of Housing and Urban Development and Health and Human Services. He presented his research on the causes of first-time and repeat homelessness for families and on the characteristics of neighborhoods with high concentrations of homeless families.

The first of two studies he described was just completed two weeks prior to the seminar; it shows the number of people who experience homelessness in two large cities, New York City and Philadelphia, both of which systematically register every person who uses a shelter. Generally speaking, studying the dynamics of homelessness — how many people become homeless, how many are repeat homeless, how long the typical episode of homelessness lasts — is very difficult, but New York and Philadelphia have developed valuable accounting systems that track homeless people using public shelters.

In a previous study, Culhane found that 250,000 people had stayed in a public shelter in New York between 1988 and 1992. He found that roughly 1 percent of the New York population and 1 percent of the Philadelphia population were homeless in a

one-year period. The proportion grows to about 3.5 percent over a five-year period. However, among African-Americans, about 8 percent in those cities were homeless in a three-year period.

His recent study (see Table 2 in Appendix III) shows that 0.97 percent of New York's population were homeless last year, a 10 percent decline from 1990. In fact, the homeless rate among single men in New York City has dropped by 30 percent since 1990. Culhane summarized some of the study's other findings, presented here for the first time:

- About 5 percent of the poor population in New York was homeless last year.
- The younger you are, the more at risk you are of homelessness. One out of every ten poor children in New York City stayed in a public shelter at some time last year.
- Sixteen percent of poor, African-American children under the age of five were homeless at some point last year — that's about one out of every six poor, black children in New York City.
- The adult population with the highest rate of homelessness (12 percent) are women in their 20s, most with young children.
- Among men, one out of every five poor, black men in their 30s and 40s accessed a shelter in New York City last year.
- The situation is similar in Philadelphia (see Table 3 in Appendix III) — nearly 9 percent of poor children (and 12 percent of poor, African-American children) in Philadelphia were in a shelter last year. Twenty percent of poor, African-American men in their 30s and 40s were homeless in the city last year.
- In Philadelphia, the rate of homelessness among families has gone up 58 percent since 1992 — among children the rate went up about 80 percent, among adults, 28 percent.
- The younger one is, the higher the risk of being homeless. The risk drops considerably after one turns ten, and then increases for those in their 20s and 30s, and then it drops off again. Older people have a very low likelihood of being homeless.

What are the causes of homelessness? When researchers seek to understand the causes of homelessness, they interview homeless people to learn what about them explains their homelessness. However, Culhane found that studies failed to show many significant behavioral differences between housed and homeless AFDC recipients, for example. So, rather than study homeless individuals, he focused on learning what kind of housing and what neighborhoods homeless people come from. His study, "Where the Homeless Come From," compares the distribution of poverty in New York City and Philadelphia with the distribution of homeless families' prior addresses. Culhane and his colleagues found that poverty is only a moderate predictor of homelessness. While both cities have large areas of poor neighborhoods, only very specific pockets are homelessness-producing neighborhoods. In fact, about 70 percent of the homeless families in both of these cities come from only three neighborhoods.

These homelessness-producing neighborhoods are the most severely distressed housing markets and the most racially and economically isolated neighborhoods in both cities. The strongest predictors for creating homelessness are the percentage of African-Americans in the neighborhood and the percentage of poor people. That is not much of a surprise, according to Culhane, because most homeless are African-American. What other characteristics do these neighborhoods share?

- They are the lowest-rent neighborhoods in the city, meaning that tenants can't move anywhere more affordable.
- Even with low rents, housing takes a higher percentage of families' incomes, meaning that they often have to double-up housing with other families.
- However, there is no lack of housing in these neighborhoods. In fact, one of the other strong predictors for homelessness-producing neighborhoods is high vacancy rates. Families are crowded in doubled-up apartments with empty units next door.
- And when landlords cannot fill most units in their buildings — and the rest are inhabited by very poor, distressed, and frequently doubled-up tenants — they are more likely to neglect and abandon their properties. These neighborhoods have the highest rates of abandonment. In a sense, homelessness is as much about homes without people as people without homes, said Culhane.
- In Philadelphia, building abandonment was the best predictor of areas generating homelessness.

Culhane predicted that these neighborhoods would suffer further under federal housing cuts and welfare reform. He identified Aid to Families with Dependent Children (AFDC) as the single largest housing subsidy to landlords in the United States. Decreased welfare benefits will reduce the amount of money going into these communities, increasing the distress in their housing markets. Housing deterioration and abandonment will increase, as will homelessness.

Although his studies show that many families become homeless at least once, only about 20 percent of these families will have a readmission to a shelter once they leave. Because if a family gets a housing subsidy or a housing placement, they are unlikely to return to the shelter system. However, cuts in housing programs, including Section 8, reduce the number of discharge possibilities for people and increases the pressure on emergency housing systems to have higher capacity. He concluded by saying that the Clark Foundation's neighborhood-based homelessness prevention strategy makes more sense than increasing the size of the shelter system.

## Sally Koblinsky

Sally Koblinsky, chair of the department of family studies at the University of Maryland, studies the impact of homelessness on children, as well as the relationships within homeless families, particularly how family relationships ameliorate the effects of homelessness. She just received a grant to do a three-year study on the impact of violence on children and communities. In her presentation, she described the history of homeless policy for families, and reported on her research on the impact of homelessness on children.

Koblinsky noted that the Institute of Medicine estimates that there are at least 100,000 homeless children on any given night in the United States. The fact that the vast majority of homeless families are headed by women — half with children under six — reflects the special vulnerability of single mothers who have young children and need child care to work. It also indicates that older children often are separated from their families when they lose housing, she added. In fact, many shelters serving women exclude boys over 12. Today's homeless families typically experience many hardships before they end up in homeless shelters, including extreme poverty, frequent moves and doubling-up with families and friends in overcrowded dwellings, loss of personal possessions, disruptions in social networks, and breaks in children's schooling. Such hardships are not easily corrected by the shelter system, she noted.

Koblinsky offered two case examples from the five-year study she and Elaine Anderson have been conducting on homeless families in the Head Start Program. Four-year-old Antonio came to Head Start from an emergency shelter after living in three doubled-up apartments in the previous four months. He attends preschool sporadically and is usually tired and hungry when he arrives. Antonio has difficulty sharing with other children, often hitting classmates when they try to take a turn with a toy. Keisha came to Head Start with severe language delays and clings to teachers much of the day. The teachers try to give her individual attention, because they know her mother is too stressed-out to meet many of her needs. Keisha's sister, a third-grader, has already repeated a grade in school and has problems relating to peers, who tease her about where she lives.

Among the negative impacts of homelessness on children that Koblinsky identified:
- Overcrowded shelters contribute to high rates of infectious illnesses and other health problems. Homeless children have less access to health care, and are less likely to have up-to-date immunizations, than low-income, housed children.
- Children who live in urban environments, such as New York City, Boston, Baltimore, and Seattle, have much higher than average incidences of upper-respiratory infections, skin disorders, anemia, untreated ear infections, and elevated levels of lead in their blood.
- In a Baltimore study, homeless children had very low intakes of dairy products and fruits and vegetables, and low intakes of grains. A third of the sheltered homeless preschoolers went to bed hungry several times a month.
- Homeless children are also likely to lag behind their peers in cognitive, motor, and social emotional development. Dr. Ellen Bassuk's pioneering research found that homeless children in Boston, from infancy up through the high school years, had significantly more developmental delays than a matched group of chronically poor housed children. Only 37 percent of a group of homeless preschoolers in Baltimore, and only about 50 percent of a group of school-aged children in St. Louis, were developing at appropriate age level according to national norms. However, other studies in New York City and Los Angeles

have found high rates of developmental delays in both homeless and chronically poor children, suggesting that stressors besides homelessness are involved.

- Because homeless parents must expend their financial, physical, and emotional resources to meet basic human needs, it leaves them little time to nurture or support their children. At the same time, the shelter environment, with its confined space, lack of privacy, and often very arbitrary rules, makes it difficult for mothers to establish order and family routines. As a result, mothers may adopt a heavy-handed, authoritarian style of behavior management with their children or, alternately, a permissive, anything-goes style that gives them little or no control over their children's behavior. In some homeless families, elementary school children and even preschool children take on a mothering role with their younger siblings.

- In a study of emergency and transitional shelters in the Washington, DC, and Baltimore area, Koblinsky and Anderson found that homeless mothers provided less warmth, praise, and acceptance to their children, less learning and academic stimulation such as reading to children or even questioning them about their day, and less variety in social experience such as taking a child to the grocery store or to a park than a sample of chronically poor mothers who were permanently housed and had their children in the same preschool.

- Parents and teachers report that homeless children exhibit higher than average rates of behavior problems, such as short attention span, aggressiveness, extreme shyness, and regressive behaviors like bed-wetting, as well as sleep disorders. School-age homeless children may also develop depression, eating disorders, and school phobias. One study found that homeless boys are more likely to show externalizing behaviors such as fighting and acting out, while homeless girls are more likely to show internalizing behaviors such as depression and withdrawal.

- Stress-related disruptions in the parent-child relationship such as those caused by homelessness have serious implications for children who need parent support and monitoring to develop a positive sense of self, secure attachments, and social competence.

- Due to the instability of homeless life, homeless children have significantly poorer school attendance, perform less well in reading, math, science, and spelling, are more likely to attend special education classes, and are more likely to repeat a grade than their permanently-housed peers. The higher rate of grade retention is of special concern, because retention is strongly related to poor self concept, school adjustment problems, and dropping out of school. Many homeless children must also daily confront negative stereotypes, ridicule, and rejection by classmates and teachers.

Koblinsky then summarized the federal government's response to homelessness. In 1987, Congress passed the Stewart B. McKinney Homeless Assistance Act, the first comprehensive legislation to assist the homeless, which authorized spending for many programs that would benefit homeless families, including temporary shelter, job training, health and mental health services, and education for children and adults. Three years later, amendments to the McKinney Act expanded the concept of shelter beyond emergency facilities and funded supportive services, such as

longer-term transitional housing, child care, and job counseling. The Clinton Administration has espoused a "continuum of care approach' that attempts to link federal programs with local agencies, shelters, and schools to bring homeless children and families from the streets into emergency shelters, then to transitional housing if necessary, and then on to permanent housing and independent living.

The original **McKinney** Act provides considerable protection for the educational rights of homeless children, and subsequent revisions of the act require school districts to be more responsive to homeless students' needs. States must integrate homeless children into existing public schools and guarantee their equal access to free, appropriate services, such as Chapter I, school meals, transportation, vocational ed, and special programs for the gifted, disabled, and bilingual. Although the **McKinney** Act has produced noteworthy progress, several barriers continue to impede homeless children's regular school attendance and academic success, including the frequent movement between schools, questions about district residency, delays in transfer of records, difficulty in obtaining school clothes and supplies, and transportation problems. In addition, schools often delay assessments of homeless children, and teachers have low expectations of homeless children's schoolwork.

Policymakers have begun to recognize the need to provide educational interventions for homeless children at the preschool level. For example, in 1992, the Administration for Children, Youth, and Families alerted Head Start grantees about the need to design strategies for recruiting and enrolling homeless preschool children in Head Start. Previously, many Head Start programs and other child care programs had not admitted homeless children because programs could easily fill their slots with housed children who would remain the entire year. In 1993, Head Start funded 16 three-year demonstration projects — including the Bright Beginnings Program in the District and Baltimore City Head Start — to increase homeless children's participation. These programs have employed a number of successful strategies to serve homeless children, including hiring a full-time family service worker to deal with the families' emotional and other needs, providing flexible full-day programs, arranging transportation to the center, offering parent education, and helping the child transition into a new child care program or public school. The Bright Beginnings program has an active group of homeless parents who plan educational programs and have become very effective advocates for their children. Head Start and other preschool programs can identify and treat homeless children's developmental delays, and emotional problems can be recognized and treated at an early age. Nevertheless, a shortage of federal, state, and local funding continues to restrict the number of homeless children served, according to Koblinsky.

Because the problems that homeless children face are so complex, no one school system or agency can solve them alone, said Koblinsky. Schools should allow children to stay in the schools when they change shelters, minimize delays in transfer of records, provide immediate remedial or enrichment services, offer

counseling and support, and train school personnel to be more sensitive to the needs of homeless families. Shelters, transitional programs, and family support centers should provide parent education and help families build or reactivate social support networks. Homeless housing programs should work to establish environments that foster family intimacy, family pride, and regular family routines. Social service providers can also offer tutoring programs and teach mothers simple age-appropriate strategies to nurture children's learning. Providing occasional babysitting relief can also help homeless mothers to recharge themselves emotionally and become better parents. Overall, there is a need for improved communication and collaboration among schools, shelters, health agencies, and the many other agencies that work with homeless families. She concluded by noting that she and her fellow researchers need to identify the educational and social service interventions that work for homeless children, helping them to acquire positive coping skills and to develop their talents and abilities.

## Cynthia Wilson

Wilson is the founding executive director of the Arlington-Alexandria Coalition for the Homeless (AACH) in Arlington, Virginia, which was created in 1986. AACH programs include Adopt-A-Family, a program for formerly homeless families, many of whom come from the shelter; Sullivan House, a short-term shelter; LifeWorks, an employment counseling program; and SKIT, Support for Kids in Transition, for children living at the shelter. Recently, AACH began implementing a homelessness prevention program in the Arlington and Alexandria areas. Wilson described the lessons she's learned from providing comprehensive transitional services to families with the goal of promoting independent living and achieving self-sufficiency.

Wilson said she recently realized that AACH has been creating a continuum of care and doing welfare reform for years because that's what her clients have needed. Policy has begun to catch up since she created the Adopt-A-Family program, which focuses on transitioning services rather than housing, in the late 1980s. Wilson said she'd offer a view from the trenches.

AACH started when Arlington County purchased a small, six-unit apartment building with the hope that it could provide people with temporary post-shelter housing while they saved up money for a security deposit and first month's rent elsewhere. After working there for about two months, Wilson realized that her two-person staff was not going to be enough. For instance, since some of the residents were victims of domestic violence, she needed a night-time staff person.

Soon, Wilson realized that her residents needed help saving money. She could find no models, so she developed a mandatory client escrow account. She opened joint bank accounts and would collect money from the clients — as much as 80 or 85 percent of their welfare checks.

Realizing that housing was not the only problem these families faced, AACH began developing other programs, including:

- Churches adopted-families, helping them move into private rental apartments by paying part of their rent — perhaps $200 a month for six months. Church members also became volunteer case managers, trained by AACH.
- Professional case management and additional supportive services paid for by funding from churches and corporations.
- Adopt-A-Family, a scattered site program, grew out of a philosophy that the first order of business is to get people into stable, private housing of their own choosing, then work on their other problems. Wilson is not a fan of institutionalized transitional housing, except for special needs families who require services or supervision. Last year, Adopt-A-Family received a HUD grant to expand the program significantly.
- Started in 1990, the LifeWorks program, an on-site employment office, is where AACH was doing welfare reform.
- AACH's children's program, Support for Kids in Transition (SKIT), is staffed almost completely by volunteers, with a part-time coordinator who works only ten hours a week. Among the SKIT activities are field trips, although it's more a recreational than educational program.
- The state of Virginia has developed the Homeless Intervention Program (HIP), which targets those who are employed but have fallen behind on their rent and are at risk of becoming homeless. AACH's new prevention program seeks to reduce recidivism among their own clients. For instance, AACH serves over 500 clients a year; many come back to the AACH employment center after they have housing because they feel more comfortable there than in a publicly-funded, publicly-operated employment center.

Wilson offered insights about housing and welfare policy from her decade of experience working with homeless families:

- There has to be more focus on training and education of these mainly single-parent families headed by women, many of whom don't even have a GED. Welfare reform won't work if these women are simply going to get jobs scrubbing toilets.
- Child care is an absolute necessity. Wilson's families would not be able to work without it.
- Wilson is concerned about what happens to families when they reach their welfare benefit time limit but haven't found sustained employment or housing.
- Accessible out-patient substance abuse and mental health counseling, including counseling for parenting, child behavior, and marital problems, is critical. AACH has been able to get free, in-home counseling services from Catholic University interns, but has no funding stream to support it.
- Transportation remains a significant barrier for many young mothers trying to get around to find jobs.
- "We also must get creative with how we're addressing the family planning issue," she added. Although Wilson does not believe that women have children

to receive additional welfare payments, she has offered gift certificates to mothers
for every year they're in the program without having another child.
- The relationships that staff build with homeless client families are what really
makes the difference, according to Wilson. "We must stop making these shelters
police states."

Wilson concluded by noting that one of AACH's client families was recently
featured on NBC's "Dateline" and in People magazine for making the transition
from homelessness into a Habitat for Humanity House.

## Discussion

A representative from a state homeless services program asked if the panelists had
any information about suburban and rural homeless families. Culhane said that he
has not studied non-urban homelessness although his geographic mapping method
could be applied in any area. He warned that studying service use patterns may not
give the information you need to target underserved populations and areas.

Another attendee asked if there was any movement to expand Head Start for
homeless children to include family support and resource services for homeless
families. Koblinsky noted that in Baltimore family support centers have linked up
with some of the transitional shelters to offer parent education programs and other
activities to homeless parents. New Head Start guidelines will include recruiting
homeless children. She added that churches and community agencies, like
Community of Hope in DC, have developed tutoring programs and computer
centers for homeless children. Wilson said that AACH relies on its more than 200
volunteers to provide support services, which are not funded. She would like to see
more involvement from public mental health centers to address the more serious
mental and behavioral health problems of homeless families.

An audience member from a community family support organization asked about
prevention activities and about centralized referral centers for homeless families in
crisis. Wilson's prevention program encourages former clients to ask for help
before they reach a crisis. Many stay connected through the employment center. If a
family is in danger of eviction, AACH will not just give them money but will
require that they work with a case manager for a minimum of three months to
address underlying employment or household budgeting problems. The state of
Virginia runs successful larger-scale prevention programs, but Wilson finds that
most of her clients would not qualify for those programs. So there is a need for a
different style of prevention program. She believes we have a long way to go to
achieve a whole continuum of care, including prevention. Culhane added that his
research on the magnitude of homelessness and its concentration in very specific
neighborhoods shows that building more shelters is not the answer. Shelters do
nothing about the underlying problems in the communities that are driving
utilization in the shelter system. Services should be available to families before they
reach the need for a shelter, otherwise we are incentivizing the use and creation of
segregated institutions for poor people. This research has led the Clark Foundation

to invest in working with community groups to improve the housing conditions in those at-risk neighborhoods proactively. Unless policymakers work with the communities, shelters are going to become meccas of back-end social service provision, and the underlying problems will not be addressed.

Koblinsky said that she found that Head Start family service workers did not really understand homelessness, because families were reluctant to talk about their own doubling-up and homelessness crises. She and her colleagues have added questions about housing to Baltimore's Head Start intake form and trained family service workers to identify at-risk families. The staff can then connect these families with community groups or churches that could loan them the money for a months rent.

Another seminar attendee asked Culhane whether it was better to help families get out of these at-risk neighborhoods. Culhane agreed that it is smart to employ both economic development strategies in poor communities and access to opportunities outside of poor communities.

Wilson was asked to say more about offering homeless mothers incentives to not have additional children — particularly to describe how the community responded. Wilson said her incentive program was one of her best-kept secrets. She reiterated that she doubted that a few extra welfare dollars encourage women to have repeat pregnancies, but she was not shy about asking "What's it going to take?" Because Wilson believes that AIDS should be as big a public health concern as additional pregnancies, she's considered putting a jar of condoms on every table in every shelter unit (which she admitted would be easier for her than others since she's a small, private non-profit). She was surprised that when she offered a gift certificate to Nordstrom's for going one year without becoming pregnant, women would bring her certificates saying that they'd had their tubes tied.

Ooms asked Nancy Roob, director of the New York Neighborhoods Program at the Edna McConnell Clark Foundation, to describe Clark's new prevention program. Building on Culhane's research, which Clark also funded, the foundation refocused their grant-making program on homelessness prevention community-building efforts in the South Bronx and Central Harlem. The Neighborhood Partners Initiative supports comprehensive homelessness prevention in targeted one- to five-block neighborhoods where the population size is between 2,000 to 4,000 families. In each neighborhood, a lead community-based organization coordinates a comprehensive effort aimed at addressing four broad goals: (1) the improvement of overall housing conditions in those neighborhoods, (2) increased economic opportunity for residents who are living in those neighborhoods, (3) increased resident leadership capacity to make changes in individual lives, as well as community life, particularly among young people, and (4) the strengthening of overall community fabric within those neighborhoods. Roob mentioned the work of one of these community-based groups, Community Pride, which focused on one block, 119th Street between Lennox and Fifth Avenue in Central Harlem — one of

the ten highest homelessness-producing blocks in New York City. Community Pride has made great progress in just two years, she said.

A representative from a local child welfare agency noted that the Commission on Neighborhoods, appointed by President Carter, recommended in 1979 that to forestall the coming homelessness crisis the nation must rebuild communities with social services. Today, the child welfare field is talking about how to get back out into the community and be part of that movement. She said she worries that homelessness is going to become institutionalized in the same way that the child welfare system has become institutionalized. Even if the nation says "the poor need to stop having babies," the poor will still need housing, she contended. Culhane responded that he believes the federal government has begun to provide significant leadership around the notion of a continuum of care, helping communities develop coherent strategies to combat homelessness. Understandably, communities have always just followed the federal money — first in creating shelters, then transitional housing. However, he added, any recent gains may be swamped by new demand in the face of federal and state welfare cuts — which will put policymakers and providers back into the crisis mode. Koblinsky agreed, citing the shift in HUD's homeless spending from emergency-type shelter to transitional housing and supportive services between 1987 and 1995. And the new SuperNOFA grants in this HUD funding program require community planning and coordination with child care and educational programs to address gaps in local continuum of care systems.

A questioner from a policy think tank asked how much is known about helping severely distressed families build capacity to be better parents, have stronger family functioning, and move into job situations. Wilson has found that the most effective ways of dealing with parenting is in small support groups led by a facilitator. But, for severely distressed families, Wilson has had to rely on the local mental health department, which has been slow to respond. Koblinsky said that parents often want classes on quite different topics than the programs offer, so the programs must fit in important information on issues such as child discipline or behavior management. The key is to give the parents the leadership of the group. Often it is a good idea to offer opportunities for fun and for building family intimacy and pride, like making holiday decorations. She added that homeless parents often need to be empowered to advocate for their children in the schools.

A representative from the federal Children's Bureau asked about replicating and disseminating Culhane's work. Culhane said he is developing a software program, the Anchor System, that permits cities to network their social service providers and their shelter providers to share client information, with appropriate protections for client confidentiality and with complex levels of authorization. With this software, policymakers will be able to tell who is using what services for how long, what the service population's characteristics are, and what the service intervention outcomes are. Most of the cities that are using the software are attaching programs that will search for services by geographic areas. He and his colleagues are testing this software in 16 cities, from New York to Savannah, and will add another 30 or 40

cities this fall. He expected to have a complete version of the software for distribution in October. He noted that support from HHS and HUD was critical to the software development. For more information about Anchor System, contact Joe Henry, Project Manager, University of Pennsylvania, (215) 662-2813.

An attendee asked Culhane to explain why the number of sheltered homeless men in New York City was down by 30-40 percent. Culhane said it's the only subset of the homeless population with a very significant decline. He attributes it to the 11,000 units of supported housing the city built since 1990 for special-needs populations — 5,000 units for people with serious mental illness and 6,000 units for people with AIDS. He added that the decline merits further study.

The final questioner asked if the predominantly non-profit housing organizations that run homeless programs are linked formally or informally with local public agencies, like the departments of social services, child welfare, or public housing. Koblinsky responded that in Baltimore there has been an attempt to work with the Mayor's Office of Homeless Services to provide case management, but that it did not work perfectly. Case management is important because many of these families end up with three or four different case managers for various services. From the provider perspective, Wilson said she would link with anyone — including Habitat for Humanity. Recently, AACH has worked with the City of Alexandria to help their clients move into home ownership.

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# APPENDIX I: ORGANIZATIONAL RESOURCES

In addition to local and state organizations and programs that provide services directly to homeless families and individuals, many (mostly national) organizations provide legal, educational, and other types of assistance. A selection of these are listed below:

American Bar Association Commission on Homelessness and Poverty
1800 M Street, NW
Washington, DC 20036
(202) 331-2991

Families for the Homeless
National Mental Health Association
1021 Prince Street
Alexandria, VA 22314
(703) 684-7722

Legal Services Homelessness Task Force at the National Housing Law Project
122 C Street, NW, #680
Washington, DC 20001
(202) 783-5140

National Alliance to End Homelessness
1518 K Street, NW, #206
Washington, DC 20005
(202) 638-1526

National Coalition for the Homeless and the Homelessness Information Exchange
1612 K Street, NW, #1004
Washington, DC 20006
(202) 775-1322

National Health Care for the Homeless Council
P.O. Box 68019
Nashville, TN 37206-8019
(615) 226-1656

National Law Center on Homelessness and Poverty
918 F Street, NW, #412
Washington, DC 20004
(202) 638-2535

National Low Income Housing Coalition
1012 14th Street, NW, #1200
Washington, DC 20005
(202) 662-1530

National Resource Center on Homelessness and Mental Illness Policy Research
    Associates, Inc.
262 Delaware Avenue
Delmar, NY 12054
(800) 444-7415

## APPENDIX II: FUNDING LEVELS OF SELECTED FEDERAL PROGRAMS TO ASSIST HOMELESS FAMILIES AND INDIVIDUALS **(FYI991 - FY1993)**

**(appropriations in millions)**

| Program | FY 1991 | FY 1992 | N 1993 |
|---|---|---|---|
| Emergency Shelter Grant Prog | $73.2 | 73.2 | 50.0 |
| Supportive Housing Prog | 150.0 | 150.0 | 150.0 |
| Shelter Plus Care | 0.0 | 110.5 | 266.0 |
| Homeless Families Supp Servs Demo | NA | 5.5 | 6.9 |
| Mental Health Research on Homeless | 0.9 | no grants | NA |
| Health Care for Homeless Grant Prog | 50.9 | 56.0 | 58.0 |
| Health Care for Homeless Children | none | 3.0 | |
| PATH | 33.1 | 30.0 | 29.5 |
| Housing for People with AIDS | 211.0 | 203.0 | NA |
| Adult Education for the Homeless | 9.8 | 9.8 | 9.6 |
| Educ for Homeless Children & Youth | 7.2 | 25.0 | 24.8 |

Note: Other federal programs, like Medicaid and Head Start, also serve homeless people; however, the amount of their spending that is targeted to homeless people is not available.

Source: Interagency Council on the Homeless, Federal Programs to Help Homeless People, 1993.

# APPENDIX III: CHARTS FROM CULHANE'S PRESENTATION

| Table 2- 1995 NYC Sheltered Homeless Population as a Percent of the Overall 1990 NYC Population, Separated by Sex, Race/Ethnicity, and AgeGroup | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **MEN** | | | | | | | |
| | White | | Black | | Hisp. | | Total | |
| Age | Overall | Poverty | Overall | Poverty | Overall | Poverty | Overall | Poverty |
| 0-4 | 0.17 | 1.39 | 5.681 | 15.921 | 3.26 | 7.5 | 2.9 | 9.67 |
| 5-0 | 0.09 | 0.55 | 3.3 | 9.93 | 1.78 | 3.97 | 1.6 | 5.17 |
| 1u-17 | 0.05 | 0.38 | 1.511 | 5.41 | 0.961 | 2.251 | 0.81 | 2.93 |
| 18-29 | 0.16 | 1.76 | 1.51 | 6.19 | 0.96 | 3.96 | 0.73 | 4.17 |
| 30-39 | 0.3 | 3.89 | 3.71 | 19.57 | 1.46 | 7.66 | 1.37 | 10.01 |
| 40-49 | 0.41 | 5.6 | 3 | 19.16 | 1.34 | 6.22 | 1.23 | 9.54 |
| 50-61 | 0.28 | 5.09 | 1.64 | 10.08 | 0.76 | 3.9 | 0.66 | 5.92 |
| 62+ | 0.07 | 1.02 | 0.51 | 3.411 | 0.24 | 0.99 | 0.16 | 1.51 |
| total | 0.2 | 2.41 | 2.53 | 10.96 | 1.32 | 4.58 | 1.06 | 6.01 |
| | **WOMEN** | | | | | | | |
| | Whitt | | Black | | Hisp. | | Total | |
| Age | Overall | Poverty | Overall | Poverty | Overall | Poverty | Overall | Poverty |
| 0-4 | 0.17 | 1.38 | 5.44 | 16.34 | 2.75 | 6.26 | 2.65 | 9.06 |
| 5-9 | 0.11 | 0.76 | 2.991 | 9.05 | 1.86 | 4.011 | 1.65 | 5.19' |
| 110-17 | 0.07 | 0.64 | 1.51 | 4.881 | 0.991 | 2.23 | 0.89 | 3 |
| 18-29 | 0.081 | 0.9 | 3.16 | 12.28 | 1.9; | 5.431 | 1.481 | 6.97 |
| 30-39 | 0.08 | 0.93 | 2.171 | 9.2 | 0.98) | 2.87 | 0.9 | 4.59 |
| 40-49 | 0.08 | 1.18 | 0.97 | 5.37' | 0.45 | 1.48 | 0.43 | 2.59, |
| 50-61 | 0.07 | 0.8 | 0.32 | 1.77 | 0.2 | 0.73 | 0.17 | 1.1 |
| 62+ | 0.07 | 0.09 | 0.09 | 0.31 | 0.06, | 0.17 | 0.03 | 0.18 |
| /total | | 0.65 | 1.99 | 7.791 | 1.18 | 3.25 | 0.88 | 4.181 |
| | **TOTALS** | | | | | | | |
| | White | | Black | | Hisp. | | Total | |
| Age | Overall | Poverty | Overall | Poverty | rall | Poverty | Overall | Poverty |
| 0-4 | 0.171 | 1.38 | 5.561 | 16.121 | 31 | 6.851 | 2.781 | 9.361 |
| 5-9 | 0.1 | 0.641 | 3.141 | 9.48 | 1.821 | 3.991 | 1.63 | 5.18 |
| 10-17 | 0.06 | 0.5 | 1.51 | 5.11 | 0.97 | 2.24 | 0.85 | 2.96 |
| 18-29 | 0.12 | 1.31 | 2.39 | 9.52 | 1.43 | 4.82 | 1.11 | 5.73 |
| 30-39 | 0.19 | 2.39 | 2.87 | 13.35 | 1.21 | 4.44 | 1.13 | 6.76 |
| 40-49 | 0.24 | 3.37 | 1.88 | 11.07 | 0.85 | 3.2 | 0.81 | 5.45 |
| 50-61 | 0.17 | 2.48 | 0.85 | 4.95 | 0.45 | 1.93 | 0.39 | 2.97 |
| 62+ | 0.04 | 0.34 | 0.23 | 0.98 | 0.13 | 0.44 | 0.09 | 0.55 |
| total | 0.13 | 1.41 | 2.23 | 9.13 | 1.25 | 3.81 | 0.97 | 4.96 |

## Table 3- FY1995 Philadelphia Sheltered Homeless Population as a Percent of the Overall 1990 Philadelphia Population, Separated by Sex, Race/Ethnicity, and Age Group

**MEN**

| Age | White Overall | White Poverty | Black Overall | Black Poverty | Hisp. Overall | Hisp. Poverty | Total Overall | Total Poverty |
|---|---|---|---|---|---|---|---|---|
| 0-17 | 0.21 | 2.04 | 4.88 | 13.62 | 1.3 | 2.13 | 2.35 | 8.64 |
| 18-29 | 0.11 | 0.9 | 1.93 | 7.67 | 0.57 | 2.15 | 0.94 | 5.08 |
| 30-39 | 0.2 | 3.53 | 5.321 | 21.27 | 1.37 | 12.05 | 2.5 | 17.55 |
| 40-49 | 0.18 | 2.251 | 3.84 | 22.56 | 1.33 | 3.3 | 1.77 | 12.58 |
| 50-61 | 0.131 | 2.571 | 1.68 | a.991 | 1.14 | 2.7 | 0.72 | 6.2 |
| 62+ | 0.03 | 0.37 | 0.26 | 1.47 | 0.21 | 0.471 | 0.11 | 0.94 |
| total | 0.14 | 1.6 | 3.32 | 12.83 | 1.06 | 2.58 | 1.49 | 8.29 |

**WOMEN**

| Age | White Overall | White Poverty | Black Overall | Black Poverty | Hisp. Overall | Hisp. Poverty | Total Overall | Total Poverty |
|---|---|---|---|---|---|---|---|---|
| 0-17 | 0.24 | 2.231 | 4.41 | 11.36 | 1.29 | 2.58 | 2.451 | 8.58 |
| iia-29 | 0.13 | 1.06 | 2.89 | 10.04; | 1.11 | 2.33 | 1.41 | 6.42 |
| 30-39 | 0.17 | 2.271 | 2.71 | 8.68 | 0.86 | 2.03 | 1.38 | 6.62 |
| 40-49 | 0.16 | 2.331 | 1.2 | 5.25 | 0.43 | 0.86 | 0.65 | 3.74 |
| 50-61 | 0.12 | 1.25 | 0.42 | 1.95 | 0.11 | 0.27 | 0.251 | 1.5 |
| 62+ | 0.01 | 0.08 | 0.1 | 0.39; | 0.06 | 0.24 | 0.04 | 0.24 |
| (total | 0.13 | 1.21 | 2.36 | 7.91 | 0.84 | 1.86 | 1.14 | 5.36 |

**TOTALS**

| Age | White Overall | White Poverty | Black Overall | Black Poverty | Hisp. Overall | Hisp. Poverty | Total Overall | Total Poverty |
|---|---|---|---|---|---|---|---|---|
| 0-17 | 0.22 | 2.13 | 4.64 | 12.4 | 1.29 | 2.33 | 2.4 | 8.48 |
| 18-29 | 0.12 | 0.98 | 2.43 | 8.99 | 0.83 | 2.26 | 1.17 | 5.8 |
| 30-39 | 0.19 | 2.79 | 3.87 | 13.62 | 1.12 | 4.25 | 1.91 | 10.8 |
| 40-49 | 0.17 | 2.29 | 2.28 | 11.18 | 0.86 | 1.88 | 1.15 | 7.23 |
| 50-61 | 0.13 | 1.7 | 0.89 | 4.36 | 0.47 | 1.14 | 0.45 | 3.18 |
| 62+ | 0.02 | 0.17 | 0.17 | 0.73 | 0.13 | 0.38 | 0.07 | 0.47 |
| total | 0.13 | 1.38 | 2.78 | 9.93 | 0.95 | 2.2 | 1.3 | 6.62 |