

## **Overview of Published Studies on the Characteristics and Needs of Homeless Families**

*Prepared by Ellen Bassuk, Executive Director, National Center on Family Homelessness, 2007*

<http://www.familyhomelessness.org>

Various studies have described the characteristics and needs of homeless families and investigated predictors of family homelessness (Bassuk et al., 1996, 1997; Rog & Buckner, 2007; Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, & Holupka, 1995; Shinn et al., 1998; Weitzman, 1989; Weitzman, Knickman, & Shinn, 1992). These studies describe the typical sheltered homeless family as a single woman in her late twenties with two young children. Many families have never had stable housing, have moved frequently and often live doubled up in overcrowded arrangements (Lowin, Dimeral, Estee, & Schreiner, 2001; Shinn et al., 1998).

### **The Needs of Homeless Mothers**

Studies indicate that homeless mothers face many challenges in addition to residential instability. Many have limited education and work histories (Bassuk et al., 1996; Burt et al., 1999; Lowin, Dimeral, Estee, & Schreiner, 2001; Shinn & Weitzman, 1996). More than 90% of homeless mothers have experienced severe physical and sexual abuse, domestic violence, and random violence (Bassuk et al., 1996; Bassuk, Perloff, & Dawson, 2001; Browne & Bassuk, 1997). Given the pervasiveness of violence, it is not surprising that homeless mothers have higher rates of substance use disorders (Bassuk, et al., 1997; Burt, et al., 1999; Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, & Holupka, 1995) and mental health problems, including major depression, anxiety disorders, and post-traumatic stress disorder (PTSD) when compared to the general female population (Bassuk, Buckner, Perloff, & Bassuk, 1998; Shinn & Bassuk, 2004).

### **The Needs of Homeless Children**

Homeless children also face many challenges. They are often separated from their parents (Cowal, Shinn, Weitzman, Stojanovic, & Labey, 2002; Park, Metraux, Brodbar, & Culhane, 2004) and exposed to violence in their homes and communities (Buckner, Beardslee & Bassuk, 2004). Understandably, many homeless children have physical, emotional, behavioral, and cognitive issues (Rog & Buckner, 2007; Cook et al., 2005). Compared to their housed counterparts, homeless children have more acute and chronic medical problems, four times the rate of developmental delays, three times the rate of anxiety, depression and behavioral difficulties, and twice the rate of learning disabilities. By age eight, one in three homeless children has a major psychiatric disorder. It is not surprising that these children struggle in school. Almost three-quarters perform below grade level in reading and spelling, and about one-third have repeated a grade. Unfortunately, most homeless children do not receive the services they need (Bassuk et al., 1996; Bassuk, Weinreb, Dawson, & Perloff 1997; NCFH, 1999). Despite this profile, recent research using cluster analyses finds that almost half of homeless children who had adequate supports and services were doing well despite the stresses they faced. These findings reinforce that homeless children are a heterogeneous group and that additional subgroup analyses are necessary (Huntington, Buckner, & Bassuk, In Press).

### **What Mix of Housing and Services Works for Homeless Families?**

While there is a large body of research documenting the needs of homeless families, less is known about the types of housing and service models that best address these needs (Bassuk & Geller, 2006; Rog & Buckner, 2007). The studies that have been conducted clearly demonstrate that access to housing subsidies decreases the likelihood of shelter readmission and increases the likelihood of residential stability among homeless families (Shinn et al., 1998; Wong, Culhane, & Kuhn, 1997). Case management combined with other services foster other desired outcomes, such as family preservation and reunification (Nolan, ten Broeke, Magee & Burt, 2005; Philliber Research Associates, 2006; Rog, Gilbert-Mongelli, & Lundy, 1997).

Research also suggests that housing and service models effective for the majority of families (e.g., housing subsidies combined with case management and access to other services) do not work for a subgroup of families with more intensive needs. Sites that participated in the Homeless Families Program offered families with multiple risk factors (e.g., recurrent homelessness, chronic physical or mental health problems, children living apart from the family) a housing subsidy, case management, and an array of other services (Rog & Gutman, 1997; Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, & Holupka, 1995). After 18 months, 15% were no longer stably housed and by 30 months, 20% were not stably housed. Factors that differentiated families that lost housing from stable families included recent pregnancy or birth and history of severe violence. The evaluation findings from the Sound Families Initiative (Bodonyi, Orlando, Yancey, & Lamberjack, 2006) were similar. One quarter of the families did not graduate from these programs and were asked to leave or were evicted. These families had higher rates of domestic violence, mental illness, substance abuse, involvement with child protective services, physical and developmental disabilities, and histories of eviction. The authors concluded that families with intense needs, especially those with both mental illness and substance abuse, often exceeded the capacity of the programs. They suggested that these families might be better served by permanent supportive housing programs that implement a harm reduction model.

Bassuk et al. (2006) describe the high need families often served in permanent supportive housing as “a different although overlapping subgroup of families with more intensive needs than those previously reported in the literature.” Based on a review of 12 programs, they reported that mothers were older, better educated, had a longer history of homelessness, and were more likely to have mental health and substance abuse problems. They were also more likely to have been exposed to trauma, including interpersonal and random violence. Although families were able to maintain housing for over two years, only 30% were employed and 74% relied on public assistance (Bassuk, Huntington, Amey, & Lampereur, 2006).

### **Limitations of Existing Research**

Much of the research on housing and service models is descriptive and lacks methodological rigor. Most studies have not clearly defined the needs of the families and have not investigated the needs of the children or family unit. Many studies have described large, multi-site projects (Nolan, ten Broeke, Magee & Burt, 2005; Philliber Research Associates, 2006; Rog, Gilbert-Mongelli, & Lundy, 1997; Rog & Gutman, 1997; Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, & Holupka, 1995; Weitzman & Berry, 1994), but have failed to describe the nature, intensity, and frequency of services. Few studies have included comparison groups that help to accurately measure the impact of the intervention (Shinn et al., 1998; Weitzman & Berry, 1994) and even these studies do not randomly assign families to groups. Outcome measures are often

limited to residential stability though a few studies have looked at mothers' mental health, employment and economic situations (Nolan, ten Broeke, Magee & Burt, 2005; Philliber Research Associates. 2006; Rog & Gutman, 1997; Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, & Holupka 1995), the stability of the family unit, and children's well-being (Nolan, ten Broeke, Magee & Burt, 2005; Philliber Research Associates 2006; Rog, Gilbert-Mongelli, & Lundy, 1997; Weitzman & Berry, 1994). Most startling is the lack of studies that compare different types of housing approaches or examine which housing and service models are best suited to families with differing needs (Rog & Buckner, 2007).

The nature, mix and intensity of services required to support homeless families in permanent housing has become a point of contention among researchers and practitioners, with some claiming that services are not essential for retaining housing (Culhane, 2004; Shinn, 2004). However, the research evidence and clinical experience suggest that while subsidized housing alone is necessary to eliminate literal homelessness, it is not sufficient for preventing recurrent homelessness, ensuring stabilization, and fostering self-support and well-being for all families (see Bassuk & Geller, 2006 for a review). The debate about the effectiveness of various housing and service models has flourished because of the relative lack of data (Bassuk & Geller, 2006).

More rigorous evaluation is needed to understand how to best help families achieve desired outcomes. This research must identify subgroups of homeless families, including those with high needs, so that housing and service models can be matched to families' needs.