Services Matter

How Housing & Services Can End Family Homelessness

A NEW REPORT BY
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The Bassuk Center on Homeless and Vulnerable Children & Youth

The Bassuk Center is a new nonprofit organization that connects and supports communities across the nation responding to family homelessness. Local agencies and their communities are providing affordable housing and the services needed to stabilize families.

Using research-based knowledge and evidence-based solutions, The Bassuk Center advances policies and practices that ensure stabilization of homeless and vulnerable children, youth, and families in the community, and promote their wellbeing.

We see a day when everyone in America has a safe and decent place to live and the economic and social opportunities that allow all family members to thrive.

Acknowledgements

This report carries on the work of The National Center on Family Homelessness, which for 25 years led the way in research, training, and advocacy for homeless children and families. We honor the legacy of The National Center and those who worked so hard to improve the lives of families in the greatest need.

We are grateful to the Primo Center for Women in Chicago, Illinois, and the People's Emergency Center in Philadelphia, Pennsylvania, who are steadfast in their efforts to provide families with housing and services, and advocate for homeless children and families. We also thank Reverend Carmen Porco of the Wisconsin Anti-Poverty Model who shows how public housing communities can be transformed to ensure long-term stability, wellbeing, and the dignity of residents. The success of these programs demonstrates what is possible when people come together to do what is right.

We thank Project CATCH in North Carolina, The Center for the Homeless in Indiana, Homeless Services United in New York City, and the Georgia Alliance to End Homelessness for sharing how rural communities, big cities, and states can design programs, collaborate, and advocate to meet the needs of homeless families. Their stories remind us that communities of all sizes and types in every state are fighting to end family homelessness.

Special thanks to Jeannine Owens for her expert design, and to Jeff Olivet, Alex Shulman, Christina Murphy, Rachel Latta, and Sylvia Nelson from the Center for Social Innovation for their support.

Above all, we are grateful to the many families who have experienced homelessness, given us their feedback, and worked to end this tragic social problem. We are especially indebted to hundreds of providers in all 50 states who are joining with us to demand action. This report is intended to represent their collective voice.

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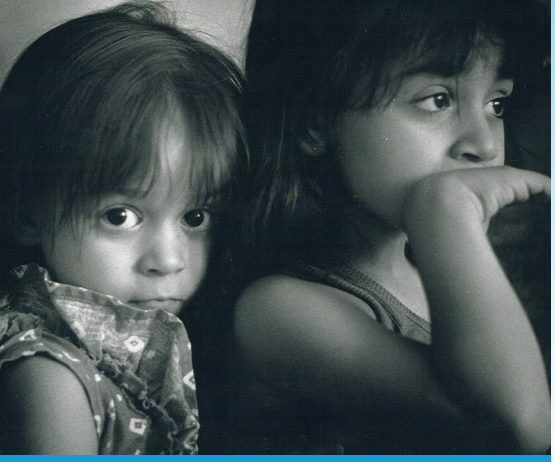


More families experience homelessness in the United States than in any other industrialized nation.

More than 2.5 million children are homeless each year in America.

After 30 years of research and innovation, we know how to end family homelessness.

Executive Summary

More families experience homelessness in the United States than in any other industrialized nation, with the numbers now reaching historic proportions. More than 2.5 million children, many below the age of six, are homeless each year. Despite these staggering figures, comprehensive strategies to end family homelessness have not been implemented, and the nature and mix of housing options coupled with services and supports continue to be debated. This report opens with a call to action and ends with the demand for an immediate response to end family homelessness.

Widespread homelessness among parents with children is a relatively new social problem in America, spanning the last three decades. As family homelessness increased, local communities helped families find permanent housing and, with adequate supports and services, attain residential stability and improved wellbeing. Over time, these community-based efforts have created an evidence base of best practices that continues to grow.

After 30 years of research and innovation in local communities, we know how to end family homelessness. However, federal policy is still dictated by available resources: the size of the problem is downsized to match the scarcity of funding. Policies are aimed at providing the least costly housing options and referring families to mainstream services that are often inaccessible. Policymakers are focusing on rapid re-housing combined with coordinated entry to assess and prioritize assistance. However, rapid re-housing, the least expensive response, lacks strong evidence for effectiveness. Communities report they are able to quickly move families out of shelter into housing, but many families do not stabilize or thrive.

This report presents a comprehensive response to ending family homelessness. We begin by reviewing the findings from the first national survey of providers, which summarizes their perspectives on how housing combined with services can end family homelessness. This survey confirms three decades of research and field experience about what works to help homeless families. In contrast to federal claims that family homelessness is decreasing, 85% of providers see family homelessness increasing over the past two years. More than 90% of providers agree that services are necessary for families to remain stably housed, and that services need to be provided as soon as families become homeless and continue after they are permanently housed. Only 14% of community providers say that housing alone can end family homelessness.

Based on emerging research evidence, field experience, and providers' perspectives, this report delineates the essential components of a comprehensive response to family homelessness. We have also included descriptions of exemplary programs in local communities to illustrate how many of the

following essential components are already being implemented in cities and towns across America:

1. Permanent affordable housing.

2. Education, job training and income supports.

3. Assessment of the needs of parents and children.

4. Trauma-informed care.

5. Recognition and treatment of depression in mothers.

6. Family preservation.

7. Parenting supports.

8. Addressing children's developmental and mental health needs.

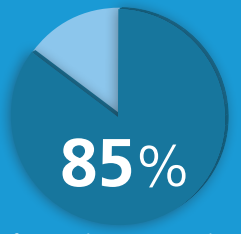
Services matter for all families. Each of us are interdependent and cannot survive in our complex society without help and support from others. Women, in particular, view their self-worth in relationships to their affiliations and their role as caregivers. Services and both formal and informal supports build their social capital. The intensity and mix of services may change as children grow and family circumstances alter. Without both housing and services tailored to their needs, many families will become homeless again or remain isolated and destabilized even after they exit homelessness.

This report is intended to inform policymakers about an effective solution to family homelessness. It is clear that along with housing, families require services and supports that address the reasons for their homelessness, and prepare them for self-sufficiency. The realities of limited education and job skills, trauma exposure, sexual and physical violence, mental health conditions, and substance use cannot be ignored because they may be costly to address. Spending less money on a solution that fails will not save a dime. It will only deepen the crisis and suffering.

Community-based providers from all 50 states who have had extensive experience working with families and children experiencing homelessness have endorsed this report.

We hope this represents the burgeoning of a grassroots network that will actively add its voice to the dialogue about how to meet the stated federal goal of ending family homelessness by 2020.

Service Providers Agree



of Providers Agree that Family Homelessness Is Increasing

of Providers Agree that Services Are Necessary

of Providers Agree that Housing Alone Can End Family Homelessness

Housing is essential to ending homelessness, but it is not sufficient. Families need basic supports beyond decent affordable housing to thrive: food, education, employment, child care, transportation, health and mental health care, trauma-informed care, and children's services.

A Call to Action

Family homelessness is a growing social problem. Dedicated providers in thousands of communities across the nation are seeing more and more families living in emergency shelters, on the streets, in seedy motels, and in overcrowded apartments with neighbors and friends.

As the numbers climb, the federal government has failed to respond. Attention has gone to undercounting homeless families and setting lofty goals for a far off future, while funding only a fraction of what is needed to stem the tide.

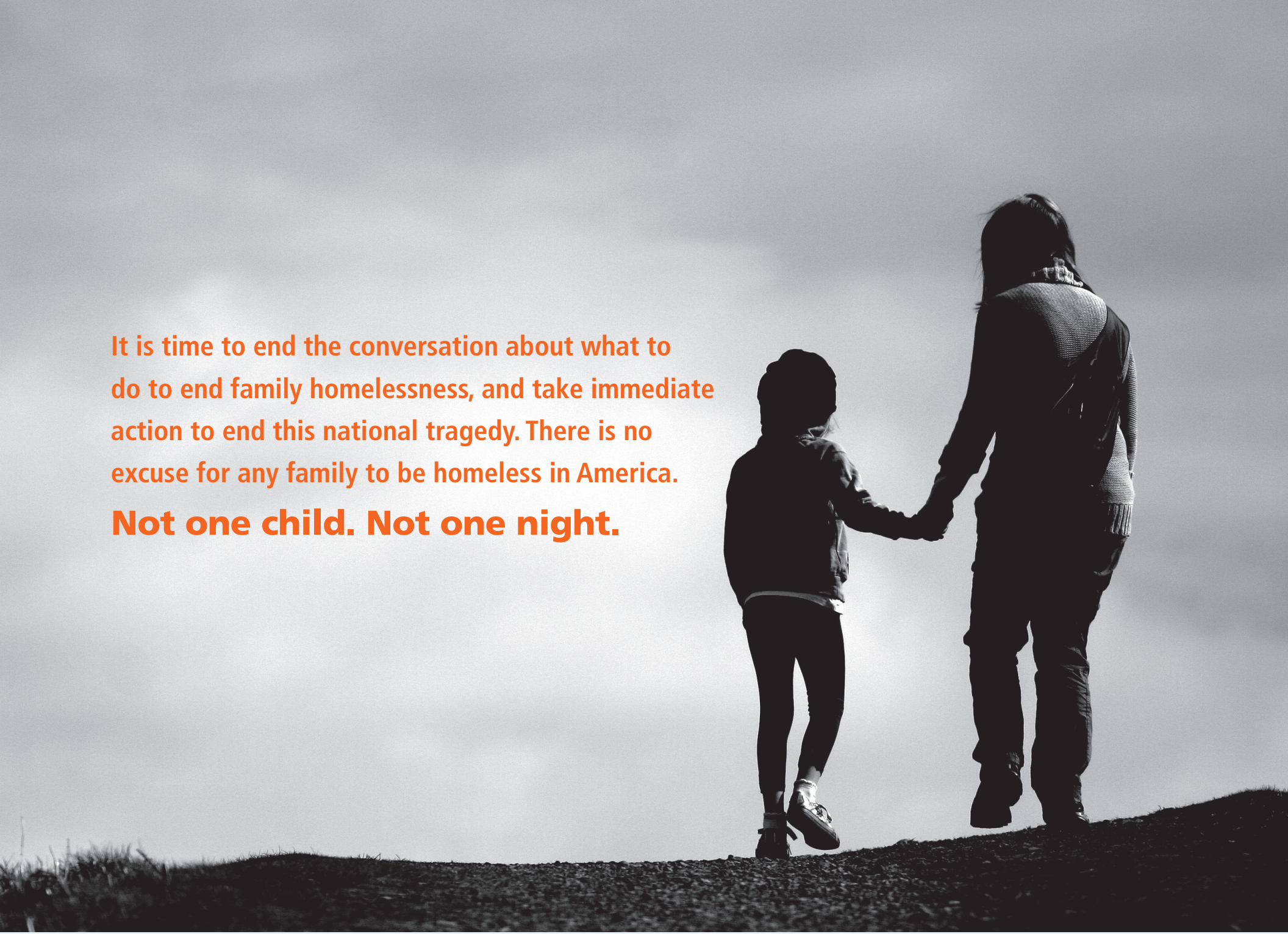
Housing is essential to ending homelessness, but it is not sufficient. Families need basic supports beyond decent affordable housing to thrive: food, education, employment, child care, transportation, health and mental health care, trauma-informed care, and children's services. Families can prosper in communities that provide social, faith-based, and cultural supports, and when they are connected to networks of family, friends, and neighbors. Families experiencing homelessness are no different, but their needs are made worse by extreme poverty and the unrelenting stress and trauma of homelessness.

Federal policies have not designated homeless families as a priority requiring immediate attention. Resources for these families remain scarce and communities are challenged to make untenable choices that leave many families without homes. At the same time, the philanthropic community has largely retracted its support for a comprehensive national response.

Fortunately, some states and local communities are continuing to respond. Private business has also stepped up with local funding and other supports. However heroic, local communities cannot end family homelessness on their own. They can create, innovate, test, share, succeed, and celebrate, but ending family homelessness requires increased federal investment that is on the same scale as the problem.

This report is supported by local providers across the nation who work everyday to help families and children return to the community and become productive citizens. With 30 years of research, an arsenal of best practices, and an emerging evidence base about what works, there is no mystery about what needs to be done. Both housing and services must be part of the solution.

It is time to end the conversation about what to do to end family homelessness, and take immediate action to end this national tragedy. There is no excuse for any family to be homeless in America. Not one child. Not one night.



It is time to end the conversation about what to do to end family homelessness, and take immediate action to end this national tragedy. There is no excuse for any family to be homeless in America.

Not one child. Not one night.

Family homelessness is a growing social problem affecting families in every state.

One in five families is now headed by a woman alone. These families are at greatest risk of becoming homeless.

Family Homelessness In America

More Families Are Homeless

The number of families experiencing homelessness is greatest in America compared to all other industrialized nations (National Center on Family Homelessness, 2011) and has now reached historic proportions (Bassuk, DeCandia, Beach, & Berman, 2014). Family homelessness is a growing social problem affecting families in every state. More than 2.5 million children, many below the age of six, are homeless each year (Bassuk, DeCandia, Beach, & Berman, 2014). Despite these staggering figures, comprehensive strategies to end family homelessness have not been implemented, and the nature and mix of housing options coupled with services and supports continues to be debated.

With the exception of the Great Depression, family homelessness first surfaced as a significant social problem in the 1980s (Burt, 1992). Driven by the lack of a national housing policy, decrease in federal assistance to the poor, and the dramatic growth in female-headed households that shifted millions of families into poverty, the number of families experiencing homelessness has steadily increased. Now, one in five families is now headed by a woman alone (U.S. Census Bureau, 2009-2013); these families are poorer than traditional families, elderly individuals, and those who are disabled—and are at the greatest risk of becoming homeless.

Family homelessness, once viewed as episodic and situational, has become chronic, with families accounting for 37% of the overall homeless population and 50% of the sheltered population (HUD, 2014). The 2014 U.S. Housing and Urban Development (HUD) Point-In-Time (PIT) count of people who are homeless on a single night in January—using HUD's literal definition of homelessness (e.g., families in emergency shelter, transitional or supportive housing, and safe havens, or families living in places not meant for human habitation such as cars, parks, and abandoned buildings)—reported that 216,261 family members were homeless. Of these, 23% (135,701) were children under the age of 18 (HUD, 2014). Given the voluntary nature of the PIT count that misses many communities and does not include families doubled-up with neighbors, acquaintances, and sometimes strangers, this is an undercount that sets a floor on the number rather than a ceiling.

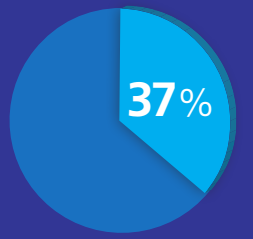
Using the definition of family homelessness in the education subtitle of the McKinney-Vento Act, the U.S. Department of Education reported that more than 1.2 million school-aged children were homeless during the 2012-2013 school year, and 1.4 million in the next school year (U.S. Department of Education, 2014, 2015). Adding the number of homeless children in the U.S. who were not yet school aged in 2013, almost 2.5 million children (2,483,539) were homeless in America in 2013 (Bassuk, DeCandia, Beach, & Berman, 2014).

A typical homeless family is comprised of a single mother with her two young children (Burt et al., 2000). Most mothers head their households alone, and have limited education and few job skills or work experience (Bassuk et al., 1996; Hayes, Zonneville, & Bassuk, 2013). Early research estimates that 26 percent of the mothers are young parents under the age of 25 (Burt, 1999), and recent national estimates find 22 percent of adults in sheltered families are between the ages of 18 and 30, compared with just 15 percent of adults in U.S. families (HUD, 2011). A family's loss of housing primarily results from the large gap between income and rent. The unavailability of housing vouchers, combined with low-paying employment, scarce educational opportunities, interpersonal violence, lack of childcare and transportation, and health and mental health problems compound this problem. Last year, the federal government provided only about 17,000 Section 8 vouchers to meet the housing needs of hundreds of thousands of families experiencing or vulnerable to homelessness.

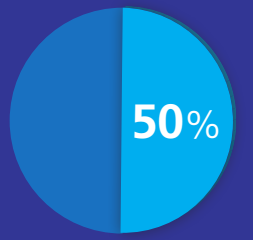
More than 90% of homeless mothers report they had been physically and/or sexually abused over their lifetimes (Bassuk et al., 1996; Hayes et al., 2013). As a result of extreme poverty combined with the high rates of traumatic stress, many mothers develop clinical depressions that often are unacknowledged and untreated. Depression may compromise their capacity to parent and support their families. Stressed by their circumstances, mothers experiencing homelessness have much higher rates of major depressive disorders compared to the general female population. Approximately 12% of women from all socioeconomic groups are depressed (Grote, Zuckoff, Swartz, Bledsoe, & Geibel, 2007; Kessler et al., 2003). This percentage approaches 25% for those living in poverty and for ethnic/racial minorities (Grote et al., 2007; Kessler et al., 2003), and 40% to 60% for low-income mothers with young children, and pregnant and parenting teens (Knitzer, Theberge, & Johnson, 2008). Among mothers who are homeless, lifetime rates of depression range from 45% to 85% (Bassuk et al., 1996, 1998; Weinreb et al., 2006; Bassuk & Beardslee, 2014).

Maternal depression and its co-occurring disorders can interfere with obtaining and maintaining housing and services, and limit a mother's ability to become self-sufficient and parent effectively. A mother's health and wellbeing also significantly impact her children's growth and development (Shonkoff & Meisels, 2000; Shonkoff & Phillips, 2000; Bassuk & Beardslee, 2014). Children living with a depressed parent have poorer medical, mental health, and educational outcomes (Center on the Developing Child at Harvard University, 2009; Knitzer et al., 2008; National Research Council & Institute of Medicine [NRC & IOM], 2009a). Depression adds to a mother's difficulties

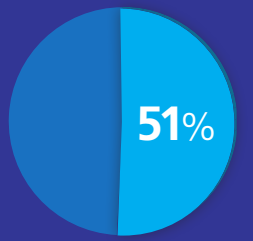
Family Homelessness



Percentage of Families in **Overall** Homeless population



Percentage of Families in **Sheltered** Homeless population



of Children Experiencing Homelessness Are Age Five and Under

parenting, and may compromise her children's growth, development, and school readiness (Knitzer et al., 2008).

One in 30 American children experience homelessness annually; 51% are under age five (Bassuk, DeCandia, Beach & Berman, 2014). Children who are homeless experience high rates of physical and mental health problems, and delayed development in early childhood (Bassuk, Volk, & Olivet, 2010; Bassuk, Richard, & Tsertsvadze, 2015; Haskett, Armstrong, & Tisdale, 2015). Ten percent to 26% of homeless preschoolers have mental health problems requiring clinical evaluation. This increases to 24% to 40% among homeless school-age children—two to four times higher than low-income children aged 6 to 11 years (Bassuk, Tsterverde, & Richard, 2015). Homeless children struggle to attend school regularly. Many change schools during the academic year, fall academically behind their peers, are subject to higher rates of school discipline, and drop out of school more frequently (Buckner, Bassuk, & Weinreb, 2001; Fantuzzo et al., 2012; Fantuzo & Perlman, 2007; Obradovic et al., 2009; Institute for Children and Poverty, 2008).

Failure of the Federal Response

The federal homeless service system was created by the federal McKinney-Vento Homeless Assistance Act of 1987 and subsequently reauthorized (Pub. L. 100-77, July 22, 1987, 101 Stat. 482, 42 U.S.C. § 11301 et seq.). It provided a range of services that enhanced shelter programs. In 2009, it was consolidated into the Continuum of Care (CoC) Program. The CoCs represented all homeless service stakeholders within designated geographic areas who were charged with overseeing system and service development. They were specifically responsible for system design and management, and resource allocation. Homeless assistance programs were organized according to residential options—rather than to services and supports—and included emergency shelters, transitional housing, and permanent supportive housing (HUD, 2015), Partially depending on resources, programs for homeless families vary considerably across communities.

In the last 15 years, federal policies focused on ending chronic homelessness and, more recently, ending homelessness among veterans. The primary strategy has been to rapidly re-house people using Housing First approaches; this is based on the belief that housing is a right to be extended without any other requirements such as sobriety or lack of criminal involvement. The Corporation for Supportive Housing reported that more than 80% of supportive housing

residents maintained their housing for at least a year and tended to engage in services even though these were not mandated (Barrow et al., 2004). In the federal Collaborative Initiative to End Chronic Homelessness, participants showed improved housing stability, had fewer days of homelessness, used public housing less, and had reduced health care costs (Mares & Rosenheck, 2010).

In 2009, "Opening Doors," the first strategic plan to prevent and end homelessness was issued by the United States Interagency Council on Homelessness [USICH] (USICH, 2010). Until "Opening Doors," the needs of homeless families, youth, and children had not been a federal priority, and the role of services and supports in attaining residential stability had been disputed. Representing 19 federal agencies, this plan provided a roadmap for ending homelessness by promoting interagency collaboration, strengthening public and private partnerships at state and local levels, and aligning mainstream resources. Progress has been made in reducing chronic and veteran homelessness by "developing the 'technology' of combining permanent housing and a pipeline of support services," advocating for congressional support, and prioritizing funding for these initiatives (USICH, 2010).

The most recent update of "Opening Doors" (USICH, 2015a) delayed its original goal of ending chronic homelessness from 2015 to 2017, but maintained its goal of ending family homelessness by 2020. Changes to the plan most relevant to families focus on expanding and adopting "evidence-based Medicaid behavioral health services for children and youth," evidence-based home visitation and prevention to preserve family attachments, and tools to assess child development (USICH, 2015b). These efforts aim to keep families together and support early child development. They may signal the beginning of strategies that will reduce the gap between the science of child development and policies for homeless children and families (American Academy of Pediatrics, 2006, 2007, 2010; Center on the Developing Child, 2010; Cronholm et al., 2015; Haskett et al., 2015; Moodie et al, 2014; National Scientific Council on the Developing Child, 2015; Shonkoff & Phillips, 2000). Although the 2015 amendment takes a small step forward, mainstream mental health services cannot meet the needs of homeless families. Treatment is limited by an absence of evidence-based interventions for this subgroup (Bassuk, DeCandia, Tsertsvadze, & Richard, 2014), lack of availability of services and access to care (Hayes & DeCandia, 2012; Stagman & Cooper, 2010; Shipman & Taussig, 2009).

As described by the USICH (2010), housing is essential for ending homelessness. It is also the platform from which services can be accessed:

> "…stable housing is the foundation upon which people build their lives. Absent a safe, decent,

A typical homeless family is comprised of a single mother with her two young children.

"Stable housing provides an ideal platform for the delivery of health care and other social services focused on improving life outcomes for individuals and families."

USICS Opening Doors, 2010

> affordable place to live, it is next to impossible to achieve good health, positive educational outcomes, or reach one's economic potential. Indeed, for many persons living in poverty, the lack of stable housing leads to costly cycling through crisis-driven systems like emergency rooms, psychiatric hospitals, detox centers, and jails. By the same token, stable housing provides an ideal platform for the delivery of health care and other social services focused on improving life outcomes for individuals and families. Researchers have focused on housing stability as an important ingredient for the success of children and youth in school. When children have a stable home, they are more likely to succeed socially, emotionally, and academically." (p.7)

Although there is consensus about the essential role of housing and the need for selected supports for various subgroups of families, the nature and mix remains uncertain. The evidence for effective strategies to address family homelessness is extremely limited (Bassuk, DeCandia, Tsertsvadze, & Richard, 2014), with no practices recognized in the evidence-based practice registries (Herbers & Cutuli, 2014). A critical review in 2011 of programs targeted to homeless families and children indicated that no studies had sufficient evidence to be rated as having positive effects that met the guidelines of the *What Works Clearinghouse Standards for Evidence-Based Practices*. The authors noted: "In most cases, this is because quality evidence that evaluates the program effects doesn't exist" (Herbers & Cutuli, 2014, p. 203). A recent systematic review that appraised and synthesized evidence on effective housing and service interventions addressing family homelessness also reported substantial limitations in our knowledge base (Bassuk, DeCandia, Tsertsvadze, & Richard, 2014).

Preliminary research from other studies along with the experience of frontline providers in the field suggest that housing is critical, but for many families housing alone is not sufficient for ensuring ongoing residential stability, self-support, and well-being of family members (Bassuk & Geller, 2006; Bassuk, DeCandia, Tsertsvadze, & Richard, 2014). The role of services has remained a hotly debated area with many, including USICH, contending that homelessness should function only as a "crisis response system" with services having little place because they have limited impact on immediate outcomes (USICH, 2015a & b). Because of sharply differing perspectives and a dearth of research findings, the role of services in addressing family homelessness requires a much closer look.

Additional information is now available with publication of initial data from the *Family Options Study: Short Term-Impacts of Housing and Service Interventions for Homeless Families* (HUD, 2015)—the first large scale randomized control trial investigating what housing and service interventions work best for families experiencing homelessness. The goal of the study was to investigate the types of housing and

service interventions that work best for homeless families. The study enrolled 2,282 families in 12 communities, randomly assigning them to three interventions—permanent housing subsidies (SUB), community-based rapid re-housing (CBRR), project-based transitional housing (PBTH), and comparing each of these to one another and to usual care (UC). Many outcomes were investigated but the researchers focused on housing stability, family preservation, self-sufficiency, adult wellbeing, and child wellbeing (HUD, 2015).

Reporting on data from 20-month follow-up after enrollment, the study found that homeless families who were given priority access to subsidies had the largest improvement in housing stability, and that benefits extended to various outcomes of wellbeing (e.g., decreased family separations, decreased domestic violence, less psychological distress, increased school attendance, fewer schools attended, and increased food security). The only adverse finding was that employment rates among these families decreased. In contrast, families randomized to CBRR showed no improvement in housing stability and no other benefits except increased food security and speedier exits from shelter. Those in PBTH showed some improvement in housing stability but not among those who had been doubled up, and these benefits did not extend to other outcomes. Rapid re-housing was the least costly intervention, while PBTH was the most expensive. Based on these findings, the researchers concluded that "for most families, homelessness is a housing affordability problem that can be remedied with permanent housing subsidies without specialized homeless-specific psychosocial services" (HUD, 2015).

While the exploration of housing options in this study was meticulously investigated, the findings about the impact of services fell short due to the study design. The nature, frequency, intensity, and duration of services in the four interventions were not specifically described across the agencies in the 12 communities. Although specific attention was focused on case management, the services provided were inadequately described. Given this limitation, the conclusion that "homeless specific psychosocial services" are unnecessary goes beyond the existing data. Additional research is necessary to determine the nature and mix of services, how they should be bundled with housing, and how they should be accessed before any definitive conclusions can be reached about the need for services. The overall findings of the Family Options Study at 20 months support the general consensus that housing is essential for ending homelessness, but the study provides far less information about the role and impact of services.

In a public panel discussion (September, 2015), researchers involved in the Family Options Study joined federal policymakers from HUD and USICH to

For many families housing alone is not sufficient for ensuring ongoing residential stability, self-support, and well-being of family members.

Recent federal policy has focused on resizing the problem to match available resources.

discuss the current implications of the study. They acknowledged the importance of the findings in furthering our evidence base, but were skeptical about mobilizing the public resources necessary to obtain the large number of housing subsidies to end family homelessness. They also focused on the accuracy of the findings about rapid re-housing, the least costly option, since the study was conducted when rapid re-housing was in its infancy. Much attention was given by HUD and USICH toward working with communities to learn more about its growth and successes. At the same time, because of high cost and limited outcomes, the place of transitional housing was questioned.

Assessment of homeless families is in its infancy. Gewirtz and colleagues (2008) reported that the homelessness system "lacks infrastructure or expertise in children's mental health" and that many programs do not routinely screen or assess homeless children or mothers (p. 1). Families' needs across various domains (e.g., housing, economic self-sufficiency, education, health, mental health) are not comprehensively evaluated and children's needs are infrequently addressed (DeCandia, Bassuk, & Richard, in press). Use of standardized assessment instruments is rare (DeCandia, Bassuk, & Richard, in press) as tools are often lengthy and complex. Currently no evidence-based assessments or instruments have been developed specifically for homeless children (Bassuk, DeCandia, Tsterverde, & Richard, 2014).

Coordinated assessment, also called coordinated entry, is a federal strategy intended to identify families with the most acute needs; a primary goal is to identify families that need intensive housing and services that tend to be more costly (e.g., permanent supportive housing). While prioritizing chronically homeless individuals and referring them to permanent supportive housing has been effective, research is less clear about how to match the needs of families with specific housing alternatives (NAEH & HUD, 2015). Various tools have been developed to support the coordinated assessment process, including the Vulnerability Index-Service Prioritization Decision Assistance Tool for Families (F-SPDAT) (OrgCode, 2013), and the Alliance Coordinated Assessment Tool Set (NAEH & HUD, 2015). Many communities have begun to use the Vulnerability Index-Services and Prioritization Decision Assessment Tool (VI-SPDAT) (OrgCode, 2013) to drive their coordinated assessment system. Originally developed for chronically homeless individuals, the family version was adapted to assess the needs of homeless parents with children. Although the Family VI-SPDAT assesses level of risk for homelessness and safety issues, it does not fully address the needs of homeless mothers and children and, therefore, needs to be supplemented to include missing domains (e.g., maternal mental health, child development) (DeCandia, 2015).

Critics of coordinated assessment argue it is a strategy to manage the "front door" of shelter—a way of "diverting' families from more costly shelter programs by restricting their eligibility and, therefore, managing scarce resources. Although some communities using coordinated assessment and rapid rehousing report modest gains (Cunningham, 2015; Spellman, 2015), the evidence base is not sufficiently developed to determine how to best stabilize millions of children and families (NAEH & HUD, 2015).

Recent federal policy related to homelessness has focused on resizing the problem to match available resources (e.g., numbers, changes in eligibility), and to determine the mix of services based on the scarcity of funding rather than addressing the complex needs of these families. Instead of advocating aggressively for increased resources for these families, policies are instead directed to the least costly housing options, and to relegating families to mainstream service systems despite barriers to obtaining these services. Federal policymakers seem to view the findings of the Family Options Study as contributing to the evidence base. At the same time, they predict that the positive findings about subsidies will not be implemented at a proper scale because sufficient federal funding will not be made available. As a result, policymakers remain focused on rapid re-housing—the least costly intervention—combined with coordinated entry (Abt Associates, 2015).

Supports and Services in Family Life

All families regardless of their socioeconomic status need supports and services at various points in the life cycle and especially during periods where inevitable life stresses, especially losses, may become overwhelming. Few people can live alone, isolated from support, compassion, and instrumental assistance. Close relationships with friends and family serve to ease the strains of daily life, and to protect them in times of economic and social stress. Not only do supports ameliorate stress once crises have occurred, they also can prevent crises.

Support networks are women's social capital, a resource which poor women and women in crisis must often draw upon very heavily. Just as poverty has been feminized so has homelessness, with the majority of homeless families being headed by women alone. Although we have identified many of the risk and protective factors for family homelessness (Bassuk et al., 1997), little attention has been paid to how economic and personal variables are linked, especially those related to gender issues. These factors are bound together in a constellation of difficulties that must be considered as a synthetic whole (Goodman et al., 2009). Without understanding this interaction, the importance of supports in women's lives, particularly those with children, can easily be underestimated (Bassuk, 1995).

All families regardless of their socioeconomic status need supports and services at various points in the life cycle and especially during periods where inevitable life stresses, especially losses, may become overwhelming.

Women's self-esteem is largely defined by their connections with family, children, friends, and community. Their identity and sense of self is often tightly tied to their sense of responsibility for other people and their role as caretakers (Belenky, Clinchy, Goldberger, & Tarule, 1986; Giligan, 1982; Peterson, 2000). More recent cross-cultural research extends the study of women's identity to include how factors such as racism and oppression affect the identities of African American women (Peterson, 2000). Homeless women are devoted to their children as well, and to their dual roles as partners and mothers. When this identity is disrupted by isolation, fragmented supports, and loss of a home, women feel bereft, despairing, and hopeless. Homeless mothers are quintessentially stressed, raising children alone without economic and social buffers that prevent everyday problems from turning into catastrophes.

Essential supports for women alone with children might include pediatric and medical care, transportation, childcare, school supports (e.g., tutoring), and supportive friendships. When these supports are sufficiently depleted, especially in the current housing market, poor women are at increased risk of becoming homeless. Many homeless women have exhausted their supports after months and sometimes years of doubling-up in overcrowded and often substandard apartments, setting the stage for entering emergency shelter. For others, poverty, violence, and the housing shortage sometimes combine to disrupt relationships and dislocate long-term residents, destroying networks that have been years in the making (Bassuk & Rosenberg, 1988).

What happens if your child has asthma and you are living far from your extended family, and your child gets sent home from school in the middle of the day? If a single mother is working at a service-sector job, she may have no flexibility and may have to leave during the day to care for her child. If she has too many absences, she will inevitably lose her job. Even more stressful, if a family has a child with special needs, the demands escalate, options become more limited, and the family can become overwhelmed, especially with the absence of other adults to fill in and provide respite for the parents.

Research and feedback from the field strongly suggest the importance of supports and services for ensuring long-term housing stability for families. In a review of studies investigating the role of housing and services in ending family homelessness, Bassuk and Geller (2006) found "that access to housing vouchers seems to increase residential stability and that case management and other services also contribute to residential stability and other desirable outcomes, including family preservation and reunification" (p. 1). They also document that studies investigating the impact of housing and services on families are limited, and that most of the existing research does

not carefully define the nature, duration, and intensity of services necessary to support particular subgroups of families and children. Although the HUD Family Options Study supports some of these findings, the researchers did not specifically investigate the nature and role of services other than case management—and case management was not carefully defined.

Dedicated people have been working to help homeless families in local communities since the problem first surfaced more than 30 years ago.

Community providers see the harsh realities of homelessness and what is needed to stabilize these families. They are the experts on this issue.

Communities Show the Way

Listening to the Community

Dedicated people have been working to help homeless families in local communities since the problem first surfaced more than 30 years ago. These caregivers have designed, field tested, and implemented programs and services that contribute to the evidence base about effective responses. Community providers see the harsh realities of homelessness and what is needed to stabilize these families. They are the experts on this issue.

National Survey of Community Providers

For this report, we conducted a comprehensive national survey of community providers who work with homeless families. To our knowledge, this is the first survey of this type investigating providers' perspectives about how to end family homelessness. Twenty-three questions were developed from decades of research and program development about the components of a comprehensive solution to family homelessness. We compiled a list of 7,700 providers, organizations, policymakers, researchers, advocates, and others related to the homeless field, representing all 50 states.

The survey was conducted online for a three-week period starting in mid-September 2015. Using Survey Monkey, we emailed the questionnaire to the list of providers. We briefly described the purpose of the survey and requested they complete it; no incentives were provided. We received 1,278 responses to the survey for an initial response rate of 17%, comparable to other surveys of this type. Prior to taking the survey, respondents were screened to ensure that they were service providers working with homeless families; 1,108 replied affirmatively (87% of those who responded) and 907 respondents completed the entire survey, again representing all 50 states.

Survey Findings

Eighty-five percent (85%) of community providers say that family homelessness has increased in their service area over the past two years. This aligns with annual counts of homeless children conducted by local public schools for the U.S. Department of Education as well as other reports that show a marked increase in the number of children and families who are homeless (Bassuk, DeCandia, Beach, & Berman, 2014; U.S. Department of Education, 2014, 2015).

Providers are clear about whether homeless families need services and supports in addition to housing:

- 93% agree that most families need services and supports to remain stably housed.
- 95% agree that services should start when families enter emergency shelter and continue when they are permanently housed.

Provider consensus about whether homeless families and children should be formally assessed when presenting to emergency shelters, housing, or other services is also very high:

- 94% agree that assessment of each family member is needed.
- 96% agree that along with housing and income, assessments should focus on health, mental health, substance use, and trauma exposure.
- 91% agree that assessments should focus on the wellbeing of the children.

Providers also confirm 30 years of research findings about the prevalence of trauma in the lives of families experiencing homelessness:

- 88% agree that trauma experienced by mothers, such as domestic violence, is a common cause of family homelessness.
- 80% agree that many homeless mothers have experienced physical and/or sexual abuse as children, and now as adults have post-trauma responses.
- 93% agree that addressing the impact of trauma must be part of the solution to ending family homelessness.
- 95% agree that services for homeless families should be trauma-informed.

Providers agree about the prevalence and adverse impact of mental health conditions among mothers who are homeless:

- 91% agree that mental health and substance use services must be part of the solution for ending homelessness among families.
- 80% agree that depression that requires treatment is present in many homeless mothers they see.

Providers also confirm 30 years of research findings about children who are homeless:

- 71% agree that most homeless children they see have difficulty attending school regularly.
- 69% agree that many homeless children they see are unable to keep up with their homework and fall behind.
- 70% agree that many homeless children they see have behavioral problems.

Community providers strongly support the need for other essential services and supports as part of an effective response to family homelessness:

- 97% agree that education, job training, and income supports are necessary for many homeless mothers to remain stably housed.
- 95% agree that case management to secure housing and benefits is necessary to move families into stable housing.
- 98% say case managers should make referrals for mental health and substance use treatment.

93% agree that most **families need services** and supports to remain stably housed.

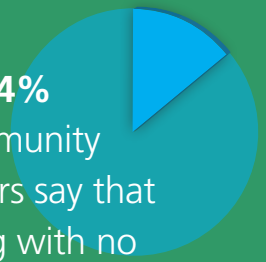
94% agree that **assessment of each family member** is needed.

95% agree that services for homeless families **should be trauma-informed**.

91% agree that **mental health and substance use services** must be part of the solution

97% agree that that **education, job training, and income supports** are necessary

97% agree that **parenting supports improve outcomes** for children.



Only 14% of community providers say that housing with no other services can end family homelessness.

- 97% agree that parenting supports improve outcomes for children.
- 73% agree that parenting supports appear to reduce mothers' depression.

Overall, the consensus among community providers around what needs to be done to end family homelessness is strikingly high and closely aligns with research findings on family homelessness. Only 14% of community providers say that housing with no other services can end family homelessness.

These findings inform the policy debate about the components of an effective solution. Providers do not believe that housing alone will end family homelessness. They know that families require specific services and supports that address the reasons for their homelessness and prepare them for self-sufficiency. The realities of limited education and job skills, trauma exposure, sexual and physical violence, mental health conditions, and substance use cannot be ignored because they may be costly and inconvenient to policymakers trying to shoehorn this crisis into a manageable federal budget line. Spending less money on a solution that ignores reality won't save a dime. It will only deepen the crisis and the suffering.

Solutions On The Ground

All around the country, providers have designed innovative ways to integrate housing with services to meet the complex needs of homeless families. Providers in large cities, small towns, and rural areas all say the same thing: services matter.

Affordable housing is essential to ending family homelessness. While providers struggle to obtain this scarce resource, they are connecting families with much needed supportive services in addition to housing. In a sociopolitical climate where homelessness is reduced to a housing crisis requiring minimal services—or a "light touch"—providers are resolute. Services are needed from the first moment of crisis, through transition into housing, and while families are stabilizing in community life.

Programs around the country offer different combinations of housing along with income and employment supports, health and mental health care, parenting support, and other vital services for parents and children. The programs spotlighted in this report represent a small fraction of the many promising practices operating around the country. The eloquent words from families document how services are making a difference in their lives. Their stories and words illustrate that solutions are possible when we do what's right.

Five programs are profiled in this report. The first four programs profiled work with families from the beginning of their housing crisis in shelters through their transition to housing. The fifth works with families once they have entered community based housing. Each approach provides multiple services that build on strengths and address known risks for the parents and children. Selected aspects of each program are highlighted here along with testimonials from families who have benefitted from the programs.

ADDRESSING TRAUMA AND MATERNAL DEPRESSION

For almost 40 years, the **Primo Center for Women and Children in Chicago, Illinois**, has provided housing and behavioral services to vulnerable women and children experiencing homelessness. The Primo Center incorporates evidence-based, trauma-informed "wrap around" services, including crisis intervention, early childhood mental health care, and individual and group sessions for parents and families to resolve immediate crises and create long-term stability. Comprehensive parent and child assessments include questions about maternal depression and post-traumatic stress disorder (PTSD), two known risk factors for homelessness.

Consistent with research, over 90% of mothers served by the Primo Center have experienced severe physical and/or sexual abuse during their lifetimes, and over 60% of children have been repeatedly exposed to violence. After learning about the high rates of depression among homeless mothers, Primo now includes a depression screener (The Beck Depression Inventory) in their standard assessment. Results to date have been consistent with the research: approximately half of the mothers have a depressive disorder. Harnessing the power of research, Primo was able to take the first step to improve the quality of their services. By screening for maternal depression, they can now respond in a more targeted way and work with their community to ensure that mothers receive the treatment they need.

The Primo Center specializes in engaging highly vulnerable families, developing therapeutic alliances, and helping to improve overall family functioning. Primo's trauma-informed model has helped hundreds of families achieve exemplary outcomes: 95% of the families move to permanent housing and do not become homeless again.

Mary's Story: Addressing Trauma in Mothers

Mary and her eight-year old son Ralph came to The Primo Center with a history of extensive interpersonal trauma. As a child, Mary experienced abuse and severely disrupted family attachments; as a result, she used substances to self-medicate symptoms of

"Healthy development of young children in the early years of life literally provides a foundation for just about all of the challenging social problems that our society and other societies face."

Jack Shonkoff, M.D.
The Science of Early Childhood Development

PTSD and depression, and was disengaged from her son. Mary distrusted service providers, but over time she began to engage with Primo Center staff, who modeled parenting behaviors for her.

Mary joined a parenting program and eventually stopped using drugs. The program's trauma-informed and parent-centered approaches supported her recovery. Transition to permanent housing was not easy for Mary: she didn't feel safe in her apartment, and her symptoms of PTSD and depression returned. Primo staff utilized their strong relationships with Mary to connect her with intensive therapy for the trauma that threatened to derail her again. With these supports, Mary is now thriving, attending school, and is closer to her son.

Family-oriented interventions address the needs of parents and their children as well as their relationship (Chase-Lansdale & Brooks-Gunn, 2014; Kids Count, 2014; Mosle & Patel, 2012; St. Pierre, Layzer, & Barnes, 1995). Children's individual needs require attention, but to fully support their development attention must also be given to the parent/caregiving relationship. Two programs that focus on the needs of the individual child and the parent/caregiving system are People's Emergency Center in Philadelphia, Pennsylvania, and Community Action Targeting Children who are Homeless (Project CATCH) in Raleigh, North Carolina.

ADDRESSING CHILDREN'S NEEDS

People's Emergency Center (PEC) in Philadelphia, Pennsylvania, provides integrated services to secure affordable housing; promote a family's economic status; and encourage positive family, adult, and child development. PEC is transforming itself into a trauma-informed, integrated agency with all staff developing a deeper awareness of trauma and its effects on family members.

PEC's Center for Parenting and Early Childhood Education is an intensive parenting education and child abuse prevention program that builds the foundation for healthy family relationships; provides homeless children with a safe place to learn, explore, and grow; and prepares families for formal daycare settings. A licensed counselor provides specialized group therapy for children with sessions on enhancing emotional development, understanding and communicating feelings, managing anger, following directions, and respecting the rights and feelings of others.

Using daily tutoring and academic enrichment programs, PEC helps homeless children to perform better in school. PEC's afterschool program addresses children's academic, developmental and social needs, and works to improve a child's success in school. The summer enrichment program provides onsite academic enrichment and recreational activities as well as field trips to museums and cultural events.

This rich array of family-centered children's services meets homeless children's developmental needs. By viewing adults as parents and supporting children's development, PEC fulfills its mission to "nurture families, strengthen neighborhoods, and drive change."

Rose: Identifying a Child in Need

Patricia is a 20 year-old African-American, single parent of her four-year-old daughter, Rose. Pregnant with her second child, Patricia was living doubled-up with her mother in an overcrowded apartment. Patricia was diagnosed with bipolar disorder, but due to her unstable living situation was not receiving regular care. After moving in with her boyfriend, he became violent—and Patricia and Rose became homeless, and they turned to PEC.

PEC uses evidence-based assessment tools to guide its work with families. Rose was assessed using the Early Childhood Screening Assessment (ECSA) and found to be at risk for mental health issues, and referred for care. To improve child wellbeing, PEC staff also attended to the mother's needs. On the Arizona Model Self-Sufficiency Matrix, Patricia scored extremely low, suggesting multiple risk factors that could lead to long-term homelessness. PEC staff worked closely with Patricia to support her recovery, promoting development of coping skills to manage stress and post trauma reactions, and connecting her with services to address her mental health needs.

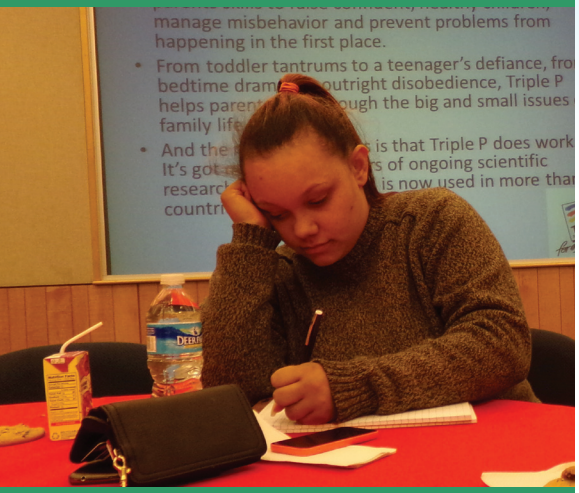
Early screening by PEC allowed Rose to receive the services she needed before her condition became worse. The simultaneous support for Patricia's recovery strengthened her ability to parent her daughter.

SUPPORTING PARENTS

Community Action Targeting Children Who Are Homeless (Project CATCH) in Raleigh, North Carolina, provides services and supports for homeless families to address developmental and mental health needs of children. CATCH members coordinate and integrate shelter and community services for homeless families; work to change structures, policies, and practices of shelters to better support families; and assess children's mental health needs.

Strengthening parenting is a hallmark of the CATCH program. CATCH works with area shelters to implement Circle of Parents support groups. Parents at the shelter are passionate about attending their Circle of Parents group that provides them with a safe place to talk about their everyday struggles related to parenting. As one parent observed, "Group time is like therapy that allows us all to encourage and strengthen each other." Another parent noted, "When I arrived at the shelter, I was in a dark place and the group gave me the support I needed."

One of CATCH's signature parenting programs is Triple P: Positive Parenting Program (Sanders, 2008), an



"I am so thankful I was connected to Project CATCH. Without it my children wouldn't be able to have these experiences and opportunities. They are being exposed to such wonderful activities that have helped them grow and learn."

CATCH Parent

intervention designed to reduce child behavior problems and increase positive parenting, as well as reduce the risk for child maltreatment (Prinz et al., 2009; Sanders, Baker, & Turner, 2012). Project CATCH provides evidence that Triple P is a best practice that successfully addresses parenting challenges among homeless parents. Parents' satisfaction with Triple P is consistently very high (Haskett et al., 2015). One mother commented, "Triple P gave me what I needed to deal with my kids and also enjoy them. It made me feel."

Providers also find Triple P especially rewarding. "I can see the difference it is making in parents' lives and it gives me chills," said April, a shelter staff member. "It's common sense parenting that empowers parents to raise their children to be happy and productive."

The Jones Family: Meeting the Needs of All Family Members

The Jones family recently moved into a local emergency shelter and was referred to Project CATCH. Angela, 27 years old, has three young children ages two, four, and seven. They were living doubled up with a friend, but it wasn't long before the friend asked them to leave. When she first met the Project CATCH case manager, Angela was unemployed, did not have childcare, and lacked health care for herself and her children. Four-year-old Jack has severe asthma, which Angela has treated in hospital emergency rooms. Three-year-old Grace is medically healthy, but she isn't speaking much. Angela's eldest child, Trevor, has an Individualized Education Program (IEP), but lost his school placement when the family moved into a shelter.

CATCH helped with the family's immediate needs for clothes, and conducted developmental screenings of the two youngest children. Grace was found to have early language delays and referred for early intervention. Trevor was enrolled in a new school. The CATCH case manager supported Angela at a parent-teacher meeting, helped enroll the family in Medicaid, and made referrals to the local pediatrician for Jack's asthma. Angela felt relieved that her children's needs were finally getting met. As her stress level decreased, she was able to get support through a parent group at the shelter and began a job training program.

FAMILY ORIENTED SERVICES

The Center for the Homeless (CFH) in South Bend, Indiana, has been the area's leading provider of homeless services for over 25 years. This 200+ bed facility is at capacity every night of the year and has served more than 55,000 people. CFH's mission is to break the cycle of homelessness. CFH believes that children growing up in poverty and homelessness have the best chance to succeed if their parents are supported.

CFH created the Helping Our Mothers Excel (HOME) program in which mothers are empowered to make

healthy choices for their families, identify and secure appropriate housing, develop resilience in the face of adversity, act as their children's advocate, navigate public assistance programs, and find and retain paid employment. This program helps parents develop parenting skills, healthy relationships, routines, resilience, and financial stability.

Two-generational approaches provide developmental interventions for children while helping parents create stable home environments (Chase-Lansdale & Brooks-Gunn, 2014). In line with this best practice, the HOME program provides children's services alongside services for the parent. Children aged six weeks to three years participate in the Play, Exploration and Developmental Support (PEDS) program. CFH operates a preschool program five days a week for homeless children ages three to six—the first Montessori program for homeless children in the nation. For parents and children, primary medical care is offered onsite through a partnership with Memorial Hospital. Screenings, interventions, and classes in positive parenting round out the services offered; approaches are culturally competent, holistic, and family-centered.

Because of the depth and severity of the condition of homelessness, no less than a focused and concerted effort can bring lasting change.

—The Center for the Homeless,
SouthBend, Indiana

The transition to permanent housing combined with community supports for families can be prolonged and difficult to navigate. Mainstream services are often not readily accessible and families find themselves waiting for essential supports. Parents are often unable to find work that pays a livable wage—and childcare and transportation are costly. For parents who lack the necessary education or workplace experience, job prospects can be dim.

For many homeless mothers, domestic violence has ravaged their social support networks, leaving them with fractured social connections that are difficult to rebuild. To ensure long-term residential stability and wellbeing, services for families need to extend beyond emergency housing throughout the transition and into permanent housing. Education and economic development are critical for supporting families, as are rebuilding essential connections and social networks.

STABILIZING FAMILIES IN PERMANENT HOUSING

The Wisconsin Anti-Poverty Model in Madison and Milwaukee, Wisconsin, founded over 40 years ago by Reverend Carmen Porco, operates 805 low-income housing units serving several thousand people. This program model integrates housing management and holistic human services into a single legal entity and delivery system. Residents are treated as capable, responsible individuals worthy of dignity and respect. The model has three key elements: (1) onsite

"Housing the human spirit requires a lot more than shelter. We need to provide integrated services based in the community. In addition, we need a new blend of certified experts and non-formal, uncertified experts. Together, this blend of experts can work to resolve the problems of communities and people."

Rev. Carmen Porco

Community Learning Centers; (2) employment for residents across all phases of the operation; and (3) internal funding.

Community Learning Centers are integrated into each housing complex. The Centers include state-of-the-art computer labs, and education and employment programming for children, youth, and adult residents, which is conducted in collaboration with an array of community partners. Examples include onsite Head Start and early childhood education; family literacy; after-school homework support; adult education classes; and a college preparation program that begins at grade two in partnership with a local university. A scholarship program provides residents with tuition assistance for higher education and career development.

Residents are hired for all roles from security to management at each housing complex. This develops the internal capacity of the housing community by providing employment and the opportunity for residents to demonstrate their abilities, passions, and desires to contribute to their neighborhood and community. Residents hold positions of accountability, help define which problems their community will address, and work together to establish solutions. This sustainable, peer-to-peer housing model provides families with access to educational resources, a stake in their community, and the ability to break the chains of poverty and homelessness.

Internal funding for the Wisconsin Housing model is generated from property rents. By funding programs internally, power relationships with external sources that can destabilize low-income communities are neutralized, and the innate capability of the residents is honored and supported.

The model has compelling results. Families demonstrate long-term housing stability, with some residents having been stable for more than two decades. As a result of integrated education and employment services, the high school graduation rate of the residents approaches 100 %. A nurturing environment is also pivotal to success. Due to strong relationships among residents, the community supports individual achievements. Families once isolated with few supports have recaptured a sense of belonging and connection that was destroyed by homelessness.

Packer Townhouses, a 140-unit community on the north side of Madison owned by Housing Ministries of American Baptists, is one of the program's residential properties. Rents are subsidized under the U.S. Department of Housing and Urban Development's Section-8 program. The property includes one-, two-, and three-bedroom units. The Packer Community Learning Center was built in 1994 to provide residents and members of the surrounding community direct access to education and employment resources.

Regina and Jasmine: More Than A Home

In 2004, Regina left a violent marriage. A few years later, she lost her job. The family moved to Madison in 2008 to escape the past, but soon found themselves homeless. "I cried a lot," Regina remembers. "It was scary. I didn't know which way I was going."

They spent their first night in an emergency shelter. "We slept on the floor," Regina recalls. "Then a room opened up at the shelter." At the shelter, the family received help. Regina credits the shelter with helping her secure medication. "Without medication, I have emotional issues and suicidal thoughts," she says. "They were loving and kind. Without them, we would have been on the street."

From the shelter, they were able to move to the Packer Townhouses in Madison, where they found much more than housing; they became part of a community. Adult education classes at the Packer Community Learning Center helped Regina complete her education. While in high school, Jasmine worked in the youth program at the Learning Center. Ten years later, she is now attending college.

"I've got a job right here where I live, working at the front desk," said Regina. Yesterday, Regina greeted a stranger at the front desk. "She was just out of the shelter at the YWCA with her twelve year old son. She was crying. It hurt my heart so to see her like that. Here we know we are safe."

The hundreds of providers coming together through this report are just the tip of the iceberg; many not represented in these pages are also heeding the call. All social movements are formed when those most affected join forces to speak their truth. The movement to end family homelessness is no different. Political will has been absent for three decades. Together, providers can shift the conversation and engage political leaders to make much needed investments in housing and services that will end family homelessness.

Together, providers can shift the conversation and engage political leaders.

An emerging evidence base from the homelessness world, and rigorous studies of low-income families combined with the experiences of community providers, point to an effective solution.

Ending Family Homelessness

Considerable information is available about how and why families become homeless. Research has documented the devastating effects of homelessness on families and children. An emerging evidence base from the homelessness world and rigorous studies of low-income families combined with the experiences of community providers and best practices point to an effective solution.

The components outlined, taken together, form the basis for a comprehensive housing and service response for ending family homelessness. Each of these components has been implemented in various programs with great success, and many have been implemented at the same time. Since the majority of homeless families are headed by women alone, these practices are discussed for use with mothers, but pertain to two-parent families and father-headed families as well.

1. Provide Permanent Affordable Housing in the Community

Permanent housing is the first-line response to family homelessness, and numerous studies have shown that housing subsidies are essential for preventing and ending family homelessness (Bassuk & Geller, 2006; HUD, 2015; Shinn et al., 1998; Wong et al., 1997). Addressing social determinants of health, including housing, education, and employment can improve long-term psychosocial and developmental outcomes for children and the wellbeing of their families (Doran, Misa, & Shah, 2013). Stable housing results in better educational outcomes for children (Molnar, Rath, & Klein, 1990) and improves health outcomes for all family members while reducing costs to the healthcare system (Center for Outcomes Research Evaluation, 2013).

New research indicates that permanent affordable housing is the most effective housing for homeless families (HUD, 2015). However, the number of housing subsidies available for families falls far below the need. Many families are on waiting lists for public housing, Section 8, or other programs for months or even years. In some communities, waiting lists are closed altogether. In this context, homeless families and the providers serving them must explore all possible housing options (below in alphabetical order).

- **Affordable Housing:** Some communities have properties built, bought, or rehabilitated using federal funds, state funds, tax subsidies, or tax credits, and are now required to provide below-market rents for low-income households, persons with disabilities, and/or seniors.[1]
- **HOME Tenant-Based Rental Assistance (TBRA):** Federal funding through the HOME Investment

[1] As a starting point on some HUD-funded affordable housing programs, see: U.S. Department of Housing and Urban Development, *HUD Exchange: Affordable Housing.* https://www.hudexchange.info/affordable-housing/

Partnerships Program (HOME) is used to help households afford the costs of market-rate units. The amount of subsidy is based on the household's income, and the subsidy moves with the tenant if the household relocates. Rental assistance may be provided for up to two years.[2]

- **Market Rate Housing:** There is no subsidy available for market rate housing. For families experiencing homelessness who have a source of income, it may be possible to identify a market rate unit the family can afford, or to transition the family to a market rate unit after participating in another program or receiving a subsidy.
- **Permanent Supportive Housing (PSH):** PSH is community-based housing with indefinite leasing or rental assistance paired with ongoing supportive services for individuals or families experiencing homelessness. To be eligible for permanent supportive housing, an adult or child member of the household must have a disability. PSH is accessed through the local CoC.[3]
- **Public Housing, Including Housing Choice Vouchers and Project Based Section 8:** Public housing provides subsidized housing to low-income families, seniors, and persons with disabilities. Public housing options range from scattered site apartment units to large housing projects. Housing Choice Vouchers and Project Based Section 8 vouchers are obtained through the public housing agency (PHA) and allow the household to identify suitable housing of their choice as long as it meets program requirements. The PHA pays an ongoing housing subsidy based on the household's income to the landlord.[4] Many communities currently have long waitlists for public housing and/or housing vouchers.
- **Rapid Re-Housing (RRH):** RRH helps individuals and families exit homelessness quickly to permanent housing, usually on the private market, through housing search and relocation services, short- or medium-term rental assistance, and accompanying case management and supportive services.
- **Supportive Services for Veteran Families (SSVF):** SSVF funding is provided to local non-profits to offer homelessness prevention and rapid re-housing services to low-income veterans and their families experiencing or at risk of homelessness. For veteran families experiencing homelessness, housing location, short-term rental assistance, case management, and other supportive services, such as connection to Veterans Administration (VA) benefits, are offered through the SSVF program.[5]

Permanent housing is the first-line response to family homelessness.

[2] For more information, see: U.S. Department of Housing and Urban Development, *HUD Exchange: HOME Tenant-Based Rental Assistance.* https://www.hudexchange.info/home/topics/tenant-based-rental-assistance/

[3] For more information, see: United States Interagency Council on Homelessness, *Permanent Supportive Housing.* http://usich.gov/usich_resources/solutions/explore/permanent_supportive_housing

[4] For more information, see: U.S. Department of Housing and Urban Development, *Housing Choice Vouchers Fact Sheet.*

Economic resources are a protective factor against homelessness.

Any response to family homelessness must address a mother's capacity to become economically self-sufficient.

- **Temporary Assistance for Needy Families (TANF):** TANF resources may be used for short-term, non-recurrent benefits to families. States can use this option to provide families experiencing homelessness with up to four months of TANF-funded rent assistance.[6]
- **Transitional Housing (TH):** TH provides up to 24 months of temporary housing, usually in a group residence, combined with intensive services. TH is intended to give interim support to help families move to and maintain permanent housing. Transitional housing programs are also usually accessed through the CoC, and may focus on specific sub-populations.

Other housing programs designed to serve individuals may also serve families, such as Housing Opportunities for Persons With AIDS (HOPWA) and HUD-VASH Housing Vouchers designed for veterans experiencing homelessness.[7]

2. Support Economic Self-Sufficiency

The vast majority of homeless families are headed by mothers parenting alone. They have sole childrearing, homemaker, and breadwinning responsibilities, yet they have little place in the labor market (Bassuk, 1995); this situation has remained generally the same for decades (Wood & Paulsell, 2000; On Solid Ground, 2015). Without adequate education, job skills, childcare and transportation, they are unable to enter the workforce and become self-sufficient to support their families. Some have worked sporadically at low-paying service jobs that pay minimum wage, but many have never worked (Hayes, et. al. 2013). Families who become homeless tend to be living in very precarious economic circumstances prior to their homelessness. A single event such as the loss of a job, an illness, injury, a large household bill, loss of a car or daycare can topple a vulnerable family into homelessness.

Economic resources are a protective factor against homelessness (Bassuk et al., 1997; Shinn et al., 2007). Interpersonal violence can also increase the risk of losing one's home (Homes for the Homeless, 1998; U.S. Conference of Mayors, 2008; National Network to End Domestic Violence, 2007; Pavao et al., 2007). Any response to family homelessness must address a mother's capacity to become economically self-sufficient. This begins by immediately connecting the family with available public benefits (TANF, Medicaid, Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], Supplemental Nutrition Assistance Program [SNAP]) to build their economic base. When the family has stabilized in

[5] For more information, see: National Center on Homelessness among Veterans, *Supportive Services for Veteran Families (SSVF) Evaluation.* http://www.endveteranhomelessness.org/research/program-development-evaluation/supportive-services-veteran-families-ssvf-evaluation

[6] For more information, see: National Alliance to End Homelessness, *Making Effective Use of Temporary Assistance to Needy Families (TANF) to End Family Homelessness.* http://www.endhomelessness.org/page/-/files/Making_Effective_Use_of_TANF.pdf

[7] For more information, see: U.S. Department of Veterans Affairs, *Homeless Veterans.* http://www.va.gov/homeless/hud-vash.asp

permanent housing, education, job training, and other employment supports are needed to prepare mothers to enter the workforce. In many cases, health and mental health issues will need to be addressed before steady employment can become a reality.

3. Assess All Family Members

Assessment requires developing a safe and trusting relationship with a service user, and learning about the needs, wishes, priorities, and strengths of all family members including parents, children, the family unit, the family's social network, and available systems of care. Family-centered assessments should consider the needs of both parents and children, view adults as parents first, and assess child development in relation to the parent's functioning.

Parent's desires and wishes for their children should be central and guide the process (DeCandia, 2015). To ensure the family's capacity is fully understood, information about the family's strengths and coping skills should be elicited. Assessment should reflect the evolution of the family's needs over time. More sensitive information may come to light after the provider and family members get to know each other. This may be a prolonged process. Respecting a family's pace is critical.

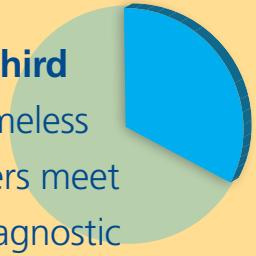
Assessment of family members experiencing homelessness should cover:

- Family demographics, including family composition and history of family separations
- Safety needs (e.g., domestic violence, suicidal behaviors, health crises)
- Homelessness, housing history, and needs
- Self- sufficiency: income and benefits, education, employment history/needs, transportation, and child care
- Parental functioning: health, mental health, substance use, traumatic stress, parenting/ attachment, and criminal justice involvement
- Children's development: developmental status, health, mental/behavioral health, traumatic exposure, education, and child care needs
- Family's social supports and networks, and strengths
- Service needs and involvement

Standardized instruments should be used in assessments to reliably identify family needs, systematize findings, and reduce bias. The Family Service Prioritization Decision Assistance Tool is a new instrument that assesses demographics, housing eligibility, income, education, employment, and various safety needs (OrgCode, 2015). Programs can use the F-SPDAT or their own assessment forms as long as they cover all these domains. Programs should supplement the F-SPDAT or their own assessments with standardized instruments to screen for health

Family-centered assessments should consider the needs of both parents and children, view adults as parents first, and assess child development in relation to the parent's functioning.

Most homeless family members have been exposed to traumatic stressors, especially interpersonal and community violence.



One-third of homeless mothers meet the diagnostic threshold for PTSD.

and mental health conditions that are common in this population (e.g., depression, trauma, developmental delays). These tools are brief, often taking less than five minutes to administer, enabling the provider to better match a family's needs with appropriate services, and make timely and targeted referrals (DeCandia, 2015; DeCandia, Bassuk, & Richard, in press).

4. Address Trauma Related Issues

Provide Trauma-Informed Care

Most homeless family members have been exposed to traumatic stressors, especially interpersonal and community violence (Browne & Bassuk, 1997; Guarino & Bassuk, 2010; Stainbrook, 2006; Weinreb, Buckner, Williams, & Nicholson, 2006; Zugazaga, 2004). Abuse is prevalent for most homeless women. Multiple studies have found that more than 90% of mothers have been exposed to at least one traumatic stress (Bassuk et al., 1996; Hayes, Zonneville, & Bassuk, 2013). Compared to the general female population, homeless mothers are more frequently assaulted by partners, relatives, or friends (Bassuk et al., 1996; Browne & Bassuk, 1997; Hayes et al., 2013; Perlman et al., 2012; Shinn et al., 1991; Stainbrook, 2006; Weinreb et al., 2006; Williams & Hall, 2009; Zugazaga, 2004).

The Adverse Childhood Experiences (ACE) studies (Felitti et. al., 1998) indicate that when people are exposed to multiple, unrelenting stresses over time, they experience adverse mental health and medical outcomes in adulthood. Their children may develop "toxic stress responses" that alter brain architecture and have life-long consequences (Shonkoff et al., 2012). This is most likely to occur when nurturing caretakers are unavailable to support and buffer the child's experiences. As a result of these interpersonal traumas and the trauma of homelessness, one-third of homeless mothers meet the diagnostic threshold for PTSD; yet the majority of homeless mothers do not receive treatment (Hayes et al., 2013). The Family Options Study also confirmed high rates of PTSD (22%) and "serious psychological distress" (30%) among homeless parents (HUD, 2015). Recent research has documented that PTSD symptom severity strongly predicts residential instability at 30-month follow-up (Hayes et. al., 2013).

To respond to the extremely high prevalence of exposure to traumatic stress, including interpersonal violence, and to its mental health consequences, such as major depression and substance use, all agencies serving homeless women should provide trauma-informed care—a strengths-based organizational approach in which all services are provided through the lens of trauma. Trauma-informed care is grounded in an understanding of and responsiveness to the devastating impact of traumatic stress and post-trauma reactions. All staff in an agency are trained to understand how trauma operates and how best to reduce "triggers" of a post-trauma response,

encourage consumer choice, support empowerment, and level power differentials. Establishing trusting, supportive relationships is the linchpin of these services. Trauma-informed care reduces re-traumatization, and creates opportunities for survivors to develop a sense of safety, control, agency, and self-efficacy—all of which increase the likelihood of achieving residential stability and becoming self-supporting.

Address Interpersonal Violence

More than one-third of women in the United States experience interpersonal violence in their lifetimes (Black et al., 2011; National Network to End Domestic Violence, 2007). Among families experiencing homelessness, rates of IPV may approach 63% (U.S. Conference of Mayors, 2008). IPV has serious consequences for its victims including poor medical and mental health outcomes (Black & Breiding, 2008; Bonomi et al., 2009; Campbell et al., 2002) such as increased risk for anxiety, depression, substance use, including tobacco use, and PTSD (Bonomi et al., 2009; Golding, 1999; Nicolaidis et al., 2004; Woods, 2000).

Studies of community samples have documented that 10% to 20% of children are exposed to IPV every year (Carlson, 2000), with the greatest risk of exposure occurring for children under age 6 (Osofsky, 1995). Exposure to IPV negatively effects child development with greater risk of psychological, socio-emotional, and behavioral problems including mood and anxiety disorders, substance use, and school-related difficulties (Levendosky, Bogat, & Martinez-Torteya, 2013). The co-occurrence of exposure to IPV and other types of violence is high: 60% to 75% of children whose mother is experiencing IPV are also abused (Osofsky, 2003). IPV occurs in many families, but those living in poverty are at increased risk (Bassuk, Dawson, & Huntington, 2006).

The first step in supporting mothers who have experienced IPV is to identify their needs and goals (Davies, Lyon, E., & Monti-Catania, 1998). Given their degree of isolation, programs should provide emotional and instrumental support in the context of an ongoing, healing relationship with providers, programs, and community members (Smyth, Goodman, & Glenn, 2006). When families come to homelessness services after leaving an abusive partner, providers should be sensitive to the reality that these families are often more isolated than other low-income families (Goodman, Smyth, Borges, & Singer, 2009). Fear and mistrust are expected reactions. To best meet women's needs, providers should develop networks of care and work to bridge siloed services (Smyth, Goodman, & Glenn, 2006). Helping women address their immediate financial situations while working toward long-term financial stability should be a cornerstone of any intervention (Economic Stability Working Group, 2002).

All agencies serving homeless women should provide trauma-informed care—a strengths-based organizational approach in which all services are provided through the lens of trauma.

Depressive disorders are far more prevalent in mothers experiencing homelessness compared to the general female population.

Depression and its co-occurring disorders can significantly interfere with obtaining and maintaining housing and services that families need.

Mental health providers working with women in these situations should move beyond short-term, symptom-focused interventions to prioritizing the needs and preferences of these women (Goodman & Epstein, 2008). This framework acknowledges the real constraints of poverty and IPV, while also helping women to recognize their own strength and power. Helping women to shift their perspective and learn new coping skills is not enough to counter the realities they face each day. Women and their families need concrete options to address their very real challenges that can only be met by coordinating care across service agencies (Goodman et al., 2009).

5. Treat Depression in Mothers

Depressive disorders are far more prevalent in mothers experiencing homelessness compared to the general female population. Depression and its co-occurring disorders can significantly interfere with obtaining and maintaining housing and services that families need. Lack of access to critical services limits the opportunity for mothers to become self-sufficient and fully support their children. For these reasons, prevention and treatment of depression must be part of an effective solution to family homelessness.[8] Studies have documented that when mothers are treated for depression (e.g., medication, psychotherapies, behavioral interventions), their children develop fewer emotional and behavioral problems (NRC & IOM 2009a; Weissman et al., 2006).

All homeless mothers should be screened for major depression and its co-occurring disorders (especially PTSD, substance use, and anxiety). In addition, homeless programs should provide preventive and therapeutic interventions such as parenting supports. Studies indicate that programs benefitting depressed parents and their children include developmentally oriented daycare/child care, and home visitation. Often these programs are enriched by outreach that increases the likelihood that depressed parents will engage in treatment.

Additionally, some of the promising preventive interventions for low-income families with parental depression are especially relevant to families experiencing homelessness and can result in better outcomes (NRC & IOM, 2009b). For mothers with significant mental health symptoms, further evaluation and referral to treatment is mandatory. Minimizing symptoms and attributing them exclusively to the challenges of poverty and homelessness further burdens women who are already severely stressed and increases their risk of future episodes of homelessness (Miranda et al., 2006).

[8] Major depressive disorder is characterized by feeling down and blue all of the time, or having no energy, plus five out of nine associated symptoms drawn from biological domains (e.g., trouble eating, sleeping, concentrating) and psychological domains (e.g., feeling hopeless, helpless, that life is not worth living, and feeling suicidal). These symptoms last two weeks or more and may be accompanied by functional impairments. They often last much longer. The symptoms cannot be caused by substance use, medical diagnosis, or bereavement (DSMQIV, 2000).

6. Minimize Family Separations

Many homeless children are temporarily or permanently separated from their families, with rates ranging from 18% to 44% (Bassuk, Volk, & Olivet, 2010; Cowal et al., 2002; Zlotnick 1999). Many of these separations are voluntary with parents trying to protect their children from the experience of homelessness by placing their child with relatives or friends. Others are associated with shelter eligibility criteria in which adolescent boys are not allowed admission. Most complicated is the association between foster care involvement and homelessness.

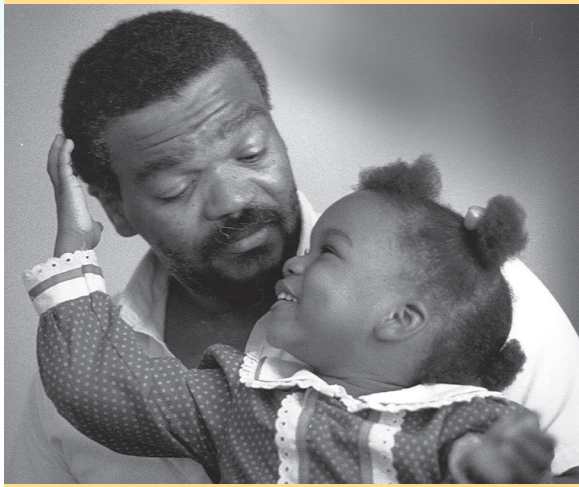
Various studies have focused on the factors that most highly predict family separations. Cowal et al. (2002) identified mother's substance abuse, institutional placement most commonly for drug treatment, and interpersonal violence as independent risk factors, but overall homelessness itself was the most powerful factor contributing to separations. Once these separations occur, children are often shifted between relatives, foster care placements, and shelters (Buckner & Rog, 2007).

Although homelessness itself is not a reason to remove a child from the family, it plays a large role in both family separations and barriers to reunification (Williams, 1991). Families requesting shelter had high rates of Child Protective Service Involvement (CPS) and foster care placement (Culhane et al., 2003).

The likelihood of CPS involvement is greatest in large families, those with long or repeated episodes of homelessness, and in families with fewer adults (Park et al., 2004).

For families with children in the foster care system, programs such as the Family Reunification Program (FUP), signed into law in 1990, can help them reunite. Through partnerships with local public housing authorities and child welfare agencies, FUPs provide families with housing subsidies and the supportive services necessary to support the child's safe return to the family (Bassuk, Volk, & Olivet, 2010).

Interventions that facilitate reunification of the family include: family engagement, comprehensive assessment, case planning, and service delivery. Parent-child visitation and involvement of foster parents and peer mentors are critical first steps. Especially when child maltreatment is a factor, family centered assessment is crucial to understanding each family member's needs and their current circumstances. Service planning should be aimed at ensuring that the environment the child is returning to is safe and can be sustained. This is often accomplished by concrete service planning, intensive case management, and provision of home-based services (Bassuk, Volk, & Olivet, 2010).



7. Provide Parenting Supports

Many systematic studies of the impact of parenting supports on low-income mothers have shown promising outcomes that include strengthening of the parent-child relationship; improved children's adjustment and functioning; improved parenting practices; mothers greater knowledge of child development; and decreased prevalence of maternal depression—a preventive outcome (National Research Council & Institute of Medicine, 2009b). The evidence base describing the effectiveness of these programs for homeless families residing in supportive housing is beginning to emerge, and the outcomes are promising (Gewirtz & Taylor, 2009; Perlman et al., 2012).

The National Research Council (NRC) and Institute of Medicine (IOM) recently published two reports—one on prevention of emotional, behavioral, and mental health difficulties in children, youth, and families, and the other on parental depression (NRC & IOM, 2009a&b). The IOM reports contain many examples of effective programs for low-income families that can be adapted for use in homeless programs. For example, psycho-educational approaches that combine information about strong parenting practices and mental health have a robust evidence base for use with low-income families. Principles driving these interventions include:

- Addressing the needs of children and families
- Strengthening parenting through psycho-education

- Providing treatment to parents when they had full-blown depressions
- Assessing children to understand their needs and providing various preventive and therapeutic interventions.

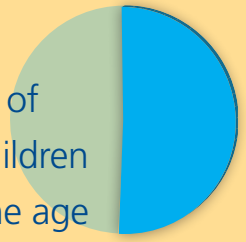
Although parenting programs are part of the solution, they should not constitute the sole response. It is critical that mothers have adequate childcare so that they can access the services they need. Childcare vouchers are available through the states and should become part of a coordinated community response.

8. Address Children's Needs

Most mental health disorders have their roots in childhood and youth, with an estimated 14% to 20% affected in any given year (NRC & IOM, 2009b). An estimated 17 million children have or have had a psychiatric disorder; half occur before the age of 14 (Child Mind Institute, 2015). We can help children thrive and thwart the development of serious mental health problems later in life by intervening early and providing services to address the needs of their parents (Center for the Developing Child, 2015).

Research has documented the link between adverse childhood experiences (ACEs), including high rates of exposure to violence, adverse long-term health, mental health, and socioeconomic consequences (Felitti et al., 1998; Feliti & Anda, 2010) as well as the damaging effects of "toxic stress" on a young child's developing brain (Shonkoff, 2010; Shonkoff et al., 2012; Center on the Developing Child at Harvard University, 2007, 2009, 2010, 2015). About half of homeless children are under the age of five—a time when their cognitive skills and emotional self-regulation skills are developing, impacting their ability to organize, plan, problem solve, evaluate risk, utilize good judgment, pay attention, follow instructions, remember rules, manage feelings, achieve complex goals, and function well (Buckner, Mezzacappa, & Beardslee, 2009).

Some children experiencing homelessness are particularly resilient (Huntington, Buckner, & Bassuk, 2008) when surrounded by caregivers and a supportive ecology (Masten, 2011, 2014; Huntington et al., 2008). The presence of a stable, nurturing caregiver serves as a buffer against adverse childhood experiences (National Scientific Council on the Developing Child, 2015; Gerhardt, 2004; Shonkoff & Phillips, 2000), including homelessness. A subgroup of homeless children manifest significant strengths when compared to the general child population (Huntington, Buckner, & Bassuk, 2008). Attention to children's individual needs within the context of the parent/caregiving system is a crucial component of responding to family homelessness. Family-oriented interventions address the needs of the parents and the children as well as the relationship between the two (Chase-Lansdale & Brooks-Gunn, 2014;



About half of homeless children are under the age of five—a time when their cognitive skills and emotional self-regulation skills are developing,

To serve children effectively, staff members should be knowledgeable about developmental issues, the importance of attachment, and various mental health conditions.

Kids Count, 2014; Mosle & Patel, 2012; St. Pierre, Layzer & Barnes, 1995).

Addressing children's needs can begin with creation of child friendly spaces. All children need safe places to play that support gross and fine motor skill development (Ginsburg et al., 2007) and programming that supports the development of executive functions (Center on the Developing Child at Harvard University, 2015). Play for children is associated with healthy brain development, learning readiness, improved social-emotional skills and self-regulation, all of which are associated with resilience (Center on the Developing Child at Harvard University, 2015). Play also helps develop children's leadership and social skills (Ginsburg et al., 2007).

Body-based interventions and physical activity are now understood to be necessary for children's healthy development and are important for addressing trauma (van der Kolk, 2014). Most important, child friendly spaces should be developmentally appropriate. For infants, clean and safe floor spaces are needed so they can crawl and get needed "tummy time" to support healthy brain and motor skill development (Esteban-Cornejo et al., 2014). Play spaces for toddlers and school age children should include toys and learning materials appropriate to their age. Programs should have designated spaces where preteens and adolescents can socialize and do homework.

To serve children effectively, staff members should be knowledgeable about developmental issues, the importance of attachment, and various mental health conditions. Children who manifest serious emotional, behavioral, and developmental problems should be identified as early as possible, and referred for clinical evaluation, early intervention, and treatment. All homeless services should address maternal depression and should be family-oriented, support effective parenting, and focus on the children as well as their parents.

Providing children with quality child care and early education promotes healthy development (Center for the Developing Child, 2010). Legislation and administrative policies that ensure homeless children receive these services are crucial. A completed high school education is paramount to addressing factors that underlie family homelessness. McKinney-Vento school district liaisons work in local schools to identify and support children who are homeless. Connecting parents and children to their McKinney-Vento liaisons helps to maximize school stability, attendance, and academic success. The McKinney-Vento school district liaison is a critical support for children and families who are homeless.

Without a decisive federal response and the political will to provide adequate funding, local communities and programs cannot solve the problem of family homelessness on their own.

Mobilizing a Comprehensive Response

Taking Action

Action can be taken at the program, community, and state and federal levels to improve services, build workforce knowledge and skills, and coordinate local resources. However, without a decisive federal response and the political will to provide adequate funding, local communities and programs cannot solve the problem of family homelessness on their own. Based on the components of an effective response, action steps are suggested below.

Program and Community Level

In the wake of such an enormous social crisis and with limited resources, homeless and housing service providers may feel overwhelmed and unsure how to act. With a lack of affordable housing, providers struggle to house families quickly. Housing subsidies for homeless families, are significantly underfunded (National Low Income Housing Coalition, 2013a, b & c). In addition, only limited funding is available to train providers in best practices (Mullen & Leginski, 2010). Operating an effective program for homeless families can seem daunting in the face of everyday crises and perennially stretched resources.

Address Service Gaps

Communities and programs can effect change for individual families experiencing homelessness by intentionally filling gaps in service delivery. To do so, programs should understand the characteristics of the people they serve, the context of their lives, the needs of their community, and available resources. Armed with this information, program leaders can implement evidence-based services to mitigate those factors known to adversely effect homeless families (e.g., trauma, maternal depression, educational deficits). Furthermore, by implementing approaches known to build resiliency (e.g., teaching parents and children self-regulation skills), providers can work to enhance wellbeing over the long-term.

Increasing numbers of young children are experiencing homelessness. Emergency shelters, transitional housing, and supportive housing programs need to design programs to meet children's needs. Several tools have recently been developed to help providers improve service delivery for young homeless children. The Administration of Children and Families recommends three screening/assessment tools and training for shelter providers (Moodie et al., 2014; Administration for Children and Families, 2015). Based in a robust evidence base on early childhood development (National Scientific Council on the developing Child, 2015; NRC & IOM, 2009a & b; Shonkoff, 2010; Shonhoff et al., 2012), these valuable resources can help shelter providers address the gaps that exist in providing quality services to homeless children.

- Early Childhood Self-Assessment Tool for Family Shelters https://www.acf.hhs.gov/sites/default/files/ecd/ech_family_shelter_self_assessment_tool_120114_final.pdf

Workforce development and service enhancement are two areas ripe for collaboration and coordination.

- A Housing and Shelter Provider's Guide to Developmental and Behavioral Screening. https://www.acf.hhs.gov/sites/default/files/ecd/shelter_screening_guide.pdf
- Compendium of Screening Measures for Young Children. http://www.acf.hhs.gov/programs/ecd/child-health-development/watch-me-thrive

If you are part of your local Continuum of Care (CoC), we encourage you to work with your CoC partners to implement universal developmental and behavioral screening that will reach every child experiencing homelessness in your community… We hope this guide, together with the tool list and tool kit, will support your work with families and help children reach their full potential.

—Administration of Children and Families, Birth to Five Watch Me Thrive

Providers can also assess their program's responsiveness to the needs of the families they serve. Using tools such as the Assessment Checklist for Homeless Family Providers, which can be downloaded from The Bassuk Center website (www.bassukcenter.org), program leaders can determine whether all eight domains are included and begin to identify service gaps. These can be addressed internally (e.g., by introducing a standardized depression screening tool, PTSD screener, and a child assessment instrument into the routine assessment process) or through strategic partnerships. By identifying and filling service gaps, programs can better meet a family's needs, target resources, and ultimately reduce risk factors for homelessness.

Collaboration, Coordination, and Shared Vision

Collaboration among nonprofits working to effect social change is necessary for achieving positive outcomes but is not always desired or easy to navigate (Bryson, Crosby, & Stone (2006). At one extreme, silos persist; competition, "turf wars," and funding streams can derail successful collaborations. At the other extreme, vibrant inter-organizational systems are formed. Cross-organization and cross-sector collaborations most likely to succeed are driven by "committed sponsors and effective champions who provide formal and informal leadership" (Bryson, Crosby, & Stone, 2006, pp. 4).

Following three decades of failed federal policies, limited funding, and scarce resources leading to ever increasing numbers of homeless families (Bassuk, DeCandia, Beach, & Berman, 2014), collaboration among service providers has become a matter of course. Conflict and challenge is inherent in any collaboration. However, if we are to end family homelessness, "the challenges must be met or else effectively addressing the major public problems that confront us will be unlikely" (Bryson, Crosby, & Stone, 2006, pp. 9).

Homeless Services United: A Community's Response

Providers' voices and experiences are not always well represented in federal policy. As a unified voice, providers hold untapped power to influence the national conversation about family homelessness. An example of community collaboration comes from New York City.

Homeless Services United (HSU) is a coalition of over 50 nonprofit agencies serving homeless and at-risk adults and families in New York City. HSU provides advocacy, information, and training to member agencies to expand their capacity to deliver high-quality services. HSU advocates for expansion of affordable housing and prevention services, immediate access to safe, decent, emergency and transitional housing, and outreach and drop-in services for homeless New Yorkers. HSU's member agencies operate hundreds of programs, preventing shelter entry whenever possible, and working to end homelessness through counseling, social services, health care, legal services, and public benefits assistance, among many other supports.

As explained by Christy Parque, HSU Executive Director:

> *Our clients confront high housing costs, difficulty finding work, mental and physical illness, substance use, and domestic violence, and are particularly vulnerable during periods of financial and economic turmoil. To truly help those who come to us seeking assistance, we must be prepared and equipped to help meet their needs. This means a shift from a "one size fits all" mentality. We must create a diversity of solutions that mirror the diversity of causes that led to an individual or family's housing crisis.*
>
> *Homelessness, one of the most complex and tragic manifestations of poverty, is solvable. The solution requires facilities and programs to create stabilizing environments, and the support need for clients to tap into their strengths to identify a path to stability and permanent housing. A well trained and supported staff is essential, so they can understand and adapt to the complex and rapidly changing systems and rules involving housing, health, and public benefit systems.*

Trauma-informed care represents an ecological approach that recognizes environmental factors and influences wellbeing.

Workforce development and service enhancement are two areas ripe for collaboration and coordination. Collaboration among agencies, and cross-sector training with human service workers, domestic violence providers, and child development specialists can significantly enhance the awareness, knowledge, and skills of the workforce, which is critical if service quality is to continually improve.

Trauma-informed care represents an ecological approach that recognizes environmental factors and influences wellbeing. Interventions to address the high prevalence of trauma in homeless families need to go beyond the individual level and target interpersonal, organizational, and community levels (DeCandia & Guarino, 2015; SAMHSA, 2014; Saxe, Ellis, & Kaplow, 2006). Various tools exist to help organizations become trauma-informed:

- The Chadwick Center's Trauma *System Readiness Tool* for child welfare agencies (Chadwick Center for Children & Families, 2013); http://surveygizmolibrary.s3.amazonaws.com/library/113599/TraumaSystemReadinessTool2.pdf
- Community Connections Creating Cultures of Trauma-Informed Care (CCIT) model (Fallot & Harris, 2014): http://www.communityconnectionsdc.org/web/page/673/interior.html
- Maine's *System of Care Trauma-Informed Agency Assessment* for child serving agencies (THRIVE, 2012);
- The National Council for Behavioral Health's *Organizational Self-Assessment* (National Council for Behavioral Health, unpublished); http://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/
- The National Center on Family Homelessness's Trauma-Informed *Organizational Self-Assessment*, adapted for homeless service settings, agencies who serve women veterans, and community-based programs (Guarino et al., 2009); http://homeless.samhsa.gov and www.familyhomelessness.org
- The Sanctuary Model (see Bloom & Sreedhar, 2008) http://andruscc.org/?page_id=836

In addition, the TICOMETER© is the first psychometrically valid instrument to measure the extent to which an organization has adopted trauma-informed care. This instrument includes 35 items across five domains, with each item rated on a 4-point scale. The TICOMETER© is available online at www.ticometer.com.

State Level

To support providers and enact change across communities, some states have organized alliances that work to raise awareness, coordinate state-based resources, advocate, and provide funding to end family homelessness. Following the federal blueprint, many states have created Interagency Councils on Homelessness (ICH), and developed statewide 10-Year Plans to address and end homelessness. Some states have targeted the unique needs of homeless children and families (Bassuk, DeCandia, Beach, & Berman, 2014).

Providers should be aware of resources that a state may have targeted to homeless families. According to the National Conference of State Legislators (2014), Connecticut, Louisiana, Tennessee and Washington have enacted childcare legislation especially for homeless children. For example, Pennsylvania's Early Intervention and Services Act makes homeless infants and children eligible for early intervention. The definition of homelessness in this legislation includes children who are sheltered, unsheltered, or doubled-up (People's Emergency Center Newsletter, 2014).

States are also beginning to recognize the high prevalence of violence and interpersonal trauma among children, youth, and families (Prewitt, 2014). Efforts are underway to assess cost savings across systems by mitigating Adverse Childhood Experiences (ACEs). Hearings and other actions across the country demonstrate a "growing awareness [among states] that there are promising trauma-informed public policies ready for implementation" (Prewitt, 2014). States can also focus on policies that impact both housing and service needs for homeless families, including availability and affordability of housing and reducing homeless families' risk for food insecurity (Bassuk, DeCandia, Beach, & Berman, 2014).

A statewide campaign to end family homelessness might include:

- Raise awareness among state elected officials and policymakers (executive branch appointees and staff)
- Increase coordination and collaboration among state agencies through a State Interagency Council on Homelessness that includes representatives from housing, childcare/early education, education, foster care, juvenile justice, behavioral/mental health, and transitional assistance--the department that addresses TANF/SNAP/WIC

States are also beginning to recognize the high prevalence of violence and interpersonal trauma among children, youth, and families.

"We want to ensure that individuals and families experiencing homelessness have the best possible chance of movement toward self-sufficiency. Our goal is ending homelessness."

—Katheryn Preston
Executive Director, Georgia Alliance to End Homelessness

- Develop and implement a statewide plan to end homelessness through the State Interagency Council on Homelessness in conjunction with service providers, community leaders, and families
- Integrate the work of the State Interagency Council on Homelessness with state level domestic violence coalitions to connect efforts to end family homelessness with ending domestic violence
- Fund a State Housing Trust Fund to expand the supply of affordable housing
- Provide state-funded rental assistance
- Support the State Department of Education in increasing the identification of homeless children and youth
- Provide state-funded services that address barriers to education for students who are homeless
- Ensure that young homeless children have access to early childhood education and pre-school programs
- Raise funds and other resources from state philanthropies and businesses to develop state level data on homeless families, communicate with lawmakers and policymakers, and educate the public
- Encourage philanthropies and businesses to support statewide efforts to end family homelessness

Georgia Alliance to End Homelessness: A State Level Response

Statewide alliances can coordinate resources, connect community-based agencies, and coordinate local responses to family homelessness with state governance. State-based alliances can set standards for quality services and support workforce development for providers. Georgia offers one example of a state-based response to ending homelessness.

In the early 1990s, a group of individuals, community based coalitions, and taskforces interested in Georgia's homeless issues came together to attempt to solve the problems being experienced by homeless service organizations. While sharing information and support, this group quickly began to identify specific needs. This newly forming network met regularly in a central location to encourage statewide participation. In 1997, advocates made a decision to formally organize through incorporation, creating the Georgia Alliance to End Homelessness, (GAEH).

Responding to the needs of Georgia's disadvantaged and homeless citizens through a coordinated network, GAEH focuses on building organizational capacity to enhance services to homeless persons and those at risk of becoming homeless through prevention and proactive efforts. These efforts encourage partnerships among providers, organizations, and intergovernmental agencies.

To develop a statewide response, GAEH adopted the twelve-region structure used by Georgia state government. Most regions are grounded by at least one urban city or community; multiple homeless service providers operate through one of these regions. Several regions have formally organized, formed partnerships with GAEH, and established coalitions or taskforces of their own. These organizations facilitate coordination of services, intake information, and referrals, and act as incubators of projects and programs to address service gaps. Coalitions also facilitate local homeless Continuum of Care programs by providing technical assistance to local governments and providers.

The assurance of basic health and safety needs, coupled with ethical and quality programming, is the bedrock of GAEH's mission to meet the needs of people who are homeless and to foster opportunities for achieving self-sufficiency. For example, GAEH's Quality and Excellence Standards and Support Training (QESST) program has developed a comprehensive assessment process for organizations servicing the state's homeless population.

Federal Level

Federal policymakers must understand that family homelessness is more than a housing problem. Services and supports must be provided along with permanent affordable housing to address the causes and consequences of family homelessness in areas of income and employment, interpersonal violence, trauma, health and mental health, parenting, family supports, and children's needs.

Federal lawmakers should be urged to:

- **Standardize the federal definition of family homelessness** across agencies to include all families without homes regardless of how they are sheltered. This will expand eligibility for housing vouchers and services to bring families out of homelessness.
- **Capitalize the National Housing Trust Fund** (http://nlihc.org) to expand the nation's supply of affordable housing that has dwindled over the past three decades. Full capitalization requires an ongoing annual multibillion dollar federal investment. Current annual capitalization is far short of that mark.
- **Increase funding for the Housing Choice Voucher Program** targeted specifically to families who are homeless. HUD currently provides about 17,000 homeless families—a fraction of the need—creating long waiting periods, and leaving families in shelters and on the streets. The need is closer to 100,000.

Federal policymakers must understand that family homelessness is more than a housing problem.

- **Public Housing Agencies** should serve families experiencing homelessness by setting aside units for families experiencing homelessness, lowering barriers for these families to obtain public housing, and creating partnerships with homeless service providers in their Continuums of Care.
- **Expand support for the McKinney-Vento Homeless Assistance Act**. This legislation is a major source of federal support for homeless families and children, including the McKinney-Vento Act's Education for Homeless Children and Youth program that provides critical supports to help homeless children succeed in school.
- **Understand the connections between homelessness and domestic violence**. Support national, state, and community efforts to provide safety and support to families, and develop evidence-based responses (see http://nnedv.org/; http://nationalcenterdvtraumamh.org/; http://ncadv.org/).

Homeless families also rely on federal programs for food, health care, income, and supports for children. Programs such as the Nutrition Program for Women, Infants, and Children, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Earned Income Tax Credit, Head Start, and Medicaid all provide critical supports in times of crisis. Lawmakers should be urged to support continued funding for these programs.

The nation's failure to acknowledge the realities of mental illness in the lives of most American families leave homeless families with few supports to prevent and treat depression and other mental health conditions. Although it is now law and the Affordable Care Act (ACA) has made some progress in increasing access to mental health services, the national commitment to "parity" between physical and mental health services is a long way from being realized. Several pieces of legislation are before the U.S. House and U.S. Senate that address improving mental health services. To learn more, visit www.nami.org and www.mentalhealthamerica.net.

Reach Out to Policymakers

Your views matter. Elected officials in Washington pay close attention to phone calls, email, and letters from their home district. A little effort goes a long way to encourage legislative action. You can:

Call the Capitol Switchboard at 202-224-3121 and:

- Identify yourself (name, title, organization, city).
- Ask to speak with your representative; you will be connected to a staff person in that office.
- Introduce yourself and ask that your views be passed along to the representative.
- Make a brief request for specific action, such as: "I urge support for the reauthorization of the McKinney Vento Act," or "We need more housing vouchers targeted to homeless families" (see the suggested federal actions above).
- You views will be passed along to your representative.

Email Your Members of Congress:

- Go to www.house.gov and select the name of your U.S. Representative. You will see an email contact form that you can use to send an email requesting action.
- Go to www.senate.gov and select the names of your U.S. Senators. You will see an email contact form that you can use to send an email requesting action.
- Go to www.whitehouse.gov/contact/submit-questions-and-comments and you will see an email contact form that you can use to send an email to the President requesting action.

Write Your Members of Congress:

A one-page letter requesting specific action in your own words on your agency's letterhead or using your personal address can be sent to:

Senators:
The Honorable Jane Smith
United States Senate
Washington DC 20510
Dear Senator Smith:

Representatives:
The Honorable John Smith
U. S. House of Representatives
Washington DC 20515
Dear Representative Doe:

The President:
The President
The White House
1600 Pennsylvania Avenue NW
Washington DC 20500
Dear Mr. President:

The solution to family homelessness must combine permanent affordable housing with services and supports that keep families stably housed.

Join Us

The solution to family homelessness must combine permanent affordable housing with services and supports that keep families stably housed. These services need to begin as soon as families enter emergency shelter and continue when they move into permanent housing.

A comprehensive response to family homelessness must:

- Provide housing subsidies as a first response when families become homeless
- Address issues related to economic self-sufficiency
- Assess all family members about their housing and service needs, including income, work histories, transportation, childcare, health and mental health needs, family separations, social supports, and family member's strengths
- Assign case managers to each family who will facilitate the transition into the community and connect family to essential supports
- Provide services to families that begin when they enter emergency housing and continue when they are permanently housed in stable, safe situations
- Provide essential services including safety planning for families experiencing IPV, parenting supports, trauma-informed care, interventions for maternal depression, and developmentally appropriate services for children
- Advocate for affordable housing, especially subsidies, and essential services for all family members

We have listened to officials and policymakers tell us that the numbers of families experiencing homelessness have decreased. This is not accurate. We have waited for Congress and the White House to pay attention to these families and children, and provide the funding this crisis requires but to no avail.

Now we are rallying with people in local communities across America who work each day to help homeless families and children, and other who are allied with our action plan. Many have already signed this report. Many more will join us.

We know how to end family homelessness in America. It is time for decisive action.

We know how to end family homelessness in America. It is time for decisive action.

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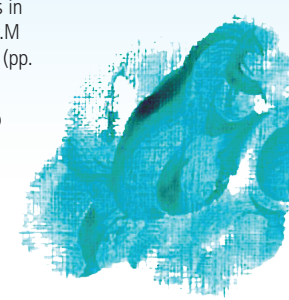

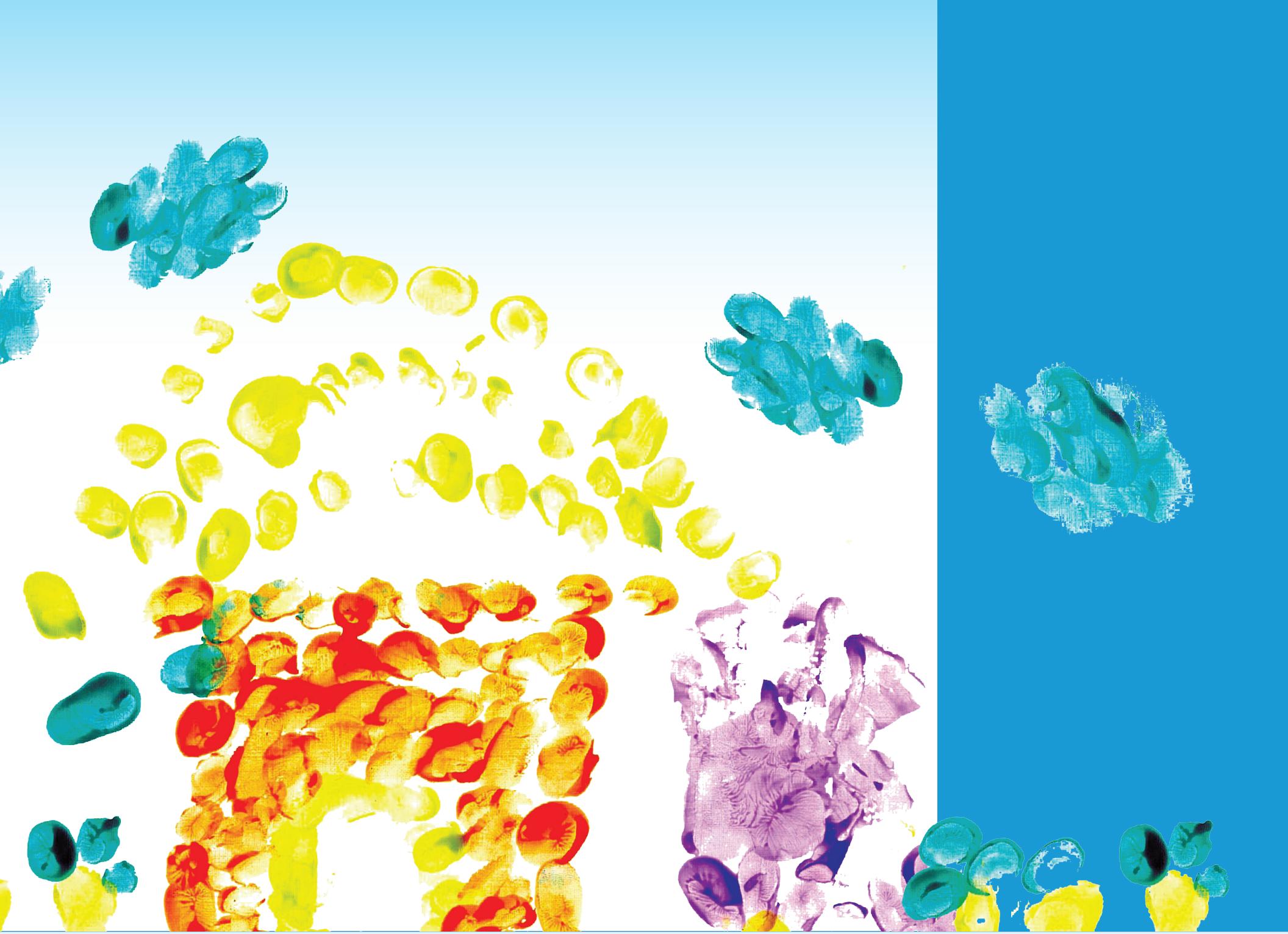

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