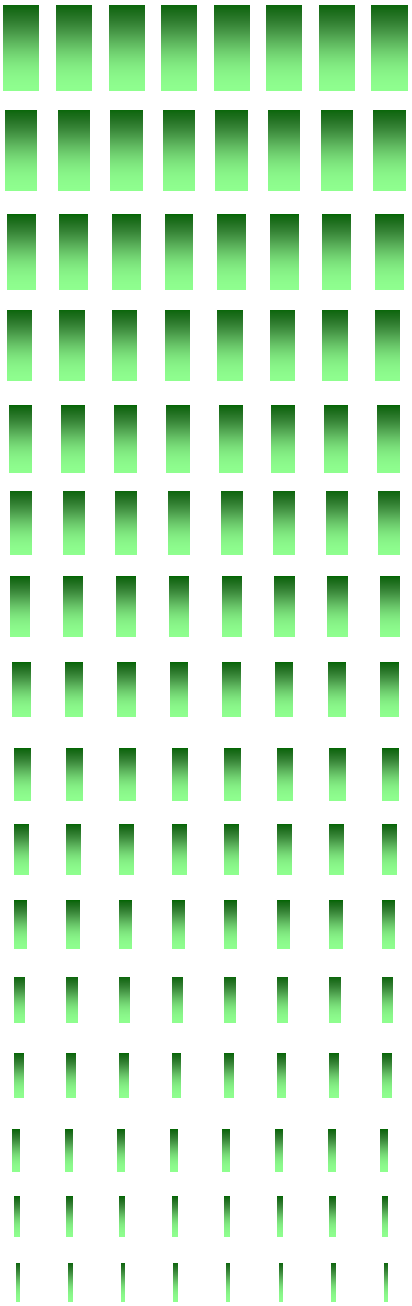

What Data Should We Gather About Homeless Families in Washington State

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Washington State Department of Social and Health Services
Management Services Administration
Research and Data Analysis Division

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With a Review of Research about Homeless Families

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Summary

No Washington State data

This review mainly focuses on research about homeless families. A homeless *family* comprises a homeless parent, sometimes two, who has with them one or more children under 18. Also included are pregnant woman even if they have no children with them.

Surprisingly, there are virtually no data about homeless families in Washington State, credible enough for policy-making. This paper was prepared to encourage Washington State authorities to gather and use data in formulating our public policies about helping homeless families and in assessing our present assistance programs.

What we know from studies done elsewhere

Numbers: Nationally, on any one night, perhaps one of every four persons sleeping at a shelter is a member of a homeless family, one in six is a child. Census-like searches at night find few families living on the streets.

The parents: Some 70 to 90 percent of homeless families at shelters (in other states) are headed by a single mother, 10 percent or more by two parents, 3 to 10 percent by a single father. For Washington State, Department of Community, Trade and Economic Development data for 1997 indicate 65 percent of families at shelters were headed by single women, 28 percent by couples, 6 percent by single men.

The children: The families have with them about 2 children on average. The children are generally young: Half are under 5, many are infants or toddlers. Compared to AFDC mothers, homeless mothers are far more likely to be pregnant or have a child under 1. For every 4 or 5 children seen at the shelters, the parents often report yet another child, living elsewhere.

Duration of homelessness. Family homelessness is sometimes repetitive, but seldom continuous. Perhaps half the families at shelters leave there in less than 3 to 4 months; only 10 percent stay a year or longer. Some 20 to 40 percent or more will be homeless again within the next two years.

The true durations of family homelessness may be even longer than these figures indicate. Duration estimates from shelter stay s overlook the fact that many families arriving at shelters may already have been homeless inconspicuously: living at utterly substandard places, or at motels/hotels for transients, or temporarily with others. Indeed, temporary living with others may be especially prevalent for homeless families; more about this later. Also, families leaving shelters do not always move on to stable housing; some remain homeless even after they leave their shelters.

Homelessness and lack of income. The immediate cause of family homelessness usually is a lack of money. Yet most homeless families did previously have income; most have been on welfare for some time even before they became homeless. And most welfare families are not homeless. Why then are some welfare families homeless when most are not?

Parental risk factors. The importance of parental risk factors such as mental health problems, drug abuse, or alcohol abuse, is much debated. From a societal point of view, personal character may not be the central issue. If the supply of low income housing is 1000 units and demand is 1040, then 40 families will not have housing. What does it matter who is left standing when the music stops?

Yet, in this very competition for scarce housing, personal frailties may matter a great deal. A parent who has a disability or even a somewhat dysfunctional character may be more likely to lose their job or dwelling and less likely to get another. Once homeless, that family may be less likely invited to share another person's home. If such parental risk factors could be identified, supports for families at risk or those already homeless might perhaps be focused more on the especially vulnerable families, and non-discrimination initiatives strengthened to better protect vulnerable families against bias.

But would such intervention have any fundamental effect? If the 1000 unit supply of affordable housing is not expanded, directing aid to particularly vulnerable families might well get some of those families housed and would thus (falsely) appear effective, if the initiative merely shifted the 40 units of homelessness to other families formerly less at risk.

The data on parental risk factors. Studies using various assessment tools, but all relying on self-report, find that most homeless parents do not evidence serious mental problems, most do not appear to abuse drugs, most do not appear to abuse alcohol.

Several studies have found that homeless parents' rates of mental health problem and drug or alcohol abuse while fairly low are nonetheless higher than the even lower rates seen for parents of housed welfare families. (This has not always been confirmed.) One could conclude that a significant proportion of the parents may show *one or another* of the above three problems. Even so, many homeless parents appear to have none of these three handicapping problems.

Homeless families appear to be demographically similar to other welfare families. On parental age, education, prior reliance on welfare, numbers and ages of the children, homeless families are usually found similar to other welfare families. (There are some differences. Blacks are often more present among homeless families than among welfare families at large in the same community; yet this difference is not found for Hispanic families. Also, homeless parents when they were children are more likely to have lived at foster homes than had the parents of welfare families at large.)

Homeless families are quite different from homeless single adults. Parents of homeless families, in their upper 20s on average, are generally younger than homeless single adults. The parents, usually single parents, are mostly women, whereas homeless single adults are mostly men. Most of the families are eligible for welfare and receiving income and medical benefits; most homeless single adults are not eligible. The parents' rates of mental problems or substance abuse are much lower than the high rates seen often for homeless single adults. Durations of homelessness are typically considerably shorter for families than for single adults.

What we know about the consequences of homelessness for the children

Whether homelessness harms children is a compellingly important issue. It is after all concern for the children that underlies the public's clear sympathy for homeless families. To answer O'Flaherty's question, 'Why is it (homelessness) bad?' (1996, p 20), not only does homelessness deprive children of a stable home, which all children should enjoy, but, more telling if proven, homelessness may harm children directly and compromise their futures as well.

Most of the research on homeless children has focused on pre-schoolers as homeless children are often young, half being pre-schoolers. Fewer studies have looked at homeless children of school age. There are essentially no data about homeless youngsters in Washington State.

Health care and health status Several studies have found that, compared with (conveniently selected but not representative) poor but housed comparison children, homeless children get fewer immunizations and less dental care. Homeless pregnant women and their infants have been reported to have gotten less prenatal or infant care (but possibly even before becoming homeless). There is one report of higher mortality among infants born to mothers at shelters. Health status comparisons find homeless children generally showing the same common ailments seen for all children, but sometimes at higher rates, particularly for less threatening conditions. The data are most consistent for minor upper respiratory infections, minor skin ailments, and ear disorders. Higher prevalences of underweight and overweight are sometimes found, sometimes not.

Pre-school social, intellectual and emotional development The use of many different developmental measures makes it difficult to condense the findings. Comparisons of young homeless children and (conveniently selected but not representative) poor housed children have not consistently found more severe developmental delays among the homeless children. A few studies have found homeless children less frequently enrolled in Head Start programs.

School performance School performance has been measured as absenteeism, grade progress and grade repeats, or standardized test scores. Studies find the school performance of homeless children not as good as that of other children in the same school or (conveniently selected but not representative) poor housed children. With increasing age and grades, school performance may fall further behind.

Limits of these studies of homeless children. The findings about the children are suggestive but hardly conclusive. While many studies of homeless children do find apparent injurious effects of one sort or another, the same deficits are not seen consistently across studies. Also, the comparisons with poor but housed children are seriously faulty. As homeless children are also very poor children, one can confidently expect they will show at least the same health and developmental problems well-documented for very poor children. Very careful analytic work is needed to discern whether there are any effects of the child being homeless on top of the powerful and enduring consequences of child poverty. Last, the observations have all been short-term. Follow-ups are needed to find out whether early-observed effects of homelessness are lasting, or whether they are reversed with the resumption of stable home life. The proper conclusion must be that harmful effects of homelessness on children, certainly any lasting effects, have not been well proven.

When is a family homeless? Definitions matter

As numbers can influence policy-making, estimates of the numbers of homeless families and single adults are always being put forth. Yet there has been little consideration of what is it that constitutes essential homelessness. Without a clearer understanding of when people are homeless and when not it is hard to know whom to count, and hard to gauge the validity of the estimates.

All counts and research studies include families and single adults at shelters, and some policy discussions and counts and a very few studies also include persons relying on certain other living arrangements. But the boundaries of homelessness remain unclear. Is a family homeless if it has been living for over a year at public-funded transitional housing? Is a family sharing a home with others homeless? What about families living in garages? at domestic violence shelters? Policy-making and research would be clearer if we have a guiding notion of what is homelessness.

Essential homelessness: A good place to start is the common notion that for a place to be a family's *home* it must meet minimum habitation standards and it must offer place stability. Requiring the place to meet minimum habitation standards is intuitively sensible, but place stability is more critical. Especially for children, a temporary place is not a home.

Following this line of reasoning, we consider a family homeless if it is living at any of the following five kinds of places. (This definition closely matches the definition of 'homeless family' in Washington State's 1999 Homeless Families Plan.)

A family is homeless if it lives -

1. At a shelter,
2. On the street,
3. At an utterly sub-standard place: a place lacking what the 1990 US Census called 'complete plumbing facilities': hot and cold piped water, flush toilet, and bath or shower. Include here families living 'rough' in basements and outbuildings, truck campers, tents....
4. *Temporarily* at a residence for transients: staying *for under 90 days* at a motel, hotel, or at migrant housing. Include here families living temporarily at domestic violence shelters.
5. With others, *temporarily*: stays with others *for under 90 days*.

Primitive counts are available of the numbers of families that have used shelters in Washington State, as in many other states. Systematic estimates have not been reported on the numbers of families in Washington State or anywhere else living inconspicuously homeless in utterly sub-standard places, or at residences for transients, or temporarily with others. (As previously mentioned, census-like sweeps of city streets at night have found few families living on the streets.)

The above operational definition applies a 90-day maximum to define *temporary* living. 90 days is arbitrary; most research studies have used shorter maximums of 30, 45 or 60 days. 90 days is consistent with the state's administrative definition.

Families living temporarily with others. It is especially important that families living with others *temporarily* be included in thinking about homelessness and in research where practical. First, *temporary* shared living meets our conceptual test. Especially for children, a temporary place is not a home.

Second, temporary shared living may be the most common living arrangement for homeless families. Temporary shared living has not been studied much, but from the data we have it appears that temporary living at someone else's home – with family or friend - may be the most common living arrangement for homeless families, more common than living at shelters. Statistics that count only families at shelters may substantially underestimate the true number of homeless families.

Third, understanding shared living is crucial for understanding why families come to shelters and why many can move out again without public-subsidized housing. Research data confirm that families living temporarily with others are the reservoir from which most families at shelters have come, and the place to which many will go next.

Fourth, and perhaps most important though seldom mentioned, for the child temporary shared living may be less harmful than living at a shelter, for many reasons. And for the parents, too, shared living may often be the better option. At a shared home child care may be more available, making it easier to look for work and a place to live. Surely the consequences of temporary shared living for the child and parent ought to be studied.

Families in the first two above homeless living arrangements (at shelters and on the streets) could be thought of as *literally homeless*. Families in the other three categories are *incomspicuously homeless*, and may warrant a lesser level of attention, but by our definition they are homeless.

Inconspicuously homeless families have been overlooked in policy-making and in research. Most research has studied only families at shelters. In consequence, what we know about homeless families, counts and characteristics, is really only about families at shelters.

The recommendation to include as homeless families living *temporarily* with others is controversial. We are not suggesting that these families get the same services and housing priorities afforded families literally homeless at shelters or on the streets. Yet shelters and shared living are often intertwined living arrangements. What happens at shared housing directly affects families' need for shelters. Likewise, policy and funding decisions about shelters and subsidized housing affect home-sharing as well. (For example, reportedly, some home-sharing families move to shelters to get priority for subsidized housing.) Also, temporary shared living is a private response, does not call on public funds, and may have better consequences for the children.

Homeless families are importantly different from homeless single adults

Homeless policies and programs often treat homeless families and single adults as one group. For many years families weren't even counted separately (nor were the children counted). Yet the two groups are quite different. Aside from the demographic differences, which are substantial, the presence of the children, young children very often, draws private and public sympathy, and the families may enjoy considerably more private and public support than do single adults.

Most homeless families are eligible for welfare benefits (cash grants, Food Stamps, and medical assistance) and most are (or should be) receiving those benefits. Homeless single adults are not as often eligible for welfare or disability income. And, as a result of greater private sympathies, a greater proportion of homeless families than single adults may be living temporarily with grandparents or other relatives or friends.

The demographic and public/private support differences between homeless families and single adults suggest using different intervention strategies. Programs that are reasonably successful with homeless families may not work well with homeless single persons. Public funds might be more effectively used if we had outcome evaluation data that distinguished the two target populations.

Evaluating our interventions

Interventions to end homelessness. As family homelessness is repetitive often, the usual simple count of the number of families passing through shelters (some but not all moving on to subsidized housing) may not be a good measure of the effectiveness of housing placements in ending homelessness. Assistance to homeless families could be better evaluated if we could know how those families fared after six months, one year, and longer. The needed tracking data could be gotten with relatively simple improvements to today's primitive data systems for homeless programs. See discussion below.

Interventions to prevent homelessness. Two strategies to prevent family homelessness are worth evaluating. First, Washington State's welfare program for some time has been providing emergency supplemental grants to families at risk of losing their homes. The grants average around $400, and most are paid directly to vendors, presumably to private sector apartment owners or managers.

The legislature recently increased funding for this program, and it seems important to learn how well these now-expanded grants succeed in preventing homelessness rather than merely delaying it. The grant program could be assessed by following family welfare records to learn where those families were living several months or more after receiving the emergency funds.

A second prevention strategy worth looking at involves working with welfare families that are sharing others' homes, to avert the untimely collapse of those shared living arrangements. Several researchers comment that it is the exhaustion of host supports that finally renders families literally homeless and in need of shelter. The implication is that host burn out brings about the need for shelter. Interventions to sustain shared living may thus offer a way to prevent literal homelessness.

But is this so? Host burn-out is by no means certain; the hosts' descriptions of what happened are likely to be complicated. The host could have set requirements, and the visiting family, rather than complying, could have moved to the shelter. Even if the host did nothing to end the sharing, sheer crowding takes a toll and sharing another's home may not always remain attractive to the visiting family. In time the availability of space at a family shelter may become more attractive, in which case the visiting family might leave of its own. The issue could be empirically studied by finding out from hosts and former hosts what the tensions and issues have been, whether and why they did indeed tell families now at shelters to leave, and what interventions might have helped overcome those breakups.

Getting data for Washington State

The data summaries and discussion above show the kinds of useful information research can provide about homeless families. Yet today for Washington State we have not a single good estimate of the numbers of homeless families living at any one time at shelters around the state or inconspicuously homeless at utterly sub-standard places, at transient motels/hotels, or temporarily with family or friends. Nor do we know much about their personal characteristics, geographic locations or access to welfare entitlements. We have no evaluations of how effective our programs may be in undoing family homelessness. We haven't even an estimate of total public spending on homelessness in the state. This near-total absence of data is acknowledged in the 1999 Homeless Families Plan.

There is no substitute for local research

What research we have on family homelessness has virtually all been done elsewhere, mainly in the large northeastern and midwestern cities and in California. Those places are quite different from the Puget Sound area in their demographics, economies and social services, and they are even more different from the balance of Washington State. (Little research is available about homelessness in any smaller cities or rural areas, or for entire states.)

Of the studies we do have from other places, many were done at least a decade ago. Social support systems back then were very different from the supports in Washington today: different welfare eligibilities and benefits, different social services, different housing markets and subsidy programs.

And those findings from other places, other times, are not always consistent. The descriptive findings about the families are reasonably consistent across metropolitan areas, but the comparisons against poor but housed families in those same communities (the comparisons turn the data into useful information about homelessness above and beyond the effects of poverty) have yielded inconsistent findings. The inconsistency of the comparison findings is not comforting.

In summary, the available research on homeless families has limited relevance for Washington State. And counts done elsewhere have little value here. Counts would have to be done here.

More important, research done elsewhere simply does not have the credibility or interest of locally done studies. Data specifically about homeless families in Washington State would hold the attention of public officials and the media, and would evade the unanswerable question of whether our situation here is the same as was observed 'there.' For all these reasons there is no substitute for studies done locally.

As the result of fifteen years of national research experience with homeless families, proven research methods are now readily available. Washington State studies could begin returning useful information in one year's time.

The best strategy to build data

The best strategy Washington State could use to count homeless families and monitor trends in counts and characteristics would be to implement a central computer "tracking system" that merged together the records shelters throughout the state already keep of the families using those shelters. The merging would rely on family identity data (mainly names, dates of birth, and Social Security Numbers). Much of this identity data is already retained by the shelters.

The shelters would periodically forward their data to a central site, which would merge those records and keep the identities confidential.

Pros: This method is already in use in other places. Such central shelter 'tracking systems' are today used by several states and metropolitan areas, and are being promoted by HUD. Implementa-tion would take time and entail costs, but once implemented, the system would be relatively inexpensive to maintain. The data are highly credible as duplicate counting is largely eliminated.

This same tracking system could easily also monitor the numbers of homeless single adults and their circumstances. The system could also readily provide local and regional estimates and migration analyses, all of which are of considerable interest to local officials. Recurring homelessness could be monitored, and homeless assistance programs better evaluated.

A single central merging would be more sensible than requiring the larger counties to build and maintain separate systems for locally merging the identity data from shelters in their areas.

Cons: The main drawbacks to a central shelter tracking system are the time and funds needed for implementation (data would come available gradually), and the concern about protecting the confidentiality of homeless persons' identities. Strong confidentiality protections must be built in.

These data confidentiality protections are entirely do-able. Strong data confidentiality protections have been successfully implemented in Washington State's other statewide social service data systems. Those social services records are today tightly protected in ways that meet state and federal requirements, yet the data systems can also provide much information for policy-making and administration.

Gaining much more useful information about homeless families

A shelter tracking system would take time to implement, and even then would provide only very limited descriptive data about the families using shelters, and no data at all about the many inconspicuously homeless families that are living in utterly sub-standard places, or temporarily at transient motels/hotels, or temporarily sharing others' homes.

Much additional data about homeless families are readily available as most homeless families are also DSHS clients. Most get welfare benefits, and many are clients of DSHS social service programs: in particular the mental health, substance abuse and child welfare programs.

One could learn a great deal about homeless families by matching up their shelter records with their welfare and human service records in DSHS databases. This matching would yield rich objective data on homeless families' demographics and circumstances, risk factors, their use of welfare and social services, and their employment patterns before and after being homeless. Employment and independence are state welfare priorities.

This matching with DSHS databases would use the family identity data described above. Again, the identities would have to be kept confidential.

Once the shelter tracking system were in place, the data-gathering and merging with DSHS records could be done entirely with existing data systems, avoiding the problems and expense of using field interviewers to gather identity data from small numbers of homeless families. Until the tracking system is operational identity data and basic descriptive data about homeless families could be gotten by interviewing small samples of families, drawn carefully so as to represent well the statewide population. Those sampled identities could then be merged with DSHS' administrative data systems, keeping the identities confidential.

Data about the effects of homelessness on the children could be gotten by merging their identities with the state's health and social service databases. Data could be gotten about the children's use of Medicaid-paid preventive care, diagnoses and treatments, child welfare services, and prenatal care, the latter from the First Steps data base). Merging with Vital Statistics records could then be used to study prenatal health care for homeless women and infant mortality. If desired by local jurisdictions, further data might be gotten from school district records, and through interviews with voluntarily participating families. To assure confidentiality, the school and parent studies might best be done as a university project, approved by the university's human subjects review board.

This report also recommends other research methods, especially to get data about homeless families living inconspicuously, either temporarily with others or in sub-standard or transient places, and to study the well-being and developmental progress of homeless children of school age. The Year 2000 Census will capture some data on families using shared quarters but, regrettably, no data on the durations of those shared living arrangements.

Chapter 1. Introduction

This paper reviews the published research about homeless families: methods and findings. The paper was prepared to encourage Washington State authorities to gather and use data in formulating our public policies about homeless families and in assessing our ongoing programs.

Little data is available today about homeless families in our state; we have not even a single good estimate of the total numbers by their their living arrangements, demographics and locations. This absence of data is acknowledged in the state's 1999 Homeless Families Plan. (The Plan does not estimate total public funding.)

How much are we spending?

Though it certainly could be done, there is no estimate today of total public spending in Washington State specifically to prevent and undo homelessness. It appears that public spending for homelessness programs in the state may now be in excess of $15 million per year. The state-funded Emergency Shelter Assistance Program administered by DCTED now spends about $2.5 million per year (DCTED 1997 Annual Report). DSHS's program of supplemental emergency grants to prevent homelessness among welfare families spent about $3 million per year in 1997 (Lowin, 1998b), and has since been doubled in size. Washington State communities have also been receiving about $2.5 million per year from the federal Emergency Shelter Grant program.

These three items alone now amount to perhaps $11 million per year. The federal funds typically require 1:1 matching, but it is not clear what state or local funds provide the matches. Other state and federal programs provide additional smaller amount specifically to address homelessness.

Local government funds are commmitted as well. The amounts are unclear, though the City of Seattle anticipated this year spending about $9 million for services for homeless persons.

A $15 million per year total for public sector spending seems not unreasonable, therefore. (This figure does not count funding from non-profits and charitable donations.) The Governor's Budget Request to the 1999 Legislature anticipated spending about $28 million over the biennium to assist homeless families with children (Homeless Families Plan, 1999, Chapter One. (That figure may have included general assistance to poor families as well as assistance for homeless families. Besides the funds intended specifically for homeless persons, appreciable generic welfare and social service funds are spend for these same families and individuals.)

As family members comprise perhaps a quarter of all person-nights at shelters, and have priority for housing and services, perhaps as much as a third or half of public spending for homeless persons goes for families.

The state's larger cities and counties keep some sort of counts and rudimentary characteristics data about the families and single adults who use public-funded shelters in those areas. These data are kept in part because they must be reported to HUD as a condition for receiving federal grants for emergency shelters and related housing programs. Spokane County is notable for unduplicating the homeless person records it receives from area shelters; no other jurisdiction does so now.

The local data generally suffer major problems and, perhaps aside for Spokane County, the computed statistics do not well describe even the local situations, and certainly cannot be combined into valid statewide figures.

Opportunities to gather data now

Two years from now the need for data may be more pressing, if the economy stalls even as welfare families begin to reach their five-year TANF limits. The number of homeless families, perhaps stable now (who knows?), may then begin to grow.

Reasonably good methods to collect and interpret data about homeless families are now available. A research program begun soon could in a year or two be returning much useful information. These data efforts could particularly rely on already collected administrative data from shelters, plus perhaps field surveys done with the voluntary cooperation of homeless families.

Scope of this report

Chapter 2 provides a quick history of research on family homelessness. Chapter 3 develops a useful definition of homelessness; the definition is then put to use throughout the report. Practical ways to gather data on the numbers and characteristics of homeless families are outlined in Chapter 4. The counting methods summarized in Chapter 4 could provide the incidence, trend and demographic data called for in Washington State's Homeless Families Plan.

In Chapters 5-10 we summarize the published research about homeless families: the numbers, personal characteristics, living arrangements, consequences for the children, and living patterns and durations. Almost all the research has been done elsewhere. Each chapter also provides a critique of the research concepts and methods in its area. Chapter 11 outlines opportunities for research in Washington State.

Homeless families are different from homeless single adults

This review is mainly limited to research about homeless *families*. A *homeless family* comprises a homeless parent, sometimes two, who has with them one or more children under 18. Also included are pregnant woman even if they have no children. The term 'homeless' is defined in Chapter 3.

The term *homeless parent*, used often in this report, means a parent who has a child with her. Homeless couples without children and parents with no children present are not considered families for our purposes.

The presence of the children makes homeless families fundamentally different from homeless single adults (Rossi, 1989; Shinn & Weitzman, 1996; Wong, Piliavin & Wright, 1998). The children, young often, draw considerable private and public sympathy, and in consequence the families enjoy considerably more private and public support and priority than do homeless single adults. (Burt & Cohen, 1989b)

Two differences in particular stand out. First, most homeless families are probably eligible for welfare benefits (cash grants, Food Stamps, and medical assistance) and most should be receiving these benefits, or should by now have applied for them. (Research hypotheses are summarized in Chapter 11.) Homeless single adults are not as often eligible for welfare.

Second, out of sympathy for the children, their grandparents and other relatives and friends may be more willing to share their homes with homeless families. Temporary shared living may in fact be the most common living arrangement for homeless families, more common even than living at a shelter. The usual counts of homeless families at shelters may seriously under-estimate the true number of families homeless in the state. But we have no data as temporary shared living has not been included in studies of homeless families.

The data (reviewed in Chapter 5) amply show that the parents in homeless families are demographically more similar to the parents of housed poor families than to homeless single persons. (Shinn & Weitzman, 1996) For these reasons we limit this review to research evidence about homeless families, except where a study of homeless single persons offers a particularly good example of some important concept or measurement issue.

Housing market studies not covered

This paper does not review econometric studies that have examined the effects on homelessness of the nation's housing stock, market rents, household composition and income. Surely the availability of affordable housing plays an important role in family homelessness, but econometric studies have mostly focussed on homeless single adults, not families. This is because homeless single adults well outnumber families and thus predominate in data sets about all homeless persons. (For data on the proportion of family members among all homeless persons see Chapter 5.)

Among sociologists there is much concurrence that the principal driver of the new homelessness has been the shrinking supply of affordable decent housing (Bassuk, 1991; Burt & Cohen, 1989b); Rossi, 1989; Shinn & Weitzman, 1996; Schlay & Rossi, 1992. Homeless advocates of course take the same view. The conclusion is, however, an informed opinion, not an inference from the data. The sociological research on homelessness consists largely of single-site single-time studies, which mainly yield counts and tabulations of personal characteristics, sometimes also explanations by the homeless adults of how they came to be homeless, but these studies do not examine data on the supply of low cost housing, demand, and prices (Elliott & Krivo, 1991).

One finds less (but still some) agreement on the importance of the shrinking supply of affordable housing in affecting homelessness among economists and macro-sociologists who have examined housing and economic data series across communities or time (Burt, 1992; Early, 1998; Elliott & Krivo, 1991; Jencks, 1994, Ch 8; O'Flaherty, 1996, Ch 15). As regards poor families, there is some concurrence that during the 1980s low-income earnings and AFDC grant levels (grants being

particularly important for families) did not keep pace with rising market rents for basic decent housing (Burt, 1992; Elliott & Krivo, 1991; Jencks, 1994).

The importance of the affordable housing issue vis-a-vis personal 'risk' factors in explaining homelessness is controversial. The issue is examined further in Chapter 6, where we review data on homeless parent risk factors such as metal illness.

Finally, this report does not cover research about adolescents living alone on the streets. That is an altogether different topic.

The published research has limited relevance for Washington State

There is no substitute for studies done locally. Research done elsewhere does not have the same credibility or impact as locally done studies. Data about homeless families in Washington State will gain more attention and will bypass the question of whether the situation described for some other place is the same as ours here. And counts must of course be local.

The research we have about homeless families comes mostly from eastern cities (New York City, Philadelphia, and communities around Boston), midwestern cities (St. Louis, Chicago, Minneapolis) and urban California. The only studies done in Washington State are Miller and Lin's study in King County [1988], and Vacha and Marin's in Spokane [1993, Marin & Vacha, 1994].

(A few statewide studies have been published, most done in the 1980s. (Colorado [James,1988]; Ohio [Roth et al, 1985]; Rhode Island, 1992; Vermont, 1985; Kentucky [Hutcheson, 1993].

The studied communities are quite different from King and Pierce Counties in their demographics, economies and social services, and those places are certainly different from the balance of our state.

How relevant for Washington State are data from those other cities? Shinn and Weitzman (1996) note that descriptive findings about homeless families from diverse communities are quite similar, yet when those homeless families are compared against poor housed families in their own communities the net effects of homelessness (over and above the effects of family poverty) are not consistent from place to place. What should we conclude? The consistency of the descriptive findings about homeless families everywhere may tell us only that homeless families everywhere are consistently very poor. The inconsistencies that emerge from the comparisons with poor housed families may be due to the great variability in how the comparison housed families have been selected. This consistency of some findings across communities but inconsistency of others is not comforting.

Most studies of homless families were done at least a decade ago, though some were published later. Those other places especially back then had different social supports than are in place today in Washington: different welfare benefits, different social services, different housing programs. A series of St Louis studies were carried out apparently while homeless families were being given priority for newly available subsidized housing. Without the housing initiative, durations of homelessness and residential outcomes could have been quite different. The studies of homeless children's health status and their use of health services were generally done before Medicaid eligibility for children was greatly expanded.

There is no way to know that the findings from elsewhere apply here, without doing the research here at least once. Also, we need rural research, but little has been reported. (Rural research is discussed in Chapter 5.)

Yet to ignore work done elsewhere is folly. Research done elsewhere is conceptually and methodologically enormously helpful. Knowing what others have done and learned provides a running start, and helps us avoid stumbling where others already have.

For these reasons the findings about homeless families in other places, other times, can be useful but are not sufficient to inform decision-makers in Washington State. In the reviews we will therefore not concentrate on the numeric findings, which might be quite different in Washington, but rather on the general patterns of the data and the best methods. Again, for assured credibility and attention, there is no substitute for studies done locally.

Data about homeless families in Washington State: Allthough little research has been done locally, basic descriptive data about homeless persons and families are reported by some jurisdictions. DCTED combines locally obtained data to publish annual statistics on the numbers of shelter users statewide. Similar descriptive data are found in the Consolidated Housing Plans prepared by DCTED and local jurisdictions. Seattle and King County have every October conducted a one-night count of homeless persons at shelters or on the streets. (ck with Tacoma? Spokane?) Seattle is considering a system to track (by unduplicating identities) homeless persons using shelters in the city.

These data could be useful for research, but compiling data is not research. Applied research involves clarifying the key questions, then obtaining suitable data, then carefully analyzing and interpreting the data to provide information on the key questions and distinguish among interpretations and, finally, providing that information to audiences that can act on it. Research is purposive and usually done once.

Chapter 2. A Quick History of Research on Family Homelessness

Concern specifically about homeless *families* was first heard in this country less than twenty years ago, though adults without homes had been recognized much earlier. The term 'hobo,' for example, (perhaps from the late 19th Century Northwest railroad mail term Ho Boy, perhaps from a fraternal greeting, Ho Beau), the place-names 'Skid Row' (for Yesler Way in Seattle) and the Bowery (in lower Manhattan), for places where transients and locals congregated, these all bring to mind homeless single men, though Steinbeck's *Grapes of Wrath* depicts as well migrating homeless two-parent families. For years, skid rows were part of the American urban fabric, as were vagrancy laws, though the laws were not often enforced. What supports there were were provided mainly by local churches and voluntary agencies funded by charity.

Through the first two-thirds of this century most homeless persons were single adults: men, white, older often. Many actually worked, at least intermittently, and had places to live: inexpensive single rooms or bunks in flop houses (later demolished for urban renewal). What the men lacked was family, and the term 'homeless' then more connoted absence of family and societal 'disaffiliation' than lack of a place. (Hopper & Baumohl, 1996; Jencks, 1994; O'Flaherty, 1996; Shlay & Rossi,1992)

(Washington State made this definitional argument, unsuccessfully, in its defense in Coalition for the Homeless.. v DSHS ... (Quasim letter to Rep Cooke, 16 Jan 98). The Washington State Supreme Court held [24 Dec 97] that absent a specific statutory definition, 'homeless' has its ordinary meaning.)

Early research about homeless persons can be traced back to the 1920s and 1930s, when a group of Chicago social welfare agencies sought data with which to better address local homelessness. To assist, the University of Chicago's sociology program (with its emphasis on community sociology) began a series of empirical studies. Among the better known of the resulting reports are Anderson's 1923 *The Hobo: The Sociology of Homeless Men* (Anderson himself had been a hobo), and Sutherland and Locke's *Twenty Thousand Homeless Men* (1936), which reported survey results and IQ test data along with other observations. By today's standards the research was descriptive at best ('ethnographic'), the methods quaint.

The 'new homeless'

After World War II hobo and skid row populations shrank, likely due to the rebounding economy and the high demand for labor. There was speculation on whether the skid row problem had resolved on its own. (Hopper, 1991; Schlay & Rossi, 1992) One night in 1964 a Columbia University research team searched four major parks in Manhattan (including Central Park) and found sleeping there one homeless man (O'Flaherty, 1996, Ch 4). Research slowed to a trickle.

In the mid-1970s the numbers of homeless persons rebounded and homelessness became again a conspicuous urban feature. The homelessness issue (Why are some people homeless and what to do

about that?) gained political and public attention, partly due to advocates citing shockingly high 'research numbers.' The term 'homeless' came into common use around 1980, and the issue remained prominent till the early 1990s.

Systematic data, hard to get even now, were then not available. Wildly disparate numbers came into circulation, some based on research, some speculative. The research numbers, appreciably lower, were bitterly contested (Kondratas, 1991; Rossi, 1987). Culhane et al, later reviewing the best national estimates, conclude 'there is agreement that the homeless or "sheltered" population on a given night more than doubled in the 1980s ...' (1994, p. 109)

The debate about homelessness centered (as it still does) not on personal deficiencies but on fundamental socio-economic 'structural' issues: particularly a worsening scarcity of affordable housing, increasingly insufficient income (the income problem fed by a lack of work and grant levels not keeping up with inflation), deinstitutionalization, and (again) social disaffiliation.

Efforts to aid the 'new homeless' remained local for the most part: community-level programs run by secular non-profits and churches, and funded by United Ways, local governments, donations and foundations, but now financed also with federal funds passed down to local programs either directly or through the states. The high point of public response was probably the passage in 1987 of the federal Stewart B. McKinney Homeless Assistance Act, which now as then mainly provides communities with funding for emergency and transitional and permanent housing (Foscarinis, 1996). In recent years more federal emphasis and funding has been directed to transitional and permanent housing, relative to emergency shelters. McKinney funds today generally require some local match in cash or in kind.

The new research. Social research in the 1980s was better established than in the 1930s, and methodologically more able. With federal and foundation funding now available, the result was a flood of research about homelessness, some better than other. The early research mainly counted and categorized (How many, and who are they?), the usual first questions. The geographic locus of the research was mainly cities and metropolitan areas, reflecting the local urban character of homeless politics and services.

We learned from the research that the 'new homeless' generation still consisted mainly of men, but younger now, ethnically more diverse, geographically more stable and less concentrated in the cities, the younger men in particular (Rossi, Fisher & Willis, 1986; Shlay & Rossi, 1992). Many had indications of functional problems if not service histories for mental illness or substance abuse, and indeed some had lived at institutions. Women, too, were in the picture, and they were separately counted. (Perhaps the women had been there earlier, but there was political sensitivity now.)

Homeless families. Some of the women had children with them, and while this was sometimes noted in data and narrative, the children were not always counted and the analyses did not yet distinguish families from women alone. The focus was still on adults.

Homeless families had certainly been known before the 1980s, but they had then been labelled not homeless but rather 'families in emergency housing' or 'in emergent need,' and housed with other families facing emergencies in paid hotel rooms and community centers (O'Flaherty, 1996, Ch _). Those other labels are in use even today. According to Burt and Cohen (1989b), as late as 1980, few shelter beds nationwide were suitable for families. (Main [1986] notes that family shelters were in

use in New York City in the 1970s. Demand at the New York City shelters fluctuated considerably, then, in the early 1980s, exploded.)

Specific concern about homeless families emerged in the early 1980s, perhaps because of the growing numbers, but surely because public sympathy, needed to garner funding, was greater for the families and especially for the children. Even if the parents were seen as partly responsible for their situations, who could blame their children? Shelters now gave priority to families, some dedicating entire areas or buildings.

By the mid 1980s research began distinguishing the homeless women with children from women alone, counting and describing each group separately. In time the children were counted, and research began inquiring about the children's well-being. The first research reports about homeless families were published around 1985.

The early studies of homeless families typically provided numbers (using different counting methods, and raising debate over best methods), and the usual demographic slicing and dicing of the data: by age, sex, ethnicity, marital status, education and work experience, and functional limitations, in particular mental illness, alcoholism and drug abuse. The interest in demographic characteristics was traceable to the fundamental question: Why are some poor people homeless when most are not? Or, asked more modestly, What personal factors increase the risk of homelessness? At about the same time, macro-economists and comparative sociologists began doing cross-sectional studies that compared metropolitan areas on their homelessness rates and other characteristics, again searching for underlying drivers. (Sosin, Colson & Grossman, 1988)

From the early studies it became clear that homelessness was not a permanent state of affairs but, rather, episodic usually (having an end), even moreso for families than single adults. Homeless families would typically report one past episode, two, sometimes more, but hardly any families remained homeless indefinetely and in time even the repetitions generally ended.

This observation suggested a new research direction. Even if the root causes of homelessness could not be successfully identified and resolved with primary prevention, the episodic and repetitive nature of homelessness meant that there were ample opportunities for secondary prevention, to more quickly end the episodes and reduce the likelihood of the homelessness repeating. To devise such secondary prevention it was important to know about the duration of homelessness and its repetitiveness. Homelessness was now viewed not as a static fact (Why are some people homeless?) but as a process that could be modified if better undestood.

At about the same time it also became clear that studies that compared homeless families (or single adults) with poor but housed families (or single adults) were limited in their ability to identify risk and protective factors because the direction of causality was often unclear. Did lack of work or social disaffiliation cause homelessness or were those consequences of homelessness? (Piliavin et al, 1993, 1996) As causality was an important topic, better research could be done with longitudinal studies that examined the sequencing of events from Time 1 to Time 2.

The late 1980s thus saw the beginning of longitudinal research on homelessness as process. Using several methods, including retrospective reports from homeless persons, follow-up studies and administrative records, researchers working with Piliavin and with Culhane began to analytically study people's living arrangements before and after homelessness, durations of homelessness, and repetitions. The term homeless *career* came into use to describe a homeless person's sequence of

living arrangements. It was noted, for example, that most homeless families at shelters did not come directly from their own homes but from places shared with others. Why did that shared living end, and what could be done about that?

The early 1990s also brought a toning down of claims about the great and ever-growing numbers of homeless families (earlier estimates that family members comprised one-third to one-half of all homeless persons were now lowered to about a quarter) and about the harmful consequences for the children. With better comparisons, many of those conditions were found in similar frequency among poor but housed children.

Most of the research was still being done with traditional field interviews with convenience samples. This type of research has important advantages, but it is slow and expensive, it relies on self-reporting, and yields relatively few cases, whose representativeness of homeless families at large remains uncertain.

In the early 1990s researchers began working with data already available in the computerized administrative data systems that were being implemented by shelter providers, human service providers and their funders. Re-using for research the great volume of data originally collected for administrative purposes could have considerable advantages over fieldwork. Administrative data can be gotten more quickly, at very low cost, and for great numbers of persons or families; cumulating data systems can 'unduplicate" (match up) many different records for the same person, thus assembling broader data sets; for the first time one can build serious longitudinal personal and service histories extending forward and backward across time; and more fitting comparison populations now become available, case-matchable and with appreciable nunbers of cases.

Administrative data could facilitate the study of families' residential histories and, where the data could be merged with other data bases, their human service histories as well. With longitudinal data one could perhaps categorize homeless persons into useful sub-groups accoding to their patterns of homelessness. Interventions might be more effective if shaped to suit the different circumstances of such different groups. Some of the interesting work has categorized homeless single adults as either transitionally homeless (once only, or twice), episodically (ending but repeating) and chronically (continually). Such research specifically about homeless families has not yet been published.

Recently, multivariate (risk) modeling has come into use to analytically distinguish factors that specifically influence homelessness from factors associated with the underlying poverty.

Summaries of research: For a fine and thoughful review of research on homeless families see Shinn & Weitzman (1996). Schlay and Rossi (1992) provide an excellent summary of research about homeless single adults (and families). The issues raised in both reviews remain pertinent today.

Chapter 3. Defining homeless families by their living arrangements

What do we mean by 'homeless' and what living arrangements constitute 'homelessness'? Conversely, when do we consider a family 'at home'? (We have already defined a homeless *family* as comprising a homeless parent, sometimes two, who has with them one or more children under 18, or a pregnant woman alone.)

At the core, there is all but universal agreement that we include as homeless persons (families) living 'on the streets' and persons (families) living at shelters. But, as Burt notes (1996a), moving out from the core one finds less and less agreement, for example about persons living in sub-standard housing, in transient motels, in institutions (if they have no home to return to), in buildings illegally (without paying rent), in places shared with others.

Attempting to impose conceptual order on reality is a risky business, for everyone else becomes a critic. As Burt puts it, "It is always easier in the books than in real life." (1996a, p 15) Hopper and Baumohl note that *homelessness* is "an odd-job word, pressed into service to impose order on a hodgepodge of social dislocation, extreme poverty, seasonal or itinerant work, and unconventional ways of life." (1996, p 3) Shlay and Rossi comment, "The line between being homeless and being domiciled is a fuzzy boundary, often and easily crossed." (1992, p 133).

The research literature provides little conceptual guidance for what constitutes essential homelessness. There is endless discussion of which living arrangements should be classified as homeless and which not; but no conceptual foundation is offered for the classifications.

What is homelessness?

A good place to start is the common notion that for a place to be a family's *home* it must meet minimum habitation standards and it must offer place stability. Especially for children, a temporary place is not a home.

Translating these concepts into a practical definition

No working definition is ever perfect; there will always be some disagreements, hopefully few. A good working definition would gather in most of the families we would want to consider homeless, and exclude most families we would want to consider 'at home' (not homeless). A good definition must also be reliable, that is, the persons doing the categorizing for the most part should agree with one another. Their differences of opinion and the misclassifications should be few and scattered.

First cut at an operational definition: In line with the above concept, we consider homeless a family living at any of the following places. (We will later refine this definition, based on the discussion.)

1. At a shelter

2. On the street
3. At an utterly sub-standard place
4. *Temporarily* at a residence for transients (motel, hotel, migrant housing)
5. With others, *temporarily*

1. Families living at shelters (public or private) are generally considered homeless, as housing the homeless is the intended purpose of such places. O'Flaherty (1994, Ch 2) complains that categorizing persons who use shelters as homeless is circular (persons who live in housing for the homeless are homeless). Our conceptual point of view provides a stronger rationale: families using shelters are homeless because their stays there are temporary.

Indeed, most families do leave their shelters within three months, usually sooner. (Data are reviewed in Chapter 10.) Lengths of stay at shelters depend on availability of affordable housing (which varies fom place to place and time to time) and on shelter stay policies. In Washington State, shelters using state funds must generally limit stays to 60 days. A 90-day maximum is under consideration.

For the few families that stay at shelters for longer periods, the shelters become their homes. For definitional economy this long shelter stay exception might be ignored, though we would prefer to first have data on families' actual stays at shelters.

Also included in the 'shelter' category would be families living at transient hotels and motels, if payment were made by a service agency or by voucher, not by the family paying cash. (If the family pays in cash use Category 5, below.)

Families living at transitional housing are generally not homeless by this definition for transitional housing is intended for longer periods. (Again, actual stays there would be of interest.) Families at transitional housing generally have not been included in censuses of homeless families.

Whether to include families living at domestic violence shelters (AKA shelters for abused spouses) would need to be decided. Family stays are short, and the families' options are likely to be pretty much the same as for other homeless families. This category has been included in some studies (Bassuk & Rosenberg, 1988; Molnar et al 1991; Sosin, Colson & Grossman, 1988; also other studies cited in Burt, 1996a), excluded in others (Roth, 1989; First, Rife & Toomey, 1994; Lowin, 1998a). Rossi, Fischer and Willis's Chicago study excluded the category; later Rossi considered that an error (Rossi, 1989, Appx B).

2. Families living 'on the street' are homeless: 'On the street' does not meet minimum habitation standards. This category includes people living at parks and caves, basements, store entryways, abandoned dwellings, non-residential structures (tunnels and bridges, bus and train stations...), cars, etc.

For definitional economy this category might be dropped for most studies have found few families living (sleeping) 'on the streets'. (North & Smith, 1993; Rossi, Fisher & Willis, 1986; Ellickson, 1990). Weitzman, Knickman and Shinn (1990) found about 8 percent of a New York City sample of

new-homeless families reporting they spent the previous night not at their own place or at someone else's. Some may have slept at utterly sub-standard places, some 'on the streets.'

Perhaps few families are seen living 'on the streets' because families 'on the streets' are given priority at shelters or because the children would be noticed (or were noticed), reported, investigated and taken away from their parents (Merves (1992); Shinn & Weitzman, 1996; Shlay & Rossi, 1992).

3. Families living at utterly sub-standard places are homeless as those residences do not meet minimum habitation standards. We include here families living in basements, garages and outbuildings, truck campers, tents.... (These living arrangements are sometimes called 'living rough.') The numbers are probably small but may be important enough to include in a census.

The distinction between utterly sub-standard housing and 'on the streets' is unimportant: both categories of families are homeless. Schlay and Rossi (1992) refer to families (persons) living at utterly sub-standard places as 'badly' housed, living in units *falling far* short of acceptable standards (emphasis added).

A simple operational definition of 'utterly sub-standard' For research we need a practical criterion which would not require inspection of every structure. We propose that the family is homeless if the structure lacks what the 1990 US Census called 'complete plumbing facilities': hot and cold piped water, flush toilet, and bath or shower. (Does the American Housing Survey ask this?)

The "Living Arrangement" coding guidelines recently distributed to DSHS welfare eligibility workers offers a different but compatible definition: 'Places that in your view would not meet minimum standards for mobile-home living quarters.'

In Chapter 4 we suggest several practical ways to estimate the numbers of families living at such utterly sub-standard places, without actually doing on-site visits. If the numbers prove very small, the category might be dropped, perhaps with an upward adjustment of the shelter number.

The 'complete plumbing facilities' criterion can be used to categorize families living at garages, basements, mobile homes and camper vehicles. Some of those places have complete plumbing facilities and those would be considered homes. This criterion also handles the complaint (by O'Flaherty, 1996, p 16) that by convention persons living in abandoned buildings are considered homeless whereas persons living in non-abandoned buildings are considered housed.. Abandonment and non-payment of rent are irrelevant: what matters is the plumbing, and in abandoned buildings there generally is no working piped water.

4. Families living temporarily at residences for transients (motels, hotels, migrant housing) Some families live temporarily or for longer periods at inexpensive motels and hotels, places usually rented by the night, week or month, and intended for transient living. Total monthly housing costs may be higher there than apartment rent + utilities, but for a short-term rental less cash is needed and credit and reputation are not checked.

This living arrangement is usually omitted in discusisons and studies of homeless families. Whether a family using such a residence should be considerd homeless depends on their length of stay. Beyond some duration the residence becomes the family's home. Anecdotal reports suggest that a good proportion of these stays may be under one month. We could use the 90-day maximum

duration suggested for families sharing others' homes (see next category). Data on actual durations would be helpful.

These dwellings presumably meet minimum habilitation standards (have running water and toilets) or we would have categorized them as utterly sub-standard. While the rooms are often small and crowded (and sometimes shared with other persons), other families, too, live for long periods in crowded dwellings, and we don't consider those families homeless (unless the places are utterly sub-standard).

Hotels and motels receiving their payment directly from shelter providers or by provider-issued voucher are better considered shelters. Studies often omit this category as well (Burt, 1996a).

Housing for migrant families falls under this category, and migrant families living there would be classified homeless if their stays were 90 days or less. As migrant housing is a separate policy issue, data for persons usnig migrant housing might be kept separate. Migrant housing may be important in some geographic areas, not in others. Some migrant families may report having a more permanent residence at other times of the year; that being in Washington or elsewhere.

5. Families living with others, *temporarily* by this definition are homeless (until they have lived at the shared place long enough for their stay to be no longer temporary, in which case the place has become their home). 'Temporary' is defined below. For clarity, in later discussions we will designate the homeless family that is temporarily sharing a dwelling as the 'visiting' family; the other family we call the 'host' family.

It is fundamentally important that families temporarily sharing living places be included in research on family homelesness. First, temporary shared living meets our conceptual test for homelessness.

Second, temporary shared living may be the single most common living arrangement for homeless families. Studies that count only families at shelters substantially underestimate the true number of homeless families. The data suggests that families at shelters even before they came to those shelters were already appreciably more mobile that comparison poor housed families. This strongly suggests that some of those shelter families may already have been living in temporary places, thus homeless, even before they came to the shelters.

Third, shared living is the place from which which most shelter families come and to which many shelter families go next. (The data, gotten from studies of families at shelters, are reviewed in Chapter 7.) Understanding temporary shared living is crucial for understanding the reasons why families come to shelters and why many move out without gong to subsidized housing.

Fourth, and perhaps most important, for the child temporary shared living may be less injurious than living at a shelter. The down-side of shelters for families is not often mentioned. Some of the other persons at those shelters may not make the best neighbors for children (Mihaly, 1991; Vacha & Martin, 1993). The crowding and presence of other children (much as at child care centers) may spread infectious diseases (Alperstein & Arnstein, 1988; Gross & Rosenberg, 1987; Wright, 1991). Family or family friends may treat the child more congenially than do staff and strangers. Living with family or friends may provide the child more social stimulation and more opportunity for exploration and play, allowing fuller social, intellectual and emotional growth, and may also help the child avoid the educational disruptions that come with moving to a shelter. For the parent, child

care may be more available at a shared home, making it easier to look for work and a place to live. Shared living certainly has its problems, in particular crowding and personal frictions, but surely the consequences of shared living for the child and parent ought to be studied.

Some discussions of homelessness and a very few studies have included families sharing living quarters (Burt, 1996b; Dornbusch, 1994; Hopper, 1990, 1991; Jahiel, 1992; Link et al, 1994; Mihaly, 1991; Solarz, 1992), or have at least struggled with the issue (Burt & Cohen, 1989a; Dolbeare, 1992; Jencks, 1994; Molnar et al, 1991; Kondratas, 1991; Rossi, 1987; Shlay & Rossi, 1992).

The lack of research on families temporarily sharing homes is likely due in good measure to this category not being included in the federal McKinney Act definition. Definitions matter: the McKinney Act definition has shaped not only programs but also research and information about homeless families.

The reasons for families temporarily sharing places with others not being included in the federal definition, thus in research, appear to be more or less as follows.

First, there is a sensible concern about not defining homelessness too broadly. A great many families (and individuals) share homes, and we certainly wouldn't consider them all homeless. This problem can be handled by counting as homeless only families that share homes *temporarily*.

(Public opinion, too, may consider persons sharing residences *temporarily* to be homeless. A phone survey of a random sample of residents of the contiguous 48 states by Link et al (1994) found 14 percent of respondents indicating that at some time in their lives they had considered themselves homeless. Yet on a follow-up question only about half these persons indicated they had ever slept at a shelter for homeless persons, or in a park, abandoned building, in the street or in a train or bus station. Where could the others have been living that they considered themselves homeless? (Jencks, 1994, Ch 1) A subsequent question did ask whether the person when homeless had ever slept in a friend's or relative's home, but the results are not given.

Second, it is hard to identify and study families sharing homes. The two usual methods for counting homeless families, surveys at provider sites and census-type surveys of non-residential places in sampled city blocks (these methods are reviewed in Chapter 4), would not identify families temporarily sharing homes. But measurement difficulty is hardly a sufficient reason to exclude what may be a large and important category of homeless families. In Chapter 4, we suggest several ways in which temporary sharing families could be identified and counted.

Third and perhaps most important, there is both advocacy and political concern that considering the many families that are temporarily sharing others' homes to be homeless might divert resources from the programs that serve literally homeless families. (Aron & Fitchen, 1996)

Whatever the reasons, families living temporarily with others have not been included in homelessness research. Even if one prefers to consider families sharing homes with others as 'near-homeless' or 'precariously housed' (to use Rossi's 1989 term) rather than homeless (by our conceptual definition they are homeless), evidence regarding them would still be useful for informing policy-making re homeless families. 1. How many families live temporarily with others? 2. How does temporary shared living moderate the demand for shelters? 3. Why do families move from shared living to shelters? 4. Why do some families leave shelters for shared living? Are these families likely to return to shelters? 5. Could we contain demand for shelters by better promoting and supporting shared living as an alternative? How might this be done? 6. Is (privately-financed)

temporary shared living better for the child than (public-financed) living at a shelter? This last question is especially intriguing.

Estimating the number of homeless families by counting the number at shelters seriously underestimates the problem.. The number at shelters is heavily influenced by shelter capacities and local admission and retention policies. The variations often noted in the rate so f family use of shelters across different districts of the same metropolitan area probably does not indicate local differentials in family homelessness as much as local variations in shelter capacities and policies. (Ellickson, 1990)

Increasing family shelter capacity will likely draw more inconspicuously homeless families, thus the resulting increase in the shelter count could hardly be described as ascribed to an increase in the number of homeless families. (Ellickson, 1990; Jencks, 1994, Ch 10)

Conversely, closing family shelters will reduce shelter counts but could hardly be said to reduce family homelessness. Families that leave shelters for temporarily shared living may be off the program screen but one could not describe their housing needs as solved now.

In conclusion, families temporarily sharing places with others (whether one calls them homeless, near-homeless, or precariously housed) should be included in research on family homelessness. Data should be reported separately, to allow policy-makers to distinguish the groups,.

How long is 'temporary'?

After how many nights should a family's residence be considered no longer temporary but their home now? Below we recommend a **90-day** maximum stay in shared housing. Almost all studies have used a briefer maximum, none a longer one; see data below. Without data on the actual durations of shared housing it is difficult to defend a particular time cutoff. A briefer maximum stay would of course decrease the number of families counted as homeless, but applied consistently any maximum stay would yield a time-series with which to monitor prevalence.

Washington State uses a **not over 90 days** rule in the state's above-cited administrative Food Stamps regulation (being homeless triggers expedited processing of the application for Food Stamps). The 90-day rule is included in the "Living Arrangement" coding guidelines recently distributed to DSHS welfare eligibility workers. (The state code re shelter costs, WAC 388-478-0010 uses the term 'temporary' to modify 'shelter, ' but does not further define 'temporary'.)

A 1983 study by the New York City Human Resources Administration likewise used a **3-month** duration to categorize shared family living as semi-permanent (Main, 1986). Roth (1989) and First, Rife and Toomey (1994), both surveying homeless persons in rural Ohio, included as homeless persons staying with family or friends if their actual or intended stays were for **45 days** or less. Burt and Cohen (mentioned in Jencks, 1994, Ch 2), counting homeless adults in larger cities, included as homeless anyone living at someone else's home who did not have a regular arrangement to stay there at least 5 days a week. Thus a person who ordinarily shared someone else's place for **less than 5 days a week** was classified homeless. Burt (1996a) defines as homeless families doubled-up for less than **60** days, if earlier due to an emergency they had been unable to pay for their own housing.

Several studies by Piliavin, Sosin and colleagues of adults and families using shelters or meal programs included as previous homeless any persons who had lived with a friend or relative,

without paying rent, if they had expected to stay there **not over 14 days** (Sosin, Colson and Grossman, 1988; Piliavin et al, 1993; Piliavin et al, 1996; Wong, Piliavin and Wright, 1998). The latter two reports also categorize as an end of homelessness any subsequent continuous residential (non-institutional) stay of **30 days or more**, including shared living. Shared stays of less than 30 days were thus considered a continuation of homelessness. Culhane and Kuhn (1998), working with city-wide merged administrative records of shelter stays required a **30-day** non-use of a shelter to establish the end of the person's homelessness. (They also tried a 1-day exit criterion.) Wood et al (1990a) define a stable residence as one lasting at least **2** months; using this definition we would consider durations of less than 2 months as unstable, hence functionally homeless.

The above studies, while they recognized temporary shared living as one form of homelessness, have not studied families temporarily sharing homes, as none of the above studies (save Roth [1989] and First, Rife & Toomey [1994]) included persons sharing residences. The study populations have all been single persons or families at shelters or using meal providers or found during surveys of non-residential places. The temporary sharing definitions were needed only to categorize each person's current or past living arrangements.

In summary, families that share homes for not over 90 days are homeless under the simple meaning of the term and under the Washington State's administrative regulation for Food Stamps. A briefer duration, say 30 or 60 days could as well be used. Later below we examine three additional definitional issues: who pays expenses, who 'owns' the home, and intended length of stay.

The proposed operational definition closely matches the state's definition of 'homeless family'

Washington State's recently issued Homeless Families Plan defines 'Homeless Family' as a family living at any of the following places. (The language below is not literal, and italics are added.)

> A family that does not have a *regular* nighttime residence;
>
> or a family that stays primarily in:
>
> - a supervised shelter that provides *temporary* living or sleeping quarters,
>
> - a halfway house that provides *temporary* residence for persons going into or coming out of an institution,
>
> - a residence of another person that is *temporary* and the family has lived there for 90 days or less, or
>
> - a place not usually used as sleeping quarters for humans. (HFP, 1999, Ch 2)

Washington State uses this same list in its administrative code definition of 'homeless person,' used for the Food Stamps program (WAC 388-408-0050).

The places listed in the Washington State definition do fail one or the other of our two conceptual requirements for a home.

1. <u>To be a family home a place must meet minimum habitation standards</u>: A person (family) is homeless if they live at a place not usually used as a sleeping place for people. Parked cars, shacks, tunnels, bridges, office building entryways and residential stairwells, subways, bus stations,

campgrounds are not usually used for human habitation as they do not meet minimum habitation standards. A person (family) who sleeps at such places is homeless.

Basements and garages may meet standards, and would then be considered homes. This matter is further discussed below.

2. To be a family home a place must provide stability: A person (family) is homeless if they lack a *regular* (read: stable) residence. A person (family) that lives in a place *temporarily* is homeless because the place is not stable, even if it meets minimum housing standards. A family that lives *temporarily* at a shelter or at a motel or at another person's home is homeless because that place does not provide stability.

Comparison with the federal definition

The principal federal definition of 'homeless individual,' the definition set out in the 1987 McKinney Act (42 CFR Sec 11302, originally PL 100-77), is materially the same as Washington's except that the federal definition does not include persons living temporarily at others' residences. This all-important difference was discussed above.

Additional considerations when classifying families that share homes

Ignore who pays what expenses Whether the family in question pays part of home expenses is irrelevant. Anecdotal reports suggest that families sharing others' residences even briefly sometimes do pay their host, and that long-term home-sharing families do not always pay.

Cost-sharing data are hard to come by and are complicated by in-kind labor contributions, particularly for child care and household work. (Cost-sharing data should be collected, as sharing of costs and responsibilities may contribute to the success (duration) of shared living. This idea is developed in Chapter 7.)

Ignore which party 'owns' the home. It is immaterial which family occupied the dwelling first, or which one is the official renter. Where two families share a residence, either could be selected for study, and its living status (homeless or 'at home') determined by its duration, independent of the other family's duration. (Both families would be determined homeless if both had lived in the shared dwelling for under 90 days and both considered themselves homeless.)

Residential intent poses a difficult problem. One might want to categorize families strictly objectively, by the actual duration of their shared living. But consider, by way of example: "Yes, my son and I have lived with my mom for about a year, but this is temporary. I'll get us our own place as soon as I get the money together." By our definition this family is not homeless, as living in a place for one year is not a temporary living arrangement.

But, a reliance strictly on only the actual duration of the shared living would classify as homeless all families that recently began sharing dwellings, even families that intended the sharing to be for a longer term. Since many welfare families share homes, and each such sharing arrangement at one time had only recently begun, a reliance strictly on objective data to classify shared living as homeless would serious overcount homeless families. This overcounting is avoided by limiting the count to families have shared homes for under 90 days *and that consider themselves homeless*.

Researchers have long struggled with the issue of intent. In her manual, *Practical Methods for Counting the Homeless*, Burt (1996a) recommends doubled-up persons (families) be considered homeless if the doubling-up is *expected to last* less than 60 days and if it arose from an inability to pay one's rent, due to an emergency. Our definition, while similar, is not limited to rent problems and avoids having to ask and then discern why the doubling-up occurred.

The Roth et al and First, Rife and Toomey surveys of homeless persons in rural Ohio (op cit) included as homeless persons staying with family or friends if their actual *or intended* stays were for 45 days or less. Link et al (1994), for a telephone survey investigating past homelessness count as homeless any person who reported having lived doubled-up and having then *considered themselves homeless*.

The studies by Piliavin, Sosin and colleagues of adults and families using shelters or meal programs (op cit) included as previous homeless any persons who had lived with a friend or relative, without paying rent, if they *expected to stay* there not over 14 days.

Studying mainly homeless single persons by O'Toole et al (1999) and Rosenheck and Seibyl (1998) included as homeless persons sharing another's residence, if the person *described herself* as homeless. Actual duration was taken into account, as well. The O'Toole et al homeless study group was limited to persons sharing residences who had been homeless most of the last six months. Six months may be too demanding a criterion: it would eliminate most families from being considered homeless.

In summary, we would classify a home-sharing family as homeless *if it has shared for 90 days or less and describes itself as homeless*. This definition is set out in the Living Arrangement coding guideline recently implemented for DSHS welfare eligibility workers.

The refined operational definition: A family is homeless if it lives at any of the following places:

1. At a shelter
   (possibly limited to families staying 90 days or less)
   (decide whether to include domestic violence shelters)
   (do not include transitional housing)
2. 'On the street'
3. In an utterly substandard place (place lacking complete plumbing facilities)
4. *Temporarily* at a residence for transients (90 days or less)
5. Living with others, *temporarily* (90 days or less, and considers itself homeless)

Categories 3-4-5: Families that are inconspicuously homeless

We call groups 3-4-5 'inconspicuously homeless,' since by the criteria of minimum habitation standards and place stability these families are homeless. These living arrangements are mentioned in discussions and significant numbers of families are probably using at least the shared living (Category 4), yet these categories of homeless families have not been much investigated. (Solarz, 1992)

Dornbusch (1994), in attempting to identify all homeless families in two north California counties, used an inclusive definition, in effect including all five above groups. A wide variety of field methods was then used to find the families. Of the homeless families found, 3 of 5 were not living at shelters.

Rossi, in an often-cited paper (1989; though developed earlier in Rossi, Fisher & Willis, 1986), designates as 'literally homeless' persons living at shelters, 'on the streets,' or in utterly sub-standard places (Rossi calls these 'uncomventional places'). He calls persons sharing others' homes and persons living at cheap motels/ hotels 'precariously housed.' (Even some persons living at their own places would beincluded as 'precariously housed.') The terms 'literally homeless' and 'precariously housed' have been broadly adopted by other researchers and commentators. Molnar et al (1991) similarly note that living doubled-up is not a stable housing arrangement.

But why think of shared living as necessairly 'precarious'? For many families (and single adults) shared housing may be quite stable. The term 'precarious' means a high probability that the living arrangement will end (badly), yet Rossi provides no data on the actual durations of shared family living. Surely many poor families share housing for appreciably longer than 90 days; why call these families precariously housed? If the sharing is for under 90 days, the arrangement may be precarious (likewise those who live at transient motels for under 90 days, or in utterly sub-standard places for any length of time).

Rossi's more central point is that 'literally homeless' and 'precariously housed' persons come from a common population of extremely poor persons, whose common housing problem stems from extreme poverty. (Rossi defines extreme poverty as having income under three-quarters of the official federal poverty level.) Extremely poor families may move back and forth between being literally homeless and precariously housed. To understand homelessness both groups need to be studied. (Dolbeare, 1992) Rossi acknowledges that one could use the term 'homeless' rather than 'precariously housed' for families that have been sharing homes or living at cheap motels, though we would add: <u>those whose stays are brief</u>.

<u>Other possibly homeless living arrangements</u>

We list here several relatively infrequent family living arrangments that are not included in the definition. Persons in these living arrangements would be excluded from the research unless intentionally added.

Counting the following categories of families may add more false than true cases. Residents could be screened to identify those that do not have a permanent residence elsewhere. This may be a lot of work for low yield.

- Families living at their own homes for under 90 days
- Families living at adult or teen residential programs for under 90 days
- Families living in transitional housing for under 90 days

Two of the estimating methods sketched in Chapter 4 could provide numbers for these last categories of families.

Chapter 4. Methods for estimating the number of homeless families

This chapter outlines eight methods Washington State could use to estimate the numbers of homeless persons in geographic areas around the state. Three relatively inexpensive and quick methods are preferred, preferably in combination at first.

The two traditional and still commonly used methods are surveys of persons at provider sites, typically shelters or meal providers (the latter category includes shelters that provide meals), and census-type surveys of geographic areas (usually city blocks). The two methods can also be used in combination. Burt (1996a, b) and Rossi (1989, Ch 3) provide good discussions.

While these two methods could be used in Washington, newer and better methods have now been demonstrated, and we will suggest one or two others as well. These newer methods may be more practical and less costly for statewide and sub-state regional estimating.

Statewide studies

Most estimating studies have been carried out for local communities: typically for cities, counties or standard metropolitan areas. The areas studied have been outside Washington State, thus the actual counts and demographics are unimportant to us.

Only a few statewide studies have been reported, the reports often in state-published technical monographs: Ohio in 1984 (Roth et al, 1985) and again in 1990 (First, Rife & Toomey, 1994), Colorado in 1987 (James, 1988), Kentucky in 1993 (Kentucky Housing Corporation, ref'd in Burt '96a, p 18) **(Ck RI, New Hampshire refs-in Burt '94)**

A few nationwide estimates have been done, the best-known by Burt and Cohen (1989a) and by HUD (1984), more recently by Link et al (1994), and Killworth et al (1998). The latter two use telephone survey methods we discuss later on. The sampling in these national studies was not sufficient to estimate prevalences for individual states, and certainly not for specific counties or metropolitan areas. The 1990 special S-Night study by the US Census mainly focussed on metropolitan areas. Little research has been done on on rural homelessness. (See section below.)

Point-prevalence and period-prevalence counts: The importance of the measurement period

Point-prevalence and period-prevalence counts are heatedly discussed in the research literature, often with more smoke than light. The differences are important, and we discuss them below and further in appropriate places in Chapters 5 and 9.

Regardless of which method is used to count and which homeless population is be counted, any count of homeless individuals or families depends very much on the time period covered by the count. A *point-prevalence count* reports the number of (homeless) individuals or families present at

one point in time, usually over one night. A *period-prevalence count* reports the number of individuals or families ever present over a period of time, often one year (the latter are sometimes called 'annual counts'). Since most homeless families stay at shelters for relatively short periods and are then replaced by other families, period-prevalence counts of the total number of families at a shelter over an extended period of time will be much higher that one-night counts. (The same issue occurs in counts of homeless single adults, but as family stays are briefer, period-prevalence counts will yield especially high family numbers.)

Since over an extended time period more families than single adults will pass through a shelter bed, using period-prevalence counts family members will constitute higher proportions of all homeless persons than if one uses one-night point-prevalence counts.

Both counts are legitimate. The proper time span for counting depends on the purpose of the count. Different time spans are appropriate for different purposes. A point-prevalence estimate is appropriate for estimating shelter demand or requirements (the capacity needed to serve arriving homeless persons). A period-prevalence count would misrepresent demand for shelters, since the number of families needing shelter at any point in time is much smaller than the number seen over an extended time. [Kondratas, 1994]) Thus the estimate that shelters in Washington State housed some 50,000 persons in 1997, with half being family members, is entirely consistent with our estimate that at any time, about a quarter of the persons at shelters will be family members. (As families stay for shorter periods at shelters, more families than single persons will move through the shelter during a year's time.)

A period-prevalence figure estimates the number of families that have experienced homelessness over that period. Studies of public attitudes toward homelessness or studies of children whose education may have been affected by homelessness could properly rely on period-prevalence measures to estimate the numbers of persons affected. Burt (1994) estimates that in metropolitan areas of the United States perhaps 3-10 percent of poor families would have lived at a shelter at one point or another *during the year*. Link et al (1994), using a telephone survey, finds 14 percent of U S adults (1 in 7) reporting having been homeless at some time *in their lives*.(There is a parallel issue in interpreting point and period measures of descriptive data. See Chapters 5 and 9.)

Eight possible estimating methods

1. Surveys at provider sites
2. Census-type surveys
3. Key informant surveys of community and housing officials
4. Key informant surveys of teachers and school staff
5. Telephone surveys, in general
6. A "Social Network" telephone survey
7. Statewide merging of the records shelters keep of families staying there (also known as shelter 'tracking systems')
8. Administrative welfare records

In the next several sections we outline each of the above methods in sufficient detail to convey the practical procedures and the uses and limitations of each. (Methods 4, 6 and`7 will be recommended.) The findings from studies that have used these methods are provided suitably in later chapters.

1. Surveys at provider sites

Provider site surveys count and usually interview persons (families or single adults) present at providers that typically serve homeless persons. Usually included are shelters and/or meal providers ('soup kitchens'), but the study may also survey day shelters, some residential treatment programs, some health care clinics. (Many surveys of meal providers will also include shelters as shelters often provide meals.)

To do a survey, the population of providers is defined, enumerated, and a sample drawn. The sampled providers are then invited to participate (or required, perhaps, if centrally funded). On-site interviewers then systematically sample persons at the sites, find the selected individuals and ask them to volunteer for an interview. Payment is sometimes offered.

If a count is all that is needed, there is no need to draw a sample of shelters and residents. The shelters simply count all persons present there during some particular night.

Persons using shelters are usually presumed to be homeless. As meal providers and other programs serve non-homeless persons as well, each person initially selected for interview must first be screened to determine whether they are homeless. A practical definition is needed to categorize each person as homeless or not. The definition can be subjective (such as 'Do you consider yourself homeless?') or objective (such as 'Where did you sleep last night?')

The most ambitious survey of this sort was Burt and Cohen's 1984 three-stage stratified sampling survey of homeless adults in all 178 US cities of population 100,000 and up (see Burt & Cohen, 1989a). First, a list was drawn of all cities of population 100,000+, then a sample of 20 cities was drawn from the list: all 6 cities with population over one million, plus 14 others drawn from among cities of their size and region with a probability proportional to each city's poverty population.

For each chosen city shelter and meal providers were enumerated, and 381 providers were selected and invited to participate; 84 percent did so. Interviewers working on-site sampled persons at the sites, and invited the sampled persons to participate. The estimates are based on 1704 completed interviews, each case weighed back to the underlying population.

Using the sampling ratios in reverse, the interview findings were extrapolated to estimate the size and characteristics of the intended study population: homeless persons in all US cities of populaiton 100,000+.

As regards Washington State, Seattle-King County annually does a one-night survey of provider sites (and city blocks).

Advantages: Surveys at provider sites measure a well defined population, and a carefully drawn sample. Results can be soundly extended to the client population, and are generally credible. Identity information need not be asked. The problem of surveying a person more than once (say, at a shelter

and again at a meal provider) can be minimized by carrying out all the surveys in a single community in as short a time as possible or, if necessary, asking each person whether they'd been interviewed previously.

The face-to-face interview provides an opportunity to obtain a wide range of data, limited mainly by time and propriety. Having a wide range of data for each respondent allows statistical investigation into the relationship among variables.

Although not common, follow-ups can be done to re-interview initial samples (Piliavin et al, 1996; Wong, Piliavin & Wright, 1998), provided at the first interview the respondent gives permission, and the re-contacting reasonably successful.

Disadvantages: The substantial disadvantage is that the population of homeless families is defined narrowly as persons seen at the types of providers under study. The method thus really estimates the number of homeless families being served, mainly at shelters. It overlooks families living 'on the streets', in sub-standard housing, in cheap motels or in shared living arrangements. Very few families are living 'on the streets, probably, but many may be using the other three living arrangements.

Burt and Cohen (1989a) address this limitation by estimating that for every two homeless persons seen at service providers there was one more in that metropolitan area. Adding fifty percent may not be sufficient. As discussed in Chapters 3 and 7, more homeless families may live inconspicuously, particularly in temporarily shared housing. Inconspicuously homeless families may be different from families who use shelters.

Surveys at provider sites would be less helpful in rural areas, where shelter and meal providers may be less often used. Burt and Cohen (1989a) assumed that the per capita prevalence of homelessness in non-metropolitan areas was one-third of the rate in the studied areas.

Different adjustments could be used, but they, too, would remain open to criticism.

The method is time consuming and expensive for it involves getting provider cooperation and then doing on-site interviews. In view of cost it probably could not be done more than annually, if that. If repeated annually it would over time provide data sufficient to track changes in the numbers of homeless families using shelters.

To monitor trends in the numbers of homeless families in shelters and to study seasonality one could use a rolling survey (1/12 the cases interviewed each month). Sites would have to be visited each month.

2. Census-type surveys

Census-type surveys study people found in places well defined by their geography and physical characteristics. The overall geographic area of interest is defined (for studies of homeless persons this has usually been a metropolitan area), then divided into small 'blocks,' by using maps, field visits, and advice from persons who know those neighborhoods. The blocks are stratified and sampled.

Working usually at night, interviewers go to their assigned blocks and, sometimes using a list of *non-residential places*, search for homeless persons in any such places they find in their assigned

blocks. The *places* can include: parks, basements, store entryways, abandoned dwellings, non-residential structures (tunnels, bridges...), parked vehicles sometimes. Often the interviewers talk with persons who live in the immediate area or know it, and search the non-residential places found in their blocks.

Every person (or a sample) who is encountered in any of those places and who meets the criteria is (awakened if necessary and) asked to cooperate. If the person agrees, they may be presumed homeless or they may be screened to determine if they are homeless. Various screening questions can be used, to suit the study's fundamental definitions. If homeless they are interviewed.

Cash or voucher payment may be offered. Interviewers may work in pairs, often accompanied by security staff. Accompanied interviewers seldom report incidents, but the presence of the security staff, even not in uniform, may chill cooperation and reduce admissions of homelessness and the count, therefore. (Rossi, Fisher & Willis, 1986; Cowan, Breakey & Fischer, 1988)

The stratification ratios in reverse are used to estimate the numbers and characteristics for the full target geography and sub-areas.

For more complete coverage, a census-type study is sometimes combined with a survey of persons at shelters. The most often cited census-type street survey is Rossi, Fisher and Willis' study of homeless adults on the streets of Chicago (Rossi, Fisher & Willis, 1986). The Rossi project also surveyed homeless persons at meal providers (including shelters), then combined the two surveys to arrive at a total. Below we describe only their census-type survey.

Using a census mapping of Chicago blocks, blocks were allocated to one of several strata: low, medium, high and super-density of homeless persons, based on the advice of locally knowledgable persons. The blocks were then sampled. From midnight to 6 AM field interviewers accompanied by one or two police in ordinary clothes searched the non-residential areas of each block, including parked vehicles, railroad cars, dumpsters and packing crates, then screening each person encountered to identify those who lived at conventional housing units and should thus be excluded from the study. Persons screened in as being homeless were interviewed further.

Surevy completion rates were low. Of the persons encountered, only about 77 percent were screened, and of the 470 to 607 persons screened (several somewhat different counts are provided for the two sweeps), only 11 percent indicated they were homeless. The final estimates for persons living on the streets in Chicago are based on only 166 completed interviews, weighed back to the underlying population.

A second example is the ambitious "S-Night" street and shelter count carried out as part of the 1990 US Census (Tauber & Siegel, 1991). A similar street and shelter count is planned for the Year 2000 Census.

The 1990 S-Night effort combined a provider site survey with a street survey. The sites for the street survey were determined with earlier information from local officials, on places where homeless persons were most likely to be found. (The information requests had been sent to some 39,000 local officials, but only about 10 percent replied, the replies mainly from larger urban areas. (First, Rife & Toomey, 1994) The Census enumerators did not interview and screen persons but simply counted all persons seen in street locations, save persons in uniform or at work. This rule introduced both upward and downward biases. Some of the persons seen and counted may not have considered themselves homeless (as in the Rossi, Fisher & Willis study). On the other hand, the Census effort

could not see and count inconspicuous persons sleeping in vehicles, residential stairwells or abandoned buildings. (Alo, some of the persons counted as living at shelters were perhaps for that night only at shelters apparently specially set up to surface homeless persons for the counting [Burt, 1992].)

The resulting estimate of about 230,000 (US Dept of Commerce, 1991) was fairly close to the estimate from Burt and Cohen's nationwide provider site survey, but the estimate was heavily criticized by homeless advocates and others (Culhane et al, 1994; Hopper, 1991a,b; O'Flaherty, 1996) and was issued as a count of whoever was counted but not an official estimate of homelessness. Barrett, Anolik and Abramson (1992; as cited in Culhane, et al, 1994), analyzing the 1990 Census data, concluded that Seattle, at 0.44 percent, had the nation's fourth-highest shelter-to-general population ratio (after Washington DC, Atlanta and San Francisco).

A third use of census-type surveys has been to survey rural areas, for example the Ohio rural surveys done by Roth et al (1985) and First, Rife and Toomey (1994). The Ohio studies defined and selected rural counties, then set out to identify, locate and interview all adults homeless in those counties. (Roth et al also drew an urban sample.) Intensive methods, including in-person contacts, phone calls, community meetings and field visits were used to identify all adults thought to be homeless, and to locate them for interviews. The interviews took place wherever practical. (Persons sharing others' homes for 45 days or less were included.) The First, Rife and Toomey project identified 1100 adults and successfully interviewed 919 (84 percent).

Advantages: The census-type survey, properly done, is well suited to finding homeless persons living 'on the streets' and in those utterly sub-standard places that field staff are told to investigate. With suitable geographic sampling and thorough field work, this method is highly credible. (The census method does as good as good a job as one could reasonably ask. But, as the 1990 US Census experience shows, the method is not bullet-proof in a politicized environment. (Kondratas, 1991) As Rossi (1987) aptly described his experience, "No Good Applied Social Rsearch Goes Unpunished.')

As the survey is generally done during one night, double-counting is not a problem. (Or one can ask whether the respondent has already been interviewed.) The face-to-face interviews can yield a wide range of data, limited mainly by time and propriety. The data structure allows statistical investigation into the relationships among the variables. Follow-up studies would probably be impractical, in view of the population.

The Ohio surveys were used to find homeless families living in sub-standard places, at motels, and at shared places. Burt (1996a) reports a census-type effort to identify and count homeless families sharing dwellings in Houston, Texas. This variation becomes in effect a specialized census of residents.

Disadvantages: Censuses are labor-intensive and expensive. Even more important is the fact that few very few families are found living 'on the streets,' thus the method is exceedingly costly for the result. Homeless families are more likely to e living in utterly sub-standard housing and transient hotels, but these are less concentrated, a wider sample of blocks would have to be drawn, raising costs.

Validity and credibility will always remain at issue, even with intense (expensive) effort. Critics argue that the method yields an under-count, because some homeless families hide out and are

missed by even the intense block search. For example, in the Rossi et al (1986) study, only 50 of 607 persons encountered acknowledged they were homeless. In view of the low fraction (1 in 12) some of the others may have been unwilling to admit being homeless. This under-counting critique could be validated if greater numbers of homeless families were identified by some other method. For some census surveys critics prepared in advance have deliberately placed persons where they could be found or overlooked, or have gone back to ask homeless persons whether they had been interviewed. This sort of cross-validation is not often done, however.

Thin sampling, while efficient, increases the statistical uncertainty of the estimate. The Rossi et al (1986) estimates are imprecise as they are based on only 50 completed interviews with homeless persons. (The research plan expected many more to be found, but more weren't found, thus the estimates ended up imprecise [Rossi, 1987]).

We next describe easier and less costly ways to count and describe homeless families.

3. Key informant survey of community and housing officials

The key informant method gathers estimates of the numbers of homeless persons or families by interviewing informants who are knowledgeable about homeless persons or families in the target community. Depending on how the data are collected, the estimates provided by different informants may have to be added or reconciled (unduplicated) to arrive at net counts.

In conventional key informant surveys the informants who provide the numeric estimates cannot provide much data about the characteristics of the families they are counting. (The variation we suggest below could obtain important descriptive information.) As the key informant method does not identify each homeless family, the families cannot be contacted and studied further.

A classic example of a key informant survey is a survey done by US HUD in 1983-84 (HUD, 1984). HUD estimated the number of homeless persons in each of 60 metropolitan areas by interviewing by telephone about 500 local key informants: local government and housing official, social agency administrators, and advocates. From 3 to 12 informants were contacted per city, more in larger cities, as they have more neighborhoods.

A standard definition of 'homeless' was given to each informant. The numeric estimates gotten for each city were combined by weighing each expert's contribution by their expertese, judged by their role.

The resulting estimates were frequently cited in the 1980's. The estimates were useful as they relied on a single methodology for 60 metropolitan areas, thus allowing inter-area comparisons to be made. The estimates have been used for national cross-sectional studies of underlying 'structural' causes of homelessness.

A second key informant survey, done at the same time, obtained homeless population estimates from samples of shelter operators. The shelter estimates were combined without weighing for expertese. The latter survey is not often cited.

Advantages The key informant method is quick and inexpensive. By including advocates, program operators and government officials among the estimate-providing experts the method probably somewhat mutes (though hardly silences) criticism.

As the method can generate estimates for different geographic areas with consistent methodology, it would lend itself nicely for doing a statewide study of homeless families which wanted also to provided estimates for various cities and counties. The consistently arrived-at estimates for different communities in the state might then be used to statistically investigate the effects of various factors which are thought to influence family homelessness and which vary in magnitude from community to community. (Housing cost varies from community to community, though welfare grant levels generally do not)

As the method is quick and inexpensive it could be occasionally or even regularly repeated to build longitudinal data in order to monitor the changing number of homeless families. The longitudinal data would also be useful for statistical investigations into causal factors which vary with time.

Rural area estimating could be done by finding and surveying experts in those areas. (The HUD key informant survey was limited to urban areas, and thus had no rural estimates. HUD assumed that the density of homelessness in rural areas was equal to the rate estimated for the smaller urban areas.)

Disadvantages: Unknown validity is the obvious limitation. Key informant surveys do not actually contact and count homeless persons; they rely on experts' knowledge. The expert estimates may be quite good, but how do we know that? To determine validity one would need to compare these estimates at least once with an estimate generated in some other more trusted and independent way. (Reviewers have compared the HUD key informant estimates with other national estimates (refs) and found the HUD estimates to be (not unreasonable).(cite the phone survey, and Culhane 94?.... However such comparisons would not validate expert estimates gotten in Washington State.

Since key informant surveys are not as grounded in objective data as suryeys of providers or city blocks, key informant surveys are even more vulnerable to suspicion. (Kondratas, 1991)

In addition, key informant surveys such as was done by HUD cannot estimate the numbers of homeless families as those families are not very visible on most local experts' radar screens.

Also, conventional key informant surveys generally can provide only numbers, not data on the demographic characteristics of homeless families, histories, durations, use of services, etc., and the absence of family identifiers makes it impossible to follow up by contacting families.

4. Key informant survey of teachers and school staff

For Washington State, decent estimates of the numbers and characteristics of homeless families could be obtained through a key informant survey of public school teachers, counselors and offfice staff.

Only a few studies have used schools as a source of data about homeless children. Soon after the passage of the McKinney Act in 1987, states were gathering from their school districts counts of homeless students, aggregating and reporting the numbers to the US Deparment of Education. Rafferty (1991; see also Rafferty & Rollins, 1989) used student records from the New York City Board of Education to determine the academic performance of some 9659 students who had lived at shelters (at some time ?) during the 1987-88 school year. Dornbusch (1994) interviewed school secretaries, clerks and professionals, among other key informants.

For school-age children, schools may be an excellent source of data. We suspect that almost all homeless school age children are at least enrolled in a school, and that most attend their schools

regularly or occasionally, thus spending considerable amounts of their weekdays at their schools, sometimes starting before the formal school day and ending after. Many of these kids may spend more time at school than anywhere else, except for their residence.

Teachers and others at the school see the kids regularly and may thus be the most knowledgeable of informants about the children and, through the children, about their families. After the first three or so school months, teachers (etc) have probably grown aware of which children in their home rooms are living with their families in homeless-type arrangements. Teachers (etc) would gain their experience through conversations with the children but also through attendance problems, homework, parent contacts. By the fourth month they probably know most of the children who are living at shelters, on the streets, in sub-standard places, and temporarily at cheap motels or temporarily in shared places. (This method is not useful for homeless single persons.)

Primary school teachers may be the most knowledgeable, middle-school teachers next. High school teachers may be less well informed. Some of the families missed by high school teachers would still be identified, because for those homeless families that have more than one child in school there would be multiple reports. Perhaps kids in pre-kindergarten programs could be picked up as well.

A paper survey of teachers and school staff could be done for specific cooperating communities or, with suitable cooperation, for most if not the entire state. During one week, every teacher in a district would be asked to identify and answer just a few questions about any child in their home room group that they thought or knew to be homeless. Over several months the survey could be rolled through all cooperating school districts.

The survey would provide a definition of homeless that spanned all five categories, including the three inconspicuously homeless categories. Teachers should be knowledgeable about most their students living in any of these five arrangements. The teachers' would initially provide identifiers, later deleted. The completed forms would be circulated to registrars and counselors to for confirmation and to fill in additional data. Multiple reports about families with more than one kid in school could be unduplicated at the school or district level by a school employee. Identifiers would be stripped before the forms left the district.

Before the forms left the district, completeness of these identifications could be checked by comparing the families so identified with family-identified records at shelters and in the DSHS welfare information system. (We discuss the DSHS data system later in ths chapter.)

Advantages. The school-based key informant method has several novel advantages. Conducted with carefully thought out consistent methodology, the method would yield local estimates for schools, school districts, metropolitan areas and counties, which estimates would also be comparable across districts and geographic areas. The method would provide data on the aggregate burden of homeless children on individual schools, districts, and the state as a whole.

Most importantly, data would be available about homeless families living in inconspicuous places: temporarily in shared housing, in utterly sub-standard places, andtemporarily in places intended for transient living, and would identify even families living on the streets.

Demographic data (age, sex, ethnicity, family composition) could be gotten, perhaps also some idea of the child's length of stay in their latest place, and the nature of the family's previous residence. This information is already known by the teachers or other school staff, and could be provided without revealing family identities beyond the district.

The method is inexpensive, and yields locally-credible results. As the methodology is fairly simple, school districts interested in monitoring their numbers of homeless children over time, with consulting assistance, could repeat the survey every year or two.

Disadvantages. The method requires the cooperation of individual school districts, or larger groupings, possibly even statewide cooperation. Such cooperation could probably have been had ten years ago, when family homelessness was a promenent issue. Whether cooperation could be obtained today is unclear. Of course, the study could be limited to the districts that do cooperate, but doing so would not yield statewide estimates.

The work burden on each teacher or school staffer is probably small, but staff are already burdened and may not be enthusiastic. Teachers union cooperation would be required.

Double-counting of families with several children at school is a serious threat and would have to be handled, perhaps with the method suggested above.

5. Telephone surveys, in general

Several studies have used random-dialed telephone surveys to inquire about respondents' past homelessness: over the last year, last five years...ever at all (lifetime prevalence). Clearly, this method cannot be used to study current homelessness; many homeless persons don't have working phones. (A telephone survey would reach families temporarily sharing homes with others, provided the joint household has a working phone.)

To do the survey, the interviewer gives the respondent a definition of homelessness; the definition could be broad enough to include the several categories of family homelessness that interest us. The study population can be local, regional, national. Knowing underlying population and sampling rates, with the data one can estimate rates of homelessness for the time periods asked.

This telephone survey method requires the assumption that most formerly homeless persons are now housed and have telephones. The method probably under-reaches persons with continuous or severe chronic homelessness. (The education level of the Link et al respondents appeared higher than that reported for the same geographic areas by the 1990 Census.)

The most often cited telephone survey is a nationwide (48-state) random-digit dialing survey of adults by Link et al (1994): 7.4 percent of the surveyed public reporting having ever been homeless. (For those answering Yes, subsequent questions inquired about use of shelters, others' homes, and sleping 'on the streets.') A survey of adults in and around Buffalo, NY, by Toro and McDonell (1992) found a lifetime prevalence rates of 4.2 percent. (Other surveys are cited by Culhane et al (1994): Novacek et al (1991) of residents of Tulsa, OK, and Stegman (1992), of New York City residents, but these are not reviewed here because the reports are hard to get.)

While the above rates are for individuals, not families, with the right questions one could learn what proportion of the homelessness occurred while the person was alone or a (adult or child) member of a family.

The method yields what Rossi (1994) has called 'period prevalence' estimates, that is, estimates of the probability of having ever been homeless over the specified past time period, as distinguished from the more conventional 'point-prevalence' rate which describes the rate of homelessness at a

particular time, usually now (Rossi, 1989). Period-prevalence figures will vary with the time period measured: longer time periods will necessarily result in higher period-prevalence rates.

Kondratas (1994) cautions about the misuse of numerically high period-prevalence figures. Period-prevalence rates are especially inappropriate for estimating shelter demand, which requires a single point-in-time measure of demand. But period-prevalence is the correct measure for other purposes. For example, when thinking about the effects of homelessness on children, one would want to know the proportion of children who have ever been homeless. Or, when thinking about public attitudes toward the community funding a shelter, it might be helpful to know what proportion of voting adults have themselves ever been homeless. (Period-prevalence comparisons are also confounded if the populations being compared have different age distributions.)

Though the method measures only past homelessness, with additional questions the method could help validate other methods that should be measuring present homelessness. The number of families reporting that two years ago they had lived for certain numbers of days at shelters could be compared with two year-old data on point-prevalence shelter use. Also useful would be the proportions of persons who report they had two years ago lived at shelters, 'on the streets,' inconspicuously in sub-standard places, temporarily at shared places, or in transient places. Retrospective phone surveys could also be used to study rural homelessness (Link et al, 1994).

In summary, random digit dialed phone surveys can be done quickly and inexpensively, and the past prevalence data yielded could be useful for some purposes, but the method is not directly useful for monitoring current homelessness.

6. A 'Social Network' telephone survey

Killworth et al (1998) have demonstrated an ingenious telephone survey method for estimating the numbers of persons who have recently had an experience they might not willingly reveal to a telephone interviewer: homelessness, for instance, being fired from work, domestic violence, criminal arrest. (This phone method also generates data for people who don't have phones.) The research project investigated three such topics: being HIV +, being homeless, and having recently been raped. This method could be adapted to estimate the numbers of currently homeless families, and it could be used in Washington State.

The method is interesting. It starts with two premises. (1) Randomly called telephone survey respondents may have no information about what is happening to people at large, but they are more knowledgeable about what has happened to others in their social circles (their 'social networks'). (2) persons with confidential experiences generally do reveal those to some others in their social circles. This method therefore asks each respondent to reply only about others whom the respondent knows personally. Only a few topics can be investigated in one interview.

In a survey to estimate current prevalence of family homelessness, the interviewer would (at some point) ask a series of questions such as: Without telling me their names, how many families (parent with one or more children) living in this city (or county or state or country) do you personally know who are today homeless and living at a shelter, ...how many families living in this city do you personally know who are today homeless and living at a place that does not have running water and toilet, ...who are today sharing a home with someone else but for not more than 90 days, ...who are today living for a short time at a motel or hotel.

Where the respondent reports knowing such a family, the interviewer might follow up by asking one or two additional simple questions such as the number of adults and children in that family, and the children's ages and sexes.

The key to this method is to somehow use these respondents' reports about others whom they know to assemble a statistically valid picture of the population being surveyed. One could survey a single community, a state, even the entire nation.

For each respondent the method computes a contribution weight, which weighs that particular respondent's data contribution to the overall community-wide picture. Mathematically, the contribution weight is in effect an estimate of the number of persons in the respondent's overall 'social network'. (The terminology and method description are mine, simplified; Killworth et al use other terms.)

To determine each respondent's contribution weight the respondent is asked a second and longer series of questions, again about the numbers of people they themselves know in their own social circles who have certain generally-known characteristics, but these are characteristics for which the researchers already know the population prevalences. The respondent could be asked, for example: How many persons living in this city (or county or state or country) do you yourself know whose name is George, How many do you yourself know... whose last name is Martinez, How many do you yourself know ... who work for the US Postal Service, How many who ... own a pick-up truck, How many who ... are parents getting welfare grants for themselves and their children, How many who ... had a baby within the last twelve months, how many who ... have exactly two children under school age, How many who ... live in a certain (named low-income) neighborhood, How many who ... are adolescents and who have been arrested by the police in the last twelve months, How many who ... were homicide victims in the last twelve months, How many who ... have a twin brother or sister, and so on.

For each such category from existing data the researchers will already know the actual population counts in the geographic target area. Thus one can compute the fraction of the persons in each known population that the respondent knows in their own social network. For example, if the respondent reports personally knowing two postal workers and there are 400 in the community, then the respondent's social network in this dimension is 2/400 (or 0.50 percent) of the entire community. One can estimate such a fraction for every topic asked. Then, with mathematics, one can combine these empirical social network fractions to arrive at an overall average social network contribution weight for each respondent. Some respondents will be found to have large social networks, some, small.

Killworth et al (1998), using a national sample of 3,305 residential phone numbers, applied this method to estimate current prevalence of HIV, current prevalence of homelessness, and 12-month prevalence of rape, for the US population as a whole. The interviews yielded 1,554 completed interviews (51 percent cooperation), and the survey cost about $10,000 ($6.50 per completed interview).

The researchers then compared their three computed national prevalence estimates with already available credible national estimates for the same three conditions. In all three topical areas the estimates arrived at by the phone survey fell within the band of estimates made by more conventional methods.

This phone survey method could gain precision by over-sampling phone numbers in geographic areas that are thought to contain high concentrations of homeless families (Census low income areas, for example, or Zip Codes where many welfare families live). The over-sampling would increase the number of respondents who are likely to personally know homeless families.

The data could further be weighed to give more wieght to data from respondents whose social contacts score high on characteristics thought to be related to socio-economic class and poverty. These would be items such as knowing many families on public assistance, or knowing many persons who live in poor neighborhoods.

Advantages

A social network phone survey can be done very quickly and at very low cost. To monitor trends the survey can be repeated as often as desired.

It does not invade anyone's privacy.

The method can provide estimates of the numbers of families living in sub-standard places, transient residences, or temporarily with others.

The method can be used statewide or for local estimating.

The same survey could also gather data on the prevalences of (a limited number of) other social conditions.

Disadvantages

Validity is uncertain, and therefore credibility is uncertain as well. Homelessness being a politically charged subject, advocates will challenge the estimates as being too low (Rossi, 1987).

There is no intuitive sense of validity as the survey asks the respondent about others, not about themselves. The method is new and few validation studies have been done. The validation comparisons Killwoth et al report, are encouraging but hardly conclusive.

The method will under-estimate experiences that people do not discuss much even with close friends. It could be used to study homelessness, but is probably not a good method for estimating the prevalence of child molesters.

Validation work would be needed. The social network phone survey method could be used along with other methods (the key informant survey of teachers, recommended above, or the administrative data methods to be discussed next) to triangulate the numbers of homeless families, especially homeless families living in inconspicuous places. Most easily done would be a comparison against the numbers of families recorded as living at shelters. If the inter-method comparisons support the estimates gotten with the social network phone survey, the method could then continue to be used on its own. Depending on what validation work would be done, additional cost would be incurred.

7. Statewide merging of the records shelters keep of families staying there (also known as shelter 'tracking systems')

Administrative records kept by shelters for their usual business needs can then be used for research as well. The nightly registries kept by shelters and often computerized now hold considerable data

about the individuals and families who use the shelters. The availability of for efficient large-scale data storage, transmission and processing has enabled these administrative data to be used also for research.

In Washington State, Spokane County runs a good system for unduplicating the identities of persons using shelters in the county, and Seattle is investigating such a system. A statewide (manual) system is operated by Rhode Island, and Massachusetts is implementing a computerized system. Various counties and munipalities operate such systems

The registry data needed for tracking purposes generally include: resident's name, date of birth, sex and race, and first and last dates of the stay. Shelter registries may ned to be upgraded to capture all these data items.

Culhane and colleagues used seven years of New York City shelter registry data (1987-94) and three years of Philadelphia data (1991-94) to study homeless persons' residential patterns over time (Culhane, 1994, Culhane & Kuhn, 1998; Kuhn & Culhane, 1998). The findings are reviewed in Chapter 10. (Lowin's (1998a,b) use of administrative welfare records to study homeless families is discussed in the next section.)

Using the centralized data, the Culhane group matched and joined together (unduplicated) the records received from different shelters and for different stays, joining all of a person's records by using combinations of the identity fields (for example, exact match on first name and last name and birthdate). The result was, for each shelter user, a longitudinal record of their uses and dates.

For obtaining point-prevalence estimates of shelter use by homeless families (family users at one point in time) the unduplicating is unnecessary. Sent to a central point, shelter registry data can be used to directly monitor for trends in the number of homeless families in the community at large.

Conceptually, the use of administratively kept registry records is no different from Method 1, which also counts all persons using shelters. But Method 1 requires doing on-site surveys of all shelters on a particular day, whereas the use of administrative data requires little if any fieldwork. The computerized shelter registries and central reporting makes the administrative method much less disrupting and costly. On-site surveys, on the other hand, allow the collection of a broad range of additional information, data not be recorded on simple registries. (In the New York and Philadelphia systems data are collected also on medical conditions, disabilities, mental health and substance abuse, based on self-report or verified medical history.)

Advantages *1. Very low cost once implemented, very quick turnaround*. To implement this system, the cooperating shelters would have to computerize their registries to retain a minimum of consistent identity data: probably each resident's full name, date of birth, SSN. Periodically the shelters would then send their data to a central point, where the records would be merged and unduplicated.

2. Easy repeats. The use of shelter registry data would greatly facilitate the periodic repeats needed to monitor homelessness trends. Culhane et al (1994), using administrative shelter data to study family admissions, were able to document in Philadelphia decreasing first admissions over two years, and in New York City, a sharply decreasing then flat trend over five years. Yet readmissions were increasing. (An increasing readmissions trend does not necessarily signal a problem. It could be due simply to the recurring homelessness of a large number of families that had first entered homelessness a year or two earlier.)

The individual data items may not be defined and kept as meticulously as the researcher would, but appreciable numbers of homeless persons or families could be studied, and the data, already captured and stored in electronic form, can be accessed quickly and inexpensively. Longitudinal records on very large numbers of cases, at low cost. The New York City shelters combined administrative data set in 1995 included data on about 927,000 shelter episodes for nearly 149,000 different persons.

3. Ability to assemble homeless1ess histories. Longitudinal histories would provide shelters and other service agencies with data to help them focus their services on families that are long-homeless or frequently homeless. Shelters possibly could contact one another to learn about prior experiences with the same family. The longitudinally linked data would also allow study of inter-community migration. (This method avoids the enormous practical and cost issues in doing longitudinal follow-up studies in the field.)

*4. Ability to j*oin *shelter records with records from other service systems:* welfare and medical assistance, mental health and substance abuse treatment, child welfare and protection, adult residential care. In the Culhane and Kuhn (1998) study, Philadelphia records were augmented by linking each identified shelter case with available databases on persons who had used public-paid mental health and substance abuse treatment services (Medicaid, state hospitals, and city-funded mental health services). This combining of records provided a way to describe the functional circumstances of the Philadelphia shelter residents. In Washington State, unduplicating procedures and confidentiality protections for joining with these other types of welfare and social service records are well in place.

In another Philadelphia data project, Hibbs et al (1994), to study the mortality rates and patterns of homeless persons, obtained individually identified administrative records of homeless persons who had used city-funded shelter services in Philadelphia, then linked those where possible with administratively kept identtified mental health records and identified death records also for Philadelphia. Some 96 deaths were found for 10,715 adults recorded earlier as being homeless. [The substantive findings and data interpretations are not material here.])

Stretch and Kreuger (1992) followed up once-homeless St. Louis families by matching their identity data gotten from a homeless families data base against administrative records for welfare grants, Food Stamps, unemployment insurance premiums (evidence of employment), and government-sponsored housing.

Disadvantages *1 Includes only families using shelters.* This method has the same severe limitation as does doing surveys at shelters (Method 1): Homeless families that are temporarily sharing others' homes and those living inconspicuously are entirely missed. Even for the families seen at shelters, this method cannot provide data about the family's circumstances before it came to the shelter or after it leaves (unless it goes to another shelter).

2. Implement entails cost and requires time. State (and local) government would probably have to subsidize the implementation of unform data capture, with grants to purchase or upgrade equipment and software, and with training. Even a simple system would take a year to implement. (Once implemented, censuses could be done often and quickly and at very low cost.)

3. Requires shelters collect identity data and share those data with a central point (which provides data security). Shelters would be reluctant to release identity data, even with ample confidentiality

protections. This issue has been worked out in other human services: mental health, health care, child welfare, substance abuse, and it can be resolved with shelters as well. (Confidentiality protections are discussed in Chapter 11.)

4. Requires many shelters cooperate in uniform implementation and operation thereafter. The value of centrally gathered shelter registry data depends on the proportion of all shelter beds that are represented in those data. A significant number of hold-outs would undermine the validity and credibility of the results.

5.Provides only a narrow set of data about each family. A much wider set of data about each family can be gotten with an on-site survey of shelter families.

Disadvantages 2, 3 and 4 are manageable as the shelters look to state and local governments for much of their funding. Similar challenges in gaining local agencies' cooperation in data- sharing have been worked out successfully in other human service areas, though it does cost money and take time. Technical data issues should be minimal as the shelters would be expected to retain and share only a narrow set of data.: name of each family member now at the shelter (or recently left), sex and date of birth, SSN, and first and last dates of current stay. Many of the shelters in Washington State probably already gather much of this information, entering and storing it on their own computers..

8. Administratively kept welfare records

Administrative welfare records too are available for re-use, quickly and at very low cost. Lowin (1998a, 1998b) identified homeless families in Washington State by using the 'Living Arrangement' codes in the state's welfare information system. The information system, 'ACES,' holds a Living Arrangement code for every benefiting member of every welfare family.

The powerful advantage of using a welfare information system to define and select homeless families for study is that <u>almost all homeless families will be on record</u>, regardless of where they are living. Most will have been on welfare even before they became homeless, and of the rest most should be applying for welfare soon after becoming homeless. (Research findings about homeless families' use of welfare supports are discussed in Chapter 8; see Chapter 11 for hypotheses about use of welfare in Washington State. A welfare information system would not be useful for studying homeless single persons, as many may not be getting welfare benefits.)

In Washington State few homeless families would be excluded. The state, in addition to providing the several federal-state welfare programs (with liberal Medicaid eligibility for low-income children), also offers equivalent state-funded assistance to most families ineligible for federal grants, medical assistance or Food Stamps. All these welfare services (income grants, medical assistance, Food Stamps) are state-administered by a single administrative unit of the Dept of Social and Hlth Svcs. DSHS thus runs the entire ACES data system, both in the field and centrally.

ACES maintains a longitudinal record for each family, plus it is already unduplicated, and can track family members, children in particular, if they move from one household to another. Thus with this data source one should be able to study each homeless family's history over time, and the history of every member of such families. (For many homeless families interesting explanatory information is available in the narrative notes that accompany the data, but studying and coding these notes is tedious.)

Being statewide, ACES is also useful for studying the mobility of homeless families and for longitudinal follow-up studies. Homeless families, more mobile than others, often disappear beyond the scope of a locally-based study.

The Living Arrangement field: Most members of welfare families are coded *At Home*. Many other Living Arrangement codes are available, including four homeless codes: *Homeless-with Housing*, *Homeless-without Housing*, in *Emergency Shelter*, or in *Battered Spouse Shelter*.

Reliability: An ACES-type welfare database could offer an excellent data source for studying homeless families *provided the welfare records include reliable data about family living arrangements*. The reliability of the homeless living arrangement data would have to be confirmed.

But living arrangement data are generally not crucial for welfare administration, and may not be reliably kept therefore. Data on (homeless) living arrangements may not always be recorded, or may be kept poorly. (Under Electronic Benefit Transfer current addresses become even less important).

Lowin (1998a) evaluated the validity of the homeless Living Arrangement codes. A sample was drawn of families where the head-of-household was coded as homeless and, to validate the data, interviews were done in the field with welfare staff familiar with those cases.The fieldwork found that the month segment of the start dates of the homeless Living Arrangement codes was reasonably correct; apparently, the homeless families had considerable incentive to come to their welfare office to explain their circumstances, ask for assistance, and arrange a reliable address for mailing subsequent grant checks and Food Stamps. The welfare workers shared those incentives.

The end-dates were not reliable. At the end of homelessness there was apparently little incentive for the family to report their new circumstances or for the welfare worker to again change the Living Arrangement code. As a result, homeless families appeared to remain homeless for long periods, though their welfare workers often knew that those families were no longer homeless.

The discriminant reliability of the four homeless codes was not very good. Clear and distinguishing written guidelines were not available to guide staff in ambiguous situations, and staff interest in protecting for the family the shelter portion of the welfare grant sometimes led staff to use one homeless code when they know another to be more correct. In summary, at the end of 1998 the homeless codes were not sufficiently valid to allow ACES to be used to estimate the numbers of homeless fmailies in Washington State.

Improvements underway. Starting in mid-1999 DSHS took steps to improve the capture of valid Living Arrangement codes for homeless families. The department issued clear guidelines to clarify the differential use of the four codes, and began to train staff at all local welfare offices. Programming changes were made to prompt the welfare worker to inquire about the housing status of every member of a family whose head was coded homeless, and to allow the entry and retention of actual (rather than time-stamped) start and end dates.

The four already available homeless Living Arrangement codes cover four of the five homeless living arrangements stressed in this review as important: Using a shelter, In sub-standard housing, In temporary shared housing, and ‘On the Streets’. Temporary use of a transient living place (a cheap motel) is not separately coded, nor would such families necessarily share that information with their welfare office.

These improvements should be in place by mid-2000. The reliability of the homeless codes should then be checked again, and staff might again be encouraged to maintain the field carefully. If the lIving Arrangement codes are adequately reliable, ACES could provide a rich source of data about homeless families, possibly even eliminating the need for other estimating methods.

Linking with other administrative data systems. Although seldom done, a rich array of data about homeless persons could be built by linking their identities with welfare and social service data bases. This opportunity is available in Washington State.

DSHS, as Washington State's human services umbrella agency, runs the state's social welfare and protection programs for children, health care programs covering prenatal care and health care for infants and toddlers, and treatment and residential programs for persons with mental illness or substance abuse problems. (DSHS administers other services as well, but for our purpose the ones listed are the important ones).

DSHS administrative systems routinely receive from providers around the state service records for all services provided to all persons in each of these programs. These records often include diagnostic and cost data. Periodically, DSHS routinely gathers together and unduplicates those individual service records, including also welfare records, and builds multi-service profiles for all clients. This merged data arrangement, already operational, could provide a wealth of objective data about the needs and disabilities of the adults in homeless families, as well as some evidence about the consequences of homelessness for the children in those families.

Two studies have obtained data about homeless persons by matching up their identities with welfare and social service records: Culhane and Kuhn (1998) and Koegel (1998?).

Three best ways to monitor the number of homeless families and get basic descriptive data

Washington State could best use a combination of three methods.

1. Statewide merging of shelters' administrative registers of families staying there (also known as shelter 'tracking systems')
2. Social network telephone survey
3. Key informant survey of teachers and other school staff

Used together for a statewide study, results of the three methods could be compared with each other and with the one-night surveys of shelters and streets done in Seattle-King County (and elsewhere?). Practicality and cost could be compared as well.

The main issues are as follows. The key informant survey of teachers and school staff would require cooperation of the state's school systems, and could probably be done only once (unless school districts found their own data helpful). The social network telephone survey may provide good estimates, but it is not an accepted method. Its validity has not been proven. The analysis of shelter records requires the cooperation of the shelters, and would count only families in shelters.

Geographic data

All three recommended methods would provide data about geographic areas within the state. Geographic data would be helpful for reviewing state allocations of housing and welfare funds. Properly collected with any of the three methods, geographic data could also yield information on the migration patterns of homeless families.

Getting demonstration funding

National funding could probably be readily gotten for this entire three-method demonstration project. The project has certain attractive features:

- The project would for the first time provide data about about all homeless families, particularly families temporarily sharing others' homes. The project would thus recognize the importance of informal family and friendship supports.
- The project would provide a methodological and practical comparison of the three methods.
- The demonstration, in particular its ability to generate estimates for sub-state areas,would provide a model that other states could use. A state or local community could adapt any of the three methods.
- All three methods are inexpensive, and any one or combination could replace the traditional surveys of shelter users.

The three methods would appeal to different constituencies. The key informant survey of techers and school staff could be marketed to federal agencies or foundations interested in children and education. The social network phone survey has sociological and public health potential, and might be funded with NSF and public health funds. A demonstration of statewide merging of shelter records with a wide range of other other human service data bases would be of interest to HUD.

Chapter 5. The Numbers of Homeless Families, Family Composition and Demographics

Almost everything we know about homeless families is based on studies of families at shelters. (Shinn & Weitzman, 1996) We have no data on the numbers or characteristics of inconspicuously homeless families temporarily sharing others' homes or living at utterly sub-standard places or transient hotels.

As many families move back and forth, inconspicuously homeless families and shelter families overlap considerably. But data about families at shelters does not portray the inconspicuously homeless families who do not use shelters.

'Snapshots' and point-prevalence data about homeless families

Point-prevalence counts count families at one point in time; 'snapshot' descriptive data portray families seen at one point in time. Both these statistics describe a static group of one point-in-time families. Neither statistic describes all the homeless families that pass through over a period of time.

Almost eveything we know about families at shelters is based on 'snapshot' data that count and portray the families seen there over a brief period of time. Snapshot data are easy to get but seriously over-weigh the data contribution of long-homeless families, for at any point in time long-homeless families are disproportionately present.

Imagine a 2-room family shelter: one room occupied by a family that stays 3 months, the other by short-stay families that each stay 2 weeks. Over three months (13 weeks), that 2-room shelter will see 1 homeless family in the one room , 6.5 (13/2) different families in the other room, 7.5 in all; and 87 percent of all the families (6.5/7.5) will have been short-stay. A study which includes data for the entire 3-month group would mostly portray the characteristics of the short-stay families, which is correct. But a more conveniently done one-night snapshot study would see only 2 families and would weigh the characteristics of the long-homeless family equally with those of the one short-stay family present that night. From the convenient one-night data it would appear (erroneously) that half of all shelter families are homeless for long periods and have the characteristics of the one long-homeless family.

Several research reviews have repeated the caution that snapshot descriptive data are fundamentally faulty (Burt, 1992, Ch 1; Jencks, 1994, Ch 2; Shlay & Rossi, 1992; Sosin, Piliavin & Westerfelt, 1990), much as others have cautioned about the limitations of 'point-prevalence' counts (see Chapter 4). These two methodological concerns are really one and the same.

The 'snapshot' bias affects all the descriptive studies we have of homeless families. All the descriptive studies we review in this and subsequent chapters are snapshot studies, and the estimates they arrive at for the characteristics of shelter families all over-weigh the contribution of long-homeless families.

We will call data that describe the characteristics of all families that have come through shelters over a period of time ‘video’ data, to contrast it with ‘snapshot’ data. At least three methods could be used to get ‘video’ descriptive data. 1. The researchers could return to the shelters many times, each time gathering data only from new families. This is obviously impractical, unless the shelters agreed to obtain the data for the researchers..

2. Snapshot data could be gotten once only, then weighed in inverse proportion to each family’s length of stay up to the point of the research. (To estimate population statistics from inteview samples, Burt and Cohen [1989a, Ch 3] did adjust their observations for each respondent’s self-reported frequency of use of homeless services.)

3. The identities and some descriptive data for all homeless families that used the shelters over the period of time of interest could be obtained from the shelters’ registries, with further descriptive data gotten from the state’s welfare data base, by identity cross-matching.

For almost all purposes video data are the appropriate data; snapshot data are not. If one is interested, for example, in the physical or social or educational developmental status of homeless children, then the appropriate data are the developmental statuses of all children homeless (at the shelters) over a period of time. Snapshot data of the children present at one point in time will seriously over-emphasize the developmental statuses of the long-homeless children.

Only in rare situations would snapshot descriptive data be the more appropriate. Snapshot data might be suitable where, in planning an expansion of family rooms and common rooms, a shelter might want to know the number of children in residence per family at a single point in time, their ages and sexes.

(When doing comparisons of homeless children with poor but housed welfare children, to properly portray both groups, ideally video data should be used for both. Studies of homeless children which compare snapshot descriptive data of homeless children with equally static data about poor but housed welfare children are comparing two sets of biased data, with different amounts of bias. This final issue of how to properly portray the characteristics of welfare families is well known in welfare research but would take us far afield of homeless families research.)

Research findings

Homeless families as a proportion of all homeless persons

What with the public’s sensitivity to homeless families, the proportion of homeless persons that are family members (counting here the children as well as the adults) has been of some contention. Widely disparate figures have been presented, some showing family members constituting as high as half of all homeless persons (Shlay & Rossi, 1992).

Credible research projects have found the parents of homeless families typically constituting about 10 percent of adults at shelters at one point in time. If one adds the children (at about 2 per family), homeless family members have constituted roughly a quarter of all persons at shelters. Lower and higher proportions have been reported.

These are point-prevalence estimates: derived from data gathered at one point in time. Period-prevalence counts of all the persons at shelters over, say, a year, would show considerably higher proportions of family members since, family stays being usually briefer, more families than single adults can move through a shelter over the same time span. Culhane et al (1994), using administratively-retained shelter records from New York City and Philadelphia, with unduplicated identities, found that at one point in time homeless families members made up 34 percent of all shelter residents, but 45 percent if computed over two years.

For Washington State, CTED data for families at shelters during 1997 indicate 65 percent of the families were headed by single women, 28 percent by couples, 6 percent by single men (CTED, 1998).

Nationally, fewer homeless families are headed by couples. Burt and Cohen's (1989a,b) nationwide stratified sample study of homeless adults at urban shelters and meal providers over one day found 8 percent of the adults to be single women accompanied by children, just under 1 percent single men accompanied by children, and just over 1 percent adults in two-parent families with children. Factoring in 2.2 children found per family, we compute from Burt and Cohen's estimates (1989a, p 37) that family members comprised 34 percent of all persons living at shelters, nationwide. (Burt and Cohen's own estimate (1989b, p 512) is 37 percent.) (Shinn and Knickman [1996] note that the sampling method may have under-selected families, thus that the proportion that are family members may be understated.)

From the Chicago shelter counts reported by Rossi, Fisher and Willis (1986), adding an assumption of 2 or 2.2 kids per family, we estimate family members comprised 26-27 percent of all persons at Chicago shelters.

As regards King County-Seattle. the provider community does an annual one-night count of persons at shelters, voucher-paid hotels/motels and transitional housing. The October, 1998, one-night count found 3543 persons in all, with 42 percent being members of families. (Data from Georgia Conti) This proportion had remained relatively stable over the last three years. This higher proportion of family members in Seattle-King-County, relative to the proportions found in other communities, may be an artifact of the Seattle-King County count including transitional housing, which is heavily used by families.

(Discussions may cite higher proportions of family members among all homeless persons, gooten from multi-city surveys of homeless persons using urban services, done every few years for the US Conference of Mayors. Shinn and Weitzman (1996) caution about this counting method.)

Since few literally homeless families live on the streets, the proportion of homeless persons that are family members would drop if one counted also persons living 'on the streets' or using meal providers but not shelters. The family member share would also change if one counted also homeless persons temporarily sharing others' homes or living at utterly sub-standard places or transient hotels. Since both homeless families and single adults live at these places it is not clear whether the family member proportion would go up or down.

Seasonality

Time-series data built from administratively captured records would be the data of choice here. Culhane and Kuhn (1998), counting homeless families by using New York and Philadelphia

administrative records of shelter users, and Lowin (1998a), counting families newly-recorded as homeless on the Washington State's welfare data base data, both found greater numbers of homeless families in the winter.

Rossi, Fisher and Willis' (1986) Chicago study of homeless adults at shelters or on the streets found a 55 percent increase in the numbers of persons at shelters between temperate fall (late September-early October) and the dead of winter (late February-early March, but a 62 percent decrease in the numbers on the streets, yielding a net *decrease* of 14 percent from Fall to Winter. Why the net decrease is not known.

Composition of homeless families

Homeless families at shelters consist predominantly of a single mother and one or more children, often young. Single father families and two-parent families have each made up perhaps 10 percent of the total, though substantially higher proportions of two-parent homeless families have been reported.

Burt & Cohen (1989b) found about 10 percent of homeless families at shelters headed by couples, another 10 percent or so by single fathers. From data reported by Sosin, Colson and Grossman (1988), in a study of homeless adults and families using meal programs in Chicago, we compute that 20 percent of the families were by couples, 8 percent by single fathers. An early study around Boston (Bassuk, Rubin & Lauriat, 1986) found 7 percent of shelter families headed by couples, 1 percent by single fathers. Johnson et al (1995), studying shelter families in St Louis, found 8 percent of their families headed by couples, just under 4 percent by single fathers.

Weitzman, Knickman and Shinn (1992) found fathers comprising 4 percent of the parents of a group of New York City families requesting shelter. Another New York City study (Molnar et al, 1991) found 14 percent of homeless mothers living with their child's father, though it is not clear that all the fathers were present at the shelters. From data provided by Wright (1988), who describes a study of nearly 19,000 homeless persons seen at health clinics over one year and whose family status was recorded, we compute that perhaps 31 percent of the homeless family parents may have been couples or men.

Higher proportions of two-parent families have been found in the west and southwest (Institute of Medicine, 1988, Ch 1) and in rural areas. (Patton, 1998) An early small study in King County-Seattle (Miller & Lin, 1988) found 40 percent of homeless families headed by couples, 3 percent by single fathers. The 1998 one-night count in Seattle-King County found 24 percent headed by couples, 4 percent by single fathers. Wood et al (1990a), studying homeless families at shelters in Los Angeles, found 47 percent headed by two parents, though that count may have been based not on the second parent being present but rather on mothers' self-reports about having an adult partner.

This geographic variation suggests that two-parent homeless families may be more prevalent in heavily-Hispanic communities (though the Wood et al sample was not heavily hispanic), as the proportion of Hispanics in the population is higher in the west and southwest. (Some may be migrant families.) Dornbusch (1994), from a study of homeless families in two north California counties, notes a higher proportion of hispanics among two-parent homeless families.

Homeless families headed by men or couples may rely on non-shelter living arrangements more (or less) than do women-headed families. Some family shelters admit only single mother-headed families, fathers if they can prove marriage.

The parents

Homeless parents are demographically more similar to the parents of poor but housed families than to homeless single adults, women or men. (Shinn & Weitzman, 1996) Because of the demographic similarities and because most homeless families do receive welfare assistance, the sensible comparison group for homeless families is poor but housed *TANF* families not homeless single persons.

When compared with homeless single persons homeless parents are often found to be younger, to have been homeless more briefly and, in some studies, to have less education. (Burt & Cohen, 1989b; Dornbusch, 1994; Johnson & Krueger, 1989; Norton & Smith, 1993; Roth, Toomey & First, 1992; Wong, Piliavin & Enter Wright, 1998; Johnson et al, 1995; Shinn & Weitzman, 1996).

Comparisons of homeless parents with the parents of poor but housed families have not yielded consistent findings. This troubling inconsistency may be due to considerable variability in how the comparison groups have been selected. This important issue of what the appropriate comparison group should be is discussed at length in Chapter 9 where, in preparation for the review of research findings about the effects of homelessness on the children we must address the same question: What is the appropriate comparison group (for homeless children)?

We conclude there that the most appropriate comparison group would be poor but housed families on welfare: TANF families (aka AFDC families). Welfare data bases being confidential, most research projects have not been able to obtain data for well-selected representative samples of TANF families, and they have had to substitute various other not very satisfactory comparison groups. This has necessarily introduced unwanted variance among the comparison populations.

The only studies that used a reasonably good AFDC comparison groups are New York City studies by Shinn, Knickman and Weitzman (1991; Weitzman, Knickman & Shinn, 1992) and a recent Boston area study by Bassuk and colleagues (Bassuk et al, 1997, 1998; Coll et al, 1998). The Bassuk study, by apparently using more continuously sampling over a 3-year period, may have avoided the snapshot problem. (Both groups obtain their AFDC comparison cases from families waiting at welfare offices for eligibility re-determinations. This method of recruiting comparison cases misses those that are disabled (hence not required to undrgo as frequent eligibility reviews) or that don't show up (the latter may more characterize homeless parents).

In Washington State very good comparison data about representative TANF parents and children could readily be obtained from the state's computerized welfare data base which offers an additional benefit as it is already merged with data bases for all other DSHS programs.

Age In almost all studies, homeless parent age averages in the upper 20s. Some studies have found homeless parents to be younger than the parents of poor housed families, (Bassuk et al, 1996; Goodman, 1991; Johnson et al, 1995; Molnar et al, 1991; Shinn, Knickman & Weitzman, 1991 found homeless mothers 7 years younger on average), but others have found roughly the same age (Bassuk & Rosenberg, 1988; Wood et al, 1990a), homeless parents older even (Chavkin, et al, 1987).

Education Homeless parents have been found more likely to have completed high school (Bassuk & Rosenberg, 1988; Johnson et al, 1995), about equally likely (Goodman, 1991; Shinn, Knickman & Weitzman,1991) or less likely (Bassuk et al, 1996: Molnar et al, 1991; Wood et al, 1990a).

Prior reliance on welfare Several studies have found homeless families having briefer welfare histories than poor housed families. (Bassuk & Rosenberg, 1988; Goodman, 1991; Molnar et al, 1991). A Bassuk et al (1996) study found 75 percent of homeless families on AFDC or SSI. The homeless families had been on welfare for appreciably briefer periods than the AFDC comparison families.

Ethnicities The actual ethnicities of homeless families in other communities, other states, are of little interest, as ethnicities reflect local populations.

Burt & Cohen's national study (1989b) found over-representation of non-Whites among homeless families, compared with local populations. (Family data by separate ethnicities not given. For all homeless adults (see Burt & Cohen, 1989a) heavy over-representation was seen for Blacks, less so for Hispanics. No data for Native Americans.)

As minorities are over-represented among all poor families, it would be more appropriate to compare the ethnicities of homeless families against the ethnicities of poor but housed families in the same communities. Such comparison in other studies have often found appreciable over-representation of Blacks, less often and less pronounced for Hispanics. (Data have not been reported on Native-Americans homeless families, perhaps because the study samples are too small.)

Over-representation of Blacks among homeless families was found by Bassuk et al (1996), Molnar et al (1991), and Johnson et al (1995). The Bassuk et al and Molnar et al studies did not find much over-representation of Hispanics. (The Johnson study in St. Louis provides no data on Hispanics.) Ethnic minority under-representation was found by Chavkin et al (1987; for Hispanics, no notable difference for Blacks), by Goodman (1991; for Blacks and Hispanics), by Wood et al (1990a; for Blacks, no notable difference for Hispanics), by Bassuk and Rosenberg (1988; for non-Whites). Shinn, Knickman and Weitzman (1991) found over-representation of Blacks, under-representation of Latinos.

Studying mainly homeless single persons, Wong and Piliavin (1997) and Rocha et al (1996) found blacks staying longer at shelters. But Piliavin et al (1993), studying factors that may influence total duration of homelessness, found no effect for ethnicity.

Length of time in the local community Bassuk et al (1997) found risk of homelessness lower for welfare families that had lived longer (more than one year) in the community. The authors suggest that the longer-present families may have had longer opportunity to develop support networks. Their social support data data are consistent with this view. (The longer-present families are perhaps less likely to become homeless, or when homeless they are perhaps more likely to live with relatives and friends, thus less likely to need a shelter.)

Parents' use of foster care when they themselves were children Several reports have found that homeless parents when they were themselves children were more likely to have lived at a foster home or group home or institution than poor housed parents (Bassuk et al, 1996; Shinn, Knickman & Weitzman, 1991; Wood, Valdez, Hayashi & Shen, 1990a). This foster care risk factor has also been found for homeless single persons (Piliavin et al, 1993; Sosin, Carlson & Grossman,1988; other studies are cited in Bassuk et al, 1997)

Several possible explanations come to mind. First and simplest, adults who grew up in foster care have fewer relatives willing to put them up when they are homeless. Or, some unknown early character trait may increase the likelihood a child uses foster care and, later when the child is an adult, also the likelihood of that young adult becoming homeless. Last (and of most concern), something about foster care may increase the likelihood that the children in later years will become homeless.

In Washington state homeless adults' use of foster care during childhood could be investigated with the state's archived foster care records.

The children

Number of children per family About 2.2 children are typically present per homeless family. This figure is reported in Burt and Cohen's national study (1989a,b), by Bassuk et al (1996) for a Boston-area group, Rocha et al (1996) for a 10-year group of St Louis shelter users, Johnson et al (1995), also for St Louis families, and Miller and Lin (1988) for King County-Seattle. (The latter two calculations are ours.) Raffrety's New York City study (1991) found 2.3 children present per family. Boston-area studies by Bassuk, Rubin & Lauriat (1986; see also Bassuk & Rosenberg, 1988, Bassuk & Rubin, 1987; Coll et al, 1998) found around 1.6 to 2.0 children present per family. The recent 1998 Seattle-King County count finds 1.9 children per family.

In comparison with AFDC families, Shinn, Knickman and Weitzman's (1991) New York City study found homeless families had fewer children, with the mothers far more likely to be pregnant or with an infant.This is perhaps explained by the fact that the homeless mother on average were 7 years younger. A Boston area study by Bassuk et al (1996) likewise found homeless mothers more likely pregnant or with an infant, with the homeless mothers and their children somewhat younger than their AFDC counterparts.

Ages The children are commonly young, about half being under 5, with many infants or toddlers (Solarz, 1992; Rocha et al, 1996; Bassuk, Rubin & Lauriat, 1986) Younger children may be particularly vulnerable to developmental insults. Shinn, Knickman and Weitzman (1991), comparing with AFDC families, found the homeless mothers far more likely to be pregnant or with a child under 1.

The 1998 Seattle-King County count found 45 percent of the children to be under age 6. The parents (mainly mothers) have relatively high rates of pregnancy and recent births (Bassuk, 1991; Bassuk et al, 1997; Weitzman, Knickman & Shinn, 1990), and relatively brief histories of homelessness, as compared with homeless single adults. (Wong, Piliavin & Wright, 1998; Alameda study, 1991, p 416)

Additional children, living elsewhere Parents at shelters often report that besides the children with them they have also others under age 18. Shinn and Weitzman (1986), for 700 families requesting shelter in New York City, estimated the families had 1.8 children with them on average, but 2.2 children altogether. Another New York City study, by Rafferty (1991) found 2.85 children overall, with only 2.3 present. Bassuk and Rubin (1987) report about 1.9 children per family at the shelter, 2.4 children overall. Goodman (1991) reports 1.7 children present per homeless family, plus 0.4 elsewhere. In a study by Smith and North (1994) 29 percent of homeless families reported additional children living elsewhere; Coll et al (1998) found additional children living elsewhere for 25 percent

of their homeless families, and Miller and Lin found the same for 24 percent of the homeless families they studied in King County-Seattle.

The absent children appear to be living mostly with relatives (with a current or former spouse, grandparent or other relatives), only infrequently in foster care.The Smith & North families reported nearly half the absent children living with their mother's relatives, most of the rest with their father or father's relatives. About ten percent were in foster homes. Almost all the Smith & North parents reported having contact with their absent children during the last year. Roughly similar proportions are reported by Wright (1988), and similar findings by others are summarized by Shinn and Weitzman (1996).

We expect the children living with relatives to be the older children in their families, and in school. Children may be separated fom their parent(s) because some family shelters do not admit adolescents, boys in particular. The children living with relatives may also indicate the family's preference for informal social supports over shelters. The parents, their relatives, indeed the children, too, may take the view that for a school-age child living with a relative is preferable to living at a shelter. For the relative, housing a child (or two?) is not as crowding as housing an entire family, and it is easier to take care of a school age child, who is more self-reliant and away from home weekdays. Living with a relative may also make it easier for the child to continue in their same school.

The absent children may explain the young ages of the children at shelters: about half are typically under 5. The children at shelters may be young also because their mothers are young. As mentioned earlier, in most studies, homeless parent age has averaged in the upper 20s.

Hypotheses about these children and their well-being are set out in Chapter 11. The existence of absent children and their demographics as well as similar data for poor housed comparison families could all be gotten from administratively kept welfare records.

(Even single women at shelters sometimes report having children elsewhere. These women do not meet our definition for *homeless* family, yet the presence of their children elsewhere provokes interest. Some of these situations may hide temporarily split-up homeless families, where the relative cares for the child but not the mother. In a small study in southern California (ref for Alameda Cty, 1991, p 416) 89 percent of homeless women without children reported they were receiving AFDC grants, strongly suggesting children living elsewhere. Fifteen months later, at follow-up, 80 percent of these women had children living with them.)

Overlooking or under-counting homeless families headed by fathers

Perhaps one in ten homeless families are headed by fathers, another tenth by two parents, often. But little has been reported about fathers of homeless families (McChesney, 1995) Indeed, families headed by fathers or by couples have sometimes been dropped from analysis.

Burt and Cohen (1989b) deleted father-headed families from analysis, though the group comprised 10 percent or more of the total study population. Bassuk and Rosenberg's Boston-area study (1986) excluded one father-headed family (1 percent of 82) and included the 2-parent families with the mother-headed ones. Shinn, Knickman and Weitzman (1991) exclude from their New York study the 4 percent of homeless families that were father-headed. Wong and Piliavin (1997) exclude as

'rare' perhaps 42 families headed by a father or couple, from a study of 552 homeless persons. As the 552 cases did include 69 mother-headed homeless families, the study apparently excluded close to 38 percent 42/(42+69) of all the homeless families.

Zlotnick, Robertson and Lahiff (1998) studied 68 mother-headed homeless families (apparently from the same population used by Wong and Piliavin) but excluded 10 male-headed ones (13 percent of the full group). North and Smith, studying 900 homeless persons in St. Louis, in their data analysis distinguish 98 single women from 202 mothers with children, but do not segregate the data for 3 fathers with children in analyzing the data from 600 homeless men. Wood et al (1990a) in their Los Angeles study apparently excluded all father-headed families at shelters, and for analysis combined the substantial proportion of two-parent families (47 percent) with the female-headed families.

Male-headed and two-parent families may be under-counted also because some family shelters do not officially admit men, or at least men not married to the mothers. Some also exclude adolescent boys. (Male-excluding shelter policies are sketched by Solarz [1992] and Shinn and Weitzman [1996, Ftnt 5].)

The father and couple-headed cases are dropped presumably because the numbers are too small to support separate analysis. Such separation implies an *a priori* judgment that father-headed and couple-headed families are importantly different than mother-headed families. There is little evidence on this, save the discussion note by Weitzman, Knickman and Shinn (1992) that the prevalences of psychiatric disorders and substance abuse are known to be markedly different for homeless men and women, the note by Shinn, Knickman and Weitzman (1991) that women often report more social supports than men, and a suggestion by Dornbusch (1994) that the two-parent families may be higher among homeless hispanic families. True, homeless single men and single women are very likely quite different on average, but there is no evidence that the fathers and mothers of homeless families are similarly importantly different.

Indeed, male and female-headed homeless families may be more alike than different. The major structural forces that bring poor families to high risk of homelessness and the factors that protect them are pretty much the same for fathers and mothers: eligibility for public assistance and emergency assistance, grant levels, availability of jobs, availability of housing and cost, eligibility for social services, sympathy by family and friends for the children. There is no evidence that family and friends are any more likely to open their homes to mother-headed families than to father-headed ones (though shelters may favor the mother-headed families). All this argues that father-headed homeless families should not be dropped from studies. Only with data could we ever find out whether the two groups are importantly different.

Rural homelessness

If homeless families are defined as those at shelters, then indeed there may not much rural homelessness. Aron and Fitchen (1996) and Patton (1988) both note the scarcity of services, shelters (and even sheltering buildings) in rural areas, perhaps resulting in rural homeless individuals and families more likely relying on less visible informal assistance, including shared living and sub-standard places (Patton, 1988). The scarcity of rural shelter programs only

emphasizes the importance of studying inconspicuously homeless families as well as families at shelters.

Data on homeless rural families (and single adults) have not often been collected; almost all homeless studies have been done in metropolitan areas. Service programs being mainly urban, there is an institutional interest in urban data, no similarly strong institutional interest in rural data (Aron & Fitchen, 1996). Also discouraging is the low response rate by rural local officials to the request for information made in 1990 by the US Census, when preparing for its S-Night survey of homeless persons. (The S-Night survey is discussed in Chapter 4).

Rural data would surely be of interest to rural officials, representativs and media.The absence of rural data only affirms (incorrectly) the image that homelessness is an urban matter. Aron and Fitchen note the high rural prevalences of Native Americans and migrant workers, groups whose homelessness would be under-represented in urban studies.

Rural homelessness is more likely investigated in statewide studies: Ohio (Roth & Bean, 1986; First, Rife & Toomey, 1994), Vermont (Vermont Department of Human Services, 1985), Kentucky (1993; as cited in Burt 1996a and Aron & Fitchen, 1996). (Surely others, but no time to find.)

The methods used for the Ohio studies were briefly described in Chapter 4. Roth and Bean (1986) found persons homeless in rural areas in Ohio to be younger, more likely female, more likely married, less likely to be using shelters or meal programs (which are less available in rural areas). The First, Rife and Toomey study found more homeless adults living at shared places than at shelters and transient hotels (27 percent living with family, 19 percent with friends, 39 percent at shelters or motels). Two-parent families were more prevalent in rural areas (though in both rural and urban areas most homeless families were headed by single mothers).

Chapter 6. Parental Risk Factors

Do risk factors even matter?

Adults with certain personal characteristics ('risk factors') may be particularly vulnerable to homelessness. Studies of homeless families commonly collect data on parents' personal characteristics: most often their past mental problems and drug and alcohol abuse, sometimes also their work-related characteristics such as education, work experience and disabilities. Parents with such risk characteristics may not manage well the financial and social responsibilities of maintaining a family and home.

The importance of individual risk factors has long been debated ideologically. (Bassuk et al, 1997; Elliott & Krivo, 1991; Hopper, 1991; Shlay & Rossi, 1992; Weitzman, Knickman & Shinn, 1990). To a structuralist, personal character is not the issue. If the supply of affordable housing is 1000 units and demand is 1040, then 40 families will not have housing. What does it matter who is left standing when the music stops?

Even so, in the competition for scarce housing personal frailties may matter a great deal. A parent who has a disability or of somewhat dysfunctional character may be more likely to lose their job or dwelling and less likely to get another. They may be less often invited to share another person's home or less inclined to accept the offer.

Rossi, Fisher and Willis (1986) seem to acknowedge the importance of personal risk factors, but note that 'homelessness may be only superficially a housing problem, but many problems can be alleviated through treatment of their superficial manifestations.' (p 160) But even an increase in the supply of housing may not raise all homeless boats equally: high risk families may remain disproportionately homeless.

If parental risk factors could be verified, services for homeless families might perhaps focus on those especially vulnerable families, and non-discrimination intiatives undertaken to better protect those families against housing bias. (Though, as regards ending housing bias, Main (1986) reminds us that public housing tenant committees, too, care who their neighbors are.)

But would intervention to assist particularly vulnerable families have any fundamental effect? If the supply of affordable housing is not expanded, a decision to direct assistance to particularly vulnerable families (for example, a mental health or substance abuse treatment program initiative to assist those homeless families) would get some of those families housed and would falsely appear effective if the initiative only shifted the homelessness to other families less at risk.

(Incidentally, the above numerical example also illustrates the sensitivity of homelessness to the housing market. A 4 percent decrease in the supply of affordable housing, from 1000 to 960, would increase homelessness by 100 percent: from 40 to 80. The structural model also suggests that adding affordable housing units would reduce homelessness even if the added units were not allocated specifically to homeless families. This suggests a policy alternative to the often mentioned concern that giving families at shelters priority for subsidized housing only provides added incentive to move from shared living to a shelter. [Jencks, 1994, Ch 2; Main, 1984; other refs].)

The investigation of structural influences on homelessness and personal risk factors call for very different research strategies. The research covered in this review has mostly gathered (self-reported) personal characteristics data by means of one-time field interviews with homeless families and in a very few cases using also matched up administrative records. This method of research necessarily focusses us on personal risk factors. This approach could help us understand why one type of family (parent) is more likely to be homeless than another type, but it would be incorrect to attribute the homelessness to those personal risk factors.

This approach does not shed light on the structuralist's question about why homelessness has become more prevalent. To investigate structural factors has traditionally required a far broader set of cross-sectional (multi-community) or longitudinal data, data sets more likely used by macro-sociologists and economists. Other than for the few studies done fifteen years ago, in the mid-1980s, there is little cross-sectional data available on the homelessness rates of single adults in different communities and none on family homelessness. There is virtully no longitudinal data either (even including the several small studies reported by the Piliavin group), as community-wide studies are seldom repeated, and large-scale panel studies which find and re-interview previously studied families are too expensive. The growing re-use of administratively captured data should soon facilitate longitudinal research and our understanding of structural factors.

Research findings

Findings about mental health problems, substance abuse

The findings vary and the detail is hard to summarize. Prevalence measures for mental health problems, drug abuse and alcohol abuse are not standardized in homeless research, thus prevalence rates are not reported consistently across studies. (Shlay & Rossi, 1992; Toro et al, 1995) Data may be collected about symptoms, using brief screening tools or lengthier clinical assessments, or about formal diagnoses or functional disabilities, or about past treatment or institutional stays. Data are almost always obtained through self-report, except for the very few studies that are beginning to use administratively kept data about mental health and substance abuse services (see Chapter 4).

Most studies find homeless parents have far lower prevalences of serious mental disability or substance abuse than the high rates seen among homeless single persons (Burt and Cohen, 1989b; Johnson and Krueger, 1989; Dornbusch, 1994; North and Smith, 1993; Weitzman, Knickman & Shinn, 1992; Wright, 1988) Wright reports similarly lower prevalences for ordinary health problems.

From the available data one can reasonably conclude that most homeless family parents do not have a serious mental health problem, most do not abuse drugs, most do not overuse alcohol. But one can hypothesize, consistent with these data, that half of homeless family parents will evidence one or another of these problems.

Here too one would want comparisons against poor housed TANF families. Unfortunately, many other comparison groups are used, rarely representative of poor housed families, nor are the findings

adjusted for irrelevant but confounding demographic and geographic differences between the compared groups. The observed differences are are hard to interpret.

Rates fairly low but still somewhat higher than seen for parents of housed welfare families, are reported by several studies referenced in Bassuk et al (1998), but not always confirmed. The Bassuk et al study itself (1996) found DSM-III-R (non-patient version) mental health rates for homeless mothers to be no different than for low income housed mothers, though the rates for both groups were sometimes appreciably higher, sometimes appreciably lower, than for women in the US population at large (latter data from the National Comorbidity Study.) For substance abuse disorders the rates for homeless mothers and welfare mothers were about the same, but appreciably higher than for women at large. Against the comarison mothers, homeless mothers did have higher rates of institutional stays for mental illness or substance abuse.

A more recent analysis by Bassuk et al (1997) of the 1996 data uses a multivariate logistical model (risk analysis) to discern factors beyond poverty that are associated with family homelessness. While absolute rates of substance abuse (again) did not distinguish homeless from housed parents, frequent use of alcohol and heroin were substantial risk factors.

The reasonably sound demographic comparisons against housed AFDC families reported by Weitzman, Knickman and Shinn (1992), found parents in New York City families requesting shelter having self-reported prevalences of mental health and substance abuse problems low yet still higher than the even lower rates for housed AFDC families.

Good mental health and substance abuse prevalence data for poor but housed welfare families could be gotten from Washington's several already-merged statewide social service and welfare data bases.

The influence of personal character

A wide variety of terms and measures have been used to portray the influence on homelessness of personality traits: dysfunctional personality, troubled, attitude problem, unreliable, character disorder, personality disorder (Bassuk, 1992; Bassuk, Rubin & Louriat, 1986), unable to manage their lives (Roth, Toomey & First, 1992), behavior problem. (find cites.. start with Bassuk, Main 86).

Research on personal traits that may affect support from family and friends is reviewed in Chapter 7, on temporarily shared housing (personal characteristics associated with size of parent's social network) and Chapter 10, Homelessness Dynamics (personal traits associated with chronically homeless persons).

Methodological issues in studying disabilities and character

1. The validity of self-report data is always uncertain. Homeless parents, afraid of losing custody, may be less inclines than homeless single persons to admit socially undesireable conduct. Administrative data would be more credible. Culhane and Kuhn (1998), studying homeless adults in New York and Philadelphia, to obtain more credible mental health and substance abuse data, linked shelter records with administrative treatment records of another public agency. The report does not describe families, however.

2. Comparison groups need to be well risk-adjusted. Recall that homeless parents are appreciably younger than homeless single persons, and far more likely to be women. These demographic differences introduce different demographic risks for mental illness, substance abuse, or other debilitating conditions. For example, homeless mothers, due to their younger age alone, will have fewer and younger children and lower lifetime risk of mental illness or substance abuse, possibly lower past-year risk as well.

In using comparison groups one would like to see statistical risk-adjustments to tease out differential risk due to differential demographics, but there have generally been too few cases for statistical adjustment, as most research has studied the relatively small numbers of families found among shelter users at one point in time in some community. Some studies have leveled the playing field some by using only homeless single women as their comparison cases (thus leaving out the men), but age and ethnicity remain uneven.

Both these problems: self-reporting and differential risk, could be largely neutralized by using large numbers of cases such as would be available in a statewide database of shelter users, and adding demographic data and mental health and substance abuse treatment data gotten from other administrative sources. The necessary datasets, including operational unduplication procedures, are all readily available in Washington State. Confidentiality of homeless families could be protected by securing their identities at a university-based project, under human research subject protections.

Chapter 7. Temporarily shared housing

The importance of temporary shared housing

The arguments for including families living temporarily with others in homelessness research (as being homeless or near-homeless) are laid out in Chapter 3. To summarize, temporarily shared living is likely the most common living arrangement for homeless families. And families sharing homes are the reservoir from which come most families arriving at shelters and to which many families go when they leave their shelters.

Understanding temporary shared living is also important for understanding the reasons why families choose shelters. As most families would probably choose shared living over shelter living (if both were decent choices), why then do some homeless families move from shared living to shelters? (The relationships between shared living and shelter living can be subtle. Rossi, Fisher and Willis's 1986 Chicago study of homeless adults found that, as compared with the men or the older women, women under 40 even if they could were least likely to want to live with their relatives. Yet some continued visiting their families, even staying overnight occasionally.)

Finally, for the children living with family or friends (with private support) may be less injurious than living at a (public-funded) shelter.

Home-sharing asa more general strategy for low-income families. Longer-term (more stable) shared housing may be one of the main ways welfare families get by with their limited budgets (Dolbeare, 1992; Edin, 1991; Shinn & Weitzman, 1996; Vacha & Marin, 1993). (The Vacha & Marin paper portrays homeless persons sharing residences in Spokane). Wood et al (1990a), for a small group of housed AFDC families in Los Angeles, found 39 percent reporting having doubled up with strangers (?) at some time during the last five years. These studies did not make the crucial distinction between temporary and longer-term sharing.

Burt (1992) cites a 1989 analysis by Mutchler and Krivo to the effect that during the 1970s, a decade during which housing became more available and per capita income rose, more once doubled-up households were able to afford separate units. Presumably, then, during the 1980s, as low-rent housing grew scarcer while welfare grants lagged inflation, doubling up may have become more prevalent. (The data in the Mutchler & Krivo paper are not all that clear, but the argument is still a good one.)

Fresh data on all families sharing housing in Washington State will come available around 2002, from the Year 2000 US Census. But the 2000 Census data will likely not include fine enough measures of duration to be useful for research on family homelessness.)

The above arguments about the importance of temporary home-sharing for understanding family homelessness are all testable, yet temporary shared living has not been much studied, What we know about families' use of temporary shared living comes incidentally from studies that try to map backward or forward in time the residential paths ('careers') of families at shelters (Vacha & Marin, 1993).

Research findings

Most families at shelters come from shared housing

Main (1986) reviews data collected by the New York City Human Resources Administration from 1221 families referred for temporary housing in late 1983. Some 57 percent reported having been evicted - not by their landlord but by the primary tenant, while only 24 percent reported needing shelter because of nonpayment of rent. (Alperstein and Arnstein [1988] report similar statistics, but possibly from the same source.) Main comments: "...we receive the impression that the problem of homelessness for the majority of families is one of somehow holding onto the (shared) places they already occupy." (p 9)

A New York City study, by Shinn, Knickman and Weitzman (1991; see also Weitzman, Knickman and Shinn [1990]), this one of families entering New York City shelters for the first time, found 34 percent to have spent the previous night in shared housing with relatives, 35 percent in shared housing with friends, 70 percent in all. A good proportion of the younger women indicated they had never had their own residence. Rafferty (1991), also studying New York City shelter families found that when the families earlier had left their own homes, 44 percent went directly to shelters but another 40 percent went first to shared housing, later on to shelters. Yet another New York City study, by Molnar et al (1991), found 63 percent of those homeless families had lived doubled-up immediately before coming to the shelter, with 20 percent never having had their own home or apartment.

Goodman (1991), for a group of New England families at shelters, indicates 48 percent had lived immediately previously with family or friends, 28 percent from own place. (An additional 24 percent reported having been living with spouse or lover, and it is hard to decide whether these should be classified as living in shared place or own place.) Bassuk and Rosenberg (1988) found 85 percent of a sample of Boston area families at shelters had come directly from shared places (though Bassuk, Rubin & Lauriat (1986), apparently describing much the same sample, indicates 40 percent had come from shared living.) According to Lindblom (1996, p 189), the Sosin, Colson & Grossman study of Chicago homelessness in the mid-1980s found that virtually all literally homeless families there had immediately previously been living with others. (These data are apparently not given in the Sosin et al (1988) report.)

From these data it appears that most or at least many families at shelters have come there directly from shared living, but it is not clear what proportion of those families were already homeless in their prior shared living arrangements. Only families who shared residences for 90 days or less would be classified as having been already homeless.

To assess what proportion of the shelter families had been homeless immediately before they came to the shelter would require data on the duration of that prior shared living, but data have not been reported on this subject. Several studies have found that as compared with poor housed families, families at shelters have had appreciably less stable living arrangements (before they came to the shelter). Shelter families report having previously lived in many more places (Bassuk & Rosenberg, 1988; Bassuk et al, 1996; Weitzman, Knickman & Shinn, 1990; Wood et al (1990a). The fact of

lower residential stability before the shelter at least hints that some of the homeless families may already been living in places temporarily, hence already homeless.

Where families go when they leave their shelters

The data from these studies are less consistent and even less generalizeable because where families go after their shelters depends heavily on the local policies and initiative to provide subsidized housing. Absent any such intiative families would probably stay longer at their shelters and be more likely to go on to shared living.

Sosin, Piliavin and Westerfelt (1990), following mainly homeless single adults in Minneapolis, found 75 percent to have left the shelters within about six months. Fifty percent went to a friend or relative's house, 22 percent to a place of their own. Wong, Piliavin & Wright (1998), following shelter families in California (they also have data on single women) found that on leaving the shelters 28 percent of the families went to directly to own apartment, 30 percent to a shared place, or to a motel-like place or to transitional housing or rehab program (More detailed data are not provided.) Rocha, et al (1996), following 1487 families who had left St. Louis shelters between 1983 and 1992, do not describe the families' very nexct residence but find that just over half went eventually to permanent residences of their own, 16 percent eventually to shared places.

Factors that sustain or undermine home-sharing

An understanding of factors that influence the duration of home-sharing could help us identify ways to prevent the dissolution of home-sharing and the consequent demand for shelter beds.

Why does shared living end? Most often, home sharing may not end, indeed for many welfare families (and other poor and not-poor families) home-sharing may be an enduring living arrangement, an effective preventer of literal homelessness (Hopper, 1991). We have no idea how common and enduring it is, and what the assisting factors may be because we haven't studied it much. And sometimes home sharing may end well, for example, if the parent gets a job and then moves their family to their own place. But studies of families at shelters see only the families whose shared living has ended badly.

Yet from time to time shared living does end unsuccessfully, witness most of the families at shelters. Thus it is useful to inquire about why shared living sometimes ends.

Instrumental factors that influence the duration of shared living

Crowding, sharing costs and responsibilities, and size and characteristics of the visiting family could all influence the duration of shared living.

Crowding. Dornbusch (1994) and Marin and Vacha (1994) suggest that sheer crowding erodes shared living. The host families are themselves likely to be low income and already living in smaller places. (The data in Vacha & Marin [1993] do not confirm crowding.) The nationwide downsizing of apartments over the last twenty or so years could only aggrevate this situation.

One hardly needs data to make the case that moving a second household into an apartment or house will create crowding, but if data are useful, Weitzman, Knickman and Shinn (1990) report that homeless families that previously shared homes were more likely to have been living 3+ persons per bedroom than a comparison group of housed AFDC families. Dornbush (1994) found that low-income families that were living doubled up with relatives averaged 1.25 persons per room, whereas similar families that later became homeless had averaged 2.1 persons per room.

Sharing costs and responsibilities Duration of shared living may be influenced by the visiting family's contributing (or not) to household costs and maintenance (Lindblom, 1996), housekeeping and child care in particular. Sharing of costs may be especially important where the host family is poor.

Aside from its instrumental value, sharing of costs and responsibilities (and exchanging favors, more generally) may have important symbolic value, even if the host family is not poor. We propose that a visiting family that contributes more to household costs and responsibilities is more likely to describe the home as 'ours,' and live there longer.

Demographics of the visiting family Home sharing may be offered more to families with younger and fewer children (more sympathy, less crowding). Hosts may be less inclined to open their homes to male-headed families. Parental and child physical or cognitive disabilities may discourage offers from others.

These demographic factors should similarly influence families' prospects for leaving shelters. Molnar et al (1991) and Rocha et al (1996) found that families with more children stayed longer at shelters. More children may make it more difficult to find shared or own housing.

Psycho-social factors that influence shared living

Personal character: Adults or children with disturbing conduct and even those who are merely bothersome or unappealing may be less likely to be offered home-sharing and to share places very long. Dornbusch (1994), interviewing families that were homeless ot living with relatives found that substance abuse by a homeless parent increased discord and hastened the end of shared living, but only among non-Hispanic white families. (That the effect was not seen for Hispanic or Black families may be due to their self-reported levels of substance abuse being considerable lower than for the non-Hispanic whites.)

Social supports: The research literature often suggests that families with small social networks will be more likely to use shelters, presumably because they would be less likely to get offers to share someone's else's residence (Shinn, Knickman & Weitzman, 1991). (Causality would remain unclear, however, as families at shelters may once have had extensive social supports, but used them up. [Dornbusch, 1994; Shinn, Knickman & Weitzman, 1991; Shinn & Weitzman, 1996])

The evidence on social network size is not consistent. In a small Boston study, Bassuk and Rosenberg (1988) found homeless families at shelters far less able than housed poor families to name at least one adult they could rely on at times of stress. Similar findings are reported by Wood, Valdez, Hayashi and Shen (1990a), but not confirmed by Goodman (1991) or Molnar, et al (1991, Ch V). Shinn, Knickman and Weitzman (1991) found those homeless mothers in closer touch with their parents and others than housed AFDC mothers, yet less likely to expect their networks to be

willing share their homes. The high degree of contact with family is not surprising for these homeless mothers were younger than the housed comparisons, and 56 percent were pregnant or with a newborn. In Bassuk et al (1996), Boston-area homeless families reported having slightly smaller social networks a year before becoming homeless than did AFDC comparison families.

As regards exiting shelters, a follow-up study of single women and families at shelters by Wong and Piliavin (1997) found greater availability of informal supports (self-rated) associated with earlier exits, for both groups.

Shinn, Knickman and Weitzman (1991), comparing families applying for shelter with housed AFDC families report that housed families were more likely to believe that they could stay with relatives if necessary. Yet the families applying for shelter reported slightly more recent family contacts than did housed families. The higher rate of recent family contacts by the homeless families may well have had to do with their having needed a place to live, an issue welfare families do not as frequently face.

Characteristics of the hosts The hosts for homeless families have not been much studied. The hosts are probably poor often (Marin & Vacha,1994) and may themselves be disproportionately single parents (Hopper, 1990).

Of 470 low-income Spokane households interviewed by Vacha and Marin (1993), 17 percent were now hosting a a homeless person and another 41 percent had done so in the past, 58 percent in total.

Willingness to host families may have dropped off over the last decade or more as an outgrowth of the increased divorce rate seen since the early 1970s. As a consequence, the current population of potential hosts includes a higher proportion of *single* (grand)parents (vs couples) and *second-marriage* two-adult grandparent families where the second potential host is not the child's bio parent. These families may be less able or less inclined to host young adult homeless children and their children (Jencks, 1994, Ch 7)

Kinship norms: Rossi and Rossi (1990) have investigated the influence of social norms on helping among kin. There is some opinion that in our culture parents would help their daughters more than their sons. (see, for example, Jencks, 1994, Ch. 7).

Interviewing a small sample of multi-generational families in the Boston area, Rossi and Rossi's (1990) grandparents reported having variously assisted their adult daughters somewhat more than their sons (Rossi & Rossi,1990, p 394). (The study did not ask grandparents about whether they had ever opened their homes to their children and grandchildren.)

The data (p 490) actually show the families helping even their adult sons substantially, though not quite as much as their adult daughters. But if presented with a homeless child and grandchild, any differential inclination by the parent's parents to help daughters more than sons would likely be further flattened by the equal presence of their grandchildren needing a home. In summary, one should expect parents to open their homes to their sons and their sons' children almost if not fully as much as to their daughters and theirs. Temporary shared living should thus be a common pattern for both father- and mother-headed families.

Rossi and Rossi also report ethnic differences in felt obligations to help. (Ch 5) (Data are not reported on Hispanic families; a sufficient number were not included, apparently.) Actual helping was not analyzed by ethnicity.

Ethnicity likely influences home-sharing. Krivo and Mutchler (1986), using 1970 Census data for US metropolitan areas, found Blacks and Hispanics relied differently on home-sharing under housing scarcity. But their crude measure of home-sharing did not separately examine home-sharing done by families (parents with children) from sharing done by relatives without children.

The closeness of the relationship may be important. Grandparents (of all ethnicities) may open their homes liberally to their children and grandchildren. Home-sharing by more distant relatives and friends may be less prevalent and more subject to cultural variability. Research on home-sharing should capture the relationship between the host and visiting family.

Exhaustion of host supports? Several researchers comment that it is the exhaustion of host supports that finally renders families literally homeless (Rossi, 1989; Shinn, Kinckman & Weitzman, 1991). The implication is that families use shared living until their host withdraws their offer. This is largely an assumption, for there is little evidence. This claim could be emprically tested with data from former hosts indicating whether they did indeed tell the families now at shelters to leave.

The hosts' descriptions of what happened are likely to be more complicated. The host could have set requirements, and the visiting family, rather than complying, could have moved to the shelter. (Whether the host's requirements were reasonable might be investigated as well.)

Even if the host does nothing, sharing that home may not always be attractive to the visiting family, and in time a room at a family shelter may become more attractive.(Ellickson, 1990). Main (1986) points out that New York City homeless families applying at a central referral unit often turned down living at shelter barracks (though they would presumably have accepted a private room at a shelter). Where those families spent the next night is unknown. Main suggests they had more attractive options. Rossi, Fisher and Willis (1986) likewise indicate that some of the homeless women they studied in Chicago (many of the women had children with them) *on their own intiative* left household arrangements with others: oppressive marriages or *insupportable household arrangements with parents or other relatives*. Just why those arrangements were 'insupportable' is not explained.

Finally, families may move from shared living to shelters if shelter residents are given priority for subsidized housing (Culhane, 1992; Ellickson, 1990; Jencks 1994, Ch 10; Main, 1986).

In summary, on the matter of host exhaustion one should not take at face value homeless parents' explanations for why they are homeless. For example, a small-sample study by Molnar et al (1991) found 63 percent of homeless families saying they had come directly from shared housing, yet only 26 percent indicated that Eviction by Prime Tenant was the main reason for their needing shelter.

Whatever the reasons why familes leave shared places, be it host exhaustion or other reasons, increasing the supply of family shelter beds (especially private rooms) may alter the balance of options and draw more families from shared living to shelters.

Preventing literal homelessness by aiding shared living

It is often suggested that one way to reduce the demand for shelter beds would be to assist home-sharing families, particularly those that are at high risk of homelessness, for example families with homeless histories (Culhane, 1994; Hopper, 1990; Lindblom, 1996). With financial help the

combined household might be able to rent a less crowded place, even in the same building perhaps. The cost of such assistance would be less than the cost of a shelter stay (Vacha & Marin, 1993).

Such financial assistance might be accomplished with Washington State's one-time welfare diversion grants, or with the additional payments available under Washington State's TANF program, or by ending the no-shelter grant reductions (penalties) in the TANF, Food Stamps and SSI programs (O'Flaherty, 1996). (Rossi's (1989; RFW, 1986) suggestion of a program of Aid to Families with Dependent Adults would reach far beyond helping homeless families.)

The joint household might also benefit from help in negotiating and reliably carrying out equitable sharing of costs, child care and housekeeping. (Burt, 1994; Weitzman, Knickman & Shinn, 1990) Such interventions could be demonstrated in a project with families at high risk of homelessness.

The obvious problem with this strategy is the difficulty of targeting resources only to home-sharing families truly on the verge of homelessness. Given that many TANF families share homes temorarily and for longer periods, the use of supplemental payments would quickly grow expensive, especially under 'equal access' rules. (Yet the same targeting problem seems manageable in Washington State's program of providing supplemental TANF payments to prevent the imminent homelessness of TANF families living at their own apartments. The latter program, whose payments average $400, is discussed in Chapter 8.)

Chapter 8. Welfare benefits

Under welfare benefits we include income grants, Food Assistance (aka Food Stamps), and Medicaid payment of medical care expenses.

The findings from other states have limited relevance for understanding the welfare supports gotten by homeless families in Washington State as welfare eligibility rules, benefit levels and administrative policies have varied across the states, and have changed over time.

Income grants. In all states most very low income one-parent families, homeless or not, have long been eligible for income grants under the old federal-state program of Assistance to Families with Dependent Children (AFDC), now Temporary Assistance to Needy Families (TANF). AFDC/TANF eligibility confers automatic eligibility for Medicaid and Food Stamps. (Two-parent family eligibilities varied more across the states, but most homeless families are single-parent families.)

Families with a permanently disabled parent or child, regardless of which state they live in, have long been eligible for federal SSI or SSDI income grants (which pay more than AFDC/TANF grants), or for certain other federal-state income programs such as Refugee Assistance or Emergency Assistance. Some families get a combination of TANF and SSI grants.

Medicaid. Families not eligible for cash assistance in most if not all states are today eligible for Medicaid health care coverage alone, which generally covers pregnant women and low-income children, often the parents too. Ten or more years ago, when much of the data on homeless families was first collected, Medicaid eligibility was not as universally available Data collected then about homeless families' health statuses and health services are obselete today.

Food Stamps. Most homeless families were and remain eligible for Food Stamps, though families sharing homes usually share meals, which complicates their Food Stamps eligibility.

The extent to which homeless families actually get these welfare benefits and what benefits they actually get, are matter of contention (Greenberg & Baumohl, 1996). The issue of actual benefits is confounded with measurement problems, as all studies of homeless persons' welfare benefits have relied on the adults' self-reports. Aside from intentional misinformation, welfare programs are so complicated that the beneficiaries may not always understand or convey clearly what benefits they are eligible for, what benefits they are actually getting, what benefits they were getting previously.As the families are young often, or with changing family memberships (parent leaving or some children living elsewhere), their benefit histories can be complicated.

As regards homeless families in Washington State we have simply no data on their welfare eligibilities and what benefits they actually receive. One would expect the data to show almost all homeless families receiving TANF or other welfare grants, Food Stamps, and Medicaid, with most having received those benefits for some time before they became homeless. Finding any number of homeless families that are not eligible or that appear eligible yet are not receiving welfare benefits would be of concern.

Research findings

Studies generally find most families at shelters already enrolled for welfare benefits, with many having already been on welfare well before they became homeless. But many of the families report their grants reduced in recent months or not paid at all. The reductions or suspensions of grant payments may have precipitated the family's homelessness.

The reasons for the grant reductions or suspensions are not clear. Parents' reports in any case would want to be checked against welfare records and welfare workers' explanations. This can readily be done in Washington State.

Burt and Cohen (1989b), from their nationwide interviewing of homeless adults using shelters or meal providers, estimated that 36 percent of homeless women with children were receiving AFDC or SSI cash assistance, another 36 percent were getting state General Assistance grants, 53 percent were getting Food Stamps. Only about 17 percent of homeless single adults were getting cash grants.

Other studies report much higher proportions of homeless families on welfare. Main (1986), summarizing a 1985 study by New York City's Human Resources Administration, indicates that virtually all the homeless families in that study were on welfare before they became homeless, 57 percent having been on public assistance for over 5 years Weitzman, Knickman and Shinn (1990), studying families at shelters in New York City, found about 90 percent were on welfare or had been so within the last six months. The families had been on public assistance for 3.8 years on average. In another New York City study, of women living at shelters who gave birth in 1982-84, Chavkin et al (1987) found 82 percent eligible for Medicaid at delivery. Rafferty (1991), in yet another New York City study, found 86 percent of her homeless families on welfare.

Bassuk, Rubin and Lauriat (1986), studying 80 homeless families in the Boston area, found 91 percent on AFDC, and for periods longer than typical for AFDC families in that community. Oddly, only 59 percent reported receiving Food Stamps. A more recent Boston area study (Bassuk et al, 1996) found 75 percent on AFDC (or SSI), but on welfare for fewer months than comparison housed poor AFDC families. A New England study by Goodman (1991) apparently found all of that small sample of homeless families on AFDC, and for briefer periods than the comparison.poor housed families.

For a small Los Angeles sample (Wood et al, 1990a) found somewhere between 61 and 88 percent on AFDC (exact figure not given but probably closer to 88 percent), but 43 percent reported they had lost or reduced benefits within the last year. Wong and Piliavin (1997), for a small sample of homeless families in Alameda County, found 77 percent reporting enrollment in a cash benefit welfare program other than General Assistance (likely AFDC). Another small study in Alameda County (Zlotnick, Robertson & Lahiff, 1998) found 73 percent of female-headed homeless families on AFDC (or SSI or SSDI) at first research interview, 91 percent five months later, 85 percent ten months later again.

Preventing family homelessness with emergency supplemental welfare payments

A Washington State program (also available in some other states) provides homelessness prevention grants to TANF families facing immediate homelessness. Such families may receive supplemental welfare funds to meet non-recurring financial emergencies, including threat of eviction or utility shut off due to non-payment of bills.

Lowin (1998b) found the state spent about $2.9-3.4 million on this prevention program during FY-98, roughly about as much as the state spent to support community shelters around the state (**DCTED ref here)**. Some 6501 different families received payments, averaging around $400. Most payments were made directly to vendors, presumably to apartment owners or managers.

The 1999 Legislature substantially expanded funding for this program, and operational administration is being strengthened. As this is a prevention program, and in view of the legislative interest and expanded funding, it would be useful to inquire how well the supplemental payments do prevent family homelessness. Consider, for example, that while not all 6501 families who received the supplemental payments over 12 months would have otherwise become homeless, the number of newly homeless welfare families would have increased by some number up to 6501 additional families. The state's welfare data base during that 12-month period recorded 10,509 families as being newly homeless. Thus the supplemental payments may have averted an increase of somewhat under 6501 additional homeless families (that is, preventing up to an additional 62 percent).

Although the payments are intended for non-recurring emergencies, Lowin found that about ten percent of the families receiving multiple payments during one year. (Data for a broader or non-censored time period would necessarily show a yet higher proportion of multiple payments within the 12-month period.)

Several evaluation questions can immediately be posed.

1. Why were multiple payments made?
2. (A more general question) Are the families receiving these supplemental payments residentially stable, save this emergency, or do they have histories of prior homelessness. The latter would suggest that supplemental payments might delay but not prevent their next homeless episode.
3. What proportion of the families receiving the prevention payments become homeless later, and how much later?
4. Of other welfare families that become newly homeless, what proportion were eligible for supplemental payments and with such payments might have averted their homelessness ?

Chapter 9. Effects on the children

Evidence that homelessness injures children would be compellingly important. It is after all concern for the children that underlies the public's concern for homeless families. To answer O'Flaherty's question, 'Why is it (homelessness) bad?' (1996, p 20), homelessness not only deprives children of a stable home, which all children should enjoy, but, more telling if proven, homelessness may damage children and their futures.

Investigations have examined a wide range of possible effects on the child: physical health, emotional well-being, cognitive, emotional and social development, and educational progress Each outcome domain has many sub-areas and many measures.

Most of the research has focussed on pre-schoolers as half of homeless children are pre-schoolers. Some studies have looked at the school performance of older homeless children. Good research summaries are provided by Rafferty and Shinn (1991) and Shinn and Weitzman (1996).

Analytic issues

Virtually all studies we have on the effects of homelessness on the children suffer from severe analytic problems.

1. Bias due to 'snapshot' data

The data are almost always 'snapshot' data, obtained at a single point in time from a cross-sectional group. As discussed in Chapter 5, snapshot data seriously over-weigh the contribution of the relatively small number of long-homeless families. The relatively few long-stay homeless families are probably different from the larger number of shorter-stay families.

2. The studied homeless families are seldom representative

The families are selected for convenience, and are not drawn to be reasonably representative of homeless families in that community. There is no way to know how typical the conveniently selected cases are.

Using a random numbers table to then carefully choose families from this haphazard population may look good but does nothing to remedy the fundamental fault. Few studies (Wood et al, 1990a) have first defined the population of homeless families in the community, then systematically stratified the population and sampled the families.

The relatively small size of most study samples (100-200 families) does nothing to add confidence that the cases studied are reasonably representative of all homeless families in that commnity.

3. The comparison families may be even less representative

It is no great feat to show with 'research data' that homeless children have serious health and developmental deficits. Of course they do. Homeless children as a group are very poor children, and one can confidently expect they will show at least the same health and developmental problems well-documented for poor children of similar demography and geography.

Careful analytic work is needed to discern any effects of the child being homeless on top of these powerful correlates of child poverty. (Knickman & Weitzman, 1992; Toro et al, 1995) The conclusions from the comparisons are legitimate only if the comparison group is representative of very poor welfare families in that same community.

Thus the specification of the comparison population is as important as the specification of the homeless population. But most studies have put insufficient effort into getting comparison cases that are believably representative of all poor but housed children in the community. Both the homeless and comparison cases too often are selected for convenience.

If the poor but housed comparison group on average happens to be socio-economically better off than homeless families, the comparison children will show atypically high levels of well-being, and the contrast with homeless children will leave the homeless children falsely appearing to be exceptionally severely affected. If the comparison group is inadvertently somewhat less well-off, the comparison children will show lower levels of well-being, and the contrast will understate the effect of the homelessness.

The comparison groups for homeless families research have almost always been gotten ad hoc: from city housing projects [Chavkin, Kristal, Seabron and Guigli,1987], Head Start centers [Molnar, et al 1991], health clinics [Acker, Fierman & Dreyer, 1987], WIC programs [Alperstein, Rappaport & Flanigan, 1988], AFDC parents waiting at welfare offices for their grant checks [Goodman, 1991], for eligibility re-assessments [Bassuk et al, 1997]), or for whatever reasons [Wood et al, 1990a], from residences in poor neighborhoods [Bassuk & Rosenberg, 1988], from Public Use Census Microdata (Johnson, et al, 1995). Some studies have attempted with moderate suceess to obtain comparison cases whose places of residence or ethnicities are the same as the homeless families under study.

These different ways of building comparison groups yield groups that are different from each other. The different comparison groups thus introduce unwanted variation, for even if all the comparisons were made against the data from one and the same group of homeless children, the different comparisons would yield different differences. Shinn and Weitzman (1996) note that the literature shows just such substantial variation in findings across studies that have compared homeless and variously gotten groups of poor housed families.

A recommended comparison population. A good comparison group for homeless families and their children are families and children *receiving TANF grants*. The TANF population seems a good comparison population as it encompasses almost all of the poorest families in the community. Most homeless families are on TANF. Comparability with homeless families could be enhanced by selecting from among TANF families those that are demographically and geographically matched to the homeless families in the study. (This matching would be limited to presumably orthogonal factors. Matching on income, education, disability or work or residential history would be problematic as these factors probably influence homelessness.)

A TANF comparison group selected along these lines has not been reported; it is difficult for researchers to gain access to confidential state or county welfare data bases. A very complete TANF data base is available in Washington State and with it a representative comparison group could be well selected.

A research program by Shinn, Knickman and Weitzman (1991; Weitzman, Kinickman & Shinn, 1992) of homeless families in New York City has come closest to having a properly selected AFDC comparison population. The comparison cases were drawn by systematic sampling from appointment rosters for welfare eligibility reviews. Further demographic and geographic matching was not done. Eligibility reviews were required every three months; but it is not clear whether parents disabled from working would have been included in the reviews, thus on the rosters.

Other researchers (cited above) have used AFDC comparison cases selected for convenience, which could introduce material selection bias. Demographic profile comparisons against the full local AFDC population are not reported, and there is no way to check that the ad hoc comparison cases were reasonably representative of the local AFDC population at large. It is not easy to get profile data on the characteristics of a local AFDC population.

Johnson et al (1995), using a different approach, defined their population of poor but housed families by selecting from the US Census' Public-Use Microdata Sample for the the St. Louis area families whose income was at or under 100 percent Federal Poverty Level. Not surprisingly, income for the selected PUMS families turned out to be 23 percent higher than for the homeless families.

Matching or statistically adjusting for demographic and geographic differences. Even with a properly selected representative AFDC comparison cases, further data adjustment is needed because comparison families and children selected at random will not be demographically and geographically comparable to the homeless families and children under study. Homeless families are likely be even poorer than TANF families, on average, parents younger perhaps, less educated, with less work experience, more likely from local ethnic minorities, and livng in different neighborhoods.

Matching A few studies have selected AFDC comparison families so that the comparison group's demographics and geographics are about the same as those of the homeless families in the study. Getting one's AFDC comparison cases from a convenience population such as families on line at a welfare office does not allow much selecting, however.

(This group-level matching is sometimes called 'case-controls' (Bassuk & Rosenberg, 1988; Knickman & Weitzman, 1992), or 'unmatched case controls' (Bassuk et al, 1997). 'Group controls' would be a more correct descriptor. In true case-controls each case us individually matched.)

With true case-level matching one can better estimate interaction effects among independent variable. The method however requires drawing from a much larger initial population of potential comparison cases, and a population whose demographics and geographics are already known. Such matching on multiple variables, such as parent age and numbers and ages of children and place of residence and ethnicity is more easily done from an AFDC database, such as is available in Washington State. For example, to end up with 200 comparison cases reasonably well matched on four dimensions against 200 homeless families might require an initial pool of 3-8000 comparison cases.

Statistically adjusting: As the homeless and comparison groups are not often well matched on confounding orthogonal factors (factors irrelevant to homelessness), factor such as age,ethnicity or

neighborhood, the intergroup differences need to be statistically adjusted to parital out the effects of such differentially present orthogonal demographic and geographic factors.

But matching and statistical adjustment methods do not substitute for carefully specifying the homeless and comparison populations and obtaining representative cases. If either group is mis-specified or mis-sampled, subsequent matching and statistical adjustments merely add false precision to a bad comparison.

Research findings

Children's health

Prenatal and neonatal care In an early and often cited study, Chavkin et al (1987), used birth and death certificate data to investigate prenatal health care to homeless pregnant women living at family shelters and the health statuses of their infant children. The homeless women and infants were compared with similar women and infacnts living at city housing projects. Some 40 percent of the shelter women were recorded as having had no prenatal care, almost triple the comparison group rate. The newborns had appreciably higher risk of low birth weight and infant mortality.

We found no other reports of homeless family identities being linked with vital records data. In Washington State that would be fairly easy to do so for homeless and TANF comparison families, as the linking data base is already available. (See discussion below of First Steps Data Base.)

Preventive care: Immunizations and dental care: Alperstein, Rappaport and Flanigan (1988) and Acker, Fierman and Dreyer (1987) found immunizations less complete for homeless children than housed poor children. Similar findings from other studies are summarized by Molnar, Rath and Klein (1990). Miller and Lin (1988) report low use of dental care (but no poor but housed comparison group). Molnar et al (1991, Ch IV), comparing against poor but housed children, similarly found homeless children less likely to get dental care. Dornbusch (1994) finds lagging immunizations and dental care (also preventive medical care) in two north California counties. Both health care access indicators were better for previously-homeless children now returned to stable homes.

As immunization recommendations are age-specific, homeless and comparison groups should be age-matched, but this is seldom done. Better immunization compliance for older children (Dornbusch, for example) may be a result of the children becoming old enough to enter pre-schools and schools where immunizations are required. As dental care is not school-mandated (but is covered by Medicaid), dental care rates for older children would be particularly interesting.

Health status, morbidities Wright (1991) provides a wide range of rates of professionally-diagnosed health problem for homeless children 0-12 seen at health care clinics for homeless persons in sixteen cities. The rates are compared to national health status norms for children under 15, from the National Ambulatory Medical Care Survey. (Poor but housed children would have been a better comparison as the NAMCS comparison confounds poverty with homelessness. Differential detection may also be operating if clinic providers were especially conscientious in recognizing all ailments.) The homeless children generally showed the same common ailments seen for all children,

but sometimes at higher rates, particularly for less threatening conditions: minor upper respiratory infections, minor skin ailments, general genitourinary problems, ear disorders (but not eye), infectious and parasitic diseases (including lice), and (again) dental problems.

Molnar et al (1991, Ch IV), comparing young homeless with young poor but housed children on a wide range of mother-provided indicators of child health likewise found the two groups more similar than not, though the homeless children had higher rates of upper repiratory infections, skin rashes, and diarrhea. Dornbusch (1994) did not find any more acute or chronic illnesses among homeless children than poor but housed children. Treatment was less likely, however. (Homeless children who had lived on the streets or in utterly sub-standard places had higher rates of chronic illness than children living at shelters or in temporarily shared homes.) Wood at al (1990b), using mothers' reports, found no remarkable differences in health (including ear infections, sore throat, rash, diarrhea) between homeless children and children in housed AFDC families in the same geographic areas.

Malnutrition Data are mixed. Alperstein, Rappaport and Flanigan (1988) found homeless children ages 0-5 no more underweight nor shorter (relative to age norms) than WIC children. Wright (op cit), however, found homeless children more likely to be nutrrtionally deficient. Wood at al (op cit) found homeless children more likely underweight or overweight.

Hospitalizations Several studies (Alperstein, Rappaport & Flanigan, 1988; **refs**) report homeless children more likely to be hospitalized or having longer stays, but that is no indication of differential health status. The greater use of in-patient care may be an artifact of the families using walk-in clinics, and providers' being reluctant to discharge homeless children to unsure living.

To keep the review manageable, we do not cover studies of lead levels or iron-deficiency. We also do not review abuse and neglect data because of the possibility of heightened reporting and recording (Shinn & Weitzman, 1996).

Pre-school development

The evidence on developmental deficits among homeless children is not conclusive. Solarz, in her 1992 review of the effects of homelessness on children, cites a 1988 study by Molnar, Klein and Knitzer based on observational data and teacher anecdotes, that finds excessive immature conduct among homeless pre-schoolers: short attention span, withdrawal, aggrssion, delayed speech, immature child-child relationships.... (Original report not available.) Molnar et al (1991) did not confirm these development deficits in their small New York City study, which compared homeless children to poor but housed children (a mix of Head Start kids and others). The Molnar data do not show notable differences between homeless and comparison children, neither on an Early Screening Inventory that assesses speech, language, cognition and motor performance nor, for children through age 3, on a parent-completed behavior checklist of behavior and emotional problems. The 4-5 age group homeless children did show more behavioral or emotional problems.

Bassuk and her colleagues since the mid-1980s have been studying families and children living at shelters in in urban Massachusetts. In earlier studies, on standard tests the homeless children showed appreciable developmental delays in motor skills, language and social performance (Bassuk, 1992; Bassuk & Rosenberg, 1988). Homeless children showed more disturbing conduct than a non-clinical

comparison group, and in some areas (aggression, for instance) more than an emotionally disturbed comparison group (Bassuk & Rubin, 1987; Bassuk, Rubin & Lauriat, 1986).

Most of these homeless children should have been eligible for child care or Head Start, but only small proportions participated (Bassuk, 1992; Solarz, 1992). (Perhaps Head Start participation was thwarted by the family's frequent moves.)

The Bassuk group findings, obtained mainly with brief screening instruments, were not affirmed in a recent study which used more comprehensive assessment instruments (Coll et al, 1988). On the mental and motor scales of the Bayley Scales of Infant Development Homeless and on scales measuirng skills in communication, daily living, socialization and motor activity, derived from the Vineland Survey Form, homeless children ages 4 months to 30 scored no differently than did housed never homeless children from AFDC families.

Aggressive conduct is perhaps learned at family shelters, and it may be useful for the children living there. Aggression would be less functional in school and when the child returns to stable living. (Whitman, Accardo & Sprankel, 1992) The homeless children were also less afraid of new things, which may relflect only adaptation to a frequently changing living environment.

School performance

Insofar as homeless families are residentially less stable (and may have been less stable even before coming to the shelter) those children may experience many changes of schools. Rafferty (1991), studying the effects of residential changes and school changes for school-age children livng at shelters in New York City, found that two-thirds of the children had come from another shelter and that 40 percent had previously lived at two or more other shelters. 71 percent of the group had moved to a different borough from their last residence, and 76 percent of the children were in a different school.

Coming on top of the stresses of living at a shelter, such disruptions of school continuity (Rafferty & Rollins, 1989; Solarz, 1992), plus the practical problems of doing school work at a shelter (even at a shared home), may affect school attendance and academic performance (Bassuk, 1991). Conversely, a child who stays in the same school may have a point of stability in their otherwise unanchored world (Rafferty & Shinn, 1991; Whitman et al, 1990).

Data: School attendance of homeless children is not good, as compared with other children in the same schools, nor are grade progress or academic test scores. Early studies of academic performance are summarized by Molnar, Rath and Klein (1990). Rafferty and Rollins (1989), using Board of Education records for all 9,659 New York City high school students homeless (at any time ?) during the 1987-88 school year, report that on standardized reading and math tests the homeless students consistently scored appreciably below city-wide norms. (Comparison with poor but housed AFDC students would have been better.) The homeless students were also more likely to repeat grades. With increasing age, performance fell further behind.

Wood et al (1990b) find 42 percent of homeless children missing at least one week of school in the past 3 months, 17 percent missing 3 or more weeks of school. These absentee rates were twice as high as for a comparison group of housed kids from AFDC families. The homeless kids were also more likely to have repeated a grade.

The crudest measures of school participation, though perhaps the easiest to measure, would be simply the number of different schools a homeless child was enrolled in during the school year, attendance, and the proportion in Special Education..

Further issues in studying the well-being of homeless children

Lasting consequences of earlier homelessness ought to be studied

The research we have on homeless children describes the children when they are homeless. But the consequences of a child being homeless are particularly important if the consequences persist to later years, particularly into adolescence or early adulthood.

Longer-term follow-ups would therefore be important (Alperstein & Arnstein, 1988), but none have been reported (Whitman, Accardo & Sprankel, 1992). Of great concern would be an inter-generational effect, where once homeless children, now parents, show dependencies that affect their lives and their children's.

The amount of family homelessness should be considered

Multiple episodes of homelessness and long durations should be monotonically more injurious than one-time brief episodes. Numbers of past episodes and durations should both be measured. But studies of the effects of homelessness on children have lumper together all homeless families. And as all studies have used cross-sectional samples, the data contribution of long-homeless children is disproportionately high.

Not all TANF families provide equally good comparisons

Families drawn at random from a housed TANF population will include some where the children have been homeless in the past. In assembling a poor but housed comparison group these previously-homeless families should perhaps be set aside. Link et al (1994), using data from a telephone survey of US households, estimates that perhaps 13 to 16 percent of adults have at one time been homeless (includes shared living). Lifetime prevalence of homelessness is presumably higher yet for AFDC parents, though homelessness prevalence may be lower if measured only for the period during which the children were present.

Some studies have screened their comparison cases, retaining only those that were never literally homeless. (The studies by Shinn, Knickman and Weitzman (1991, 1992) did not screen comparison cases for previous homelessness. Some 9 percent of the housed comparison cases in those studies reported having been previously homeless; these reduce the contrasts between the now-homeless and housed groups.)

Housed welfare families should also be screened to identify those that are sharing homes temporarily. Our definition of homeless family includes this group. Even if these families are retained in the comparison population, their data might better be analyzed separately.

Data on families' past living arrangements are retained on Washington's welfare data base.

The well-being of homeless children whose families are temporarily sharing others' homes needs to be investigated

Research on the effects of homelessness on children has been limited to children at shelters. In Chapter 3 we made the case that the deleterious effects seen for children living at shelters to some degree may be due to the shelter environment, and that children living at temporarily shared places may show less injurious effects, if ever they were studied. Arguably, shared living provides the child a more stable environment, one that better supports the child's development, and may better allow the child to continue in the same school, thus reducing school discontinuity.

Investigating the effects on the children of (unmeasured) parental character

An observed deficit in the well-being of homeless children could be due partly or in total to parental character, which could be driving both homelessness and child well-being. This confounding issue is difficult to pin down with a cross-sectional comparison against poor housed families because parental character cannot be reliably measured.

The issue could be studied using longitudinal health data from a Medicaid health care data base or longitudinal academic data from school records. A pre-existing factor would be indicated if the observed deficits in the children's health status, health care or academic performance begin before their homelessness.

Possible new sources of data about homeless children

1. Schools.

Homeless children spend more time in school than anywhere else, perhaps save their temporary homes, especially so for schools that provide meals and child care. In the schools, teachers, teacher aides, psychologists, counselors, attendance staff, many professionally trained and all experienced and present every day, observe the children, measure their conduct, and and that of the other children in the same grades. Schools provide comparison children aplenty. Observational data if not in records could be gotten by interviewing.

Few studies (these summarized in Chapter 4) have used school data about homeless children. Yet schools, if nothing else, keep records. School records being guardedly confidential, school board and parental permission would be needed, and the project would have to be approved by the sponsoring institution's human subjects review board.

Stability at school. The teachers at the child's school, their fellow students and the daily routines, may offer a homeless child a place of stability provided the school is not changed as well (Whitman, et al, 1990). Such school stability may insulate the child from at least some of the educational damage seen for homeless children generally. A school data project along the lines of the one done in New York City by Rafferty and Rollins (1989) might compare homeless children who have stayed at the same school from those who have changed schools.

With OSPI and school district cooperation, funding for such a school-based project could be sought from the U S Department of Education.

2. The First Steps data base

The birth certificate, death certificate and Medicaid data merged in the DSHS First Steps Database, may be useful for studying the health and health services experieces of homeless pregnant women and their young children. (Chavkin et al, [1987] appears to be the only study to have used birth certificate data [but not Medicaid data].)

The First Steps Database holds the identities of all children and mothers whose pregnancies and births were paid by Washington State Medicaid, since 1992? The database gathers prenatal data and health care data from birth on. It seems a reasonable (and testable) assumption that most homeless children in Washington were born in the state, and have had Medicaid eligibility from birth. Knowing the identities of a group of homeless children, health care data for them could be obtained from the First Steps database.

The First Steps data base would provide rich evidence about children's health status and use of health services, particularly in the years before becoming homeless. The pre-homeless data would be invaluable for distinguishing the effects of homelessness from those of pre-existing family characteristics. Well-matched poor housed TANF comparison cases could be drawn as well.

Chapter 10. Duration of Homelessness and Repetitiveness

Early research mainly used 'snapshot' counts and demographic data of homeless families. The families seen at that one point in time were treated as a single (homogeneous) group, irrespective of each family's current or past homelessness patterns or social or personal functioning. The research was driven by the fundamental homelessness issue: Why do some families become homeless while most do not? Or, more modestly, What factors increase the risk of homelessness?

The observation from research data that family homelessness in particular was episodic (having an end) and not continuous redirected the focus of research. Even if the root causes of homelessness cannot be identified and addressed with primary prevention, there may be opportunities for secondary prevention, to shorten homeless episodes and to reduce the likelihood that a family would become homeless again. With thiis focus on secondary prevention it became important to learn about the duration of homelessness and its repetitiveness. Homeless was now viewed as a process, not merely an event (homeless or not).

Studying residential 'careers' Process investigations using longitudinal data began in the late 1980s. Researchers, with analytic methods, could now study the sequences of places where homeless persons had lived, and how long they had lived at each place. We call these sequences of living places and the time spent at each the family's (or person's) residential 'career'.

Residential career data can yield statistics about the durations of homelessness, living arrangements prior to being ever homeless, while homeless and after the end of each homeless period, and the probability of returning to homelessness (more generally, the transitional probabilities of moving from any one living arrangement to any other of the same or different type, for example, the probability of moving from transitional housing to one's own housing, or from one shared place to another shared place).

Residential career studies have mainly portrayed the careers of homeless single persons, for single persons well outnumber families in the data. Many reports do separately report the residential career data for the homeless families found in those larger study groups, but as such families have been few in number, the research reports serve mainly as demonstrations of concepts and methods. Read together, these studies now provide abundance evidence that family homelessness is almost always episodic (having an end), and sometimes repetitive; and that homeless families' residential patterns vary appreciably. (Toro et al [1995] describe a study of the residential careers of a sample of adults who use meal providers or shelters, which, among other things, finds a high rate of past homelessness among currently housed poor persons. Families were not studied.)

The data on homeless families' residential careers, gotten from other communities, other times, are probably not directly applicable to Washington State, the homeless families in those other places are demographically somewhat different from our own, and those other service environments: welfare, social services, housing, are different as well. The reports do demonstrate concepts and methods that could be used to develop information about homeless families in Washington.

Research findings

Shelter length of stay data gotten from one-time 'snapshot' interview studies

One-time 'snapshot' studies do not provide good shelter stay data. Families interviewed at one point in time over-represent long-duration cases, and the full duration of their shelter stays are not known as the families are still at the shelter. More useful would be 'video' data of all families that passed through a shelter, say, over a year.

Some of these families will move only to another shelter, thus even true length of stay at the study shelter will underestimate families' total stays *in the shelter system*. (Snapshot interviews should inquire about families' use of other shelters immediately before coming to the present one.)

Families living sequentially first at one shelter then another is not uncommon. Families may move from one shelter to another for personal reasons or because they are reaching the first shelter's maximum allowed time. Rafferty (1991), interviewing shelter families in New York City, found two-thirds had come from a previous shelter, 40 percent having lived previously at two or more shelters. Median length of stay at the present shelter was four months (and still counting), and the mean 7 months. (The large difference between median and mean indicates a long-tailed data distribution: most shelter families having brief stays but a few having very long stays.) But mean length of stay in the *shelter system* was 12 months.

Rossi, Fisher and Willis (1986), in their 1984 snapshot interview study of homeless persons in Chicago, found median duration of family homelessness to be under 1 month (and counting), with a mean of 3.5 months. Burt and Cohen (1989a, Ch 3) found median homeless durations of 4.5 months for families (and counting), 12 months for single adults.

Length of stay data computed from shelter records

A large sample of shelter records would provide a fairer sample of all families using that shelter and more complete data on the families' full lengths of stay *at that shelter.* But a single shelter's records would provide no data on the number of exiting families who moved to another shelter. To estimate families' total lengths of stay *in the shelter system* would require merging the records of all shelters in the area. Merging the records for a larger geographic area would be better yet, as that would yield data on the inter-city migration of homeless families.

Length of stay data from follow-up studies

Follow-ups of families first seen at one point in time still over-represent long-duration cases, but at least provide data on the full durations of the families' stay in the shelter system (assuming a success full recontacting of a sufficiently high proportion of the intially seen families.)

Wong and Piliavin (1997) provide 5- and 15-month follow-up data for 66 female-headed families in southern California earlier seen living at shelters or using meal providers, including. A satisfying 85 percent of the family heads were found for re-interview. Families were considered homeless on re-interview if they reported living at a shelter or unconventional place or at a hotel or motel paid by voucher. At the initial interviews, the families had already been at their shelters for 82 days on

average, with 41 percent reporting previous shelter stays as well. By the time of the follow-ups the initial shelter stays, 94 percent of the shelter stays had ended, having lasted on average 4.5 months. (Data from Zlotnick, Robertson & Lahiff (1998), which apparently describes the same families.)

Snapshot and follow-up studies both find families having appreciably briefer shelter stays than single adults. (Burt & Cohen, 1989a; Johnson & Krueger, 1989; North & Smith, 1993; Rossi, Fisher & Willis (1986); Wong & Piliavin, 1997).

Proportions of families leaving shelters, and where they go

Wong, Piliavin and Wright (1998), following a small group of homeless families in southern California for up to 15 months, found that 94 percent had by then exited homelessness, the most common subsequent living arrangements being either a direct move to own apartment or a move to a transitional situation (temporary shared living or transient [motel-like] housing or transitional housing) followed by a move to own apartment. (Some 39 percent of the apartments were subsidized.)

Rocha et al (1996), analyzing exit data for 1167 families that left two St Louis shelters between 1983 and 1992, report 52 percent went directly to permanent housing, most to subsidized housing, 23 percent to shared living that was expected to be permanent. (A housing initiative for homeless families was apparently underway.) The remaining 40 percent or so went to temporary places, mainly temporarily shared living, other shelters and transitional housing. Follow-ups were not done.

Returns to homelessness

Wong, Piliavin and Wright (1998), following up a small group of newly-homeless families in Alameda County, California, found 94 percent had left their shelters within a year, but that 38 percent of those leaving families were again homeless within one subsequent year (after 7.6 months on the average [Zlotnick, Robertson & Lahiff, 1998]). In the same study, homeless single adults were less likely to end their homelessness and more likely to become homeless again. The authors ascribe the higher success of the families to their getting relatively generous welfare benefits.

Stretch and Kreuger (1992), following up 2 to 6 years later 201 familes who had left a St Louis shelter, found 16 percent reporting being homeless once again. Of the families that had not gone to subsidized housing 34 percent reported further homelessness. (Whether this differential is due to the preventive value of subsidized housing or to initial selection is unclear.) There was apparently at that time an initiative in St Louis to place homeless families in newly added subsidized housing. Where the families would have gone without the additional housing is unknown.)

Wong, Culhane and Kuhn (cited in Wong, Piliavin & Enter Wright, 1998) used several years of unduplicated administrative data for all city-funded shelters in New York City to observe homelessness exit and re-entry rates for families that had at one time used one of those shelters. Within two years after leaving the shelter one in five families had sought shelter admission.

Piliavin, Sosin, Wong and colleagues have published several studies that use homeless career data either as the outcome of interest or as the dependent variable for studying the effects personal factors may have on duration of homelessness and repeats. A 1985-86 follow-up study in Minneapolis (Sosin, Piliavin & Westefelt, 1990) interviewed 451 homeless persons (persons using a

shelter or unconventional place or voucher-paid transient facility or sharing another's home for 14 days or less), then six months later reinterviewed 59 percent of the group. Separate data are not provided for the 3 percent of homeless families in the group. Data are reported on the proportions who exited homelessness, and time till exit, types of subsequent living arrangements, proportions who became homeless again, and time till re-entry, and for the latter group, percent who exited homelessness once again, and their subsequent living arrangements. The study then investigated whether the likelihood of repeating homelessness was a function of personal characteristcs (history of prior homelessness) or living arrangement after first exit (private and paying rent, living with others and paying no rent, living at a public-subsidized residential program).

A Calfornia study by Wong, Piliavin and Wright (1998), following newly-homeless families (and single persons) in Alameda County, after a year succeeded in finding and reinterviwing 95 percent (36) of 38 original families.) Data are reported on duration of homelessness, types of subsequent living arrangements, numbers of places livet at, and returns to homelessness. Survival functions are used to concisely portray the likelikood of ending homelessness and of being homeless again.

Wong and Piliavin (1997), at the same southern California study setting, investigated the influence on homeless careers of 'personal deficit' factors such as age, ethnicity, prior homelessness, education, health status, or disability, and of 'institutional resource' factors such as receipt of welfare benefits, use of subsidized housing, receipt of social services, and receipt of financial assistance from friends and relatives (the latter seems as much a personal factor as an institutional one). Some 66 homeless families were interviewed and re-interviewed about a year later (96 percent successful follow-up). Likelihood of leaving homelessness was higher for families that had more informal supports, got welfare grants, lower where the parent was black or had an alcoholism diagnosis. Likelihood of returning to homelessness was higher for families where the parent had a diagnosis of mental disability or drug problem, lower for families living at subsidized housing, who had informal supports, or who had received social services when homeless earlier. History of previous homelessness did not influence likelihood of leaving homelessness or returning. Note that, except for informal supports, the factors found associated with quicker exits from homelessness are generally not the factors found associated with a repetition of homelessness. The number of cases is small and the report complicated and confusing.

Piliavin et al (1996), using data from the above Minneapolis study, examined the influence of certain factors on moving from homelessness to own place or to a shared place, and on becoming homeless again. (There were few families in the group.) The studied factors included, among others, prior homelessness, age, sex and ethnicity, education, mental illness, and alcohol or drug use. Probabilities of exiting homelessness are estimated. Of those who exited, most went to live at own place or at a shared place. Receipt of welfare was the only personal factor clearly and consistently related positively (though only marginally) to ending homelessness, and only sex was clearly related to the probability of becoming homeless again (surprisingly, men had a lower return probability) Again, the number of cases is small and the report complicated and confusing.

Studying residential careers with administrative data

Culhane and colleagues have used seven or more years of New York City shelter registry records (1987-94) and three or more years of Philadelphia records (1991-94) to assemble individual-level homeless career data, which they then use to study recurrence of homelessness. Their method was

discussed in Chapter 4. Briefly, the research project matched and joined (unduplicated) shelter registry records centrally received from all municipally-funded shelters in those cities. Family data are not reported, but the analysis exemplifies the power of administrative data.

The use of administrative shelter records and field follow-ups each have advantages and disadvantages. Using field follow-ups allows extensive data to be gotten from the families successfully re-interviewed, but cost and practicality limit field follow-ups to one year or two, the data are self-report, and some (unknown) bias is introduced by the cases that are not found again. The use of administrative records offers great numbers of cases at very low cost, allows follow-up for as many years as records have been kept, and can provide more objective measures of homelessness and other conditions recorded in human service data sets, but data are simply not availabe for any topics other than those in the administrative data sets.

Culhane et al (1994) used the constructed longitudinal shelter-use records to study shelter first and readmissions. In New York City 65 percent of sheltered families were again admitted to a shelter (same or different shelter) at least once within two years. Consequently, considerable proportions of family admissions to shelters were readmissions: In New York , over two years, 67 percent of average monthly admissions were readmissions, in Philadelphia, only 28 percent.

Culhane and Kuhn (1998), using these unduplicated administrative data, analyzed shelter exits for about 111,000 single men and 26,000 single women in New York City, near 13,000 single men and 3600 women in Philadelphia. Median lengths of stay in New York were 25 days for the men, 20 for the women, in Philadelphia, 7 days for the men, 20 for the women. Ten percent of the New York episodes for men or women lasted 180 days or more, in Philadelphia, ten percent of the episodes for men lasted 90 days or more, 120 days for the women. Data were not available on where they went.

Readmissions within two years were seen for 43 percent of the New York men, 36 percent of the women, the Philadelphia data closely similar. Of the men or women who returned to shelters, in New York 25 percent did so within 50 days, 50 percent within 100 days. The men's return data were similar in Philadelphia, and the women stayed out somewhat longer.

Older persons had a lower probability of leaving the shelter, persons with more prior stays had a higher probability of leaving (probably an artifact of more stays being associated with briefer stays). Mental illness reduced the likelihood of leaving a shelter in New York but not Philadelphia, and so did substance abuse (sometimes).

Homelessness patterns

Efforts have been made to discern characteristic patterns of homelessness, though different studies have categorized differently. Some studies begin with a preconceived notion of what the homeless patterns may be, then categorize homeless histories to try to confirm those categories. Other studies rely only on the data (no theory), and use statistical tools to sort homeless histories into maximally different categories.

The research on patterns of homelessness has mainly studied homeless single adults rather than families. We review the research briefly, to convey a sense of the patterns research that might be undertaken with family data.

Three homelessness patterns: Sosin, Piliavin and Westerfelt (1990) and Kuhn and Culhane (1998), using somewhat different terminology, have outlined three common patterns of homelessness, more or less as follows:

1. briefly homeless: homeless only once or twice, typically briefly
2. episodic: homeless (or in an institution) more often, but still for brief periods (the homeless episodes end)
3. chronic: more continually homeless, and for longer periods

Kuhn and Culhane (1998), using unduplicated administrative data from New York City and Philadelphia, investigated the presence of these three homeless patterns for homeless single adults. Analyzing 71,263 unduplicated longitudinal histories with statistical 'cluster analysis,' they report most cases could be reliably allocated to one of the three categories: 79-81 percent to the briefly homeless category (which they call transitionally homeless), 9-12 percent episodic, about 10 percent chronic. The transitionally homeless are youngest on average, the chronically homeless oldest. Objective records of disabilities and treatment (available only for the Philadelphia cases) indicate that prevalence of mental illness, substance abuse or medical disabilities is relatively lower (but hardly low) for transitional homeless persons, quite high for persons whose homelessness is episodic or chronic. The chronic cases while representing only 10 percent of all cases, used 47 percent of shelter days.

Kuhn and Culhane suggest that the three groups might best be targeted with different interventions, in particular reserving shelters for transitonally homeless persons who may need little more and are more likely to resume stable living on their own, and using treatment facilities rather than shelters for homeless persons with histories of shelter use and chronic disabilities.

The idea of using different interventions for persons with different homeless histories is suggested also by Knickman and Weitzman (1992), though they distinguish families having a first homeless episode (possibly their only episode) from families with prior episodes.

Investigations of homelessness and at-home sequences: Wong, Piliavin and Wright (1998) investigate residential sequences for homeless single adults and families that exit shelters. Most of the families show one of three general patterns: a direct move to own place, staying there at least 12 months (may include a subsequent move to a different own place), a two-stage move first to an intermediary place (temporary shared living, transient (hotel-like) housing or transitional housing), then on to own place, again staying there for at least 12 months, and a move to an intermediary place but not on to own apartment. (In all three categories, many of the families were later homeless again.) Somewhat less stabilizing patterns were seen for homeless single men and single women.

The above studies of residential patterns rely only on residential data. The next several studies build pattrens using other data as well.

Grigsby et al (1990) categorized 166 homeless persons by their homeless durations, but using also data on the size of each persons's social network and their level of global functioning. Four patterns were found. Three of the four appear quite similar to the three homeless patterns found by Kuhn and Culhane.We note that these three groups could perhaps have been statistically distinguished with only the duration data, though far more cases would have been required to achieve statistical clarity. Given the small size of the study group, the analysis is only suggestive.

Mowbray, Bybee and Cohen (1993) categorized 108 homeless or precariously housed mentally ill persons based strictly on data on their functioning. (Homeless history data were not used.) Four clusters emerged: Hostile/Psychotic, Depressed, Substance Abusing, and Best Functioning. The four clusters appear similar to clinical groups commonly portrayed in the mental health literature. It is not clear that this finding has much to do with residential instability; the authors themselves note that same clusters might well have been found for a residentially stable group of equally mentally ill persons.

In a far better study, Humphreys and Rosenheck (1995) categorized 745 homeless veterans, using data on duration of current homelessness but also data on demographics, community functioning, mental health functioning and use of services. Four clusters emerged (Alcoholic, Psychiatric, Multi-problem, and Best Functioning). Interestingly, duration of current homelessness did not distinguish the four groups.

The Humphreys and Rosenheck paper also provides a much-needed critique of research into the statistical clustering of homeless persons, emphasizing in particular that clusters must be validated with second independent data sets. (The Kuhn & Culhane study includes such a validation.) The paper also reviews other cluster studies.

Weitzman, Knickman and Shinn (1990), studying 482 homeless families applying for shelter in New York City, categorized the families by where they had lived the past year: (i) In own place for at least a year, (ii) Recently sharing other's place though previously had lived at own place for at least a year, and (iii) Sharing other's place and had never had own place for a year. (This three-way categorization is imposed, not discovered by statistical clustering.)

The interesting group is the third one: 44 percent of all the shelter families reportedly had never had a long-stable home. The mothers, mean age 25, were five years younger than those in the other groups, more likely themselves to have had parents on welfare, were less likely to have experience at full-time work, and were more likely pregnant or had a baby within the year. (The work and children data may partly be due to younger age.) The authors suggest that many in the latter group of mothers had never lived independently, either as regards income or resindence, and lacked the experience of independent living.

McChesney (1992) describes four patterns of family homelessness seen in California: unemployed couples, mothers leaving relationships, AFDC mothers, and mothers who had formerly been homeless teenagers. Numbers of families are not given, but the descriptions of the AFDC and formerly homeless teenagers groups are somewhat like Weitzman, Knickman and Shinn's (above) Never had own place for a year group. Observable common characteristics of such a group of 'dependent' parents would be lengthy use of welfare grants, lengthy use of shared living and little work experience.

Chapter 11. Important Research Topics, Hypotheses, Methods

Earlier chapters have reviewed topics where objective information about homeless families would be helpful for state and local decision making. The findings are almost always from metropolitan areas in other states.

We have found little data about the homeless families in Washington State. How many families are homeless each year? Who are they, and where? Is the number of homeless families growing or falling off nowadays, what with the state's robust economy plus welfare reform, but with the continuing scarcity of affordable dwellings? Are family homeless episodes brief? Are they becoming longer? How important is temporary shared living in comparison with public-funded shelters? Are the children using shared living better off?

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Topics (hypotheses) for which research would yield useful information.

1. Numbers of homeless families and where they live

- H 1.1 More homeless families temporary share others' homes than live at shelters
- H 1.2 Shelters are the second most common living places
- H 1.3 Smaller numbers of homeless families live temporarily at transient places such as motels, and at utterly sub-standard places
- H 1.4 Few homeless families live on the streets (no residence)
- H 1.5 Recent in-migrating families are less likely to share housing
- H 1.6 Numbers at shelters vary seasonally

2. Risk factors for family homelessness: Among TANF families, risk of homelessness

- H 2.1 is greater where the parent is younger
- H 2.8 drops drastically after parent turns 30
- H 2.2 is greater for families with a single parent, single female parent in particular
- H 2.3 is greater for families that have a younger child, or more children
- H 2.4 is greater for black and hispanic families
- H 2.5 is greater for families with little work history, with parental physical disability
- H 2.6 is greater for families with mental health problems, drug abuse, alcohol abuse

H 2.6 is greater for families where the parents were themselves in foster care

H 2.7 is greater for families where the parents were themselves in a welfare family

H 2.9 is greater for families that were previously homeless (evidence does not always support)

H 2.10 Half or more of homeless parents have a serious mental health problem or abuse drugs or alcohol

3. Temporary sharing of homes

H 3.1 Most families TSH live with relatives, with grandparents in particular

H 3.2 Families TSH with relatives stay there longer and contribute less to costs and household responsbilities

H 3.3 TSH with grandparents is equally prevalent for all ethnicities. TSH with other relatives is more prevalent among hispanic and asian families

H 3.4 Families living with relatives are more likely to be female-headed (compared with families living at shelters or sub-standard places).

H 3.5 The likelihood of sharing a home with a relative is greater for families where the parent is younger, where the child is younger, where there are fewer children, where the parent or child is female, or has a disability

H 3.6 Families that share costs and household responsibilities are more likely to describe the place as 'ours,' and likely to stay there longer

H 3.7. Home-sharing ends more quickly briefer when there are more children, when the children are older, where the residence is more crowded, when the parent is younger

H 3.8 Families TSH are more likely employed than families in shelters

H 3.9 Families going from shelters to tsoh are more likely to become employed than families moving to own places

H 3.10 Employed families stay longer at shared housing

4. Use of shelters

H 4.1 Most families using shelters do so once only Few use shelters more than twice

H 4.2 Families that use shelter more than twice are likely to have a mental health, substance use or physical disability

H 4.3 Most families at shelters immediately previously had shared housing

H 4.4 Families leaving shelters go mostly to shared housing

H 4.5 Employed families have shorter shelter stays

5. Welfare benefits

H 5.1 Most homeless families received welfare benefits (mainly TANF or other grants) during the year before they became homeless

H 5.2 Homeless families had previously relied less on welfare than equivalent non-homeless TANF families.

H 5.3 Of families at shelters that hadn't already been receiving welfare benefits, most apply for welfare within two weeks after arriving at the shelter

H 5.4 Families living at shelters are more likely to be getting welfare benefits than families sharing homes

(See also Category 8, below)

6. Geography Relative to TANF families,

H 6.1 Homeless families move more, within and across counties

H 6.2 Risk of being homeless is directly related to cost of affordable local housing (HUD data)

H 6.3 Some school districts and communities have disproportionately high numbers of homeless families

H 6.4 Recent in-migrating families disproportionately under-use shared housing

7. Homeless children: As compared with children in demographically similar TANF families -

H 7.1 are younger

H 7.2 are no less likely to have health insurance

H 7.3 are less likely to have complete preventive medical and dental care

H 7.4 are less likely to use early education programs (such as Head Start)

H 7.4 in kindergarten are less mature socially, emotionally, academically

H 7.5 have more breaks in school enrollment, more school transfers, poorer attendance

H 7.6 have poorer academic achievement, fewer friends, more behavioral problems

H 7.7 are more likely to have been monitored by CPS

H 7.8 are more likely to become a foster child

H 7.9 The deleterious effects of homelessness are greater for children who have been homeless more often and for longer periods

H 7.10 Children in shelters show greater deleterious effects than children living in temporary shared places

H 7.11 The non-present children of homeless families are older and lving with relatives.

H 7.12 Compared with kids at shelters, the non-present children of homeless families have better school continuity, better academic performance

H 7.13 The health, developmental and academic deficits seen in homeless children were already present prior to their having become homeless

H 7.14 The health, developmental and academic deficits seen in homeless children do not dissipate when homelessness ends

8. Effectiveness of interventions

H 8.1 Among families getting AREN housing payments, those families with younger parents or longer histories of welfare dependence are more likely to get further AREN payments

H 8.2 For families who got AREN housing payments, passing future grant funds for rent payments through a representative payee reduce the likelihood of later homelessness

H 8.3 Employment increases for families after they leave shelters for own or shared residences. (Dornbusch (1994) would expect reliance on welfare to remain unchanged.)

H 8.4 Among families in shelters where the parent has a history of mental illness or substance abuse, those who get treatment while living at the shelter have briefer shelter stays and lower probability of being homeless again (Wong & Piliavin, 1997)

Data sources and methods

This research agenda could be carried out without having to contact any homeless families. Most hypotheses could be investigated with a handful of more convenient and less costly data sources.

Data sources 1-3 As discussed in Chapter 4, monitoring the number of homeless families around the state could best be done with a combination of three methods, none expensive, all of which could be implemented fairly quickly once institutional agreements were reached with shelters and schools.

1. Key informant survey of teachers and other school staff

2. Telephone survey using the XXX social network method
3. Administrative records of families using shelters

Methods 1 and 3 could contribute additional data for the research agenda. The key informant survey could provide much of the data needed to assess child well-being and school performance , provided data were gotten in parallel for locally selected case-controls. Shelter providers, when registering or discharging their families, as part of the shelter records could record type of residence immediately before shelter entry and type of residential destination on leaving the shelter.

Data source 4 Two years of statewide shelter records, unduplicated, would provide longitudinal data on families' use of shelters.

Data source 5 Data on homeless families' use of welfare benefits (grants, Food Stamps, medical assistance), background demographics and data on family economics, would all be available by merging identified shelter records with state welfare records. (Stretch & Kreuger, 1992, in Missouri) Federal and Washington State laws and regulations specifically provide for such a confidentiality-assured project. To keep identities confidential, the work would be best done as university research, as a project approved by both the university's and the state's federally certified human research review boards. Data merging would be done by university project staff, and identified data gotten from the shelters would not be passed to the welfare program. Additional confidentiality protections would be used as well.

Data source 6 The personal identifiers could further be used to match against DSHS' statewide client-identified data sets in other program areas: child welfare and protection, mental health, substance abuse treatment (Culhane & Kuhn, 1998, in Philadelphia) prenatal and young child health care (First Steps); possibly also against employment records from the Department of Employment Security. Identified records would move only one way, to the research project, and not to the program units.

The identified data about individual service events throughout the state, and the unduplication procedures needed to carefully merge in data sources 5 and 6, are operational today. The agency regularly carries out such file mergings for its own administrative and research purposes.

These six data sources would together provide all the data needed for almost all the topics listed in this chapter. H 2-6 and 2-7: Data on parents having themselves grown up in foster care or in a welfare family might be gotten from the agency's archived records, but may require interviews. H 5-3: Data on receipt of welfare benefits by families not at shelters would require the identities (probably by interview) of such families.

Interviews with homeless families, while not essential for this research agenda, would certainly be beneficial: to validate the data gotten from these other sources, to learn about the many changes of residence, short-stay residences often, that are not recorded on the other data sets, and to ask about the reasons why changes in residence happened. We especially want to know more about why shared living ends (and what might be done to extend that support arrangement). Rossi and Piliavin, in their various studies, report entirely acceptable rates of voluntary cooperation from homeless persons and successful follow-ups.

In time, the statewide welfare data base could come of value for monitoring family homelessness. In Chapter 4 we discuss the unreliability of the living arrangement data captured in this file, and the

steps being taken to improve reliability. By periodically comparing these records with the records gotten from shelters, and taking corrective action as needed, in two years we would know whether reliabiity of the welfare records has improved sufficiently for case monitoring and research. If it has, the state welfare information system might then offer a more consolidated view of homeless family caseloads and paths through time.

By 2002 the Year-2000 US census data for Washington State will be available, and would provide yet another basis for studying homeless families temporarily sharing others' places, or living in transient facilities or utterly sub-standard places and on the street.

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