

***Focus Consulting Inc.***

# A Literature Review on Approaches to End Family Homelessness

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**Prepared for:**

**Region of Waterloo - Social Planning, Policy and Program Administration**

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## *Executive Summary*

In the last two years, Waterloo Region has identified a significant increase in families accessing emergency shelters. Accordingly, the Region of Waterloo is facilitating a community-based process to reshape the current system of shelter responses with a focus on enabling, to the greatest extent possible, prevention, diversion and rapid re-housing of families. The current report will contribute to a larger piece of research being undertaken by the Region.

The approach used is primarily a comprehensive international literature review, covering Australia, Canada, the US, and the UK. It is noted that context is important, and the types of initiatives implemented, as well as their successes, are influenced by the legislative and program contexts within which they are used. By comparison to the other countries reviewed, Canada lacks both legislated authority, and access to, and use of, administrative data to assist in the development of empirically based policy and programs.

The report first briefly reviews definitions of homelessness and presents some country-specific information to help readers appreciate the different contexts that have influenced both the growth of homelessness and the varied responses applied in different countries and jurisdictions. It summarizes some trends in family homelessness together with a review of causes and consequences for families - and especially children - in homeless families. The review then identifies a range of approaches focusing on prevention, and concludes with a brief presentation of promising approaches and practices aimed at preventing or reducing family homelessness.

### *Trends in family homelessness*

Families experiencing homelessness tend to be younger and larger than housed counterparts that have similar income levels. Typically, families experiencing homelessness have completed less formal education and may be disadvantaged in the workplace. Many families experiencing homelessness are single parent families headed by women. Single parent families headed by women are more likely to have suffered violence and abuse as children, and experience more physical and mental health issues, including depression. (Rog and Buckner 2007).

However, while families experiencing homelessness are broadly disadvantaged, researchers suggest that in comparison with the larger population of people experiencing homelessness, in most instances, families experiencing homelessness are not as vulnerable or prone to severe mental illness as other subgroups (Pleace et al 2008). More often than not, key triggers and causes of family homelessness relate to relationship breakdown and economic related factors including the loss of income or job).

### *Causes and pathways into homelessness*

Pathways into family homelessness are diverse and complex, although there appears to be some similar contributing factors across countries and cultures. A surge in family (and

general) shelter use following recessions in three of the countries suggests that loss of income is a primary trigger contributing to homelessness, and a particular trigger of family homelessness.

While extensive research has helped to identify key causes and contributing factors that lead to family homelessness, the research has found predictive models to be highly elusive. While “at risk” cohorts can be generally described, it has been challenging to successfully predict when and which particular families will fall from risk into homelessness.

### *Impacts and consequences of homeless experience of children*

Researchers have suggested a number of long term effects associated with childhood episodes of homelessness (Burt 2005; Huntington, Buckner and Bassuk, 2008; Rog and Buckner 2007, Tischler, Rademeyer and Vostanis 2007, Walsh 2003). The literature identifies a variety of impacts due to experiencing homelessness for families and children. For children, impacts are discussed under three main aspects: mental and physical health issues; educational impacts of experiencing homelessness; and the traumatic effects of experiencing homelessness.

The research evidence highlights mental health and developmental issues associated with experiencing homelessness. There is strong evidence of higher hospital utilization among children, in part related to their instability and absence of a family physician, as well as higher incidence of a range of health conditions. Family homelessness is also associated with disruption of schooling, which can lead to poor academic achievement. And again, recurrent episodes of homelessness have been found to impact longer-term educational achievement, contribute to lower completion rates, both of which impact future employment potential.

### *The need for early detection*

The literature identified various indicators and triggers that can help to identify risk of homelessness. The literature has identified a range of approaches that utilized early risk detection to sustain existing tenancies. These include interventions triggered by formal procedures to evict, either for certain nuisance and disruptive behavior, or rent arrears. To the extent that domestic violence is a contributing factor in many cases, use of alerts from police and Children’s Aid, together with insights of social workers could also be a way to identify at risk families and initiate proactive early intervention. This could be used to develop early intervention along the lines used in the UK Family Intervention Projects (FIPs); the Australian Supported Housing Assistance Program (SHAP) and HOME Advice Program, and the US Homebase Homeless Prevention initiative.

When the risk is associated with domestic violence, accessing an emergency shelter or alternative accommodation may not be the only option. The UK model of Sanctuary Schemes aims to preserve existing residency and thus avoid a number of detrimental impacts on children associated with relocation (provided appropriate protection from perpetrator of violence can be implemented as part of this approach; and the victim is given a choice of accepting this versus the protection offered in specialized shelters).

### *Multi-disciplinary coordinated responses*

Many of the prevention initiatives rely on gathering insight and intelligence from a range of existing service providers to wave the flags necessary to stimulate early intervention. And once a family is identified as at risk, an array of strategically designed interventions is required both to address rehousing and more importantly sustain housing stability.

Successful initiatives tend to involve multi-agency collaboration, an approach that is integrated into the concept of developing comprehensive community homelessness plans in Canada. While many such coordinating efforts likely already exist on an informal basis, there is merit in formalizing these in specific programs, such as those described in the UK and Australia and many initiatives captured in The National Alliance to End Homelessness Promising Practices database.

One of the key features in many of these stabilization programs is a suite of services that seek to remedy the underlying factors that lead to the family becoming homeless. Foremost among these is financial literacy, employment readiness and skills enhancement to enable the parent to secure meaningful sustained employment income and to manage their income effectively to sustain housing stability. The research evidence clearly identified housing assistance, either in kind or via a housing allowance, as one of the most effective ways to rapidly rehouse homeless families. However, providing subsidized housing, either via direct provision (social housing) or rental assistance (housing allowances) can create the opportunity for housing stability, but it does not sustain it without ancillary support and counseling.

### *Monitoring and evaluating outcomes*

In both the UK and US, initiatives draw heavily on data to help understand the characteristics of families presenting for assistance. This administrative data is used to dissect and identify key risk factors as the basis for designing and evaluating prevention and re-housing programs.

There is no similar data-based, evidence building practice in Canada, although the Calgary Homeless Foundation has recently implemented a Homeless Information Management System and are trying to develop these more empirically based approaches in collaboration with local academics. With three major universities nearby, the Region of Waterloo could have similar capacity and opportunity for research partnerships, provided appropriate data collection and administrative data protocols are developed.

In the US, funders and agencies moved to utilizing data as the basis for performance management and assessment, rewarding service providers that generate positive measureable outcomes. Again, as a Service Manager, originating and managing contracts with community based delivery agencies and social housing providers, the Region has the potential to devise similar outcome-based funding arrangements.

## ***Introduction***

In the last two years, Waterloo Region has identified a significant increase in families accessing emergency shelters. Accordingly, the Regional Municipality of Waterloo (the Region) is facilitating a community-based process to reshape the current system of shelter responses with a focus on enabling, to the greatest extent possible, prevention, diversion and rapid re-housing of families.

Since 2005, the Region has undertaken extensive research to develop a community strategy (2007-2010, with an update in 2012) focused on housing stability for people experiencing homelessness. However, more recently, based in part on rising demand, the issue of families experiencing homelessness has been identified as an area where there are gaps in the existing knowledge.

This report will contribute to a larger piece of research being undertaken by the Region by helping to scope out the parameters and definitions of family homelessness, provide evidence from existing research on the pathways into, causes and consequences of family homelessness and to identify promising practices that have been implemented in other locations.

The approach used is primarily a comprehensive international literature review.

### ***Defining family homelessness***

Defining the subject group is considered important for two reasons: First, various forms of programming tend to define program eligibility and require some basis to include or exclude participants; Second, and of particular relevance to homelessness as this issue has become more broadly prevalent since the 1980's and has stimulated policy attention (at least since the late 1990's, federally), there has been an ongoing interest in quantifying the scale and nature of the homeless issue. Before people or families experiencing homelessness can be enumerated, it is necessary to define what is or is not included in the count.

A detailed and careful exploration by the Canadian Homelessness Research Network (CHRN undated) has developed a definition and typology of homelessness intended to improve understanding, measurement and responses to homelessness in Canada by providing a common 'language' for addressing this complex problem. Their background report traces the way "homeless" has been defined across a range of countries and with particular attention to Europe, Australia and the US.

It is noted that the US approach has tended to be narrow, with a strong focus on program eligibility as its basis. Policy emphasis on ending homelessness has further led to a narrowing of the definition and use of chronic homelessness as a key concept in order to scale the problem (and thus the goal to end it) at a manageable size. This by necessity has tended to de-emphasize broader concepts such as households at-risk. However recent amendments are now more inclusive.

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was passed in 2009 (Summary of the HEARTH Act 2009). McKinney-Vento/HEARTH programs cover individuals and families experiencing homelessness as defined by the Department of Housing and Urban Development (HUD), traditionally including those sleeping in a shelter or place not meant for human habitation (like streets, subway cars, or abandoned buildings). The criteria for eligible recipients was expanded in early 2012 to include:

- People losing their primary residence in the next 14 days and lacking the resources to maintain housing
- Families with children or unaccompanied youth who are unstably housed
- People fleeing domestic violence or a similarly dangerous situation (Changes in HUD Definition of “Homeless” 2012)

Despite the new rules, the operational definition of “homeless” for most practitioners and researchers in the US generally counts only those included under the old definition. This likely occurs for two reasons – it is difficult to count unstably housed families who have not sought emergency shelter or other assistance, and, this group uses the majority of homelessness programming and therefore accounts for the bulk of the associated costs.

European based definitions have tended to be much broader and embrace concepts such as social exclusion, which includes aspects of risk related to becoming homeless as well as actual lack of a home. This contributed to the European Typology of Homelessness and Housing Exclusion (ETHOS), which has become a standard since 2007. Due to legislative and funding arrangements within the European Union a common definition was necessary to delineate responsibilities of member states.

In both cases, definitions and parameters discuss types of sub-populations, the circumstances that defines them and the intensity or chronicity of the homeless experience. In developing its housing stability strategy the Region of Waterloo has adopted similar concepts and employed a system of degrees of stability.

In the Canadian context, the CHRN report notes a lack of coherence in specifying a formal definition of homelessness, and within this a definition of family homelessness. In part, this reflects the mixed jurisdictional nature of this issue and Canada’s largely decentralized federation (compared for example to that in Australia or the US where the national governments have specified legislated definitions for the purpose of program eligibility).

CHRN present a working definition developed by Krause and Dowling (2003) in their earlier background review of family homelessness. This encompasses both parameters that specify the meaning of homeless and the meaning of family. For the purpose of this project, a family experiencing homelessness was originally defined as a family with at least one parent or a legal guardian and one or more children under the age of 18, and where the family was:

- Living and sleeping outside or on the street;
- Sleeping in an emergency shelter, hostel or transition house for women fleeing violence or abuse;
- Living in transitional or second-stage housing;
- Doubled up and staying temporarily with others; or
- Renting a hotel or motel room by the month.

This definition was intended to be sufficiently broad to include both the “visible” and “hidden” homeless populations. Families at-risk of homelessness included those who were:

- Living in housing that is unsafe, inadequate or insecure (e.g. housing that does not meet basic health and safety standards and does not provide for security of tenure), and costs more than 50% or more of the total income or significantly more than the amount provided for under the shelter component of income assistance; or
- In receipt of a notice to terminate their tenancy.

(Krauss & Dowling, 2003:1)

In its terms of reference the Region of Waterloo included broad parameters of the type of literature to consider and what types of families fell in scope, versus out of scope. Generally in scope were families with children including related and those in a guardianship/caregiver arrangement; adults without children as well as youth experiencing homelessness while not in the care of a parent or guardian were to be excluded.

For the purpose of this work, we adopted a definition that includes an adult and dependant child who are either related or in a guardianship relationship. The review excluded youth who are independent (or estranged) from a parent or guardian and experiencing homelessness; and any adult who experiencing homelessness while not responsible for the care or well being of a dependent. The selected literature includes research studies in which families experiencing homelessness were included as a subset with other homeless persons, but only where interventions are explicitly targeted to this subset.

The review did not seek to specify types of homelessness nor to initially distinguish between absolute homelessness; insecure housing and those living temporary or emergency shelters; or informal types of homelessness including so called couch surfing, staying with friends and relatives (also known as being ‘doubled-up’) or other forms of hidden homeless.

This approach was used mainly as a filter in identifying literature to include/exclude. Most reviewed literature did include some description of the parameters similarly used to define the subject group.

## ***Overview of legislative context and approach in the reviewed countries***

Although the international research reviewed for this paper is broadly consistent, it is important to be aware of the environments in which the programs being analyzed are implemented. Due to different regulatory and policy regimes in the four countries, an understanding of how attempts to prevent or reduce family homelessness were accomplished needs to be based in knowledge of the opportunities and limitations of that country's particular context. For a more extensive discussion of the individual contexts see the country-specific annotated bibliography in Appendix A.

### ***Canada***

Canada is unique in relation to the three other jurisdictions examined in this review, in that Canada does not have national legislation specifically enabling and authorizing program spending on homelessness. Thus, there are no statutory definitions of homelessness, although various programs do include eligibility criteria for assistance.

Funding for homelessness programs in Canada comes from the 1999 National Homelessness Initiative, now called the Homelessness Partnering Strategy. It provided funding through three programs: the Supporting Communities Partnership Initiative (now relabeled "designated communities" funding stream) which provides funding to support community-based plans to address homelessness; the Youth Homelessness Strategy; and the Urban Aboriginal Strategy (HRSCD 1999). This program was rebranded as the Homelessness Partnering Strategy (HPS) in 2007 following a change in government. HPS now has four additional funding streams, mainly related to research and knowledge initiatives.

### ***United States***

The US funds homelessness programs through the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act that passed in 2009. These programs cover homeless individuals and families as defined by the Department of Housing and Urban Development (HUD), traditionally including those sleeping in a shelter or places not meant for human habitation (like streets, subway cars, or abandoned buildings). The criteria for eligible recipients was expanded in early 2012 to include: people losing their primary residence in the next 14 days who lack the resources to maintain housing; families with children or unaccompanied youth who are unstably housed; and people fleeing domestic violence or a similarly dangerous situation (Changes in HUD Definition of "Homeless" 2012). A new emphasis on preventing or reducing incidences of homelessness has emerged in recent years in the form of the Homelessness Prevention

and Rapid Re-housing program, funded as part of the American Recovery and Reinvestment act of 2009 (better known as the federal stimulus bill). This program provided funding to municipalities that were helping families remain stably housed by solving housing crises before they resulted in homelessness, or assisting families with minimal service needs to find permanent housing as quickly as possible after shelter entry. These activities have subsequently been adopted into the HEARTH Act.

## *UK*

The key feature of the UK homelessness context lies in their statutory homelessness system. This legislation, first established by the Housing (Homeless Persons) Act 1977, placed an obligation on local authorities (i.e. municipalities: the administrative bodies that govern local services such as education, housing and social services in the UK) to ensure that accommodation is made available to certain categories of homeless people. In England, in order to be eligible for the services required by this legislation (i.e., suitable temporary accommodation available for his/her household until suitable settled accommodation becomes available) households must meet several qualifying criteria, such as being eligible residents; being homeless or threatened with homelessness within 28 days; having priority need; and not having made themselves intentionally homeless.

Qualifying criteria vary across the UK jurisdictions (England, Wales, Scotland and Northern Ireland). For instance, in Scotland, the priority need category has been phased out (see Fitzpatrick et al. 2012a) (for more details on these criteria see the complete UK country context in Appendix A). Local authorities (municipalities) must provide the prescribed services to any eligible member of a family who presents themselves. This results in them being temporarily accommodated until housing becomes available, although in the main housing tends to be secured by the local authority and in the majority of cases the duty is discharged into a social rented tenancy (i.e. into social housing, provided by local authorities or housing associations at below market rents, with allocation based on need). Although this legislation was expressed in terms of the duties of local authorities, in effect it created a ‘legal right to housing’ - enforceable by the courts - for those owed the main duty. The UK is highly unusual in this regard: where enforceable rights to accommodation do exist, they tend to be to emergency accommodation, with rights to (in effect) settled accommodation rare internationally (Fitzpatrick and Stephens 2007; Fitzpatrick and Watts 2012).

In recent years, there has been an increasing emphasis on homelessness prevention (also known as ‘housing options’) in the UK and on enabling homeless or potentially homeless households to access private rental housing (Pawson 2007; Pawson et al 2007; Fitzpatrick et al. 2012a).

## *Australia*

Australia first legislated assistance for people experiencing homelessness in 1994 as part of the Supported Accommodation and Assistance Act. The legislation provided a broad definition of homelessness in order to fund and develop SAAP (the Supported Accommodation and Assistance Program), a jointly funded Commonwealth-State program to provide supported accommodation and homelessness services on a national level. The definition of homelessness used in the SAA Act identified an individual as

homeless “if, and only if, he or she has inadequate access to safe and secure housing” (Supported Accommodation Assistance Act 1994 Cth). Inadequate access was stated to be housing that was damaging to the person’s health, threatened their safety or placed the person into circumstances which threaten the safety, adequacy, security or affordability of their housing, or marginalized the person (either through inadequate amenities or a failure to provide the normal economic and social supports of a typical home). Furthermore, the Act stated that people in SAAP accommodation were not considered to be in stable housing and were therefore to be included in the homeless population. The 1994 SAA Act was replaced in 2009 by a National Affordable Housing Agreement, which encompassed homelessness, social housing, and Indigenous Australians living in remote areas. However the agreement still incorporated bilateral agreements between Commonwealth and state/territory governments and the intention was to continue using the SAA Act definition of homelessness (Mackenzie 2012).

### ***Methodology – country specific literature reviews***

In a somewhat unique departure from typical literature reviews, the background review of literature was undertaken on a country specific basis. This approach was used primarily in response to the terms of reference, which prescribed the scoping to cover certain countries. These are other English speaking countries, which also tend to have a larger and richer research capacity and body of research literature than is the case in Canada.

A distinct benefit in searching and extracting literature on a country specific basis is that it allows country specific contexts to be identified and the evidence reviewed and interpreted through these context-based lenses. This helps to situate some of the approaches and responses used in each country. While there is potential for transferability of approaches, context can have a significant influence on the type of response developed, and more significantly on implementation. Most notably, the statutory and regulatory frameworks and associated funding levels significantly influence who is defined and thus served under homelessness programs. These factors can also alter the points of intervention (i.e. prevention, rapid rehousing or a period of time in emergency shelter accommodations). The UK, for example, has a much lower volume and use of emergency shelters, but instead a very large set of “temporary accommodations”, driven by the statutory duty of local authority (municipality) to provide shelter to anyone meeting the definition of homeless and other qualifying criteria (see above).

The review was also intended to uncover grey literature, which often tends to capture pragmatic descriptions of good practice than more analytical and theoretically based academic and journal literature. Drawing on the knowledge and within-country networks of practitioner-consultants, it was expected that such grey literature would be more readily uncovered. Thus, reviewers with research expertise and involvement in homelessness research were recruited in Australia, the US and UK.

Each researcher has undertaken a review of literature, including both academic and grey literature (such as government reports) examining the issue of family homelessness. While the reviews touch on definitions, the definition of family homelessness was used

more as a selection filter than as a topic of analysis. The sources included focus on several key themes: the causes and pathways into homelessness; impacts of family homelessness; approaches to prevention; reduction and minimization of the duration of and/or responses to family homelessness; and examples of good practice in this area.

Various online and university academic databases (Google Scholar, JSTOR, the Wiley Online Library) and wider search tools (Google) have been used to identify these sources and the search terms employed reflect the themes identified above. Drawing on the author's subject expertise, specific search terms relevant to these topics, and specific to the country context (e.g. in the UK 'Sanctuary Schemes' and 'Housing Options'), have been used.

All search terms have been used as components of Boolean queries to enhance the relevance of database searches. Articles that are most recent, have robust methodologies, and best encapsulate prior literature are prioritized over others, and multiple articles are employed when one does not meet all of those criteria. The bibliography relies heavily on academic literature, but uses grey literature reports and program briefs to illustrate best practices and case studies not represented elsewhere.

For each country, a brief introductory overview is provided in the appendix as part of the annotated bibliography.

As was expected, the available literature is more rich in the US and UK, and even in Australia, where there exists a larger network both of academic researchers with interests in housing and homelessness, as well as a broader array of sector and NGO associations and agencies than is the case in Canada. The review of Canadian literature, including earlier bibliographies, found a high reliance on international rather than domestic research. Further, there is a distinct lack of Canadian research evidence related to families experiencing homelessness.

## ***International Literature Review Findings***

### ***Issues and trends in the incidence of family homelessness***

Families who experience homelessness tend to be younger and larger than housed counterparts that have similarly low incomes. Typically, families who experience homelessness lack education and employment skills. Many families who experience homelessness are single parent families, headed by women. Single mothers whose families experience homelessness are more likely to have suffered violence and abuse as children themselves, and have more physical and mental health issues, including depression (Rog and Buckner 2007). Bassuk et al (1996) for example compared characteristics of 220 homeless families in Worcester, MA with 216 low-income housed families in the same community. Families were evaluated on income, social supports, mental and physical health, and life events such as exposure to violence. Families experiencing homelessness were significantly more likely (46% vs. 17%) to have an

annual income under \$7,000. More families experiencing homelessness reported emotional and physical abuse (91.6% vs. 81.1%). They were also more likely to have experienced intimate partner or family violence (87.7% vs. 79.1%).

However, while homeless families are broadly disadvantaged, researchers suggest that in comparison with the larger homeless population, in most instances, families experiencing homelessness are not as vulnerable or prone to severe mental illness as other subgroups (Pleace et al 2008). More often than not, key triggers and causes of family homelessness relate to relationship breakdown and economic related factors including loss of income or job.

The impetus for the current research was a noticeable increase in the volume of families seeking assistance in emergency shelters in the Waterloo Region. This increase is consistent with that found in other jurisdictions and reflects a generalizable pattern wherein homelessness counts and shelter utilization rates have been reported to increase following periods of economic downturn, albeit with a time lag.

While the global financial crisis and related recession occurred over the latter part of 2008, there was a two to three year lag in the rise in demand for family homelessness services. Falvo (2009) highlighted this lagged recession phenomenon in relation to homelessness in general. More specifically in relation to families, O’Flaherty (2006), examining counts of family shelter use, identified a similar lag effect around the recession of 2000 in the US. Hinton and Cassel (2012) similarly noted a significant increase in homeless counts in US cities in 2011, with overall homelessness rising by 6%. Moreover, they reported that the rise among families was much higher, citing an increase of 16% in that year. In Canada, the Calgary Homeless Foundation (2012) reports a divergence in homeless counts. While the overall level of homeless has been on a decline in Calgary, they note an increase in family homelessness in 2011-12. CHF attribute the general decline to successful prevention and diversion programs in Calgary. However, this success is acting as an attractor of at risk families that have been identified as moving into Calgary from outlying areas (CHF 2012).

A recession-induced rise in counts of statutory homelessness is also reported in the UK (Fitzpatrick et al 2012), although prior to the recession of 2008, a substantial decline in levels of statutory homelessness (i.e. the number of households accepted as owed the main homelessness duty and assisted under the homelessness legislation) in England had been observed. This was attributed to substantial funding directed to prevention initiatives in that period (Pawson 2007). However, Pawson (2007) cautions that the declining levels reported in the earlier part of the decade may have also reflected, in part, a practice of “unlawful gatekeeping” (i.e. not allowing homeless households to access their statutory rights). This may involve directing families to family mediation and rent deposit schemes (run by local authorities, housing associations or charities, which help households unable to fund a deposit access the private rented sector), without letting them make a statutory homeless application. Generally the private rented sector is seen as a more vulnerable tenancy than social rented housing in the UK, due to weaker security of tenure and higher rents. To the extent that others have highlighted private tenancies in UK as a risk factor related to homelessness (Fitzpatrick 2011; Jones, Pleace and Quilgars

2002), the placement of at-risk families into this sector of the housing market has been questioned.

In addition to the evidence pointing to a rise in family homelessness, Hulchanski et al. (2009) suggest that counts of family homelessness (and indeed all sub-populations of homelessness) tend to suffer from undercounting. This is attributed to a lack of family shelters in some communities, as well more informal responses such as doubling-up, and in some cases separating parents from children, each living with different friends or family. Fitzpatrick et al (2012) highlight evidence of a rise in instances of hidden homelessness including concealed homelessness in shared and overcrowded households, which predates the recession.

The nature of homelessness is widely categorized based on a typology developed by Culhane (1994), which identifies three categories: transitional, episodic and chronic. This typology was premised on shelter admissions and shelter use data. More recently, Culhane et al (2007) replicated this analysis using data for family shelters in four US jurisdictions (New York, Philadelphia, Columbus and Massachusetts) and found a very similar breakdown. Although a slightly lower 74% were determined to be in the short term transitional group, and only 5% episodically recurrently homeless, a surprisingly large 21% of family shelter users were determined to be chronic, with prolonged durations of shelter use. Consistent with general findings across the larger shelter population, the small number of chronic family shelter users consumed the vast majority of shelter days and accounted for the greatest cost (Culhane et al 2007). While the average length of stay in Culhane's New York City sample was 240 days, for example, the average chronically homeless family used 552 shelter days.

Culhane's findings in these US jurisdictions differ from trends reported by Falvo (2009) for Toronto. Falvo determined that the prevalence of chronic persistent homelessness among families in Toronto's shelter system is quite low. Families were found to have the shortest duration of shelter stays among all sub-populations, on average only 7 months, compared to 2.1 years for single women and 3.4 years as an overall average (predominantly among single men).

The divergence in findings between Culhane (2007) and Falvo (2009) may point to systemic differences in types of programs and access to programs aimed at rehousing families experiencing homelessness as well as an important difference in country context. Culhane notes a tendency for families that are ultimately housed to spend a longer duration in the shelter in order to qualify for housing assistance; conversely, policies (priority placement regulations in social housing) in Ontario tend to expedite placement of families from shelters into housing. Longer duration in temporary accommodations in the UK is associated with locations with greater demand and less availability of social housing, while in low demand areas resettlement is far more rapid (Tischler 2008). Given these realities, external factors may be an important exogenous influence on duration in shelter/temporary accommodation.

## ***Causes, pathways and contributing factors in family homelessness***

Pathways into family homelessness are diverse and complex, although there appear to be some similar contributing factors across countries and cultures. The fact that there is a surge in family (and general) shelter use following recessions in three of the countries reviewed above, suggests that loss of income is a primary trigger contributing to homelessness.

Patterns of homelessness in the UK have been identified as cyclical, causing researchers to suggest that affordability coupled with either lack of or high cost to access housing is an important underlying cause of homelessness (Stephens, Fitzpatrick and Wallace 2010).

For many families, desperate economic conditions will be translated into an inability to sustain rent payment and cause housing instability; for others the loss or decline in income increases stress and may be associated with other outcomes including domestic violence and abuse, one of the key factors causing women with children to seek assistance from family shelters (Krause and Dowling 2003, Rog and Buckner 2007, Jones, Pleace & Quilgars 2002, Pleace et al 2008).

Research from the UK distinguishes between relationship breakdown (one of the primary factors contributing to homelessness, but not necessarily involving domestic violence) and more housing specific triggers such as rent arrears and end of fixed term tenancies. Housing specific triggers are less frequently a cause of homelessness in the UK due in large part to entitlement benefits and housing benefit. Individual issues such as addictions and mental health were reported as reasons for statutory homelessness by only a very small minority (Stephens, Fitzpatrick and Wallace 2010).

Writing in an Australian context, based on a small sample of 30 families in a longitudinal study, Kolar (2004) identified key contributing factors, and highlighted relationship difficulties (80%) as a predominant factor. Additional reasons included financial difficulties (54%) and physical or emotional abuse (43%). Walsh (2003), also in the Australian context, similarly reported a high incidence (53%) of abuse and violence as causes to seek emergency shelter among female single parents. For couples with or without children the chief cause was eviction, and for male-led families it was more often associated with family or relationship breakdown. Poverty and financial stress permeated all family types as contributing causes of homelessness.

Interestingly, rounding out an international perspective, Krause and Dowling (2003) cited 40% as the number of families identifying family violence as a factor leading to homelessness in Canada, while Pleace et al (2008) report a figure of 41% of families experiencing homelessness in England as having experienced domestic violence at some point. These levels are significantly lower estimates than that of Decter (2007) who cites a Statistics Canada reference, which notes that in 2003-2004 the majority of children in

shelters were with mothers escaping domestic violence.<sup>1</sup> She further adds that a snapshot of national data from 2004 reported that 76% of women and 88% of children in shelters were escaping abuse and violence in Canada.

In a rare study that explored family homelessness among single parent fathers (McArthur 2006), issues of low income and inability to find employment with sufficient wages and flexibilities to manage child care were cited as a key factor triggering homelessness.

Across all countries, there are commonalities in contributing factors, encompassing lower levels of education associated with low labour force skills, low income and weak employment security, high level of rent relative to earnings, a history of family violence, and some array of health, disability and addiction problems (see previously cited statistics from Bassuk et al (1996). In certain circumstances, issues of racism and discrimination that preclude access to housing are also cited in Australia (RPR Consulting 2005).

While extensive research has helped to identify key causes and contributing factors that lead to family homelessness, the research has found predictive models to be highly elusive. While “at risk” cohorts can be generally described, it has not to date been possible to successfully predict when and which particular families will fall from risk into homelessness. This makes it somewhat more challenging to target preventative measures to those most likely to become homeless, and thus removes potential efficiencies in targeting prevention measures.

The most frequently cited research (Shinn et al 1998) examined a cohort of families experiencing poverty in New York in an attempt to predict shelter entry. The research does reveal risk factors – such as single parents giving birth in the past year, living in overcrowded conditions and frequent moves (i.e. already a degree of instability). Shinn and associate researchers were able to develop some predictive modeling, but this correctly predicted shelter use only 66% of the time with a 10% false positive rate.

Wong, Culhane and Kuhn (1997) in examining patterns and factors affecting length of stay in shelters reported that recent drug or alcohol use increased length of stay by an average of 85 days (beyond the overall average of 197 days). But, notably those exiting to subsidized housing also exceeded the average length of stay (by 66 days) suggesting that limited availability of subsidized housing precluded more rapid rehousing.

Curtis, Noon and Reichman (2011) identified the birth of a child with severe random health conditions as another factor contributing to homelessness. This is associated with the burden and stress of managing high health care costs, especially for lower income persons without health insurance.

Although less frequent as a cause of homelessness, some research did identify a cycle of families being evicted and unable to access public housing, then seeking assistance under homelessness programs as a way to gain priority for access to housing assistance or subsidized housing (Walsh 2003). This Australian study also highlighted efforts by the

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<sup>1</sup> Statistics Canada (2005). Shelters for abused women. The Daily (15 June, 2005). Retrieved by Decter from [www.statcan.ca](http://www.statcan.ca).

Western Australia Supported Housing Assistance Program in managing such issues through pre-eviction intermediation (discussed further below under promising practices).

While covering similar factors as the aforementioned research, in a summary report on family homelessness in Canada, Krause and Dowling (2003) emphasized systemic causes. In particular they highlight the influence of a weak economy, fewer jobs and higher unemployment in the latter 1990's; a number of reforms that had reduced benefit levels under provincial income assistance programs; and the curtailment of the federal program to build new social housing in 1994. They concluded that the main causes for increasing levels of homelessness were a lack of good quality affordable housing, increasing poverty, inadequate social assistance levels and rising incidence of family violence. Hulchanski et al (2009) also noted systemic factors including eligibility and qualifying criteria that create barriers to assistance and thereby exacerbate risk of and actual decline into homelessness.

In the face of extensive welfare reforms in the UK, there is concern that limitations on eligibility and benefit levels for housing assistance may worsen both formal (statutory) and hidden homelessness, especially in higher cost centres in London and the south (Fitzpatrick et al 2012). Pleace et al (2008), in an extensive quantitative study (n=2500) of families accepted as statutory homeless in England, also report that overall results from the interviews support structural rather than individual explanations for causes of homelessness. Notwithstanding the influence of structural factors reported by Pleace et al (2008), Stephens, Fitzpatrick and Wallace (2010) in a comparative policy study on housing exclusion highlight as a key finding for the UK that aspects of the housing system, notably the legislated nature of statutory homelessness and associated duties of localities to provide housing, coupled with the Housing Benefit (a housing allowance universally available to low income households to assist with housing cost) help to limit the tendency of the UK liberal welfare regime to cause structural homelessness and actually do help to resolve it.

Partially reinforcing the contribution of systemic influences, a cross national analysis of homelessness in Quebec City and Hartford Connecticut determined significant differences in homeless counts and in particular, a much lower level of family homelessness in Quebec City (Glasser, Fournier and Costopolis 1999). They attribute the differences to the stronger safety net that exists in Quebec compared to that in Connecticut (note, that while there may also be variations in the level of assistance and strength of the safety net in Quebec compared to other Canadian jurisdictions, this comparison was not included in the research). The study also posited a counter hypothesis, which was not tested, that family homeless incidence in Quebec may be artificially reduced due to the stronger intervention of child protection authorities in Quebec, such that homeless persons may present at a shelter without their removed children. They also suggested a higher degree of families doubling up in Quebec (hidden homeless) leading to these families being omitted from estimates of family homeless (which are based mainly on shelter use).

## ***Impacts and consequences of homeless experience of children and families***

Researchers have suggested a number of long term effects associated with childhood episodes of homelessness (Burt 2005; Huntington, Buckner and Bassuk, 2008; Rog and Buckner 2007, Tischler, Rademeyer and Vostanis 2007, Walsh 2003). The literature identifies a variety of impacts due to experiencing homelessness for families and children. These effects have been separated into two main categories – those relating to children and those relating to the parents. For children impacts are discussed under three main aspects: mental and physical health issues; educational impacts of family homelessness; and the symptoms of traumatic impacts. The effects on parents have been identified in one main section, including parental supports in recognition of the concern parents' express in the literature over their ability to parent while experiencing homelessness.

### ***Impact on children***

Specific impacts are discussed in each of the subheadings below. One issue that crosses between the sub-categories is overcrowding and “doubling up” Although the research is not necessary focused on families who have experienced homelessness, the issue of overcrowding appears to have some impact on both mental and physical health, both in the short and longer term. Shelter (2006) cite various research indicating that living in overcrowded conditions increases risk of contracting infectious disease (e.g. viral or bacterial infections), intestine and respiratory disease, and in one large cohort study, six-month old infants were 26% more likely to have symptoms of wheezing. Another impact is slow physical growth, although this is associated with poverty and poor housing condition and not exclusively with homelessness. Overcrowding can lead to frequent sleep disturbance, which may contribute to slow growth due to secretion of growth hormones when sleep is disturbed.

### ***Mental health***

Mental health impacts were identified by parents in Walsh's 2003 study, and Kirkman et al. (2010) noted that experiencing homelessness had a negative effect on children's sense of security, mood, and ability to 'experience childhood'. Areas of common concern among the children in Kirkman's study were the insecurity, stress and unhappiness that came as a result of their homelessness.

Hinton and Cassel (2012) cite evidence to suggest that young children (age 4-8) living in family emergency shelters often have feelings of insecurity; compared to similar aged low income children, those that are housed in shelters are three times more likely to experience emotional disturbance. Similar evidence of deviant behavior and various mental and physical health conditions were reported by Efron (1996) and Kirkman (2010). Piper (2010) in a study in Victoria BC found that children and families that became homeless and were displaced from their community and social networks experienced extreme stress and perceptions of low self-esteem.

A 2006 UK special report (Shelter 2006) reporting on a longitudinal study undertaken in Birmingham found that two-fifths of the homeless children studied were still suffering mental health and development problems one year after being rehoused. Their language skills continued to lag behind that which would be expected for their age and they were three times more likely to suffer mental health problems than children from a similar socio-economic background who had not experienced homelessness.

### *Physical health*

The physical health impacts of family homelessness are well documented in the literature. The best Australian source is, again, Efron et al (1996). This study found that the children in the sample were more likely to have been born prematurely (26% vs. 5.9%), and the mean birth weight was lower than that of the general population (3080g vs. 3370g). Immunization delays were common in children under five, although few were reported for children over five, which Efron et al. argue could be due to them catching up or recall bias among the parents.

In looking at chronic health problems Efron et al. found that the children in their sample had higher rates than the general population for asthma (32 vs. 22.7), recurrent ear infections in children (more than 6/year) (6 vs. 1.7), vision problems (18 vs. 9.5), intellectual disability/developmental delay (12 vs. 1.8), eczema (14 vs. 9.7) and skin problems (16 vs. 5.6) [Note, n homeless = 51, n normative = 1590, and the authors recognize the limitations of their small sample size repeatedly].

The children in the sample had a relatively high rate of admission to the hospital (24% vs. 1% in the general population), and the common barriers to access reported by parents were the cost of treatment and transportation difficulties.

This finding is reinforced by research in the UK which highlights issues around access to care and notes in particular that fewer homeless children are registered with a GP (family doctor) and, partly as a consequence of this, they are more likely to be admitted to hospital, regardless of the severity of their condition (Shelter 2006).

This research is further supported by results reported by Bartholomew (1999) that common health issues affecting the children in his study included lapses in immunization, respiratory disorders, skin ailments and malnutrition. Bartholomew found that 64% of families perceived negative change in the health or diets of their children which was considerably less than those who perceived a negative change in the adult's health or diet (80%). This discrepancy is attributed to one of two possible factors: parents may have been ashamed and/or afraid of child protection agencies and thus did not report as truthfully, or; adults may have prioritized the health of their children over their own.

Kirkman et al (2010) also found asthma and skin problems were common issues with children experiencing homelessness, and introduced dental health as another aspect of physical health which suffered.

In research cited in Shelter (2006), children experiencing homelessness have four times as many respiratory infections, five times as many stomach and diarrhoeal infections,

twice as many emergency hospitalizations, six times as many speech and stammering problems, and four times the rate of asthma compared to non-homeless children, according to one US charity. But the authors also acknowledge that the extent to which these findings can be attributed directly to homelessness rather than related risk factors is unclear.

While most research identifies a negative relationship between homelessness and health, evidence that providing stable housing will cause improvements in health is somewhat inconclusive. Aubrey et al (2007) in a longitudinal panel study and using a multiple regression determined that becoming re-housed was not associated with improvement in physical functioning. Pleace et al. (2008) in a large sample quantitative study in England found that homelessness and living in temporary accommodations appear to have a negligible or marginally positive impact on health and social support circumstances of families. However, there was a negative impact on children's participation levels in recreational activities.

### ***Education***

Education was one area that was consistently identified as being negatively affected by episodes of homelessness. Lower levels of academic achievement have been widely reported (Cutuli et al 2012, Hinton 2012, Kirkman 2010, Kolar 2004). Efron et al. (1996) noted the high level of mobility of homeless families in their sample had led to more than half of the school-aged children having attended more than five different schools. Walsh et al (2003) also identified schooling disruptions as being a major issue.

This disruption was seen to have a negative impact on children's school performance, and parents commonly had difficulty getting their children to attend school at all (labeled 'school refusal' by the authors). In looking at the effect of stable housing, Kolar (2004) found in particular that children's educational outcomes improved when housing stability was established. Additionally, there was a reduction in school absenteeism by almost half.

Zima et al (1997) discovered that a significant proportion of children experiencing homelessness that meet criteria for evaluation to receive special education did not receive this service. In a cross sectional study involving 118 parents and 169 children aged 6-12 who were living in emergency shelters in Los Angeles they found that although almost half (45%) of children met the criteria, only one in five (22%) had received special education or placement.

### ***Symptoms of traumatic impacts***

For children, homelessness is a form of trauma and is often revealed in the form of certain types of behavior. One of the main symptoms related to experiencing homelessness that was identified by the literature was 'acting out' behaviour, such as aggression, fighting, and anger (Bartholomew 1999, Kirkman et al. 2010, and Walsh 2003) although Walsh (2003) noted a case in which this acting out took the form of the child becoming sexually active and drinking at a young age. Kirkman et al. (2010) note that some of this aggressive behaviour may be ascribed in part to the children having

experienced or witnessed violence, which may have preceded their experience of homelessness.

One of the most widely cited Australian sources on these effects is Efron et al. (1996). This was a study that looked at the impacts of family homelessness on children's health and well-being. Using a variety of surveys as well as interviews with parents, Efron et al. were able to get a sense of how children experiencing homelessness differed from the general population. Based on parental responses, Efron et al. found that their sample of homeless children had significantly more behavioural symptoms than the general population of children. More than one third of these children had scores that placed them in the clinical range, and more than half of the teenagers fell in the clinical range. Girls were more likely to have behavioural symptoms than males, and children who had moved more than twice in the previous year had higher levels of behavioural problems than those who only moved once. Finally, in examining responses related to various areas of competence Efron et al. found that the most difficulties occurred in social interactions.

It is important to acknowledge that children that have or are experiencing homelessness are not necessarily a homogenous group. Huntington, Buckner and Bassuk (2008) sought to evaluate this and found significant heterogeneity within homeless children. Using indices of mental health and traumas, adaptive functioning and academic achievement/intelligence, these researchers found their sample polarized into two groups: One group – labeled “high functioning” made up 47% of the group and was marked by low behavioral health problems and high academic achievement. The lower functioning group scored on the opposite pattern. Lower functioning (53%) was correlated with higher rates of sexual and physical abuse.

In one of the most comprehensive assessments undertaken to date in Canada, Decter (2007), conducted an analysis of the impacts of shelter experience among homeless children. Again, issues of disruption, trauma and behavioural impacts were identified along with evidence of fragmented education and stigmatization, related to experiencing homelessness and/or living in a shelter. This research pointed to a need for educators to take a more proactive role in supporting and intervening with children experiencing homelessness, a direction subsequently reinforced by Hinton and Cassel (2012). Dexter's report included extensive literature review covering the broad international literature, some of which is cited elsewhere in this report. For example, in the area of traumatic and emotional issues, she cites Bassuk and Friedman (2005) to note that the developmental, psychological, and social challenges most often identified in homeless children in the United States are:

- short attention span
- separation anxiety
- withdrawal
- aggression
- sleep disorders
- depression and poor social interaction
- delays in gross motor, speech and language development.

Decter cites Fox et al., 1990 (as cited in Cumella et al., 1998) to document high rates of traumatic and emotional challenges among children that are or have experienced homelessness with as many as 38% having disorders of clinical significance.

### ***Impact on parents***

The research into the impacts on parents is less than that on children. However, there is no doubt that parents are affected significantly by the experience of family homelessness.

Bartholomew (1999) notes that his interviews with parents revealed that there were increased levels of family conflict due to their accommodation [in hotels]. These issues were likely exacerbated by the emotional effects experienced by parents. Many identified feelings of stress, guilt, depression and anger – of these, stress was the most common (Walsh 2003). In some cases drug and alcohol abuse was used as a way to deal with the mental health impacts of homelessness. Furthermore, Efron et al. note that there was a high prevalence of psychological symptoms reported by mothers, in particular depression and anxiety/insomnia. Interestingly, this was not the case among fathers in the study.

One aspect, which did come up when looking at the impacts on parents, was their need for support. Walsh et al. (2003) found that parents often had issues relating to parenting, particularly in needing support to deal with or manage children's behaviour. Another problem was the lack of access to childcare, which impacted parents' ability to enter the labour market. Finally, parents expressed fears of intervention by child protection services, fear of being judged bad parents, and embarrassment resulting from their homelessness. The review of the Family Makeover Project also found that parents needed support, with the authors noting that the program design initially underestimated the need for individual support in areas such as living and parenting skills, as well as assistance with grief and anger management (Cookson, Cumins & Associates 2005).

Mothers residing in hostels interviewed in a small UK study (Tischler, Rademeyer and Vostanis 2007) reported feelings of powerlessness and loss and many suffered from depression and severe mental distress. In the context of this study, 'hostel' refers to 3 local authority 'homeless centres' in Birmingham, exclusively housing homeless families (up to 40 families and 90 children) for an average stay of 3-6 months. Families are provided with basic accommodation in self-catering units. In most cases, kitchen bathroom and living areas are shared with other families.

While Piper (2010) found that personal social networks can play an important role in resettlement, other researchers have identified high levels of social estrangement among hostel and shelter occupants, highlighting the benefit of and need to enable healthy social networks (Tischler, Rademeyer and Vostanis 2007). This suggests a need for integrated counseling (i.e. Counseling and therapy services offered within the hostels) and multi-agency review (i.e. partnership working between all agencies involved). In earlier research, Tischler et al (2002) had evaluated the impact of providing an outreach mental health service (i.e. specialist mental health practitioners, with greater expertise than general shelter workers) to families experiencing homelessness in hostels. The impacts of providing more specialized mental health support and counseling services were identified

as having a positive impact on the families, compared to a control group of residents not accessing this outreach service.

Another issue among parents is a fear of intervention by child protection services. There is some evidence of avoiding seeking assistance for fear that they would be separated from their children (Walsh 2003). Paradis et al (2007) cited evidence in Toronto to reveal that among families living in the Toronto shelter system separation from children is frequent. At the time of first interviews, shortly after entering the shelter, 19% of women reported being separated from their children; and in total one in four indicated this had occurred.

Health issues are also pervasive among homeless mothers. Comparing samples of just over 200 housed and homeless women in families with children Wienreb, Goldberg and Perloff (1998) compared health characteristics and patterns of health care use. Both groups were low income and both reported higher rates of childhood and adult victimization relative to the general population. Homeless mothers reported significantly higher rates of violence by an adult partner. More homeless mothers reported [increased rates of] injection drug use and engaging in other forms of risky behavior than housed women. Women experiencing homelessness who were living in shelters at the time of this study also reported significantly higher rates of emergency room visits and hospitalization (15.6% vs. 9% for housed group).

## ***Approaches and mechanisms to prevent and minimize duration of homeless episodes among families and improve housing stability***

Based on the review of impacts and consequences for children, there is a strong desire to minimize the incidence of homelessness among families with children. Primary among these are approaches that seek foremost to avoid homelessness altogether. This includes prevention and diversion. In those cases where families do fall into homelessness (typically in the form of seeking help at an emergency shelter) it is desirable to minimize the duration of living in emergency or temporary accommodation, thus initiatives that employ “rapid rehousing” strategies, together with approaches to sustain housing stability, once rehoused.

While the evidence strongly supports prevention and rapid rehousing, it does suggest that for the need for emergency shelters persists. There will continue to be emergency need and such facilities are an important component of an overall system. However, by employing prevention and rapid rehousing, the role of emergency shelters can be limited to managing short-term emergencies. Such facilities should not become longer stay facilities (as has largely become the case in the absence of sufficient transitional and permanent housing options).

### ***Diversion***

In recent research (Coleman, forthcoming 2013) the Region of Waterloo has adopted the term “diversion” to refer to approaches that address risk of homelessness by intervening as families arrive at emergency shelters, but redirect or divert these families to alternatives to entering the shelter. The background report prepared for the Region noted that: “information on diversion is limited or not readily available”. The current review similarly found a distinct absence of this phrase, especially in the empirical and academic literature.

The literature review identified a number of references to prevention initiatives, with a focus on eliminating any duration of homelessness. Although the term “diversion” is not used some of these included early interventions with households determined to be at risk. The Region has received a separate analysis on the potential to implement a diversion strategy, and this is not discussed further here.<sup>2</sup>

### ***Prevention***

Pawson et al (2007) summarize the effectiveness of differing approaches to prevention as well as the relative cost effectiveness. In the UK, cost analysis is driven by the

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<sup>2</sup> Ashley Coleman (2013) Diversion: Overview and Tool For: Region of Waterloo, Social Planning, Policy and Program Administration February 2013

comparable cost to accept at-risk households into statutory homeless status and the duty of the local authority (municipality) to then permanently house these households. Their evaluation identified the prevention activities most often associated with sustaining existing tenancies: enhanced housing advice; rent security deposits to private landlords; family mediation; and domestic violence supports.

As noted earlier, one of the primary contributing factors in family homelessness is the issue of domestic violence and abuse. An approach focused on this pathway that seeks to sustain existing tenancies is the Sanctuary Scheme, extensively utilized in the UK (present in over half of local jurisdictions).<sup>3</sup> This approach targets and seeks to enable victims of domestic violence to remain in their existing family home (if it is safe for them to do so and is their choice) with safeguards implemented to protect them from the perpetrator of abuse (Jones et al 2010). Sanctuary schemes have been successfully used in private/social rented and owner occupied housing. Common reasons for choosing this option were the desire to minimize disruption, negative views on alternative options and the possibility of being rehoused in a less desirable property/area. The suitability of Sanctuary was seen to depend on a full risk assessment, as well as the needs/preferences of the household. Risk assessments (of the property and danger posed by the perpetrator) were carried out by several agencies working together, including specialist Domestic Violence workers, police and fire services. An evaluation of sanctuary schemes found them to be successful in minimizing disruption and maintaining important social networks. In addition, as noted elsewhere, avoiding dislocation of children can minimize the noted negative impacts on school attendance and achievement.

### *Identifying and proactively managing risk*

The review identified a number of approaches used to identify potential risk of homelessness that involve early intervention with the objective of preventing homelessness. In an Australian initiative, initially tested as a pilot, and subsequently implemented as an ongoing program (Household Organizational Management Expenses Advice Program, or HOME Advice Program), risk factors were used to identify target client families. The program used the pathways or risk factors identified in the literature to point to families who were at risk. These included low levels of education and employment; high levels of rent, typically in the private rental market; a history of family violence; health, disability or addiction problems; high levels of debt and limited financial knowledge; and a history of child protection issues. Further issues identified as risk factors were ‘noise and nuisance’ regulations that often led to eviction due to overcrowding during extended family visits; and racism and discrimination in the private rental market.

The initial pilot Homeless Families Prevention Pilot (HFPP) was implemented across eight communities (in all states and the northern territory) and targeted families already living in the shelter system or seeking help from shelters. The ongoing HOME advice program seeks to proactively intervene with referrals from other agencies aware that a family may be at risk (among others their Centrelink, social assistance support worker).

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<sup>3</sup> The phrase “scheme” is used in the US and Australia to connote a model or an approach.

Target populations tend to be single parents with two or more children. Typically they have multiple issues including accumulated debt, lack of or low income, and challenges obtaining work. Many have history of abuse and family violence in their past. Once accepted into the program, families work directly with an advice worker to develop a plan to address the family's housing and financial crisis, with financial literacy a key element of the program, which contributes to ongoing housing stability. The focus is on developing strengths and skills needed to sustain stable housing as well as managing other issues that may place them at risk. In follow up surveys done six-twelve months after exiting program, it was determined that only 1:10 had experienced a period of homelessness. This approach was determined to be cost effective, as the total costs are two-thirds of what would be incurred for services under the existing Supported Accommodations Assistance Program (SAAP).

The 2007 Evaluation of the HOME Advice program found that for families assisted:

- Ninety-two per cent of families avoided homelessness and remained in their homes or improved their housing;
- Ninety-three per cent of families had their immediate financial crisis resolved; and
- Ninety-three per cent of families improved their debt situation with 66 per cent reducing or totally wiping their debt and a further 31 per cent stabilizing their debt.

In the UK, risk is associated with high volume of antisocial behavior orders <sup>4</sup> (Fitzpatrick 2011); In the UK, the term “anti-social behavior” (ASB) has been created and formalized in legislation to encapsulate various forms of nuisance behavior. Individuals or households linked to recurrent ASB orders are identified as at risk of eviction and this has been used to identify potential participants in a targeted homelessness prevention program in Newcastle, the Family Intervention Program (Fitzpatrick et al 2011). The Family Intervention Program (FIP) provides an intensive support intervention service in order to help address and correct the underlying behavior that places families at risk.

In an evaluation of FIP covering a network with 53 FIPs across England, White et al (2008) sought to determine the effectiveness of the pro-active interventions in preventing homelessness. Early outcomes of 90 families who completed the FIP intervention displayed considerable improvements in all key areas and resulted in greater residential stability. Key success factors in the design of the FIPs were identified as: recruitment/retention of high quality staff; small caseloads; having a dedicated key worker who manages a family and works intensively with them; a whole-family approach; staying involved with a family for as long as necessary; scope to use resources creatively; using sanctions with support; and effective multi-agency relationships.

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<sup>4</sup> 'ASBOs' refer Anti-Social Behavior orders. Unique to the UK, and without a formal equivalent in Canada, these involve civil orders to protect the public from behaviour that causes or is likely to cause harassment, alarm or distress. An order contains conditions prohibiting the offender from carrying out specific anti-social acts or from entering defined areas and is effective for a minimum of two years.

### *Eviction prevention*

In terms of prevention, a key point of intervention relates to legal proceedings to evict. Although many low income households may simply leave before going through formal legal process, those that do engage in a formal legal process are often unrepresented. Treglia & Metraux (2011) evaluated the effect of court-based interventions that, among other things, provide legal aid as well as access to social services, rental arrears grants and connection with charities to help pay security deposits. The program specifically targeted low-income families with children. These interventions had a positive, but relatively small impact in reducing homelessness, reducing shelter entry by 2% compared to other more narrowly defined anti-eviction programs and was estimated to reduce likelihood of entering a shelter by 26% compared to no type of intervention.

A further variant on prevention is to reform eligibility criteria that preclude homeless persons and families from eligibility for assistance that could help them avoid homelessness, or more quickly achieve rehousing. One such example in the US is the use of income assistance (Temporary Assistance for Needy Families – TANF) to serve homeless families and families at risk of experiencing homelessness. In what appears to be a simple solution based on removing a systemic barrier to assistance, Mercer County (New Jersey) was able to secure State approval to redefine eligibility for housing assistance to include homeless families seeking assistance in emergency shelters. Prior to this change they were ineligible for income assistance related housing assistance; only working families were eligible. By extending eligibility, they were able to stabilize families, reduce duration in shelters and employ a rapid rehousing strategy, thus avoiding the many documented consequences and impacts on children caused by a period of homelessness.

### *Facilitating rehousing via in-kind or rental assistance*

In an extensive literature review of family homelessness covering earlier literature (early 1980's through 2006) Rog and Buckner (2007) found evidence to support rapid rehousing approaches. These approaches emphasize that rental assistance, both with and without attached services, are among the most effective ways to stabilize families. The effectiveness of direct housing provision or housing allowances together with linked support services is also affirmed in additional research (Burt 2005; Messeri et al. 2011 NAEH 2010, Walsh 2003).

Shinn et al (1998) found that providing rental assistance substantially increased the chance of remaining stably housed. Follow-up assessments with housed families found that families who received a housing subsidy were 20 times more likely to be in stable housing and twice as likely to be in their own apartment (not sharing) compared to those that were not receiving subsidy. Meanwhile, non-cash support in the form of social capital (e.g. social networks) was generally found to be inconclusive as a factor in helping homeless families regain stable housing (Toohey, Shinn and Weitzman 2004). However, such non-financial support can be effective in sustaining stability (Piper 2010).

While rental assistance (vouchers) tends to be more prevalent in the US and has more recently become a wider option in Canada, more often rehousing in the UK and in

Canada is pursued via placement into social housing (and in some cases private rental with subsidy).

An evaluation of the UK designed homeless to homes (HTH) program found that families placed and supported over a three-year resettlement program were successfully stabilized. However, their relative disadvantage and thus potential risk remained (Jones, Pleace & Quilgars 2002). This evaluation examined the HTH program implemented in three English cities covering 271 families, of whom roughly half had been homeless previously. The program provided assistance to find and furnish a home, financial advice and support referrals to other support agencies, as well as direct social and emotional support. This assistance was in place for one-year following housing.

Aubry et al (2007) in a longitudinal panel study that included families as well as other formerly homeless sub-populations, found that families had the longest duration and highest success rate in maintaining housing stability across the populations tracked, and this was associated with direct placement into social housing. These families were able to access social housing largely on the basis of priority placement criteria that allocates priority to homeless families and victims of domestic violence.

That said, neighbourhood factors were also reported as having an important influence on housing stability. Most housed families also accessed a variety of other services, although there was no clear pattern or evidence about which particular services had been most helpful (Aubry et al 2007).

Others emphasize that simply providing housing without additional support is insufficient (Kolar 2004, Jones, Pleace & Quilgars 2002, Paradis et al 2007). Moreover, Kolar (2004) observed that even when housed in affordable homes or housed via rental assistance, many families continue to struggle to provide basic necessities. It is equally important to link housed parents with employment and training opportunities to help them improve their income earning capacity.

While placement into housing is generally associated with a range of positive improvements in the lives of formerly homeless shelter residents, Paradis et al (2007) also note some negative effects for victims of abuse. Many felt safe and protected while at the shelter, but once housed had experienced, or feared stalking and threats from previous abusers. Anderson (2007) highlights the relative success of approaches in Scotland, where referral to social housing is a main plank in responses to family homelessness, but also notes growing concerns about residualisation of social housing (i.e. the tendency for social housing to increasingly cater only for the least well-off, rather than housing a more diverse section of the population. This is connected to concerns about the spatial concentration of poverty, 'social mix' and sustainable communities.) as increasing numbers are referred to these properties. A similar concern that has also been raised in Ontario in response to priority placement criteria.

### *Using data to design and reinforce rapid rehousing strategies*

Most notably in the US, where collection and reporting of shelter data is mandatory as a condition of receiving funding, researchers have actively utilized administrative data to

profile the characteristics of the homeless population and sub-populations within it. In an interesting evolution, a number of jurisdictions are using this data as the basis of performance measurement and are linking performance-based service contracts to achievement of specified outcome measures (e.g. NAEH 2011 – Hennepin County and NAEH 2010 NAEH Columbus).

Campbell et al (2000) describe the approach in New York to privatize shelter services and manage these through performance contracts. This initiative also uses data to identify strong performers and dissects their business models to replicate best practices. Key measures used in these contracts are reduced counts in shelter, increased placements into housing and reduced length of stay. Strong performers are then rewarded with 3% increase in base budget (while poor performers receive a 3% decrease as a penalty).

In Calgary, the CHF (2012) have developed and implemented a data system to collect data on the profile of shelter entrants, services received and exits. They are beginning to use this intelligence as a way to design and target prevention. Working in collaboration with university researchers, the CHF has also developed an assessment tool – the Homeless Assets and Risks Tool (HART) - as a mechanism to identify risk.<sup>5</sup> Over time, they anticipate that the tools will help to determine what factors influence households in poverty to fall into homelessness while others do not. However, the earlier cautions from Schinn (1998) on the ability of models to fully predict risk should be noted.

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<sup>5</sup> The HART tool can be accessed here: <http://calgaryhomeless.com/what-we-do/research/reports/>

## ***Promising initiatives and approaches***

The review uncovered a number of promising examples of good practice that may be potentially transferable or adaptable. The research was not designed to exhaustively search for and document best practices. These are examples of initiatives that were identified in the literature review, most of which were the subject of some form of evaluation and emphasize preventative approaches.

### ***Australia – Homeless Families Prevention Pilot (HFPP)***

In the review in Australia, the Homeless Families Prevention Pilot (HFPP) and related follow on HOME Advice Program have already been described above.

Additional information including detailed program guidelines are available here:

<http://www.fahcsia.gov.au/our-responsibilities/housing-support/programs-services/homelessness/household-organisational-management-expenses-home-advice-program>

### ***Australia’s Supported Housing Assistance Program (SHAP)***

Western Australia’s Supported Housing Assistance Program (SHAP) is seen as being one of the best initiatives in Australia in stabilizing at risk families.

The Supported Housing Assistance Program SHAP program has been in operation since 1991 and is designed to assist tenants who are having difficulties due to “rental arrears, property standards, antisocial behaviours or a variety of other problems” (Walsh 2003, 56). Funding is provided by HomesWest to independent service providers, with support provided to tenants that are referred to the program. The required support is identified in the referral and HomesWest, in partnership with the agency & tenant, then develops a plan to address the issues of the tenant over a 12-month period. Support can include referrals to other agencies, regular home visits, training and assistance in financial/budgeting skills, family and child support, and training in home maintenance. Additional is available here:

<http://www.dhw.wa.gov.au/currenttenants/publichousing/SupportedHousingAssistanceProgram/Pages/default.aspx>

### ***Australia – Family Makeover Project***

The Family Makeover Project (FMP) was designed as an enhancement to SAAP and was aimed at preventing further homelessness among families as well as supporting clients as they developed the skills to reintegrate back into the community at one SAAP site in South Western Sydney.

The model that was used in the FMP involved four stages. At the start of their residence participants were given time to settle in and get familiar with the rules and services available on-site. Once they had settled in it was possible for family members to start the process of developing personal futures plans (PFPs). These were based on goal-setting that was done with Family Support Workers and were designed to build on personal strengths and work towards improving their situation. At this stage Family Support Workers also assisted participants in addressing any barriers to change that arose. The third stage was early steps in independence, where participants would continue to develop the skills they would need to live unassisted, and finally stage four was independent accommodation and after care. These stages were not necessarily followed in order and may have been repeated, but the program was set up to be completed in 9 months so that families did not become dependent on the project.

“The Family Makeover Project provided practical support to reduce the immediate stressors and to enable clients to reclaim control of their circumstances. Through the client assessment process, each client and family member were invited to identify the things that would quickly improve their situation. Interventions which ranged from assistance with children to attempts to seek employment allowed families to experience positive change and to believe that they could work with the program to build new futures.” (Cookson Cumins & Assoc 2005, 32). Additional information is available here:

[http://www.fahcsia.gov.au/sites/default/files/documents/05\\_2012/fam\\_makeover\\_wesley\\_mission\\_0.pdf](http://www.fahcsia.gov.au/sites/default/files/documents/05_2012/fam_makeover_wesley_mission_0.pdf)

#### ***US – Assessment of the Targeting Homeless Prevention Resources***

The US National Alliance the End Homelessness Promising Practice example in Hennepin County Minnesota profiles the potential to harness administrative data both to help design and target prevention approaches, as well as to ensure that service delivery agencies are delivering services on an effective basis with measureable outcomes (something desperately lacking in the Canadian system). The Hennepin County approach was based on using administrative data to more effectively target assistance. Based on their analysis, the county revised its screening approach and prioritized higher risk families for assistance. Additional information is available here:

[http://www.endhomelessness.org/page/-/files/3424\\_file\\_Beyond\\_Planning\\_Hennepin\\_County.pdf](http://www.endhomelessness.org/page/-/files/3424_file_Beyond_Planning_Hennepin_County.pdf)

#### ***US – Idaho Department of Health and Welfare and the Charitable Assistance to Community Homeless (CATCH) Program***

Another NAEH Promising Practice in Idaho focuses on rapid rehousing. The CATCH program packages resources from multiple sources into a comprehensive set of services aimed at rapidly re-housing families experiencing homelessness. Funds come through the income assistance program (TANF), the regional government, religious congregations, local businesses, and charitable organizations. The program requires families to actively work toward self-sufficiency, even if they are not currently employed. It serves approximately 15 families at any given time, and 30 at each of its two sites over the course of a year. It provides:

- Housing search assistance by building relationships with landlords
- Furniture and household supplies to families moving into their own housing
- Employment assistance. CATCH provides this assistance after a family has been housed for a month, to increase the stability of the housing
- Full rental assistance (generally between \$500 and \$800) for six months. Additional funding is available if necessary, although the program aims to have the family self-sufficient in that time.
- Intensive case-management with a Licensed Clinical Social Worker to provide emotional support and encouragement, job and life skills training, budget counseling, individual and family counseling, advocacy and referrals to community resources
- Asset development and financial literacy training. The program partners with three banks, which provide \$100 and a savings account to each family (and a one-to-one match for each dollar a family has saved up to \$1,000).

Additional information is available here:

[http://b.3cdn.net/naeh/012f9d2b6af5c36f7a\\_c6m6bebhh.pdf](http://b.3cdn.net/naeh/012f9d2b6af5c36f7a_c6m6bebhh.pdf)

### *US – Becoming a data Driven system*

This initiative, implemented in Columbus Ohio, similarly draws on the use of administrative data in performance contracts. The Columbus Continuum of Care (the group that receives federal funding and distributes it to individual shelter providers) tracks more than 30 client and program-level outcome measures that directly affect shelter census and concomitant costs. These measures include length of stay in shelter, client recidivism, changes in employment, and number of households served. These measures are folded into 15 system-wide measures, and each program has benchmarks suited to their needs and population. Achieving 90% or better of a numerical target and within five percentage points of a percentage goal is considered success. Providers falling significantly and consistently short are considered “low performers” or “of concern.” Low performing programs must participate in a “Quality Improvement Intervention Program” in which the area’s largest provider, the Columbus Shelter Board, provides support through quarterly dialogues, technical assistance, and continuous monitoring. Programs that continue to fail can be referred to the U.S. Department of Housing and Urban Development’s Technical Review Committee for additional assistance or be defunded.

To some extent, the transferability of these data driven models is challenged because unlike in the US funding in Canada is not linked to mandatory collection and reporting of administrative data. However, the emerging approach in Calgary suggests some potential to develop these approaches in Canada.

### *US – New York City Homebase,*

The evaluation report (Messeri et al.2011) highlights a New York City homeless prevention initiative called Homebase, which focuses on helping families overcome immediate housing crisis and avoid homelessness. As part of New York City's plan to end homelessness, the Department of Homeless Services has established HomeBase Homeless Prevention Community Resource Centers in six Community Districts throughout New York City. The HomeBase centers began serving clients at risk of homelessness on October 1, 2004. Families at risk can contact these centres for help, and can also be referred through a range of community partners. "Doubled up" clients (where multiple families share housing) are especially encouraged to seek assistance. Additional information is available here:

[http://www.helpusa.org/Programs/homeless\\_prevention\\_programs](http://www.helpusa.org/Programs/homeless_prevention_programs)

### *UK – Newcastle Homeless Prevention*

As described in the evaluation report (Fitzpatrick et al 2011), Newcastle has developed a suite of initiatives with a focus on prevention. Several specific initiatives are discussed, including approaches to managing debt and rent arrears and the implementation of a Preventing Evictions Protocol. This protocol is a 'Gateway' system which controls access to temporary and supported accommodation in the city, and linked to a 'Pathway to Independence' protocol which promotes and monitors moves on to independent living. These initiatives include the commissioning of a range of support services aimed at those at risk of losing their tenancies, including Advice and Support Workers and Family Intervention Projects (FIPs). Additional information is available here:

[http://www.yhn.org.uk/tenancy\\_services/young\\_peoples\\_services/preventing\\_homelessness.aspx](http://www.yhn.org.uk/tenancy_services/young_peoples_services/preventing_homelessness.aspx)

### *UK – Shelter Homeless to Homes Program*

Analogous to the Toronto Streets to Homes program, the HTH sought to house and stabilize homeless households. Families were referred to the project through the City Council, through self-referrals (potential users approaching the program directly) or through other agencies and reported positively on referral/assessment processes and information provision. This was seen to help establish good worker/family relationships. Families were asked to read and sign a service agreement outlining that HTH would provide/arrange services respectfully and that they would not behave unacceptably towards workers. HTH offered families the following: assistance with housing and moving home; practical assistance in making a home including the provision of white goods/furnishing (using volunteers and paid 'handy persons'); financial advice and support (helping with benefit applications and helping manage debt/finances); help with accessing other services/advocacy (helping with appeals; representing families to landlords and liaising with educational welfare officers/police/probation); and social and emotional support (by workers and through social events and user involvement). Support was offered over a planned maximum duration of a year. Additional information is available here:

[http://england.shelter.org.uk/get\\_advice/homelessness](http://england.shelter.org.uk/get_advice/homelessness)

## ***Summary of lessons and opportunities for consideration in the Region of Waterloo.***

In undertaking this review, a deliberate attempt was made to examine how the issue of family homelessness has evolved across different countries, as well as how differing jurisdictions are responding.

The UK is a particularly interesting case study due to its unique status as a country that formally defines homelessness in legislation and also imposes statutory (legal) obligations on local authorities (municipalities) to provide accommodation to any eligible person or family presenting themselves under this legislated framework. The UK also has a much larger social housing stock (20% of all housing in England) than the other countries reviewed (Australia, Canada and US), and thus a seemingly larger outlet for housing placement of homeless families. Yet issues of families experiencing housing instability still appear to be quite large in the UK (albeit manifest in the form of a backlog of families living in temporary accommodations). This suggests that, alone, a lack of available affordable housing may not be the primary issue. Rehousing and stabilization requires an array of interventions to help manage the other factors that contribute to family homelessness, notably domestic violence and abuse and issues of poverty and under employment.

In the Canadian context (and similarly in Australia and the US) where the social housing stock is much smaller - representing only 5% of all housing - placement into social housing will always be seriously constrained by the limited size of the stock. There is little evidence of capacity to expand this stock to represent 20% of all housing, which would be required in order to house all unserved households in core housing need and thus “at risk”. Given this constraint, prevention and diversion approaches (although the latter term is not extensively found in the literature) take on much greater importance and potential impact. There may also be potential to provide assistance in the form of housing allowances to enable families to secure accommodation on the private rental market, which, by comparison both to the UK and to the size of social housing in Canada is much larger.

### ***Quantifying impacts on children***

The literature clearly identifies a range of impacts and consequences both on families and more particularly for children. These include immediate impacts, but more significantly, some longer term lasting consequences related to the trauma of being homeless. The research evidence highlights mental health and developmental issues associated with being homeless. There is strong evidence of higher hospital utilization among homeless families, in part related to their instability and absence of a family physician, as well as higher incidence of a range of health conditions. Family homelessness is also associated with disruption of schooling, which can lead to poor academic achievement. And again, recurrent episodes of homelessness have been found to impact longer-term educational achievement, and contribute to lower completion rates, both of which impact future employment potential.

### *The need for early detection*

The literature identified various indicators and triggers that can help to identify risk of homelessness. The literature has also identified a range of approaches that utilized early risk detection to sustain existing tenancies. These include interventions triggered by formal procedures to evict, either for certain nuisance and disruptive behavior, or rent arrears. To the extent that domestic violence is a contributing factor in many cases, use of alerts from police and Children's Aid, together with insights of social workers (in case of OW/ODSP recipients) could also be a way to identify at risk families and proactive early intervention.<sup>6</sup> This approach could be used to develop early intervention along the lines used in the UK Family Intervention Projects (FIPs); the Australian Supported Housing Assistance Program (SHAP) and HOME Advice Program, and the US Homebase Homeless Prevention initiative. Previous work (Pomeroy 2007) on economic based homelessness in Waterloo has also suggested some key ways to identify potential at risk families, such as food bank and rent bank users.

Even when the risk is associated with domestic violence, accessing an emergency shelter or alternative accommodation may not be the only option. The UK model of Sanctuary Schemes aims to preserve existing residency and thus avoid a number of detrimental impacts on children associated with relocation (provided appropriate protection from perpetrator of violence can be implemented as part of this approach; and the victim is given a choice of accepting this versus the protection offered in specialized shelters).

### *Multi-disciplinary co-ordinated responses*

Many of the prevention initiatives rely on gathering insight and intelligence from a range of existing service providers to wave the flags necessary to stimulate early intervention. And once a family is identified as at risk, an array of strategically designed interventions are required both to address rehousing and more importantly sustain housing stability.

Successful initiatives tend to involve multi-agency collaboration, an approach that is integrated into the concept of developing comprehensive community homelessness plans in Canada. While many such co-ordinating efforts likely already exist on an informal basis, there is merit in formalizing these in specific programs, such as those described in the UK and Australia and many initiatives captured in The National Alliance to End Homelessness Promising Practices database.

One of the key features in many of these stabilization programs is a suite of services that seek to remedy the underlying factors that lead to the family becoming homeless. Foremost among these is financial literacy, employment readiness and skills enhancement to enable the parent to secure meaningful sustained employment income and to manage their income effectively to sustain housing stability. The research evidence clearly identified housing assistance, either in kind or via a housing allowance

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<sup>6</sup> Unfortunately, while such common sense options have potential, the ability of service providers to identify potential families at risk is sometimes constrained by systemic barriers related to privacy concerns. Approaches to managing such concerns must be explored and implemented if early intervention is to be implemented.

as one of the most effective ways to rapidly rehouse homeless families. However, providing subsidized housing, either via direct provision (social housing) or rental assistance (housing allowances) can create the opportunity for housing stability, but it does not sustain it without ancillary support and counseling.

### *Monitoring and evaluating outcomes*

In both the UK and US initiatives draw heavily on collecting data to help understand the characteristics of families presenting for assistance and this administrative data is being used to dissect and identify key risk factors as the basis for designing and evaluating prevention and re-housing programs.

There is no similar data based, evidence building practice in Canada, although the Calgary Homeless Foundation has recently implemented a Homeless Information Management System and are trying to develop these more empirically based approaches in collaboration with local academics. With three major universities on their doorstep, the Region of Waterloo could have similar capacity and opportunity for research partnerships, provided appropriate data collection and administrative data protocols are developed.

In the US, funders and agencies have gone further in utilizing data as the basis for performance management and assessment, and rewarding service providers that generate positive measureable outcomes. Again, as a Service Manager, originating and managing contracts with community based delivery agencies and social housing providers, the Region has the potential to devise similar outcome-based funding arrangements.

# Annotated Bibliographies

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## *Australia*<sup>7</sup>

Jessie Pomeroy, Royal Melbourne Institute of Technology

### **Country Context**

Australia has a variety of social welfare programs provided through the Commonwealth Department of Human Services, which cover a range of health, social and welfare payments and services. Many of these are designed to assist low-income households and can be seen as an attempt to prevent homelessness by reducing the possibility of housing crisis. These include rent assistance (up to \$160 a fortnight), family tax benefits, childcare benefits, etc. (Department of Human Services 2012a). Additionally DHS has several forms of crisis assistance for families in need such as a one-off crisis payment, counselling and community engagement officers (Department of Family and Community Services 2012b). These programs are useful to understand and keep in mind when reviewing how Australia has attempted to address and/or prevent family homelessness.

Government assistance for homeless families became legislation in 1994 as part of the Supported Accommodation and Assistance Act, which provided for the creation of the Supported Accommodation and Assistance Program (SAAP). The legislation provided a broad definition of homelessness in order to fund and develop SAAP, a jointly funded Commonwealth-State program to provide supported accommodation and homelessness services on a national level.

The definition of homelessness used in the SAA Act identified an individual as homeless “if, and only if, he or she has inadequate access to safe and secure housing.” (Supported Accommodation Assistance Act 1994 Cth) Inadequate access was stated to be housing that was damaging to the person’s health, threatened their safety or placed the person into circumstances which threaten the safety, adequacy, security or affordability of their housing, or marginalized the person (either through inadequate amenities or a failure to provide the normal economic and social supports of a typical home). Furthermore, the Act stated that people in SAAP accommodation were considered to have inadequate access to safe and secure housing providing their admission into SAAP was due to the above forms of inadequate housing. In other words, homeless people housed in crisis or

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<sup>7</sup> NZ was included in this review, however the New Zealand research is minimal and there were no sources dealing with family homelessness in the NZ context found in the course of this search. It has been suggested that the numbers of rough sleepers in New Zealand cities is relatively low, with figures of 150-300 for Auckland City (population of 415,000) and 20-30 for Wellington (population 180,000) (Laurenson and Collins 2007). Echoing this, one source stated that homelessness was not seen as a significant problem in New Zealand (Cooper 2001, cited in Laurenson and Collins 2007). As a result of the lack of relevant research New Zealand has been excluded from the following annotated bibliography (although the sources cited here are listed in the bibliography).

supported accommodation were not considered to be in stable housing and were therefore to be included in the homeless population.

The 1994 SAA Act was replaced in 2009 by a National Affordable Housing Agreement, which encompassed homelessness, social housing, and Indigenous Australians living in remote areas. However the agreement still incorporated bilateral agreements between Commonwealth and state/territory governments and the intention was to continue using the SAA Act definition of homelessness (MacKenzie 2012). Although there has been debate on this definition it appears that the Council of Australian Governments intends to renew the NAHA when it expires in 2013 in a similar form (FaHCSIA 2012).

Since the SAA Act's definition of homelessness is still the de facto legislative definition that is what will be discussed in this analysis. This definition (often referred to as the SAAP definition) and Chamberlain and Mackenzie's cultural definition (1992) are the two predominant ways that Australian homelessness research is framed (Mallett 2012). Chamberlain and Mackenzie (1992) in their work identify three types or stages of homelessness: primary homelessness, when people are without any form of housing and may be sleeping rough, squatting, or living in their car; secondary homelessness, where people may be moving between temporary forms of accommodation such as crisis accommodation, hostels, or staying with friends or relatives; and tertiary accommodation, which includes things like boarding houses or bed-sits which typically do not have security of tenure. This definition of homelessness was used to produce estimates of the homeless population of Australia in the 2001 and 2006 Census (MacKenzie 2012).

### ***Annotated Bibliography - Australia***

Bartholomew, T (1999). *A Long Way From Home: Family homelessness in the current welfare context*. The Salvation Army, Geelong.

This research is one of the founding works on family homelessness in Australia. It involved in-depth interviews with 30 families who had been placed in hotels as crisis accommodation. It collected data on families' perceptions of private hotels within this context. In this research a family was defined as a unit consisting of at least one adult and at least one accompanying child.

The research found that families perceived negative change in the health or diets of adults (80%), family financial situation (77%), feelings of personal safety (67%), and negative change in the health or diets of children (64%) and children's friendships (57%).

The lower percentage of parents reporting health concerns for children may be due to two possible factors. Shame or fear of child protection agencies, or it is possible that parents prioritized their children's health over their own.

Bartholomew found that there were a variety of concerns relating to children's health, including fear of developmental delays or long-term changes in social skills; hygiene concerns; psychosocial burdens; lapses in immunization due to the families' isolation from preventative health resources; respiratory disorders; skin ailments; and malnutrition. The research also had examples of negative behavioural changes in the children such as withdrawal, deprivation and acting out.

Ultimately, hotels as crisis accommodation were seen as bringing together many of the negative effects on families common to emergency housing options, but in their most negative forms. Furthermore, the findings suggest that these problems last long past the family leaving the hotel.

Cookson Cumins & Associates (2005). Family Makeover Project Report, Department of Family and Community Services.

The Family Makeover Project (FMP) was designed as an enhancement to SAAP and was aimed at preventing further homelessness among families as well as supporting clients as they developed the skills to reintegrate back into the community. It was a demonstration project that operated at one SAAP site in South Western Sydney and was funded as part of the National Homelessness Demonstration Projects for 2004-2005. In total there were 23 families who participated in this project.

The model that was used in the FMP involved four stages. At the start of their residence participants were given time to settle in and get familiar with the rules and services available on-site. Once they had settled in it was possible for family members to start the process of developing personal futures plans (PFPs). These were based on goal-setting that was done with Family Support Workers and were designed to build on personal strengths and work towards improving their situation. At this stage Family Support Workers also assisted participants in addressing any barriers to change that arose. The third stage was early steps in independence, where participants would continue to develop the skills they would need to live unassisted, and finally stage four was independent accommodation and after care. These stages were not necessarily followed in order and may have been repeated, but the program was set up to be completed in 9 months so that families did not become dependent on the project.

“The Family Makeover Project provided practical support to reduce the immediate stressors and to enable clients to reclaim control of their circumstances. Through the client assessment process, each client and family member were invited to identify the things that would quickly improve their situation. Interventions which ranged from assistance with children to attempts to seek employment allowed families to experience positive change and to believe that they could work with the program to build new futures.” (p. 32)

Cloc, Z. and M. Lake (2007). "Prevention is Better Than Cure - Early Intervention and Preventing Family Homelessness." *Parity* 20(5): 59-60.

This article summarizes the Family Homelessness Prevention Program (see also RPR 2005). The authors note that this initiative started in 2002, represents an important departure from the traditional approaches under the SAAP, which intervene to respond after a family becomes homeless. The FHPP was specifically designed to intervene before a family reaches this crisis and is a prevention strategy. The pilot was conceived in collaboration between the national government department responsible for family and community services and the national income assistance program (unlike Canada this is a nationally funded and delivered program). Interventions are most often triggered by support workers awareness of destabilizing issues in a family, including relationship breakdown, income loss. Roughly 60% of referrals came from these support social workers.

Assistance is strongly focused on improving the families budgeting and financial skills, referrals and supports in linking with a range of programs and employment training and flexible support approaches that are adjusted depending of client needs. In one of the 8 test sites (Victoria) the pilot generated positive outcomes in stronger housing stability, even among those that had moved. 90% of pilot participants had not experienced homelessness since completing the program and 40% were in employment.

Efron et al (1996). "Children in homeless families in Melbourne: health status and use of health services" *Medical Journal of Australia* 165(11/12): 630-633

This research is based on interviews with 51 children comprising 31 families shortly after they had experienced a housing crisis. It was done over the period May 1994-June 1995 in Melbourne, Victoria and aimed to identify the effects of homelessness on children and parents.

The authors found that over a third of the children had 'deviant' behaviour problem scores, indicating that they should be referred to a mental health professional. The children in their sample were more likely to have health problems such as skin or vision problems, recurrent headaches, and asthma or other breathing problems.

Mothers scored higher than average on the mental health questionnaire they were asked to fill out. The common issues were anxiety-insomnia and severe depression.

Kirkman, M., et al. (2010). "'Are we moving again this week?' Children's experiences of homelessness in Victoria, Australia." *Social Science & Medicine* 70: 994-1001.

This paper reports the results of an investigation into children's perspectives on experiencing homelessness. It is based on interviews with 20 children (aged 6-12) who had or were living in supported accommodation.

The research revealed that children had problems relating to their sense of security and well-being, emotional and behavioural issues, health problems, as well as problems with school and 'the experience of childhood'. Interestingly, the authors noted that the children were just as affected by the problems that led to and/or were a result of their homelessness as they were by the homelessness itself.

Kolar, V. (2004). *Home First: A longitudinal study of outcomes for families who have experienced homelessness*. South Melbourne, VIC, Hanover Welfare Services.

This is the final report on a 2 year longitudinal study (5 waves of interviews at 6 month intervals) of changes experienced by 30 families who sought support during a housing crisis. It focused on changes in housing, income, employment and education, use of welfare services, support networks, child development and parent wellbeing. The aim of this project was "to gain a better understanding of the pathways out of homelessness, and

to identify the key issues associated with establishing and maintaining housing and family stability.” (p. 1)

Typically participants were female with an average age of 30, Australian-born, non-Indigenous, and had left school after year 10. They had an average of 2.3 children. At the beginning of the study three quarters of the families were headed by single parents, however by the end this had dropped to only two thirds. The authors employed both semi-structured interviews as well as a structured self-esteem instrument, giving them both qualitative and quantitative data. However, due to the small sample size (30) it is hard to generalize based on their findings.

The authors argued that the housing crisis that drove the families they interviewed into homelessness was generally due to multiple, often complex factors of which the most common were relationship or family difficulties (80%), financial difficulties (54%), and physical/emotional abuse (43%). Further, the authors speculated that the drop in participants (from 42 to 30) was likely due to another crisis, and use this to underline the importance in achieving stable housing in preventing future homelessness.

In terms of the impacts and consequences of family homelessness the authors noted that their findings supported that of previous research which shows that stable housing leads to improved outcomes for children particularly with respect to emotional and behavioural problems, learning difficulties, school performance, and school absenteeism. This would suggest that family homelessness has a measurable negative impact on children. The authors also stated that their findings suggest that families can improve their wellbeing following a housing crisis, saying that, “most participants had experienced positive outcomes over the two-year study.” (p. 94)

The authors of this study cited housing affordability as the biggest factor in whether or not families would be able to remain in stable housing over the long term. As a way to achieve this affordability they suggested greater transparency in what assistance programs people are eligible for (such as Rent Assistance and the Child Care Benefit). However, their findings indicated that even once affordable, stable housing was achieved families still struggled to afford basic necessities such as food. They argue, therefore, that,

“It is essential to ensure the availability of good quality and affordable housing; while employment and training opportunities are crucial so that families can escape poverty. Without addressing these policy issues, homelessness will continue, and family wellbeing and stability, particularly in the longer-term, will be compromised.” (p. 99)

Finally, given the complex and interconnected factors which led to the families’ housing crisis they point to a need to address not just housing but personal issues as well.

Based on their findings the authors state that support services need to have a variety of response models. They see a need for crisis response, prevention and early intervention, citing the successes of the Family Homelessness Prevention Pilot at stabilizing circumstances that might otherwise have led to family homelessness (see RPR Consulting 2003 for more details). Ultimately they call for increased funding for crisis support services, greater resources to enable rapid rehousing, and the need to incorporate partnerships and an integrated approach to service delivery.

McArthur, M., et al. (2006). "Dad, Where are we Going to Live Now?" Exploring Fathers' Experiences of Homelessness." *Australian Social Work* 59(3): 288-300.

This paper reports on a study done with single fathers who had accessed support from Canberra Fathers and Children Service Inc. (CANFaCS) which aimed to explore how single fathers experience homelessness. It was a small study, involving only five fathers, but is noteworthy for its subject (single fathers) as well as its focus on issues that parents with shared custody of their children face in accessing support.

For the fathers in this study one of the triggers that led to homelessness was a change in parenting role to that of the primary caretaker, which raised issues related to accommodation, income, and employment. Participants noted that the conditions in the types of industries they could find work in were not always flexible enough to accommodate the demands of being a sole parent, and that child care costs could be prohibitively expensive for those working in low-earning jobs

MacKenzie, D., et al. (2007). Household Organisational Management Expenses (HOME) Advice Program, Evaluation Report 2007, Department of Families, Community Services and Indigenous Affairs.

The HOME Advice Program is the continuation of the pilot program discussed above, the Family Homelessness Prevention Pilot. It is an early intervention program which uses a flexible, holistic approach to support families at risk of homelessness. It provides assistance in problems ranging from housing and financial matters, to advocacy, to relationships, and family health and wellbeing. One of its strengths is the ability of the program to respond quickly to prevent housing crises.

The HOME Advice Program aims to intervene before families become homeless and get referrals from a variety of sources. Their service is available to families composed of couples without children, couples with children and single adults with children. The families they serve are more likely to be single mothers with at least two children, and the majority are on some form of Centrelink benefit.

Families that are identified as being 'at risk' usually present with multiple issues and needs. These problems include debts, limited employment opportunities or issues getting services or work; poor living skills, such as low literacy or budgeting abilities; and in many cases there were issues with family violence or abuse in their history. Lastly, about one third of the families were dealing with some form of illness, either physical or mental.

The key components that make up the HOME Advice service response are: a focus on early intervention; a holistic, strengths-based family-centred approach; the strategic use of brokerage funds; and building partnerships within the program and with non-government agencies. Families are assessed for eligibility and if accepted into the program begin to work immediately with HOME Advice workers to address the family's financial and housing crisis. A plan is then developed with the family to develop the strengths and skills they need to sustain stable housing and address other issues that may have contributed to them becoming 'at risk'.

The success of this program can be seen in the progress made by families – in a follow-up survey done with families six to twelve months after they exited the program it was found that only one in ten families experienced a period of homelessness. In analyzing the cost effectiveness of the program a cost of, on average, \$3079 was estimated for the families that participated in the HOME Advice program. This is less than the estimated cost of supporting families in SAAP, which is \$4551. The authors note, however, that there are likely much larger benefits of intervening early and preventing families from becoming homeless.

Noble-Carr, D (2006) The experiences and effects of family homelessness for children: a literature review. Institute of Child Protection Studies, ACU National for the ACT Dept of Disability, Housing and Community Services. Dickson, ACT.

This literature review identifies the key works both in Australia and overseas which deal with the experiences and effects of family homelessness for children. It articulates the debate over how to define homelessness within Australia, provides statistics on the characteristics of children within homeless families, identifies pathways leading to family homelessness, and identifies the effects of family homelessness for children. Poverty, domestic and family violence are identified as the most common pathways into homelessness, but Noble-Carr makes it clear that these pathways are often complex and it would be a mistake to ignore this and the structural issues which also contribute to families becoming homeless. A large part of this review is taken up by the effects of homelessness on families, and this was used extensively to source original Australian research on the topic. Noble-Carr breaks it down into six areas of concern, which are: health; emotional and/or behavioural issues; education; social exclusion; family relationships; and long-term effects.

RPR Consulting (2005). Family Homelessness Prevention Pilot, Final Evaluation Report. Canberra, ACT, Commonwealth Department of Family and Community Services.

This report evaluates a national pilot program that aimed to intervene before at-risk families became homeless. It had sites in 8 locations (in each state as well as NT) and ran for two years, from 2002-2004. The program was designed as a partnership between non-government service providers in each location and Centrelink. It aimed to build family capacity in order to prevent homelessness as well as capacity within the service sector to better serve families at risk of homelessness.

As this program was attempting to intervene before families became homeless it based its efforts on Chamberlain & Mackenzie's definition of homelessness and looked for people experiencing tertiary homelessness or who were at risk of doing so. Their definition of 'family' included couples with children, females with children and males with children – in this case no couples without children were included. As has been seen in other Australian research, the average participant was female, under 35 years of age, Australian born, did not identify as Indigenous and had low educational levels (usually Year 10 or

less). The majority of participants were on some kind of income assistance, often the Parenting Payment.

Since this pilot aimed to intervene prior to families' actually experiencing homelessness the report does not identify causes and contributing factors specific to the participants. Rather, the program used the pathways or risk factors identified in the literature to point to families who were at risk. These included low levels of education and employment; high levels of rent, typically in the private rental market; a history of family violence; health, disability or addiction problems; high levels of debt and limited financial knowledge; and a history of child protection issues. Further issues identified as risk factors for A&TSI clients were 'noise and nuisance' regulations that often led to eviction due to overcrowding during extended family visits; and racism and discrimination in the private rental market.

The authors of this report cited research by Efron et al (1996) and Walsh et al (2003) into the impacts of family homelessness on parents and children. These included reduced capacity for parents to support and respond to children's needs, isolation and fear of child removal, and loss of possessions over time making it harder to re-establish a home. Children tended to develop behavioural problems and an increase in health problems. Family homeless also had a negative impact on schooling for children.

This pilot program has had success in preventing family homelessness, and as such would be a good model for Waterloo to look at. Some of the issues sites faced in delivering this program were identifying and reaching families before they became homeless, building collaborative relationships with other agencies, and being flexible in their service delivery so that families got the help they needed. The services varied by site but in general included working within a strengths-based holistic model to help families set goals, working with participants in groups as well as individually to develop social connections, partnering with Centrelink and other agencies to address specific issues of the client, and using brokerage funds to allow families to achieve goals (such as health-related expenses, school or parenting expenses, social events, etc). The report concludes, "The evaluation found evidence of significant improvement in the housing and financial circumstances of these families. Families left FHPP services with greater capacity to sustain stability in housing: most families pay a smaller proportion of their income on housing; overall debt is reduced for most families; and some families have buffer funds to help deal with emergencies, which they did not have previously. While many families remain vulnerable (given dependence on income support and reliance on the private rental market), their situations have been stabilised, providing much-needed breathing space from daily stressors. Stabilisation provides families with opportunities to address underlying issues that may contribute to housing vulnerability." (p. 75-6)

More details on this project are provided in a 2007 article in Cloc, Z. and M. Lake (2007). "Prevention is Better Than Cure - Early Intervention and Preventing Family Homelessness." *Parity* 20(5): 59-60.

Toucan Consulting SA (2003). HAPPI Evaluation Report. South Australia, Centacare.

The HAPPI program started in 2001/2 as a program providing parenting advice, education and support to homeless families in Adelaide, South Australia. It was designed to complement existing services for homeless families. It targeted the well-being of children up to 12 years of age and worked with the children and their families to improve outcomes. Services included counseling and support for families at risk of homelessness, parenting support, and outreach to non-government agencies and workers to give them the skills to provide support to parents.

Despite being set up as an early intervention program the report revealed that HAPPI was most often used as a last resort. However it had succeeded in providing support for difficult cases and its outcomes were regarded by other service providers to be quite good.

Walsh, P., et al. (2003). *More Than Just a Roof: A study of family homelessness in Queensland*. Brisbane, QLD, QUT Centre of Philanthropy and Nonprofit Studies.

This study used focus groups and interviews with 62 families to identify the nature and extent of family homelessness in Queensland, to assess the current response to family homelessness, and to make recommendations for ways to improve these responses at a variety of levels. Within the sample 80% of the participants were female, with a median age of 32. The majority did not identify as Indigenous. 60 participants had children, with an average of 3.25 children per participant (or 3 when the two participants with 10 children were excluded). However, the authors noted that their sample was not representative, had not been drawn from a random sample, and there was very poor representation of culturally and linguistically diverse (CALD) minorities within the sample.

The authors note that there is debate over how to define homelessness, and that some definitions are more useful for counting homelessness while others are more appropriate descriptively or culturally. In this study they have used the Chamberlain & MacKenzie (1992) definition, which identifies three segments in the homeless population: primary, secondary and tertiary homelessness.

The definition of family homelessness is used in this study comes from the client groups identified by SAAP and includes couples (no children), couples with children, males with children, and females with children. It is interesting to note that the authors include families without children in their study. They argue that including these families was considered important because they may have children who are not in their care at the moment of crisis (or whom they have found alternate arrangements for in the short term). However, based on the SAAP data for 2002 the majority of 'family homelessness' consisted of females with children (73%).

This study found that the reasons for seeking support varied by family type, so for the majority of females with children assistance was sought due to domestic violence (53%) whereas for couples (with and without children) it was most commonly because of evictions, and for men with children it was as a result of family or relationship

breakdowns. However, the responses by participants highlighted the role of poverty and financial stress in precipitating the housing crisis.

This study looked at the impacts of homelessness both on children and on parents. As well they found that there were a few issues that were specific to Indigenous participants. The results of this study supported previous findings on the impacts on children, namely, that emotional and behavioural problems develop as well as there being a detrimental effect on schooling. Participants (parents) talked about children being angry with their parents, fighting or becoming aggressive, and rebelling against their parents. Participants reported a drop in school attendance due to frequent moves but also a common theme of 'school refusal' – children refusing to attend school – which impacted both teens and younger children. Both of these trends had negative impacts on school performance for children.

The impacts on parents included emotional impacts such as feelings of stress, guilt, depression and anger. The participants often reported a need for help in parenting their children, but also a fear of intervention by child protection services which may have operated at cross-purposes with one another, making parents afraid to ask for the help they needed. The lack of child care not only placed greater pressure on families but made it harder for them to look for employment. Finally, it seemed that there might be some kind of intergenerational cycle of homelessness as some parents observed that their children were repeating the parents' childhood patterns.

Finally, some of the issues specific to Indigenous families were overcrowding in their existing housing, a desire to escape Domestic Violence in remote Indigenous communities, and "the extent of discrimination" (p. 48) which made accessing support as well as housing more difficult.

The authors noted that there seemed to be a cycle of families who were evicted or unable to access public housing going to SAAP and other support agencies for help and trying to work their way back into the public housing system, "as it is generally the most viable and affordable housing option available to them." (p. 55) This underlines the importance of identifying and providing support to at-risk tenants as a way of preventing family homelessness. Although most state housing authorities were recognized as having some way of providing support to vulnerable tenants, Western Australia's Supported Housing Assistance Program (SHAP) was seen as being one of the best, and a possible model for improvements to Queensland's model.

The SHAP program has been in operation since 1991 and is designed to assist tenants who are having difficulties due to "rental arrears, property standards, antisocial behaviours"(p. 56) or a variety of other problems. Funding is provided by HomesWest to independent service providers, with support provided to tenants that are referred to the program. The required support is identified in the referral and HomesWest, in partnership with the agency & tenant, then develops a plan to address the issues of the tenant over a 12 month period. Support can include referrals to other agencies, regular home visits, training and assistance in financial/budgeting skills, family and child support, and training in home maintenance.

Domestic violence is often cited as a major cause in family homelessness as well, and this report pointed to recent legislative amendments which allow for the issue of 'ouster

orders' which require the perpetrator of the Domestic Violence to leave the home rather than the aggrieved. This legislation could reduce the number of women and children who have to flee their homes to escape domestic violence. As well, there are further provisions making it possible to change the lease as a result of these orders, meaning that if women chose to leave they will not incur a debt as a result of leaving the home, and it is possible to remove the respondent (abusive partner) from the lease.

When it comes to managing or responding to family homelessness the authors point to the shortage of supported accommodation and argue that although there is a need to provide additional emergency and medium-term accommodation it is not always the best response. In some cases, they contend, it is unnecessary for families to enter SAAP housing. A better response for families experiencing financial difficulties but whom were not yet homeless would be to provide cash assistance to allow them to stay in private rental accommodation. The Housing Establishment Fund (HEF) is a brokerage fund in Victoria which does exactly this, and it is identified as a possible model for the QLD system. It is a \$6 million government initiative which provides households in housing crisis with financial assistance. The aim is "to improve access to overnight emergency accommodation and private rental housing for homeless people and minimise homelessness by assisting eligible tenants to remain in private rental." (p. 60)

Another initiative which this study identifies as a good model when it comes to providing families with support, in particular with parenting and managing their children's behaviour, is Victoria's Strengthening Families Initiative (SFI). It is designed to improve family functioning and connectedness as well as reduce the need for intervention by child protection services. It involves outreach, case management, in-home support and financial assistance both with household bills as well as services for the children such as school camps, tutoring, etc. Most importantly, it is one of the few programs that this study identified which is able to provide support to families already in crisis.

## ***Canada***

Steve Pomeroy, University of Ottawa

### ***Country context***

Unlike the other countries Canada does not have national legislation specifically enabling and authorizing program spending on homelessness. As such there are no statutory definitions of homelessness, although various programs do include eligibility criteria for assistance

Until the late 1990's there was no policy or program framework, although federal and federal-provincial/territorial (FPT) cost shared housing programs did fund so called special purpose housing which helped to create some transitional and supportive housing for targeted client groups, including persons with mental health challenges. In addition, the federal government implemented a family violence initiative (FVI) in 1988. This included an emergency shelter component First Stage Shelter from 1988-91 expanded to include second stage (transitional) housing from 1992-95. (CMHC 1997) While not formally introduced as a response to homelessness, the FVI was a precursor to homeless programs and shelters created under the initiative continue to serve this subset of homeless and at risk families.

A federal role in homeless responses was established in 1999 with the creation of a homelessness secretariat within the department of Human Resources and Social Development (HRSDC) and the announcement of the National Homeless Initiative (subsequently rebranded in 2007 following a change in government to the Homelessness Partnering Strategy

In 1999 the Government of Canada announced a new initiative under which it would invest \$753 million over three years, in a strategy designed to facilitate collaborative approaches - among governments, the voluntary and private sectors - to address the challenges posed by the homeless throughout Canada (HRSDC 2000).

The NHI included three basic components. The main one - The Supporting Communities Partnership Initiative (SCPI), provided funding to support local developed and determined community plans to address homelessness initially in 10 specified larger cities, evolving to a total of 61 designated communities. Separate funding streams and programming was provided for a Youth Homelessness Strategy, and an Urban Aboriginal Strategy (UAS), explicitly targeting two disproportionately large populations identified in homeless research (HRSDC 2000).

The Federal government actively engaged provinces and territories to participate in activities funded under the NHI and many provinces also developing programming to address homelessness (Leo and August 2006).

The NHI/HPS defined the types of initiative and target population to be served, but did not establish firm definitions of homelessness for the purpose of funding eligibility.

Note that homelessness and specific subcategories of clients, such as victims of family violence were however identified as a priority criteria in provincial/territorial targeting of social housing assistance

### ***Annotated Bibliography – Canada***

Aubry, T Klodawsky, F, Nemiroff R, Birnie, S, & Bonetta C, 2007 Panel Study on Persons Who Are Homeless in Ottawa: Phase 2 Results Final Report. University of Ottawa

Report on a panel study on the housing trajectories of persons who are homeless in Ottawa. The research explores factors that affect homeless persons' ability to exit homelessness and achieve housing stability as well as assessing the relationship between housing status and health functioning. The research encompassed a broad-cross section of homeless and included a specific subset of adults in families (20% of panel sample – disproportionately large relative to the 9% of homeless shelter users that families comprise in Ottawa). The first phase of the Panel Study, conducted in 2002 and 2003, provided descriptive data on the demographic characteristics, housing history, health status, and health and social service utilization and needs of persons who are homeless in Ottawa. The family sample was 83 in the initial phase, with 58 participating in phase 2 follow-up which took place in 2004-2005.

In the phase 2 follow-up, almost all families (97%) were housed and families had the longest duration of housing stability compared to other sub-populations. The majority (78%) were living in social housing, suggesting success in accessing affordable housing via priority rules for homelessness or victims of abuse and a reinforcement of stability through subsidized rents. The research confirmed that among community resources, accessing subsidized housing and achieving higher income predicted higher probability of remaining housed. Meanwhile risk factors and interpersonal resources were not found to be predictive of housing status at follow up.

Qualitative analyses of responses to six open-ended questions were conducted to identify factors facilitating or impeding respondents' ability to find and maintain housing. Affordability and ability to access subsidized housing was a key barrier or predictor of stability. While families accessed a range of community services, other than access to subsidized housing, there was no consistency in which type of services had been most helpful. In addition to sound, affordable housing neighbourhood characteristics were noted as important factors in remaining housed (i.e. not just any housing – safety and type of neighbours were noted as important factors).

To examine whether housing status at follow-up predicted improvements in physical health functioning a hierarchical multiple regression was conducted. This determined that becoming re-housed was not associated with improvement in physical functioning (does not separate findings just for families)

Of all the subgroups, families had the most success in achieving housing stability after having had an episode of homelessness. Study findings provide evidence that services

delivered to families by family shelters and social service organizations in Ottawa are effective and should be continued.

Calgary Homeless Foundation State of Homelessness in Calgary: 2012 Report  
(February 2012).

The State of Homelessness report incorporates new research and data from the Homeless Management Information System (HMIS), system- and program-level evaluation, research, consultations with key stakeholders and an environmental scan. The purpose of the report is to use data to monitor progress on Calgary's goal to end homelessness.. Overall based on an annual count, the total number of homeless persons in Calgary is on a declining trend. The count shows a 12% decline compared to 2008 and compared with a "business as usual" projection (i.e. in absence of the plan initiatives)

While reporting across a variety of categories, these also include a lens that looks at family homelessness. In contrast to the general trend in Calgary, the analysis found that family homelessness is increasing and this is believed to be driven by migration on families from the broader region, moving into the city. Prevention and Housing First programs are working, but Calgary is seeing a high number of Aboriginal and immigrant families in its family shelters. Meanwhile there are relatively few 'domestic' families in Calgary's family homelessness system, allowing the CHF to conclude that prevention programs and housing responses are effective.

CHF employed a survey and focus groups to help them understand the trend of migration from outside of the city. While providing some data of origin of these homeless migrants, it was cautioned that the data was not sufficiently reliable to generate detailed results. They did however report that the key reasons for migration and homelessness are economic as well as a high percent that are fleeing unsafe conditions. The focus groups suggest that most of the families were already experiencing a high level of housing instability and hidden homelessness before entering the family shelter system. Further, the key reasons for accessing shelter are related to housing instability. Despite these inflows and resulting demands, length of stay in the shelter system had, at east until the last quarter of 2011, declined, suggesting that programming to place clients into stable housing is working well. The details of the associated programs are not included in this report. The report does however noted the more recent upturn and based on this cautions on their capacity to maintain gains in length of stay reductions. One Family shelter highlighted that migration of complex families is becoming a key driver impacting the system's ability to keep up with demand.

Having implemented a comprehensive data system, which is now used across all shelters, the CHF is beginning to build empirical evidence that is now being used to design prevention programs that can be more precisely targeted to those most in risk.

Separately, and similarly driven by a desire to better understand the at risk population the CHF worked with the University of Calgary, Faculty of Social Work to develop an assessment tool (Homelessness Assets and Risks Tool – HART). This seeks to understand what differentiates those who fall into homelessness from those who do not. Not all individuals who experience poverty fall into homelessness; therefore there is a

need to understand what risks and assets are involved for those that do. Research findings consistently point to particular risk factors that are present in both at risk and homeless populations. These factors include individual and structural factors. Research findings also identified protective factors that moderate the risk for homelessness, which generally centered on economic, social and human capital (healthy social relationships, education, access to affordable housing and adequate income).

Decter, Ann (2007) Kid Builders Project - Phase III: Lost in the Shuffle: the Impact of Homelessness on Children's Education in Toronto. Community Social Planning Council of Toronto.

This research examined the educational needs of homeless children living in Toronto and the links between homelessness and school success. It is identified as the first major study to investigate the education of homeless children in Canada and as such helps to address a major gap in the literature. The research was undertaken in Toronto. The analysis is founded on a concern for growing rates of homelessness through the 1990's, and ore particularly increasing incidence of family homelessness. Estimates of child homelessness identify a range of 3,500-7,000 children "living" in Toronto homeless shelters. The research noted that all "family shelters" in Toronto are women led families and most are victims of domestic violence. Citing national data, in 2004 76% of women and 88% of children in shelters are escaping abuse and violence.

This was a large qualitative study conducted between June 2006 and March 2007, involving almost 200 people (many service providers and teachers). This was augmented by quantitative data from surveys conducted in 8 shelters. This provides cross sectional data on frequency and length of stay in shelters, ethnicity and income. For 70% of cases this was the parents first time in a shelter, so effects on children do not reflect chronic homelessness.

A number of key impacts were identified, potentially with long-term consequences:

- Transience (fragmented education and knowledge gaps that impact future learning)
- Stigmatization (actual bullying and fear of bullying and teasing based on living in a shelter)
- Disruption Trauma and Behavioural impacts (stress, emotions that block learning, low esteem, low interests in succeeding at school, and among older children, risk of gang affiliation).

The research developed recommendations to ameliorate some of these impacts or risks. These entail pro-active advocacy and support, early identification of youth attending from shelters and supported learning assistance (special needs assessments). The recommendations also include allocating priority for social housing.

Falvo, N 2009 Homelessness, Program Responses, and an Assessment of Toronto's Streets to Homes Program. CPRN Research Report

This report reviews the Housing First model as it has evolved in the United States context. The paper then documents, analyzes and interprets Canada's version of Housing First, Toronto's Streets to Homes (S2H) program, based on primary and secondary research including semi-structured key informant interviews. The report concludes with recommendations about how to both improve S2H and ensure that Housing First programs in other Canadian cities are effective in housing homeless persons.

The focus is broad and only tangentially explores family homelessness. However it does highlight some useful statistics and trends. A 1982 report from Metropolitan Toronto, identified the relative size of homelessness among families. Single parents with children comprised only 12% of Hostel shelter users (point in time, June 1982) and 14% of social service agency clients. Between 1992-98 average daily hostel occupancy among families rose by 123%. This also evolved with far more two parent families represented (up from 2.2% to 5.6% of all shelter users); meanwhile lone parent families increased from 6.9% to 9.3% of occupants over the same period – a rise attributed to the 1990 recession (with a similar lag to that recently experienced in the family shelter use rates in Waterloo, two years following the 2009 recession).

On a more positive note, the prevalence of chronic, persistent homeless among families is very low. Reporting the length of homelessness, families were found to have the shortest duration on average only 0.6 years (7 months) in homelessness. This compares to 2.1 years in women's shelters (without children) and 3.4 years as an overall average. This suggests strong motivations among parents with children to become rehoused, and may also reflect a systemic bias in favour of rehousing families.

The representation of families included in the streets to homes program was relatively consistent with the proportion of families in shelters. The program placed homeless persons/families into three types of housing – independently operated private rental (62%), some with a stacked housing allowance, others only at low rent; social housing (20%); and alternative/supported housing (18%), which have more intense service levels. In all cases ongoing community support is provided to reinforce transition to stable tenancy. Of the 61% 1988 families accounted for 30% of daily hostel occupancy. Families were allocated to appropriate size apartments either in social housing or private units and represented 8% of the post occupancy follow-up interview group. The post occupancy study reported a wide range of positive outcomes for program participants, including improved health, better nutrition, improved personal safety and less stress as well as reduced emergency use and hospitalization. However these results are not broken down by type of household, so outcomes separately for families is not known.

Krause, D & Dowling, P 2003, Family Homelessness: Causes and Solutions, Social Planning Council of BC

Combined literature review and structured interviews of key practitioner/researcher informants across Canada. An explicit definition of "family homelessness" was developed to guide the research. The report describes recent trends in family homelessness, its causes and conditions in major Canadian cities. The main causes of family homelessness identified were a lack of good-quality affordable housing, increasing poverty due to inadequate income-assistance rates and low minimum wage, inadequate funding for

support programs, discrimination and family violence. The study reviewed experience over the prior decade, characterized by the termination of federal social housing funding in 1993, a period of weak economic growth until after 1998 with few jobs for unskilled workers and reform and retrenchment of social programs and income assistance. In highlighting causes it did not seek to quantify the relative contribution of different factors, although interviews collected some data on relative causes. Most appear to have been economic and related rent arrears and eviction. Roughly 40% of respondents cited family violence as a factor, often in combination with other reasons. In a small number of cases addictions were a contributing cause. The study also explored the effect of homelessness on children but relied on informant opinion, no empirical data was collected. The study sought to propose possible responses, but did so mainly by inverting identified causes as the basis for proposing solutions (i.e. lack of affordable housing is a cause; so increase development of affordable housing).

Homeless Families in Canada: Discovering Total Families (abstract only – full article not accessible)

Description: Research on homeless families has focused primarily on residents of emergency and transitional housing programs, most of which serve victims of domestic violence and/or substance abuse, primarily women, excluding male partners and adolescent children. Resulting family profiles are skewed towards unaccompanied women with dependent children. Evaluation of a temporary emergency shelter for homeless families revealed a markedly different profile. Families housed were older, more often married and living together, and had more older children than reported elsewhere. Many were income-earning households left homeless by low income, a high rental market and under-funded migration moves in their search for employment. Housing and income policies need to include the unique needs of dual parent households with dependent children. (abstract from <http://www.ce4alliance.com>)

Hulchanski, D, Emily Paradis, Sheila Batacharya, 2009 Family Homelessness: Research, Policy, Practice: A Symposium, U Toronto Cities Centre

Proceedings of a Symposium focusing on causes effects and solutions to family homelessness. Included researchers, practitioners and formerly homeless persons. Report noted that FH is defined in differing ways and some research includes childless couples. The premise for the event was that family homelessness is growing yet there is limited Canadian research on this issue and potential responses to it. They highlighted that most Canadian research tends to be in the form of grey literature reports to various public bodies. A literature review undertaken for the symposium explored evidence of trends, the nature of FH, causes and contributing factors, effects on families and children and the economic costs of family homelessness.

Their literature review found evidence that family homelessness tends to be undercounted, in part because of a lack of emergency shelters and use of “informal sheltering”, living temporarily with friends or family. In some cases family members are separated with adults going to shelters while children stay with friends/ family or foster

care. The trend reveal growth in FH, although Toronto reported a temporary decline in family shelter use between 2001 and 2005, but the increase returned in 2006-07. For causality, issues of family violence were highlighted, and a Toronto study reported this is the most common reason for women with children seeking emergency shelter. The proceedings do however not a diversity in causes and characteristics of homeless families and suggest that responses need to be similarly diverse to target differing need and sub-populations. Citing Klodawsky (2006) they note an Ottawa study that very different families with diverse needs are grouped together in family shelters; but many of these might be more appropriately served in other ways.

The discussion identified and emphasized importance and value of respecting and including people with lived homeless experience in developing responses. Adequate income together with affordable housing were identified as prerequisites for ending family homelessness. Lack of funding and investment has negative outcomes with costs and impacts on homeless and system-wide. Complex rules (eligibility) and barriers in various programs (e.g. income support, child protection, immigration settlement) can contribute to causing homelessness. Aboriginal homelessness is high among families and requires specific response and Aboriginal control.

The report noted a sparse Canadian literature and research base on family homelessness in Canada. It suggested that much of the information available on family homelessness is embedded in grey literature – regional reports on homelessness, or in studies that focus on homelessness and housing among women, Aboriginal people, immigrants and refugees, racialized groups, and other specific populations.

Glasser, I Fournier L & Costopolis A. 1999 Homelessness In Québec City, Québec And Hartford, Connecticut: A Cross-National And Cross-Cultural Analysis Urban anthropology and studies of cultural systems and world economic development [0894-6019] yr:1999 vol:28 iss:2 pg:141

Drawing on perceived differences in the safety net in Canada and the US, this study explores incidence and pathways into homelessness in Quebec and Hartford, two similar sized cities and both state/provincial capitals. The comparison between Québec City and Hartford is one of the few cross-national comparisons of homelessness utilizing similar data in each locale, and leads us to discover the causes of homelessness that are rarely uncovered by the single-city or single-country study. The research used specific homeless census that had been conducted in both cities. These enumerated users of shelters, soup kitchens and day centres, but excluded persons living in supported housing. The study found that in contrast to Hartford, Québec appears to have approximately one-tenth the number of people living in its short- and long-term shelter beds, and notably, there is also an apparent absence of family homelessness. This finding may however be influenced by circumstance: at the time (1996) there were no programs for homeless families in Québec, whereas three of the eight shelters and one of the 11 transitional programs admit homeless families in Hartford. The researchers observe that the most obvious explanation for the absence of family homelessness in Québec is the significant safety net programs in the province of Québec and in Canada in general. The greater amount and availability of financial assistance leads to a family being able to find and keep its housing despite

emergencies such as the loss of a job or family separation. housing. An alternative hypothesis, was suggested but not addressed in this article is that families with severe problems are separated by the child protection authorities more frequently in Québec, and therefore do not present themselves as homeless families. They also suggest that lower levels of family homelessness reflects a pervasive doubling up of families and that such arrangements are more tenable and stable in Quebec than is the case in Hartford.

Paradis, Emily; Novac, Sylvia; Sarty, Monica & Hulchanski, J. David 2007. Better Off in a Shelter? A Year of Homelessness & Housing among Status Immigrant, Non-Status Migrant, & Canadian-Born Families. Chapter 4.2 In Finding Home: Policy Options for Addressing Homelessness. U Toronto.

This year-long study compared the experiences of three kinds of homeless families who, at the beginning of the study, were living in a family shelter in Toronto: Canadian-born families, immigrant families with permanent resident status, and families headed by migrant women without permanent status. The study used a panel of 91 women staying in family homeless shelters with their children. Each woman was interviewed three times: first to gain a retrospective view of the pathway into homelessness; second to examine change while still in the shelter, but after receiving some support and assistance; and finally a year following, at which point most were or had been housed (2 remained in the shelter). The vast majority had stayed in the shelter for less than one year, with respondents about evenly divided among those who stayed from one to three months, four to six months, and seven months to less than a year. 80% were assisted in finding housing by shelter staff, housing help or a housing provider; 20% found housing without such help.

The main reason for leaving formerly stable home was abuse (30%). Other common reasons included bad housing conditions and affordability problems. A few respondents had been evicted either formally by landlords, or were told to leave by roommates and other cohabitants.

At the time of the first interview, 19 percent of respondents were separated from one or more of their children, and about one in four families were separated at some point during the study. Status immigrant women were less likely to be separated from their children than were Canadian - born or non - status migrant mothers.

At the end of the third interview, respondents were asked to comment on significant changes in their lives over the course of the study. Almost three out of four respondents said that their housing situation had improved in the previous year. Many women also reported improvements in family (35 percent) and community (27 percent). One in five respondents reported improvements in income, and the same number said they were pursuing their education. While all reported improvements in their lives, many also identified some area where things were worse: the most common concern was related to stalking and threats from former abusers. This is attributed to an absence of the protection provided by the shelter, thus the suggestion that victims of abuse women may be better off in a shelter.

Although most families found housing within the year, not all were better off housed than they had been before becoming homeless or during their time in the shelter, where they had access to childcare and other services, were protected from abusive ex-partners, and found relief from the financial strain of paying high rents. That is there was found to be an important distinction between being housed and being achieving housing stability.

Piper, Melanie 2010 Everyday heroes: investigating strengths of formerly homeless families who have found stability within their community. MA Thesis, University of Victoria Faculty of Human and Social Development

This thesis investigates the issue of family homelessness with a focus of exploring how families have exited homelessness and become stable. It determined that there is very little research exploring this aspect of family homelessness. In this study, family homelessness was defined as a 'family who is staying in temporary housing, such as a hotel or transition house, or staying with family or friends with no legal tenancy agreement for future housing'. The study included a literature review on family homelessness.

The primary research was conducted on a sample of families live in Victoria, B.C A narrative lens was used to investigate the findings from semi-structured, one-on-one interviews with three mothers. The limited sample is a significant limitation on the findings. One of the main criteria was that they found and retained stable housing for at least one year.

The research found that children and families who were displaced from their community and became homeless experienced extreme stress that negatively impacted their sense of self. This was made worse by social stigma that reinforced a pathologizing view of them as less worthy or capable than stably housed people. This stress was exacerbated by the loss of vital connections and social networks in the place they had left.

The research explored how the homeless experience and more particularly the subsequent return to stability could be enriched through the care and support of fellow community members. Examination of participant's narratives revealed a five-stage process in which inner strengths and outer community supports combined to assist them in moving toward their goals of self-sufficiency. Participant mothers were able to access new ways to view the situation that did not leave them feeling marginalized. This study showed that although the crisis was unpleasant to cope with, each mother drew upon love and determination to provide a safe and happy home for her children. Community members can assist by creating a welcoming, safe and age appropriate atmosphere for children while the mother is looking for assistance. This kind of support is key to establishing a trusting environment because it communicates open-ness to the whole family's needs. They also built both material and social assets that led to greater happiness and stability. Participants were able to develop resilient behavior by drawing upon past experience for knowledge, insight and inspiration. They overcame inner and outer barriers to these strengths by communicating their needs and reaching out to family, friends or services in a more confident way. The research shows how families who have been displaced from their community due to an experience of homelessness can be better supported to return to a stable life.



## **UK**

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### **Country Context**

Core to understanding family homelessness in the UK is the ‘statutory homelessness system’, which was first established by the Housing (Homeless Persons) Act 1977. The Act covered Great Britain, was extended to Northern Ireland in 1989 and later incorporated into separate legislation in England/Wales and Scotland. This legislation placed an obligation on local authorities to ensure that accommodation is made available to certain categories of homeless people. In order to be owed the ‘full statutory duty’, households must meet several qualifying criteria: they must be eligible (certain persons from abroad, including asylum seekers, are not eligible under the legislation); homeless or threatened with homelessness within 28 days (according to a very broad definition of homelessness (see Pleace, Teller & Quilgars 2012) that includes those in accommodation they cannot ‘reasonably’ be expected to occupy); in priority need (meaning the household must contain dependent children, a pregnant women or adults who are ‘vulnerable’, due to age, mental illness or disability for instance); and not have made themselves intentionally homeless (through anti-social behaviour, running up rent arrears or leaving accommodation they could reasonable occupy for example) (Fitzpatrick et al. 2009). Due to the ‘priority need’ criterion, the majority of statutory homeless households are families with dependent children or containing a pregnant woman (although the proportion of single people is larger in Scotland due to the expansion and now elimination of the priority need category, see below) (Stephens et al. 2010).

Households that meet these criteria are owed the ‘full duty’ to be temporarily accommodated until settled housing becomes available (in Scotland the duty is to provide settled accommodation specifically), although in the main settled housing tends to be secured by the local authority and in the majority of cases the duty is discharged into a social rented tenancy. In cases where the household does not have a local connection (through residence or employment) to the area in which they apply as homeless, the local authority can normally transfer the duty to an authority to which they do have a connection. Although this legislation was expressed in terms of the duties of local authorities, in effect it created a ‘legal right to housing’ - enforceable by the courts - for those owed the full duty. The UK is highly unusual in this regard: where enforceable rights to accommodation do exist, they tend to be to emergency accommodation, with rights to (in effect) settled accommodation rare internationally (Fitzpatrick and Stephens 2007; Fitzpatrick and Watts 2012).

A second important contextual factor when considering family homelessness in the UK is the two tiered structure of government: the statutory homelessness framework was similar across the UK until the 1990s, but since then (and accelerated by devolution in the late 1990s) there has been considerable divergence in homelessness policy and law across the four jurisdictions (Fitzpatrick et al. 2009b). The Welsh government are currently undertaking a review of homelessness legislation (Fitzpatrick et al. 2012b), but to date,

divergence has been most significant in Scotland (facilitated in part by its larger social housing stock) (Pawson and Davidson 2008; Anderson 2009; Fitzpatrick et al, 2012c). Legislation in Scotland in the early 2000s expanded the scope and generosity of the statutory framework in various ways, most ambitiously by phasing out and eventually eliminating of the ‘priority need’ category, meaning that by 2012, legal rights to housing had been extended to virtually all homeless households, including single homeless people (regardless of any specific vulnerability).

The UK homelessness legislation has been praised as helping ensure that the most vulnerable and poorest households are not excluded for the social rented sector (Fitzpatrick & Stephens 2007; Pleace, Teller & Quilgars 2012), but has also been subject to criticism. There have been concerns regarding the predicament of non-priority households (a concern now not relevant in the Scottish context) (Fitzpatrick et al. 2009) and of the perverse incentives generated by an entitlement to housing for those who are homeless (Fitzpatrick and Pawson 2007). The concern is that households will fabricate homelessness in order to gain access to social housing, although available evidence weighs against the idea that there is widespread abuse of the system in this manner (Pleace et al. 2008). Further concern relates to the spatial concentration of low income households due to the geographical concentration of social housing; the residualisation of the tenure; and the ‘crowding out’ of non-homeless households from social housing allocations (Fitzpatrick & Pawson, 2007; McKee & Phillips, 2012). In partial response to these issues, there has been an increasing emphasis on homelessness prevention across the UK - most vigorously in England through the ‘Housing Options’ approach (Pawson 2007; Pawson et al. 2007) - and on enabling homeless or potentially homeless households to access private rented housing (Fitzpatrick et al. 2012a). This has also been taken furthest in England, where local authorities can now discharge their homelessness duty into private rented sector accommodation without the consent of the applicant (Fitzpatrick et al. 2012b).

### ***Annotated bibliography- UK***

Anderson, I 2007, ‘Sustainable solutions to homelessness: the Scottish Case’, European Journal of Homelessness, vol. 1, pp. 163 – 183.

This article reviews policy reforms in the field of homelessness in Scotland, internationally lauded as inclusive, progressive and an exemplar for other countries to learn from. It aims to critically consider progress on the reforms five years after they began. It should be noted that Scottish reforms have been most significant for single homeless households (see above), although even before these reforms, single homeless people represented a larger proportion of the statutory homeless population than in England, reflecting that Scotland was already more generous towards ‘non-priority’ homeless households. In part as a result of these reforms, the number of households applying as homeless increased significantly in the early 2000s, with the number of households in temporary accommodation (TA) more than doubling (to 8,500) between 2001 and 2006. Most however were offered temporary tenancies in ordinary social housing with 17% in hostels and 17% in Bed and Breakfast (B&B) accommodation. In 2006, around 3000 households with children were in TA of some kind, although only a

small minority (<100) were accommodated in B&Bs. Anderson concludes that progress on the reform package continues to be constrained by an overall lack of sufficient affordable, secure, good quality housing and support. The article also highlights the tension between providing a broadly defined homeless population with a right to housing and having the social rented sector play a broader role in, for instance, helping nurture balanced/sustainable communities. Whilst there is broad support for the reform programme among those working in the sector, stigmatisation and residualisation of the social rented sector remains a concern in Scotland. Whilst it does not focus on family homelessness, this article provides a useful overview of the process of policy development and implementation of the 'Scottish homelessness model' (widely considered a model of best practice) highlighting some of the achievements and costs of the approach up to 2007.

Fitzpatrick, S, Harding, J, Irving, A, Pawson, H & Sosenko, F 2011, Evaluating Homelessness prevention in Newcastle, Edinburgh, Institute for Housing, Urban and Real Estate Research.

This evaluation of Newcastle's homelessness prevention work aimed to extract lessons transferable to other authorities. Drawing on qualitative evidence from the statutory and voluntary sector and statistical trend data from the area, the evaluation concluded that the range of prevention activities delivered in the city were highly effective. The authors describe the following factors as key to the establishment of a 'culture of homelessness prevention' in Newcastle: a strong strategic partnership between key agencies; senior-level commitment to the prevention agenda; an emphasis on partnership working with voluntary sector providers and housing associations; and effective deployment of a strong evidence base in developing preventative options commissioning services. Several specific initiatives are discussed, including approaches to managing debt and rent arrears and the implementation of a Preventing Evictions Protocol; a 'Gateway' system which controls access to temporary and supported accommodation in the city, linked to a 'Pathway to Independence' protocol which promotes active and monitored move on to independent living; and the commissioning of a range of support services aimed at those at risk of losing their tenancies, including Advice and Support Workers and Family Intervention Projects (FIPs).

The FIP is an intensive support and challenge intervention service for families responsible for a disproportionate amount of anti-social behaviour (ASB) in Newcastle and therefore at risk of eviction. The first (ASB-focused) FIP was established in 2007 and currently has four staff, with two further projects (focusing on child poverty and youth crime) established since then. All focus on families with complex needs, who are referred through a range of routes including housing offices, emergency accommodation units and children and adult social services. The authors cite a 2010 evaluation (not publicly available), which revealed that the FIP had worked with 35 families (over around 3 years), for an average of ten months per family. FIP workers had a case load of three families each, enabling intensive work with each family and often visiting five times a week. This source is valuable in as much as it offers a comprehensive account of prevention interventions in one English city and how they work together to achieve

improved outcomes. It also highlights various practical and potentially transferable approaches to family homelessness prevention.

Fitzpatrick, S, Pawson, H, Bramley, G, & Wilcox, S 2012, *The homelessness monitor: Great Britain 2012*, London, Crisis.

This summary report draws on individual Homelessness Monitors prepared for England, Scotland and Wales (published over Winter 2012/13, the Northern Ireland Monitor will be published in Summer 2013) and provides an account of how homelessness stands in Great Britain in 2012, analysing key trends and placing these in the context of current recessionary and housing market pressures and weakening welfare protection. Statutory homelessness (the majority of statutory homeless households are families) is on a sharp upward trajectory in England, and increased by around a third in the last three years. TA placements and the number of families in B&B accommodation (630 in 2010 to 1,660 in 2012) have also risen. These trends are most severe in the pressurised housing markets of London and the South and more moderate in Wales. In Scotland, homelessness has been declining since 2005/6, with a sharp decline in 2011/12 linked to the implementation of more pro-active prevention policies. Between 2001 and 2011, TA placements trebled in Scotland, but this trend has now levelled off. This situation is likely to deteriorate as UK welfare reforms kick in. Trends in 'hidden' homelessness (including concealed, overcrowded and sharing households) have been on a long term (pre-recession) upward trend across Britain (although stronger in England), reflecting housing access and demographic pressures. Welfare reforms are identified as likely to have more dramatic impacts on homelessness going forward. National benefit caps are generating particular difficulties in central London. More generally, there is concern surrounding the new 'under-occupation penalty' within Housing Benefit for working age social tenants and increased conditionality and more stringent sanctions within out-of-work benefits (especially for vulnerable groups). Moves towards less secure tenancies and closer to market rents are weakening the safety net function of social housing. Benefit caps and nearer market rent levels have raised particular concerns about the affordability of family sized accommodation in London.

Jones, A, Bretherton, J, Bowles, R and Croucher, K 2010, *The Effectiveness of Schemes to Enable Households at Risk of Domestic Violence to Remain in Their Own Homes*, London, Communities and Local Government.

This evaluation assesses the effectiveness of 'Sanctuary Schemes', which seek to enable households at risk of domestic violence (Domestic Violence) to remain in their own homes (if it is safe for them to do so and their choice) by excluding the perpetrator and providing of enhanced security. The schemes aim to prevent homelessness and avoid the stress and disruption of (potentially long) stays in TA/women's refuges and rehousing, including loss of support networks and changes to schooling and health services. Over half of England's local authorities are believed to operate such schemes. The evaluation is based on a review of available data and documentation; interviews with national stakeholders, service providers and households (including children) using sanctuary

schemes; and local case studies. The evaluation in the main reached positive conclusions about the Schemes meeting their objects.

Housing providers or specialist Domestic Violence services tend to run Sanctuary schemes (sometimes in partnership) with service users learning about the scheme through the police or Domestic Violence services. Sanctuary is offered as one housing option, with alternatives including applying as homeless; management transfers/exchanges; refuge, emergency or temporary housing; and assistance accessing private rented housing. There was no evidence that service users were pressured into accepting sanctuary and all reported wanted to remain in their own homes. Sanctuary schemes have been successfully used in private/social rented and owner occupied housing. Common reasons for choosing this option were the desire to minimise disruption, negative views on alternative options and the possibility of being rehoused in a less desirable property/area. The suitability of Sanctuary was seen to depend on a full risk assessment, as well as the needs/preferences of the household. Risk assessments (of the property and danger posed by the perpetrator) were carried out by several agencies working together, including specialist Domestic Violence workers, police and fire services. Sanctuary measures took between a few days and several months to set up, with interim security measures taken immediately where necessary. Specific measures taken varied according to the risk, needs of the user and condition of the property.

Most agency respondents and service users felt the schemes were successful at providing a safe alternative for households, minimising disruption and providing more choice. Most service users reported positive experiences. Agency staff reported that the schemes had reduced Domestic Violence related homelessness, reduced repeat incidences of Domestic Violence and achieved cost savings, with cost benefit analysis suggesting that Sanctuary schemes can generate significant savings. Cases in which Sanctuary's had been breached by perpetrators were rare. Where the Sanctuary proved unsafe, the full range of accommodation options were offered to households. Data beyond immediate outcomes and on the relative merits of different Sanctuary measures is unavailable. Several concerns were raised in the evaluation, including that Sanctuary Schemes in some areas were not referring service users on to other support services and there was evidence of unmet support needs among service users, with some reporting a lack of follow up contact from Sanctuary providers. One learning point was that service users needs should be reassessed following installation of the sanctuary. Some service users reported feeling unsafe outside the home. Some agency staff felt users unwillingness to pursue legal remedies was a barrier to success.

Jones, A, Pleace, N & Quilgars, D 2002, *Firm Foundations: an Evaluation of the Shelter Homeless to Home Services*, London, Shelter.

Responding to evidence that formerly homeless households could find tenancy sustainment without (practical, emotional and financial) support problematic, Shelter Homeless to Home (HTH) was a three year resettlement project designed to help this group sustain a tenancy and live successfully in the community. This report evaluates the project in three English cities (Birmingham, Bristol and Sheffield), covering 271 families. The sample were economically marginalised, socially isolated, and health problems and

depression were common. The main causes of homelessness were Domestic Violence, relationship breakdown; loss of private rented sector (PRS) accommodation; harassment from neighbours and overcrowding. Around half of families had been homeless before. Families reported fears about safety; crime and drugs; experiences of harassment; problems with children's schooling; financial difficulties and dissatisfaction with the suitability/condition of their property.

Families were referred to the project through the City Council; self referrals or other agencies and reported positively on referral/assessment processes and information provision. This was seen to help establish good worker/family relationships. Families were asked to read and sign a service agreement outlining that HTH would provide/arrange services respectfully and that they would not behave unacceptable towards workers. HTH offered families; assistance with housing and moving home; practical assistance in making a home, including providing white goods/furnishing (using volunteers and paid 'handy persons'); financial advice and support (helping with benefit applications and helping manage debt/finances); help with accessing other services/advocacy (helping with appeals; representing families to landlords and liaising with educational welfare officers/police/probation); and social and emotional support (by workers and through social events and user involvement). Support was offered over a planned maximum duration of a year.

The effectiveness of HTH and ability of families to sustain their tenancies was limited mainly by factors outside the projects control, including problems with the neighbourhood (crime, harassment) or standard of housing; leaving tenancies to escape a violent ex-partner; and debt/problems with benefits and rent arrears). These problems could arise through the failure of relevant agencies to effectively work together. Families' social and economic disadvantage and living situation could be mitigated by HTH, helping them sustain their tenancy, but whilst families overcame homelessness their relative disadvantage remained. Overall, there was strong evidence of success across the three projects: 83% of families rated the service as 'really good' and none as 'poor' or 'very poor' and tenancy sustainment figures weigh in favour of the project's effectiveness: eight out of ten families no longer using HTH were still in permanent housing; 82% of families who had been out of contact with the service for nine months or more were still housed, over half in their original tenancies (some planned moves had been made). This source offers a robust evaluation of a potentially transferable intervention (described in detail in the original source) directed at homeless families which appears to have in the main been successful.

Pawson, H 2007, 'Local Authority Homelessness Prevention in England: Empowering Consumers or Denying Rights?' *Housing Studies*, vol. 22, no. 6, pp. 867-883.

Since the early 2000s, central government has encouraged and directed substantial funding to local authorities to pursue more assertive approaches to homelessness prevention. There has been particular emphasis on helping potentially homeless households access private tenancies (giving – it is argued - households more choice over their housing and access to better quality/better located accommodation). Statutory

homelessness fell dramatically in England between 2003/4 and this article's publication, suggesting that the agenda has been successful. However, Pawson (drawing on a recent study - Pawson et al., 2007, see below) argues that it is not clear the extent to which this reflects more restrictive interpretations of duties under the legislation, as opposed to the genuine prevention of homelessness. Specifically, the article points to evidence that in at least some local authorities, declines in officially recorded homelessness reflect people at risk of homelessness being informally channelled away from a statutory homelessness application (directed towards rent deposit schemes or family mediation) in ways which could be construed as unlawful 'gatekeeping'. Homeless prevention interventions are demonstrably reducing the inflow of households into social housing through the 'homelessness route' and, it seems, increasing their flow into private rented housing. The author raises concerns about the suitability of private tenancies for vulnerable households, given that such tenancies have less security of tenure and higher rents than social housing. This argument therefore casts doubt on the extent to which homelessness prevention can 'empower' service users. This source is valuable in offering a critical perspective on the prevention agenda as implemented in England, highlighting concerns that the on the surface positive outcomes of this agenda may not only reflect a genuine reduction in homelessness.

Pawson, H, Netto, G, Jones, C, Wager, F, Fancy, C & Lomax, D 2007, *Evaluating Homelessness Prevention*, London, Department for Communities and Local Government.

This report evaluates the effectiveness of different approaches to preventing homelessness in England and seeks to provide evidence on the value for money of homelessness prevention work. It draws mainly on detailed case studies of ten local authorities considered to be 'relatively active' in this field. Enhanced housing advice; rent deposit and similar schemes to enhance access to private tenancies; family mediation; Domestic Violence victim support; and tenancy sustainment are the most widely adopted forms of prevention. These activities are identified as highly likely to have substantially contributed to the 50% reduction in homeless acceptances in England between 2003 and 2006. The evaluation concludes that prevention activities can be highly cost effective, particularly (a) for cases liable to be 'priority need' and therefore owed the 'full duty' and (b) in Greater London and other areas where the unit costs associated with homeless acceptances far outweigh the unit costs of homelessness prevention. This reflects the financial burden associated with provided TA and administering homelessness services. The monitoring of homelessness prevention activities is an area identified as in need of development and improvement. This has been taken forward since the publication of the evaluation through Best Value Performance Indicators. This is a valuable source that comprehensively describes and evaluates prevention activities in England, describing various modes of potentially transferable prevention work in some detail.

Pleace, N, Fitzpatrick, S, Johnsen, S, Quilgars, D & Sanderson, D 2008, *Statutory Homelessness in England: The Experience of Families and 16-17 year olds*, London, Communities and Local Government.

This report presents the findings of a large-scale quantitative study of more than 2500 families and 16/17 year olds accepted as homeless. The study consisted of five linked surveys, four of which relate to family homelessness: a survey of adults in families accepted as homeless (n=2053); a survey of children (8-15 years old) in families accepted as homeless (n=450); a survey of adults in families accepted as homeless and who had stayed in TA for more than a year (n=571) and a survey of children in families accepted as homeless and who had stayed in TA for more than a year (n=180). Statutory homeless families tended to be headed by female lone parents (65%), contain no adult in paid work (64%) and be living on a low income, in receipt of means-tested benefits/tax credits. Adult respondents tended to be a disadvantaged group in terms of health, access to social support and experiences of Domestic Violence (41% had experienced Domestic Violence at some point). However, adult respondents in families (unlike the young homeless people included in the survey) were not in the main vulnerable or chaotic: only a small minority reported experiences of substance misuse, being in prison, being involved in crime and anti-social behaviour or having slept rough as an adult. Moreover, children in these families were reportedly in good health and were generally happy at home and at school.

Relationship breakdown and housing pressure (in the form of eviction/threat of eviction; overcrowding; and 'outstaying their welcome/could no longer be accommodated') were the two main 'immediate' causes of homelessness. (Threats of) eviction were more common in areas of high housing stress. 'Individual' problems (drug, alcohol or mental health problems) and purely financial reasons (like inability to pay the mortgage) were rarely cited as the cause of homelessness. 85% had sought alternative resolutions to their homelessness (to stay with friends or privately rent) before approaching their local authority and a very small minority reported applying as homeless because this was seen as the quickest way to access social housing. These findings weigh against concerns of widespread abuse of households' legal right to settled housing (see introduction). Overall, these findings support 'structural' rather than 'individual' explanations of the causes of family homelessness.

Experiences of TA varied regionally. Overall, a fifth of families accepted as homeless were moved directly into settled accommodation, but only 6% in London. Those in London (and the South East) were likely to experience long stays in TA. Most families were temporarily accommodated in self contained units, but the majority (vast majority in London) of those who had stayed in temporary accommodation had had some experience in B&B accommodation. Standards of TA also appeared to be higher in the North/Midlands than in London. Families who had been in TA for over a year (the majority of which were in London) tended to be less satisfied with their accommodation in terms of living space and facilities than other homeless families. They were also more likely to report struggling financially and were very often frustrated about the length of their wait for settled housing.

Overall satisfaction with settled accommodation (usually social rented housing) was higher than with TA and children in settled accommodation were more satisfied with it

and less likely to want to move than those in TA. Parents and children were far more likely to report that life was better rather than worse than when they lived in their last settled accommodation. Overall, homelessness and TA appeared to have a negligible or marginally positive impact on the health and social support circumstances of families. Improvements were often reported in children's relationships with their parent(s) and their school performance since leaving their last settled accommodation. Homelessness however led to deterioration in families' economic situation compared to when they were living in their last settled accommodation (21% had moved from being a working to a workless household) and negatively impacted on children's participation in clubs/activities.

Overall, the key messages from this study are that England's statutory homeless system appears to secure "a substantial overall (net) improvement" in the quality of life of homeless families. Nevertheless, the authors highlight areas of concern around the length of time some families stay in TA (especially in areas with high housing pressure) and the deterioration of the economic situation of families' economic situation during their experiences of TA and/or rehousing.

Quilgars, D & Pleace, N 2010, Meeting the Needs of Households at Risk of Domestic Violence in England: The Role of Accommodation and Housing-Related Support Services, London, Communities and Local Government.

This study maps and reviews the role of accommodation and support services for households at risk of Domestic Violence in England through two major surveys (of local authorities and housing providers) and focus groups that explored the experiences of service users and key professionals. The review covers refuges and other accommodation based services; floating support services; Sanctuary schemes; and access to services and settled housing. The provision of accessible information about Domestic Violence was identified as an area for improvement by service users and from the local authority survey. Local authorities varied in whether or not they had specific policies in place for households at risk of Domestic Violence on their housing registers and in their transfer policies. Two thirds of local authorities reported 'usually' being able to meet the statutory housing duty to those at risk of Domestic Violence within 6 months of accepting them as homeless and in priority need. The majority of service providers (but a minority of local authorities) identified a need to expand specialist accommodation services and floating support. A high proportion of local authorities and services providers reported the need for more services to address the needs of particular sub-groups amongst households at risk of Domestic Violence. Flexibility in funding arrangements and joint commissioning were most commonly identified as factors enabling new service development, with short term funding and changes in funding levels for services identified as factors inhibiting service development. The research showed no evidence of extensive service 'deserts' (areas in which no accommodation/housing related support services were available) for this group, although relative levels of provision (both floating support and specialist accommodation services) varied from 1.6 and 3.7 places per 10,000 of the population (2.7 average). It should be noted that this evaluation covers only England.

## Shelter (2006) Chance of a Lifetime: The Impact of Bad Housing on Children's Lives

A report written by a consultant for a national advocacy organization, Shelter, this report examines the research evidence on the impacts of bad housing. This is not exclusively focused on homeless families, nor only on homelessness. It examines a range of housing conditions, including poor quality, overcrowding and a brief section on homelessness. Many of the impacts and findings are found to occur in both homeless and housed (albeit in "bad housing") populations suggesting that other factors beyond simply experiencing homelessness underlie the identified impacts or symptoms.

Stephens, M, Fitzpatrick, S, & Wallace, A 2010, Study on Housing Exclusion: Welfare Policies, Housing Provision and Labour Markets. Country report for the United Kingdom, Brussels, European Commission.

This UK specific report is part of a comparative study seeking to analyse the interaction between housing, social and employment outcomes in the context of alternative models of welfare provision and labour market institutions. The report draws on quantitative (EU Statistics on Income and Living Conditions or 'EU-SILC') and qualitative evidence (focus groups and in depth interviews with high level policy makers and those working with homeless service users, across the statutory and NGO sectors).

One of the key findings of the study is that aspects of the 'housing system' (including the statutory homelessness system and Housing Benefit) help limit the tendency of the UK's liberal welfare regime to cause 'structural' homelessness and help resolve it. The welfare regime creates significant groups of marginalised households who struggle to compete in the housing market, particular in the context of (for example) relationship breakdown (the most common trigger of homelessness). Housing specific triggers (e.g. rent arrears) and loss of employment are not major causes of homelessness, due in large part to entitlements to Housing Benefit. Nor is homelessness strongly linked with physical housing conditions. The end of fixed term private rented tenancies is a notable trigger for homelessness however, as is long-term marginality from the labour market. Overcrowding is also a common trigger for homelessness, although it would appear that this reflects the breakdown of interim arrangements (staying with friends or family) following the loss of previous settled housing rather than the 'originating cause'. 'Individual' problems (such as drug, alcohol or mental health problems) were reported as reasons for statutory homelessness by only a very small minority.

Statutory homelessness is cyclical, in line with the housing market, suggesting that affordability is a key underlying cause of homelessness. Homelessness also varies in line with regional differences in access to social rented housing. Whilst Housing Benefit tends to ensure that low income households seldom lose their accommodation due to inability to pay rent, difficult housing market conditions in the UK (and most crucially, a decline in the availability of social rented lettings) mean that those who lose rented accommodation (most often through relationship breakdown) can find it hard to secure other affordable housing without accessing the statutory homeless system. The authors

suggest that the current recession is likely to have mainly indirect and longer term impacts, increasing ‘social dislocations’ that can result in homelessness (such as relationship breakdown and substance misuse). They further venture the possibility of the recession easing homelessness related to housing affordability.

The qualitative element of the study employed vignettes (standardised ‘typical cases’) to reveal likely policy and practice responses to those at risk of homelessness, housing exclusion or employment exclusion. Two vignettes of particular relevance here were included: a woman with two young children fleeing Domestic Violence and a couple with two children having difficulties meeting their mortgage repayments. According to this study, women fleeing violence with children are probably the best protected group among those who are homeless in the UK. They will be owed the full statutory duty and in cases of Domestic Violence, this duty is not transferable to another area under local connection rules. The family will most likely be temporarily accommodated in a refuge (this study did not highlight any shortage of such accommodation at present), but the duration the family will spend in TA will depend upon the local housing market. In some parts of the country the family will be allocated social housing fairly swiftly, whereas in London they will most likely access private rented housing due to long waits for social housing (even for priority cases). High rents in the private sector combined with and steep withdrawal of Housing Benefit in response to earnings act as a strong work disincentive. Various policy measures have been taken to prevent repossessions during the current economic crisis, although lender forbearance (to minimise losses caused by negative equity) have been of most importance in minimising repossessions. There is a risk they will increase when the housing market recovers. In cases of repossession, ex-homers tend to avoid statutory homelessness and are unusual in the UK homelessness population. The authors suggest that their social support networks and capacity to access the private rented sector lie behind this, although failing this, they would be owed the main duty under homelessness legislation due to the presence of children in the household.

Tischler, V 2008, ‘Resettlement and reintegration: Single mothers’ reflections after homelessness’, *Community, Work & Family*, vol. 11, no. 3, pp. 243-252.

Drawing on 21 interviews with women with dependent children living in a UK city, this paper explores psychosocial issues relating to the resettlement experiences and reintegration of single mothers following a period of homelessness. All participants had recently moved into social housing; had previously resided in TA and had been accepted as statutorily homeless by the local authority. Satisfaction with their new accommodation varied and there were particular concerns about the environment (crime and deprivation in the area); the quality of housing; and having little choice over the housing they were offered. Nevertheless, women compared their situation favourably to when they were homeless, reporting improvements in mental health and children’s school attendance and recollecting poor conditions and support whilst in hostel accommodation. A number of participants looked back on their experiences of homeless as an opportunity for personal growth and could reflect positively on their new circumstances, feeling liberated and a sense of freedom and independence in settled accommodation.

Most participants had begun the process of resettlement, settling children in local schools and considering education/employment opportunities for themselves. This supports an understanding of resettlement as a long term process. None of the families were receiving resettlement or specialist support to maintain their tenancy or aid reintegration and combined with 'ambivalence' towards their accommodation, the author identified a high risk of housing instability in the future. Citing 'Housing Plus' schemes in the US, the author argues for improvements in the provision of services, counselling and childcare for these families. The limitations of this study include the short time frame between rehousing and the interviews, meaning the paper cannot comment on longer-term resettlement outcomes. The study is also small-scale and focuses on homeless families in only one city. It should be noted that in their survey of homeless families, Pleace et al. (2008) concluded that whilst homeless families were disadvantaged, they were not in the main a vulnerable and chaotic group with severe mental health issues.

Tischler, V, Rademeyer, A & Vostanis, P 2007, 'Mothers experiencing homelessness: mental health, support and social care needs', *Health and Social Care in the Community*, vol. 15, no. 3, pp. 246-253.

This qualitative study involved interviews with 28 women with dependent children residing in local authority run hostels in Birmingham and aimed to describe their experiences of homelessness focusing on mental health, support and social care needs. Domestic Violence was the most commonly cited reason for homelessness among the sample. Others had become homeless due to racial and other kinds of harassment from neighbours. Most of the mothers reported negative experiences of the hostels, with most complaints focusing on a lack of control (with rules inhibiting their independence) and poor facilities (including a lack of play areas and other facilities for children). A minority reported positive experiences, focusing on support from staff and other residents, feeling safe in the hostel (due to CCTV) and being there as respite from past trauma. As a result, a small number reported improvements in mental health since becoming homeless. Participants reported feeling powerlessness and loss and the hostel was perceived to be coercive and institutional. Loss was identified as an important element of homelessness for mothers, encompassing loss of a home, possessions, and privacy. Many of the mothers reported being stressed and depressed with several reporting experiences of severe mental distress (including suicidal thoughts).

High levels of social isolation (due to estrangement, 'overstaying' and geographically) are described in the sample and hostel residents reported a lack of support from both social networks and hostel staff/ the housing department. In addition, participants found it difficult to maintain relationships whilst homeless, although some reported developing friendships within with other homeless mothers in the hostel as an important coping mechanism. Mothers identified a lack of resources to address their/their children's needs and suggested that better communication from hostel staff about services available could improve their experiences. Highlighting the importance of healthy social networks (including as a buffer for mental health issues), the author suggests that service providers should seek to assist homeless mothers maintain relationships with their support networks and that formal peer-support systems within hostels may be beneficial. The value of integrated counselling and multi-agency reviews of families' mental health and other needs is emphasised as is the need for outreach mental health services. The paper closes

discussing the multiple roles of such hostels, as services addressing mental health, social integration and other issues, such as parenting skills and the importance in this light of skilled and flexible staff who take a multi-agency approach to their work. The value of this source is limited by its small scale and focus on homeless families in one English city.

Tischler, V, Vostanis, P, Bellerby, T & Cumella, S 2002, 'Evaluation of a mental health outreach service for homeless families', *Archives of Disease in Childhood*, vol. 86, pp. 158-163.

Evidence of high rates of mental health and related needs among homeless children and families and a lack of service development for this group prompted the establishment of a designated community psychiatric post in Birmingham to provide outreach mental health cover to family hostels. Interventions included advice, support and anxiety management for parents and counselling, mental health assessment, behaviour management and anger management for children. This paper evaluates the service using qualitative and quantitative approaches based on evidence gathered from 23 families (single parent and couples) and 27 children (aged 3-16) resident in hostels who were assessed as in need of mental health intervention and accepted the service. A control group (31 families and 49 children) were recruited from hostels with the same admissions criteria but without the mental health outreach service. Mothers were interviewed again after six months, in most cases after being rehoused, but attrition rates were high. Focus groups with hostel and other agency staff (n=20) who had attended a training day as part of the programme were also conducted. Measures used include the General Health Questionnaire (measuring psychiatric morbidity in parents) and the Strengths and Difficulties Questionnaire (SDQ) (measuring children mental health problems).

At the time of the first interview, the control and experimental groups were not found to differ significantly on GHQ or SDQ scores. The evaluation found no significant impact on parental mental health, but children in the experimental group had a significantly higher decrease in SDQ scores than the control group. Having received the intervention was the strongest predictor of improvement in SDQ total scores and the positive effects were in general sustained after six months and resettlement. The qualitative element of the study revealed positivity among parents about the value of the intervention in meeting a variety of their needs, not just around mental health. A number of respondents suggested that the service had positively benefited their children's behaviour and mental health. Participants from the control group were more likely to request services to address child and adult mental health and parents felt hostel staff lacked the training to meet these needs. The outreach service was viewed positively by staff from a variety of agencies, who expressed relief at having specific provision available within hostels and praising the accessibility of the service. There was evidence that staff felt more confident in identifying mental health problems and of specialist agencies to refer to after the training day. The authors highlight that continuity of treatment after resettlement may be an important area of expansion for this kind of project and that a cost evaluation of the programme may help indicate more resource-efficient ways of combining non-specialist and specialist mental health staff in the delivery of the programme. This source is valuable in offering a comparison of a control/experimental group and using established

measures to assess the psychological impact of the mental health outreach services. It focuses however on a fairly small group of homeless families in only one English city.

White, C, Warrener, M, Reeves, A & La Valle, I 2008, Family Intervention Projects: An Evaluation of their Design, Set-up and Early Outcomes, London, National Centre for Social Research.

In 2006, a national network of FIPs was set up to reduce anti-social behaviour (ASB) perpetrated by the most challenging families, prevent cycles of homelessness due to ASB and improve outcomes from children/young people. FIPs use an 'assertive' and 'persistent' style to challenge and support families to address the causes of their ASB. FIPs can be delivered through outreach support in families' homes; support in TA; or 24 hour support in a residential unit where the family live with project staff. This evaluation (covering 53 FIPs) sought to evaluate how effectively the FIPs had been designed and implemented and to assess early outcomes for families. Typically FIPs worked with families in their own homes for 6 to 12 months. Most were either being run by a local authority team or a voluntary sector provider. FIPs were working with their intended beneficiaries: families who had high levels of ASB and criminal activities and were homeless/at risk of becoming homeless because of their ASB. Early outcomes for 90 families who completed the FIP intervention displayed considerable improvements in all key areas of the FIPs' work: ASB/criminal activities had declined considerably, as had the risk of eviction. Outcomes for children/young people were reported to have improved. The review identified eight features of FIPs that appeared to be crucial to success: recruitment/retention of high quality staff; small caseloads; having a dedicated key worker who manages a family and works intensively with them; a whole-family approach; staying involved with a family for as long as necessary; scope to use resources creatively; using sanctions with support; and effective multi-agency relationships. This source offers a robust evaluation of an intervention directed at particularly vulnerable homeless families which appears to have in the main been successful. The model outlined (described in detail in the original source) is potentially transferable to other areas.

## ***US Country Report and Annotated Bibliography***

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### ***Country Context***

Researchers and practitioners have made significant investments and progress in identifying causes and solutions to homelessness, but the problem persists. From October 1, 2010 through September 30, 2011, more than 1.5 million people were homeless in the United States (Cortes et al. 2012). The annotated bibliography to follow highlights the literature that best represents this research, with an emphasis on solutions and best-practices. This introduction contextualizes that work through a discussion of the federal regulatory and policy regime that frames them and the methodology used to select them.

#### ***Homelessness in the United States***

Homelessness in the United States is a wider problem than is generally recognized, with approximately 3% of Americans becoming homeless over a five-year period (Shinn et al. 1998). Approximately 1.5 million Americans experienced homelessness for at least one night from October 1, 2010 through September 30, 2011 and slightly more than a third belonged to families with children. An estimated 537,414 people in 172,767 families used emergency shelters or transitional housing during the period, a 13.5% increase from the 2007 but the first year-to-year decrease in four years (Cortes et al. 2012).

The federal government has more than 20 programs dedicated to homelessness, but the McKinney-Vento Homelessness Assistance programs are by far the largest and most significant. The McKinney-Vento Act, initially passed in 1987, was the first federally coordinated response to homelessness. It was reauthorized in 1995, and its associated programming was folded into the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act that passed in 2009 (Summary of the HEARTH Act 2009).

McKinney-Vento/HEARTH programs cover homeless individuals and families as defined by the Department of Housing and Urban Development (HUD), traditionally including those sleeping in a shelter or place not meant for human habitation (like streets, subway cars, or abandoned buildings). The universe of eligible recipients was expanded in early 2012 to include:

- People losing their primary residence in the next 14 days and lack the resources to maintain housing
- Families with children or unaccompanied youth who are unstably housed
- People fleeing domestic violence or a similarly dangerous situation (Changes in HUD Definition of “Homeless” 2012)

Despite the new rules, the operational definition of “homeless” for most practitioners and researchers generally counts only those included under the old definition. This likely

occurs for two reasons – it is difficult to count unstably housed families who have not sought emergency shelter or other assistance, and; this group uses the majority of homelessness programming and therefore accounts for the bulk of the associated costs.

While McKinney-Vento/HEARTH funding has traditionally centered on providing emergency shelter and transitional and permanent supportive housing, a new programmatic emphasis has emerged in the last four years. As part of the American Recovery and Reinvestment Act of 2009 (better known as the federal stimulus bill) President Obama included \$1.5 billion for the Homelessness Prevention and Rapid Re-housing. The program, based on a growing consensus in academic and grey literature, provided funding to municipalities that were (a) helping families remain stably housed by solving housing crises before they resulted in homelessness, or; (b) assisting families with minimal service needs to find permanent housing as quickly as possible after shelter entry. These activities have been adopted into the HEARTH Act, representing a paradigm shift reflected in this bibliography.

### ***Annotated Bibliography - US***

Bassuk, E and Geller, S 2006, 'The Role of Housing and Services in Ending Family Homelessness', *Housing Policy Debate*, vol. 17, no. 4, pp. 781--799.

This study examines published literature to examine the effect of housing subsidies with and without associated social services on family homelessness. Their findings on subsidies alone echo those found in articles discussed elsewhere in this annotated bibliography: that subsidies produced significantly stronger residential stability than other types of exits and that families who obtain subsidies stay in shelter slightly longer than others. Studies of programs that included a subsidy and social services also found significant benefits and cost-savings. One study of the Homeless Families Program found that the program increased the proportion of mothers that were employed and produced higher rates of long-term housing stability: thirty months after the intervention, 80 percent were still in permanent housing. The Family Reunification program, a collaboration between local housing and child welfare agencies, produced more significant results. The program provided families with a Section 8 voucher and child welfare and other services, and after 12 months, 88% of families that homeless at intake remained housed. Other smaller studies have generally indicated positive results, although they have been qualitative and their results have not been as significant.

Bassuk, EL, Weinreb, LF, Buckner, JC, Browne, A, Salomon, A, Bassuk, SS 1996, 'The Characteristics and Needs of Sheltered Homeless and Low-Income Housed Mothers', *Journal of the American Medical Association*, vol 276 no. 8, pp. 640 – 646.

The authors compared characteristics of 220 homeless families in Worcester, MA with 216 low-income housed families in the same community. Families are evaluated on income, social supports, mental and physical health, and life events like exposure to violence. Homeless families were significantly more likely (46% vs. 17%) to have an

annual income under \$7,000. More homeless families reported emotional and physical abuse (91.6% vs 81.1%). They were also more likely to have experienced intimate partner or family violence (87.7% vs. 79.1%).

Becoming a Data Driven System: Columbus, Ohio 2010, National Alliance to End Homelessness, Washington, DC.

This brief report from NAEH examines Columbus's use of performance-based contracts to reduce rates of entry into homelessness. The Columbus Continuum of Care (the group that receives federal funding and distributes it to individual shelter providers) tracks more than 30 client and program-level outcome measures that directly affect shelter census and concomitant costs; they include length of stay in shelter, client recidivism, changes in employment, and number of households served. These measures are folded into 15 system-wide measures, and each program has benchmarks suited to their needs and population. Achieving 90% or better of a numerical target and within five percentage points of a percentage goal is considered success, and providers falling significantly and consistently short are considered "low performers" or "of concern." Low performing programs must participate in a "Quality Improvement Intervention Program" in which the area's largest provider, the Columbus Shelter Board, provides support through quarterly dialogues, technical assistance, and continuous monitoring. Programs that continue to fail can be referred to the U.S. Department of Housing and Urban Development's Technical Review Committee for additional assistance or be defunded.

Burt, MR, Pearson, CL, Montgomery, AE 2005 Strategies for Preventing Homelessness, U.S. Department of Housing and Urban Development.

Burt and her coauthors provide the broadest analysis of homelessness prevention in the United States and while the report is seven years old its central themes remain important. The authors discuss homelessness prevention generally, with a focus on challenges and good practices, and delve into six case studies of six municipalities. The authors, similar to Shinn et al (1998) assert that while it is relatively easy to offer prevention strategies that help single individuals it is difficult to do so on any larger scale without prohibitive inefficiency. They argue that judging the success of a prevention activity must account for the whether the program seeks to prevent primary, secondary, or tertiary homelessness: small improvements in primary prevention can be effective because the eligibility pool is so large, but secondary and tertiary prevention should show stronger effects because the sample is much smaller and well-defined. In their study of the six municipalities, the authors find distinct activities that contribute to a successful prevention program:

- Housing subsidies
- Supportive services coupled with permanent housing
- Mediation in housing courts
- Cash assistance for rent or mortgage arrears

Campbell, GJ & McCarthy, E 2000, 'Conveying Mission Through Outcome Measures: Services to the Homeless in New York City', *Policy Studies*, vol. 28, no. 2, pp. 338--352.

Campbell and McCarthy describe the effort by New York City's Department of Homeless Services (DHS) to privatize the City's municipal shelters and manage them through performance-based contracts. The effort was part of a philosophical change from managing homelessness toward providing a complete continuum of services to address clients' multiple needs. Prior to implementing the new system, DHS changed its mission statement and outlined a clear set of priorities that were reflected in its shelter contracts; they included a reduced shelter census, increased placements into permanent housing, and reduced length of stay. DHS conducted ongoing meetings with providers to share data and collaboratively discuss homelessness reduction strategies. DHS was also flexible in its methods, and after six months of tracking data adjusted several targets that were unachievable. Providers were eligible for 3% increases or decreases to their base budgets, and were rated against standard targets rather than against each other to increase collaboration across shelters. Incentives could be used to improve any aspect of the facility or program, or could be used as a management tool to reward effective caseworkers and managers.

Culhane, DP, Metraux, S, Park, JM, Schretzman, M & Valente, J 2007, *Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning*, *Housing Policy Debate*, vol. 18, no. 1, pp. 1--26.

The authors use cluster analyses to test the fit of hypothesized typologies of homelessness using administrative data from four jurisdictions. Kuhn and Culhane (1998) had previously identified three distinct categories of homelessness among unaccompanied adults: (a) transitional, marked by one or two short spells of homelessness; (b) episodic, categorized by a pattern of frequent shelter spells over a period of years; and (c) chronic, which tends to include long spells over a period of years. The vast majority (80%) of the sample was transitional, and the remaining 20% were evenly split between episodic and transitional homelessness. This study extends those typologies to families with children in Philadelphia, New York City, Massachusetts, and Columbus, Ohio, and finds that the same patterns remain broadly true: 74% of cases were transitionally homeless, 5% were episodically homeless, and the remaining 21% were chronically homeless. Similar to single adults, the minority of shelter users in the episodic and chronic categories used the vast majority of shelter days and accounted for the greatest costs. In New York City, for example, sheltering the average transitional family cost \$13,900, but a family in the long-staying groups costs \$55,200. Results were mixed when examining effects of race and ethnicity, although youngest heads of household were overrepresented among episodic families and the oldest overrepresented among the chronically homeless. Findings also suggest that families with the longest shelter stays have rates of intensive service use, disability and unemployment lower than or not significantly different from the transitional cluster.

Curtis, MA, Corman, H, Noonan, K & Reichman, N 2011, Life Shocks and Homelessness, National Bureau of Economic Research, Cambridge, MA.

Curtis et al examine the effect of exogenous, unexpected life shocks on the homelessness of low-income families. This is the first study that seeks to do this with individual-level data, and uses the birth of a child with a severe, random health condition as their random event. They use the Fragile Families and Child Wellbeing survey, which follows a cohort of parents and their children in 20 large US cities. The study randomly samples births that occurred between 1998 and 2000 in 75 hospitals, and has a final sample of 3,164 who had available medical records, had no missing data on key variables, and completed the three-year survey. Homelessness is self-reported and defined to measure a “lack of a fixed, regular, and adequate nighttime residence, or residence in a temporary accommodation (shelter, transitional housing or welfare hotel) or in a public or private place not intended for residence (e.g., car or abandoned building). Baseline economic, housing stability, and mental and physical health characteristics are taken prior to the birth and they, along with the child’s gender, are used as controls. The study finds that the most severe poor infant health conditions have a significant positive impact on traditional homelessness of six percentage points (compared to the sample average of three percentage points), and the authors suggest that other, equally significant life shocks could have a similarly large impact on homelessness.

Cutuli, JJ, Desjardins, CD, Herbers, JE, Long, JD, Heistad, D, Chan, C, Hinz, E & Masten, AS 2012, ‘Academic Achievement Trajectories of Homeless and Highly Mobile Students: Resilience in the Context of Chronic and Acute Risk’, Child Development, In Press.

Cutuli and his coauthors look at whether homeless and highly mobile (HHM) children scored lower in standard measures of academic achievement when compared to other poor children. Their review of the relevant literature finds homelessness and residential mobility is generally found to be negatively correlated with academic success, although a few studies have found those differences to be insignificant. This study finds that HHM children scored lower than their peers in both math and reading, consistently scoring within or beyond a full standard deviation of the national average. It also found these effects were chronic, and persisted beyond the years of homelessness or high mobility.

Hennepin County, MN: Promising Strategy for Assessment of the Targeting of Homelessness Prevention Resources 2011, National Alliance to End Homelessness, Washington, DC.

In 2010 Hennepin County (which houses Minneapolis and some of its surrounding suburbs) undertook an evaluation of the targeting of its homelessness prevention program that has been in operation since 1993. It used administrative data to compare the characteristics of families who received prevention assistance with those who actually became homeless. The county finds some areas with significant differences between the two groups. Ninety-four percent of homeless families had incomes below \$1,000 per

month, compared to 40% of prevention recipients; logically following from that, homeless families also spent significantly larger shares of their income on rent. Homeless families were also more likely to have histories of homelessness and to be under 22 years old. The county responded by changing its screening tool accordingly; families with younger heads of household, lower incomes, and histories of homelessness were given higher priority than under the previous assessment regime. The county has also recognized that, while statistics measuring the percentage of prevention recipients who become homeless now look worse on their face, they are now serving a more vulnerable population more likely to become homeless.

Hinton, S and Cassel, D. 2012, Exploring the Lived Experience of Homeless Families with young Children. *Early Childhood Education Journal* November 2012 (published online).

This study researched the experiences of homeless families with young children between the ages of four and eight to identify the potential role of childhood educators in helping and supporting children experiencing homelessness. The research investigated the experience of families living in a faith based emergency shelter in the southwestern US. The shelter has a maximum 30 day emergency stay. But if families agree to participate in faith based programming can remain over a longer term. They participate in a four step program: anger management, spirituality, addiction control and transition to life outside of the shelter with a goal of equipping participants to be successful in rehousing stability. Eight families voluntarily participated in the research study. The majority in the study case completed this program in 10-12 months. Researchers were present in the shelter and involved in activities as participant observer. In addition, weekly interviews lasting roughly 1 hr were conducted on a weekly basis. Data were gathered into three themes: (1) reasons families with young children become homeless, (2) beneficial resources available to families and their perceptions of those resources, and (3) effects of homeless living situations on young children's development. The first category indicates reasons for homelessness. Reasons varied, but most included unhappy childhood, teenage pregnancy inability to remain in high school and inability to secure employment without high school education (5/ had no parental involvement/help). It was noted that while support was provided, there was a lack of support and help in developing educational parenting skills. Many children had underdeveloped vocabulary and were not assisted via parents reading to or with them. There was weak understanding about the importance of early childhood education and the role of parents in enhancing this. The study concluded that early educators could help by taking a more pro-active role with children experiencing homelessness.

Hernandez, A, Schulz, B, Stambolis, L, Truax, J, Wilcox, D & Meinbresse, M 2011, Emotional and Cognitive Impact of Chronic Homelessness on a Child, *Health Care for the Homeless Clinicians' Network & National Health Care for the Homeless Council*.

This report documents the path into and out of homelessness and the effects of that homelessness on a seven year old African American male in Baltimore named John. His mother, a 29 year old African American, dropped out of college when she was pregnant

with him. He has been in and out of shelter and transitional housing programs his entire life. John was diagnosed with asthma at age two, and at three years and eight months old was referred to a preschool for homeless children. There, he was diagnosed with language delays and soon after was referred to counseling because of tantrums, mood swings, withdrawal, and trauma from his repeated homelessness. John was also diagnosed with attention deficit hyperactivity disorder (ADHD), and continued to have behavioral problems in and out of school. He received attention counseling from the initial diagnosis of language delays through the entirety of the study period. The review of John's file shows delays in both receptive and expressive speech development upon entry into preschool that improved through the study period. John achieved satisfactory academic performance, but the report's authors were unable to access records concerning his mental health status. The report's authors find John's behavioral and language issues and delays were consistent with those of children with similar experiences. They make several recommendations to ease the burden of homelessness on children, including advocating for child-friendly shelter environments, stronger relationships with a child's primary care provider, and an expansion of early intervention programs within and outside of the shelter.

Homelessness Prevention and Rapid Re-Housing for Survivors of Domestic Violence 2011, National Alliance to End Homelessness.

NAEH provides a summary of community-led efforts to use homelessness prevention and rapid re-housing strategies to meet the needs of domestic violence survivors. More than 37,000 domestic violence survivors and their children in the United States rely on some sort of transitional housing each day. Many women leave their housing and seek shelter to escape domestic violence, while others face eviction because of actions taken by the batterer—for example, harassment of neighbors or a landlord, sabotaging employment opportunities, failing to pay child support, or using her identity to damage her credit.

Homelessness Prevention The Bill and Melinda Gates Foundation funds four programs in the state to provide homelessness prevention assistance for battered women; the programs can pay for rental assistance, advocacy, and other supports. Other programs are working to educate survivors and landlords about the legal protections granted to victims of domestic violence, including the provisions of the Violence Against Women Act that prohibit discrimination against women who are survivors of domestic violence in publicly assisted housing and make it easier for women to break a lease for their safety.

Rapid Re-housing Community-based providers also offer assistance to women who have entered housing instability or emergency shelter because of domestic violence. Some develop relationships with landlords and housing brokers to assist in a housing search. Others provide varying amounts of rental assistance, ranging anywhere from small monthly stipends to 100% of rent. A third category of providers offer advocacy and more general support, including job training, health care, and substance abuse treatment.

Huntington, N, Buckner, JC, Bassuk, E L 2008, 'Adaptation in Homeless Children: An Empirical Analysis' *American Behavioral Scientist*, vol. 51 no. 6, pp. 737 – 755.

The authors use a person-centered approach to evaluate whether homeless children are a generally homogenous group or whether they can be broken into distinct subgroups. Children were clustered on mental health and behavioral problems, adaptive functioning, and academic achievement/intelligence. The authors found significant heterogeneity within homeless children, and that two groups were optimal. One group – labeled “high functioning” made up 47% of the group and was marked by low behavioral health problems and high academic achievement. The lower functioning group scored on the opposite pattern. Lower functioning (53%) was correlated with higher rates of sexual and physical abuse.

Messeri, P, O'Flaherty, B & Goodman, S 2011, *Can Homelessness Be Prevented? Evidence from New York City's Homebase Program*, Columbia University, New York, NY.

This working paper conducts a quasi-experimental evaluation of the Homebase program, a community-based homelessness prevention program in New York City. The program, managed by the City's Department of Homeless Services, was established on a pilot basis in six of the city's 59 community districts in November 2004, and was expanded citywide in June of 2007. Homebase helps families overcome immediate housing crises. Families seeking program assistance find the programs on their own, are referred by another social service provider, or are sent there from the shelter system's intake center. Providers offer a wide array of services, including landlord mediation, legal assistance, short-term financial assistance, mental health and substance abuse services, child care services, and job search assistance. The authors find that Homebase reduces shelter entries by between 10 and 20 for every 100 cases. Beyond the scope of this paper, there is an ongoing randomized control trial to further evaluate the program and its cost-effectiveness.

O'Flaherty, B & Wu, T 2006, 'Fewer Subsidized Exits and a Recession: How New York City's Family Homeless Shelter Population Became Intense', *Journal of Housing Economics*, vol. 15, pp. 99-- 125.

This paper uses policy and macroeconomic conditions to explain the rise of family homelessness in New York City from 1997 through 2003. While the analysis includes families with and without children, those with children make up the vast majority of the sample and their dynamics subsequently drive the observed effects. During the six year period being studied the end of month nightly family shelter census increased from approximately 6,000 to approximately 9,000 families. Policy indicators measured are: types of shelter being used (scatter site, tier 2, and hotels), subsidized placements from shelter, and public housing rentals; macroeconomic indicators include an index of New York City economic conditions compiled by the New York Federal Reserve, rental rates, and cocaine births. The authors find that the two most significant factors in the census increase were the recession and the policy-driven reduction in placements from shelter to

subsidized housing. They also found, as did Weinreb (2010), that natural exits increased slightly as subsidized housing placements decreased, although not enough to compensate for the reduction in placements.

Promising Strategy: Idaho Department of Health and Welfare and the Charitable Assistance to Community Homeless (CATCH) Program 2010. National Alliance to End Homelessness

The CATCH program packages resources from multiple sources into a comprehensive set of services aimed at rapidly re-housing families experiencing homelessness. Funds come through TANF, the regional government, religious congregations, local businesses, and charitable organizations. The program requires families to actively work toward self-sufficiency, even if they are not currently employed. It serves approximately 15 families at any given time, and 30 at each of its two sites over the course of a year. It provides:

- Housing search assistance by building relationships with landlords
- Furniture and household supplies to families moving into their own housing
- Employment assistance. CATCH provides this assistance after a family has been housed for a month, to increase the stability of the housing
- Full rental assistance (generally between \$500 and \$800) for six months. Additional funding is available if necessary, although the program aims to have the family self-sufficient in that time.
- Intensive case-management with a Licensed Clinical Social Worker to provide emotional support and encouragement, job and life skills training, budget counseling, individual and family counseling, advocacy and referrals to community resources
- Asset development and financial literacy training. The program partners with three banks, which provide \$100 and a savings account to each family (and a one-to-one match for each dollar a family has saved up to \$1,000).

Promising Strategies: Mercer County Board of Social Services and Mercer Alliance to End Homelessness 2012, National Alliance to End Homelessness, Washington, DC.

This program brief describes Mercer County, New Jersey's expansion of rapid re-housing services and innovative use of Temporary Assistance for Needy Families (TANF) money to help families move from shelter to permanent housing. A 2008 financial audit from the Mercer Alliance to End Homelessness found that the annual cost of sheltering its families was nearly \$10 million per year, and that few families were able to access existing time-limited rental subsidies because they were only available to working families. The county received permission from the State to allocate TANF funding toward a rapid re-housing pilot, and received a demonstration grant from the Department of Housing and Urban Development. Now, only families with the most severe housing challenges are referred to transitional housing and the vast majority, needing minimal

services, receives rapid re-housing assistance. Under the new model, program staff visit prospective apartments for their clients, help negotiate rents, and review leases; in addition, families on TANF are eligible to receive up to two years of emergency rental assistance. Over the two-year period since program implementation, the county's daily shelter census has decreased by 20%, and clients are spending an average of 30 fewer days in shelter (from 87 to 57 days).

Rog, DJ & Buckner, JC 2007, *Homeless Families and Children*, 2007 National Symposium on Homelessness Research.

The authors conduct a thorough and broad literature review of family homelessness, examining articles from the early 1980s through 2007. It covers systemic and individual causes of homelessness (including human and social capital among homeless families, physical and mental health needs, substance abuse, residential instability); the effects of homelessness on families and children (mental health and behavior, education-related problems, health, and development) and strategies being employed to reduce and end family homelessness. Because many of the topics covered here are discussed in other papers described in this annotated bibliography, this will include fairly high-level highlights. Regarding causes and characteristics of homeless families, the authors note that large supportive social networks are protective against homelessness, conflict with those social networks, particularly conflicts with siblings, were destructive and often impaired mental health. Homeless families tended to be younger and larger than their housed counterparts; they are also less likely to be working although their educational attainment is comparable to other poor families. They are more likely than other poor families to have suffered violence and abuse as children and adults, and have more physical and mental health issues – depression being pervasive. Several studies looking at the effects of homelessness on children have found no effect on mental health, although they were more likely to exhibit aggressive behavior than other poor children and develop physical health problems. Homeless children have also generally been found to have more disrupted school attendance and academic underperformance than other poor children, although a few studies have found evidence to the contrary. The authors also discuss solutions to ending homelessness. They find that rapid re-housing and rental subsidies with and without attached services are generally effective ways of stabilizing families. They also discuss homelessness prevention, and concede the targeting difficulties as described by Shinn et al (1998).

Shinn, M, Weitzman, BC, Stojanovic, D, Knickman, JR, Jimenez, L, Duchon, L, James, S & Krantz, DH 1998, 'Predictors of Homelessness Among Families in New York City: From Shelter Request to Housing Stability', *American Journal of Public Health*, vol. 88, no. 11, pp. 1651-- 1657.

Shinn et al describe predictors of shelter use for a cohort of poor families in New York City and unsuccessfully attempts to develop a model predicting which families will become homeless. This is among the first and most cited articles regarding targeting of homelessness prevention services and predictors of shelter entry. Demographic characteristics and housing factors were the most important factors in the model.

African-American families and families in which the mother was pregnant or had given birth in the past year were the most likely to request shelter. Overcrowding and frequent moves also increased a family's risk of shelter use, while having their own apartment and having subsidized housing were protective of shelter. Of families who used shelter after the initial interview, those who received a housing subsidy were far more likely to have stable housing at follow-up than those who did not – families receiving a subsidy had odds of being in stable housing were more than 20 times greater than other families, and they were more than twice as likely to be in their own apartment. Despite these findings, the authors were unable to develop a reliable model predicting who would seek shelter. Their best model correctly predicted shelter entrants 66% of the time with a 10% false positive rate; in other words – if 10,000 families are being examined by the model and 60 enter shelter, the model would correctly identify 40 of them, and would incorrectly predict 994 to enter shelter.

Toohey, SM, Shinn, M & Weitzman, BC 2004, "Social Networks and Homelessness Among Women Heads of Household", *American Journal of Community Psychology*, vol. 33, no. 1, pp. 7--20.

Toohey and his coauthors examine the social networks of women in poor families before and after they become homeless and compare them to the networks of poor families who remain housed. Prior research was inconclusive on the effects of social capital on homelessness. One published study found no significant difference in the size, composition, and type of social supports for homeless and non-homeless families, while others have found evidence of a negative correlation between social support and homelessness. This study looks at 542 women receiving public assistance in New York City, 291 who were consistently housed and 251 that experienced homelessness. At Time 1 (immediately prior to homelessness), a greater proportion of homeless than housed respondents reported having a mother, grandmother, close relative or close friend in their network, but the reverse was true when asked if any of these people could be a housing resource. After homelessness, at Time 2, the difference in the proportion identifying a close relative in their social network deteriorated, and there was a significant increase in the proportion of the homeless group identifying a housing resource among their social network.

Treglia, D & Metraux, S 2011, *Housing Court-based Interventions as a means of Homelessness Prevention: An Evaluation of New York City's Housing Help Program*, Working Paper, Presented at the Association of Public Policy & Management (APPAM) Annual Research Conference, Washington, DC.

The authors evaluate the pilot of the Housing Help Program (HHP), an anti-eviction and homelessness prevention program in New York City. They cite several articles documenting the disadvantages faced by tenants facing eviction – noting that less than 10% of them have representation (compared to more than 70 percent of landlords) and are generally unprepared for the rules and norms of the courtroom. The program was piloted in one high-needs neighborhood in the Bronx. Residents from the eligible zipcode who showed up at the Bronx Housing Court in response to an order of eviction

were automatically referred to the program office; there they were screened for eligibility based on family type (only families with children were eligible) and income (under 200% of FPL). Once eligibility was confirmed and an intake assessment completed, the client was assigned to receive either brief or full legal services. Brief legal services, guided by paralegals, were provided to 65% of cases, and includes a full array of legal services except for representation in court (although a case could change from brief to full if necessary). HHP clients were also eligible for more traditional social services that included benefits advocacy, rental arrears grants, application assistance for housing subsidies, and connections to charities to help pay rental security deposits and other looming expenses. Should the client need social services beyond the period of their eviction proceedings, they were referred to a local homelessness-prevention program, Homebase.

The program was compared to a pre-existing more narrowly defined anti-eviction program. The Housing Help Program reduced shelter entry into shelter by 1.9 percentage points over three years (9.4% to 7.6%), and in a multiple Cox proportional hazard model, likelihood of entering shelter was reduced by 26%.

Weinreb, L, Goldberg, R & Perloff, J 1998, 'Health Characteristics and Medical Service Use Patterns of Sheltered Homeless and Low-Income Housed Mothers', *Journal of General Internal Medicine*, vol. 13, pp. 389--397.

The authors conducted structured interviews with 220 shelter homeless mothers and 216 low-income housed mothers to assess differences in health and health care service use. Each woman completed four interview protocols in a series of three to four sessions that lasted a total of approximately 10 hours. The study found that rates of childhood and adult victimization were large for both groups relative to the general population, and a significantly larger group of homeless women reported severe violence by an adult partner (63% vs 58%). Both groups had high rates of asthma, anemia, and ulcer disease, and almost one-half in both groups reported the presence of at least one chronic condition. More homeless women reported using injectable drugs and engaging in other risky behaviors at some point in their lives than housed women. Homeless women also had patterns of health care use that reflected general instability. They had significantly higher rates of emergency room visits and hospitalization (15.6% vs. 9% for housed women), and were more likely to receive care from a community clinic rather than a physician's office.

Wong, YI, Culhane, DP & Kuhn, R 1997, 'Predictors of Exit and Reentry among Family Shelter Users in New York City', *Social Services Review*, vol. 71, no. 3, pp. 441--462.

This study explores the extent to which individual and family-level factors predict length of shelter stay among families with children exiting shelter in Worcester, Massachusetts. The authors use a combination of interview and administrative data: number of days in shelter as determined by administrative records is the main dependent variable, and policy-level and demographic factors including age, gender, mental health, substance

abuse, debt, current benefits receipt, employment histories, residential histories, family composition, prior abuse and age were the independent variables. Family heads of household were on average 30 years old at the time of shelter exit; most reported having a high school diploma or GED, and 95% had been employed at some point in the past. Seventy-two percent lived with their parents or were doubled up with a friend or family member immediately prior to their shelter entry, and about half reported at least one prior episode of homelessness. The average length of stay for the sample of 121 families was 197 days. Recent drug or alcohol abuse increased length of stay by an average of 85 days, and families exiting to a housing subsidy stayed an average of 66 days longer than those who exited without one. Most of the demographic variables did not have significant coefficients. The authors posit, as do O'Flaherty and Wu (2006) that it is possible that families stay in shelter longer in order to receive a subsidy.

Zima, BT, Bussing, R, Forness, SR, Benjamin, B 1997, 'Sheltered Homeless Children: Their Eligibility and Unmet Need for Special Education Evaluations', *American Journal of Public Health*, vol. 87, no 2, pp. 236—240.

The authors examine the ability of homeless children with behavioral disorders to receive the special education evaluations for which they are eligible. They conduct a cross-sectional study of 118 parents and 169 children aged 6- 12 in sheltered families experiencing homelessness in Los Angeles, The authors find that while almost half (45%) of children met the criteria for receiving an evaluation, only 22% had ever received special education testing or placement.

## ***Bibliography - Australia***

Bartholomew, T (1999). *A Long Way From Home: Family homelessness in the current welfare context*. The Salvation Army, Geelong.

Chamberlain, C. and D. MacKenzie (1992). "Understanding Contemporary Homelessness: Issues of Definition and Meaning." *Australian Journal of Social Issues* 27(4): 274-297.

Cloc, Z. and M. Lake (2007). "Prevention is Better Than Cure - Early Intervention and Preventing Family Homelessness." *Parity* 20(5): 59-60.

Cookson Cumins & Associates (2005). *Family Makeover Project Report*, Department of Family and Community Services.

Cooper, R. (2001). *The intersection of space and homelessness in central Auckland*, unpublished MA thesis, University of Auckland.

Department of Family and Community Services (2012b). "Accommodation, renting and homelessness."

Department of Human Services (2012a). "Families." Retrieved 8/1/13, from <http://www.humanservices.gov.au/customer/themes/families>.

Efron et al (1996). "Children in homeless families in Melbourne: health status and use of health services" *Medical Journal of Australia* 165(11/12): 630-633

FaHCSIA (2012). "National Partnership Agreement on Homelessness, Latest News." Retrieved 6/1/13, from <http://www.fahcsia.gov.au/our-responsibilities/housing-support/programs-services/homelessness/national-partnership-agreement-on-homelessness>.

Kirkman, M., et al. (2010). "'Are we moving again this week?' Children's experiences of homelessness in Victoria, Australia." *Social Science & Medicine* 70: 994-1001.

Kolar, V. (2004). *Home First: A longitudinal study of outcomes for families who have experienced homelessness*. South Melbourne, VIC, Hanover Welfare Services.

Laurenson, P. and D. Collins (2007). "Beyond Punitive Regulation? New Zealand Local Governments' Responses to Homelessness." *Antipode*: 649-667.

MacKenzie, D. (2012). *Homelessness: Definitions*. International Encyclopedia of Housing and Home, Routledge.

MacKenzie, D., et al. (2007). *Household Organisational Management Expenses (HOME) Advice Program, Evaluation Report 2007*, Department of Families, Community Services and Indigenous Affairs.

Mallett, D. S. (2012). *Family homelessness research in Australia: where to from here?*. Homelessness Research Conference, Melbourne, VIC.

McArthur, M., et al. (2006). "'Dad, Where are we Going to Live Now?' Exploring Fathers' Experiences of Homelessness." *Australian Social Work* 59(3): 288-300.

Noble-Carr, D (2006) The experiences and effects of family homelessness for children: a literature review. Institute of Child Protection Studies, ACU National for the ACT Dept of Disability, Housing and Community Services. Dickson, ACT.

RPR Consulting (2005). Family Homelessness Prevention Pilot, Final Evaluation Report. Canberra, ACT, Commonwealth Department of Family and Community Services.

Supported Accommodation Assistance Act 1994 (Cth).

Toucan Consulting SA (2003). HAPPI Evaluation Report. South Australia, Centacare.

Walsh, P., et al. (2003). More Than Just a Roof: A study of family homelessness in Queensland. Brisbane, QLD, QUT Centre of Philanthropy and Nonprofit Studies.

### ***Bibliography – Canada***

Aubry, T Klodawsky, F, Nemiroff R, Birnie, S, & Bonetta C, 2007 Panel Study on Persons Who Are Homeless in Ottawa: Phase 2 Results Final Report. University of Ottawa.

Calgary Homeless Foundation State of Homelessness in Calgary: 2012 Report (February 2012).

Decter, Ann (2007) Kid Builders Project - Phase III: Lost in the Shuffle: the Impact of Homelessness on Children's Education in Toronto. Community Social Planning Council of Toronto.

Falvo, N 2009 Homelessness, Program Responses, and an Assessment of Toronto's Streets to Homes Program. CPRN Research Report.

Glasser, I Fournier L & Costopolis A. 1999 Homelessness In Québec City, Québec And Hartford, Connecticut: A Cross-National And Cross-Cultural Analysis Urban anthropology and studies of cultural systems and world economic development [0894-6019] yr:1999 vol:28 iss:2 pg:141.

HRSDC 1999, In partnership to help homeless people Canada's Homeless People: A Guide to the Supporting Communities Partnerships Initiative (SCPI). Ottawa.

Hulchanski, D, Emily Paradis, Sheila Batacharya, 2009 Family Homelessness: Research, Policy, Practice: A Symposium, U Toronto Cities Centre.

Krause, D & Dowling, P 2003, Family Homelessness: Causes and Solutions, Social Planning Council of BC.

Leo, C & Martine August, 2006 National Policy And Community Initiative: Mismanaging Homelessness In A Slow Growth City. Canadian Journal of Urban Research 15 (1) (supplement) 2006.

Paradis, Emily; Novac, Sylvia; Sarty, Monica & Hulchanski, J. David 2007. Better Off in a Shelter? A Year of Homelessness & Housing among Status Immigrant, Non-Status

Migrant, & Canadian-Born Families. Chapter 4.2 In Finding Home: Policy Options for Addressing Homelessness. U Toronto.

Piper, Melanie 2010 Everyday heroes: investigating strengths of formerly homeless families who have found stability within their community. MA Thesis, University of Victoria Faculty of Human and Social Development

Pomeroy, S (2007). Assessing Economic-Based Homelessness in Waterloo Region, Region of Waterloo

### ***Bibliography - UK***

Anderson, I 2007, 'Sustainable solutions to homelessness: the Scottish Case', European Journal of Homelessness, vol. 1, pp. 163 – 183.

Fitzpatrick, S, Harding, J, Irving, A, Pawson, H & Sosenko, F 2011, Evaluating Homelessness prevention in Newcastle, Edinburgh, Institute for Housing, Urban and Real Estate Research.

Fitzpatrick, S, Johnsen, S & Watts, B 2012b, International Homelessness Policy Review: A report to inform the review of homelessness legislation in Wales, Cardiff, University of Cardiff.

Fitzpatrick, S & Pawson, H 2007, 'Welfare Safety Net or Tenure of Choice? The Dilemma Facing Social Housing Policy in England', Housing Studies, vol. 22, no. 2, pp. 163-182.

Fitzpatrick, S, Pawson, H, Bramley, G & Wilcox, S 2012a, The homelessness monitor: Great Britain 2012, London, Crisis.

Fitzpatrick, S, Pawson, H, Bramley, G & Wilcox, S 2012c, The homelessness monitor Scotland 2012, London, Crisis.

Fitzpatrick, S & Pleace, N 2009, 'Family Homelessness' in Homelessness in the UK: Problems and Solutions, eds S Fitzpatrick, D Quilgars & N Pleace, Chartered Institute for Housing, London, pp. 21-37.

Fitzpatrick, S, Pleace, N, Stephens, M & Quilgars, Q 2009b, 'Introduction: An Overview of Homelessness in the UK' in Homelessness in the UK: Problems and Solutions, eds S Fitzpatrick, D, Quilgars & N, Pleace, Chartered Institute for Housing, London, pp. 1-20

Fitzpatrick, S & Stephens, M 2007, An International Review of Homelessness and Social Housing Policy, London, Department of Communities and Local Government.

Fitzpatrick, S & Watts, B 2010, 'The Right to Housing' for Homeless People' in Homeless Research in Europe, eds E O'Sullivan, V Busch-Geertsema, D Quilgars & N Pleace, Feantsa, Brussels, pp. 105-122.

Grimshaw, J 2008, Family Homelessness: Causes, consequences and the policy response in England, British Library, London.

Jones, A, Bretherton, J, Bowles, R and Croucher, K 2010, *The Effectiveness of Schemes to Enable Households at Risk of Domestic Violence to Remain in Their Own Homes*, London, Communities and Local Government.

Jones, A, Pleace, N & Quilgars, D 2002, *Firm Foundations: an Evaluation of the Shelter Homeless to Home Services*, London, Shelter.

McKee, K & Phillips, D 2012, 'Social Housing and Homelessness Policies: reconciling social justice and social mix?' in: *Social Justice and Social Policy in Scotland*, eds G Mooney & G Scott, Policy Press, Bristol, pp. 227-242.

Pawson, H 2007, 'Local Authority Homelessness Prevention in England: Empowering Consumers or Denying Rights?' *Housing Studies*, vol. 22, no. 6, pp. 867-883.

Pawson, H & Davidson, E 2008, 'Radically divergent? Homelessness Policy and Practice in Post-devolution Scotland', *International Journal of Housing Policy*, vol. 8, no. 1, pp. 39-60.

Pawson, H, Netto, G, Jones, C, Wager, F, Fancy, C & Lomax, D 2007, *Evaluating Homelessness Prevention*, London, Department for Communities and Local Government.

Pleace, N, Fitzpatrick, S, Johnsen, S, Quilgars, D & Sanderson, D 2008, *Statutory Homelessness in England: The Experience of Families and 16-17 year olds*, London, Communities and Local Government.

Pleace, N, Teller, N & Quilgars, D 2012, *Social Housing Allocation and Homelessness: EOH Comparative Studies on Homelessness 1*, Brussels, Feantsa.

Quilgars, D & Pleace, N 2010, *Meeting the Needs of Households at Risk of Domestic Violence in England: The Role of Accommodation and Housing-Related Support Services*, London, Communities and Local Government.

Shelter (2006) *Chance of a Lifetime: The Impact of Bad Housing on Children's Lives*. [http://england.shelter.org.uk/\\_data/assets/pdf\\_file/0009/66429/Chance\\_of\\_a\\_Lifetime.pdf](http://england.shelter.org.uk/_data/assets/pdf_file/0009/66429/Chance_of_a_Lifetime.pdf)

Stephens, M, Fitzpatrick, S, & Wallace, A 2010, *Study on Housing Exclusion: Welfare Policies, Housing Provision and Labour Markets. Country report for the United Kingdom*, Brussels, European Commission.

Tischler, V 2008, 'Resettlement and reintegration: Single mothers' reflections after homelessness', *Community, Work & Family*, vol. 11, no. 3, pp. 243-252.

Tischler, V, Rademeyer, A & Vostanis, P 2007, 'Mothers experiencing homelessness: mental health, support and social care needs', *Health and Social Care in the Community*, vol. 15, no. 3, pp. 246-253.

Tischler, V, Vostanis, P, Bellerby, T & Cumella, S 2002, 'Evaluation of a mental health outreach service for homeless families', *Archives of Disease in Childhood*, vol. 86, pp. 158-163.

White, C, Warrener, M, Reeves, A & La Valle, I 2008, *Family Intervention Projects: An Evaluation of their Design, Set-up and Early Outcomes*, London, National Centre for Social Research.

## ***Bibliography - US***

Bassuk, E.L., & Friedman, S.M. (2005). Facts on Trauma and Homeless Children. From the National Child Traumatic Stress Network, Homelessness and Extreme Poverty Working Group. Available from the National Child Traumatic Stress Network,

www.nctsnet.org

Bassuk, E.L. & Geller, S 2006, 'The Role of Housing and Services in Ending Family Homelessness', *Housing Policy Debate*, vol. 17, no. 4, pp. 781--799.

Bassuk, E.L., Weinreb, LF, Buckner, JC, Browne, A, Salomon, A, Bassuk, SS 1996, 'The Characteristics and Needs of Sheltered Homeless and Low-Income Housed Mothers', *Journal of the American Medical Association*, vol 276 no. 8, pp. 640 – 646.

Becoming a Data Driven System: Columbus, Ohio 2010, National Alliance to End Homelessness, Washington, DC.

Burt, MR, Pearson, CL, Montgomery, AE 2005 Strategies for Preventing Homelessness, U.S. Department of Housing and Urban Development.

Campbell, GJ & McCarthy, E 2000, 'Conveying Mission Through Outcome Measures: Services to the Homeless in New York City', *Policy Studies*, vol. 28, no. 2, pp. 338--352.

Changes in the HUD Definition of "Homeless" 2012, National Alliance to End Homelessness, Washington, DC.

Cortes, A, Leopold, J, Rothschild, L, Buron, L, Khadduri, J & Culhane, DP 2012, The 2011 Annual Homeless Assessment Report to Congress, Department of Housing and Urban Development, Washington, DC.

Culhane, Dennis P., Edmund F. Dejowski, Julie Ibañez, Elizabeth Needham & Irene Macchia (1994) Public Shelter Admission Rates In Philadelphia And New York City: The Implications Of Turnover For Sheltered Population Counts. *Housing Policy Debate*, Vo;5:2 pages 107-140

Culhane, DP, Metraux, S, Park, JM, Schretzman, M & Valente, J 2007, Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning', *Housing Policy Debate*, vol. 18, no. 1, pp. 1--26.

Curtis, MA, Corman, H, Noonan, K & Reichman, N 2011, Life Shocks and Homelessness, National Bureau of Economic Research, Cambridge, MA.

Cutuli, JJ, Desjardins, CD, Herbers, JE, Long, JD, Heistad, D, Chan, C, Hinz, E & Masten, AS 2012, 'Academic Achievement Trajectories of Homeless and Highly Mobile Students: Resilience in the Context of Chronic and Acute Risk', *Child Development*, In Press.

Hennepin County, MN: Promising Strategy for Assessment of the Targeting of Homelessness Prevention Resources 2011, National Alliance to End Homelessness, Washington, DC.

- Hernandez, A, Schulz, B, Stambolis, L, Truax, J, Wilcox, D & Meinbresse, M 2011, Emotional and Cognitive Impact of Chronic Homelessness on a Child, Health Care for the Homeless Clinicians' Network & National Health Care for the Homeless Council.
- Hinton, S and Cassel, D. 2012, Exploring the Lived Experience of Homeless Families with young Children. *Early Childhood Education Journal* November 2012 (published online).
- Homelessness Prevention and Rapid Re-Housing for Survivors of Domestic Violence 2011, National Alliance to End Homelessness.
- Huntington, N, Buckner, JC, Bassuk, EL 2008, 'Adaptation in Homeless Children: An Empirical Analysis' *American Behavioral Scientist*, vol. 51 no. 6, pp. 737 – 755.
- Messeri, P, O'Flaherty, B & Goodman, S 2011, Can Homelessness Be Prevented? Evidence from New York City's Homebase Program, Columbia University, New York, NY.
- O'Flaherty, B & Wu, T 2006, 'Fewer Subsidized Exits and a Recession: How New York City's Family Homeless Shelter Population Became Intense', *Journal of Housing Economics*, vol. 15, pp. 99-- 125.
- Promising Strategy: Idaho Department of Health and Welfare and the Charitable Assistance to Community Homeless (CATCH) Program
- Promising Strategies: Mercer County Board of Social Services and Mercer Alliane to End Homelessness 2012, National Alliance to End Homelessness, Washington, DC.
- Rog, DJ & Buckner, JC 2007, Homeless Families and Children, 2007 National Symposium on Homelessness Research.
- Shinn, M, Weitzman, BC, Stojanovic, D, Knickman, JR, Jimenez, L, Duchon, L, James, S & Krantz, DH 1998, 'Predictors of Homelessness Among Families in New York City: From Shelter Request to Housing Stability', *American Journal of Public Health*, vol. 88, no. 11, pp. 1651-- 1657.
- Summary of the HEARTH Act 2009, National Alliance to End Homelessness, Washington, DC.
- Toohey, SM, Shinn, M & Weitzman, BC 2004, "Social Networks and Homelessness Among Women Heads of Household", *American Journal of Community Psychology*, vol. 33, no. 1, pp. 7--20.
- Treglia, D & Metraux, S 2011, Housing Court-based Interventions as a means of Homelessness Prevention: An Evaluation of New York City's Housing Help Program, Working Paper, Presented at the Association of Public Policy & Management (APPAM) Annual Research Conference, Washington, DC.
- Weinreb, L, Goldberg, R & Perloff, J 1998, 'Health Characteristics and Medical Service Use Patterns of Sheltered Homeless and Low-Income Housed Mothers', *Journal of General Internal Medicine*, vol. 13, pp. 389--397.

Weinreb, L, Rog, DJ & Henderson, KA 2010, 'Exiting Shelter: An Epidemiological Analysis of Barriers and Facilitators for Families', *Social Service Review*, vol. 84, no. 4, pp. 597--614.

Wong, YI, Culhane, DP & Kuhn, R 1997, 'Predictors of Exit and Reentry among Family Shelter Users in New York City', *Social Services Review*, vol. 71, no. 3, pp. 441--462.

Zima, BT, Bussing, R, Forness, SR, Benjamin, B 1997, 'Sheltered Homeless Children: Their Eligibility and Unmet Need for Special Education Evaluations', *American Journal of Public Health*, vol. 87, no 2, pp. 236—240.