

SHIFT

Service and Housing Interventions
for Families in Transition



AMERICAN INSTITUTES FOR RESEARCH®

THE NATIONAL CENTER ON
Family Homelessness
for every child, a chance.

A practice area of
AIR's Human and
Social Development
Program



SHIFT STUDY

- Examined residential stability of families over time.
- Compared emergency shelter, transitional housing, permanent supportive housing.
- Longitudinal study: Baseline; 15 Months; 30 Months.
- Looked at housing and services provided “as is” in the community (not a demonstration project).
- Conducted in Rochester, Buffalo, Syracuse and Albany, NY from 2007 to 2010.
- Representative of mid-sized cities nationwide.

SHIFT STUDY

- SHIFT Study N = 292 families at Baseline; 192 at 15 Months; 184 at 30 months.
- Emergency Shelter (ES): Temporary or transitional short-term shelter for families—1 night to 3 months (45% of sample).
- Transitional Housing (TH): Housing and services to help families move to independent living within 24 months (41% of sample).
- Permanent Supportive Housing (PS): Long-term, community-based housing with supportive services for people with intense needs. Supportive services may be directly provided or by other agencies (14% of sample).

SHIFT STUDY



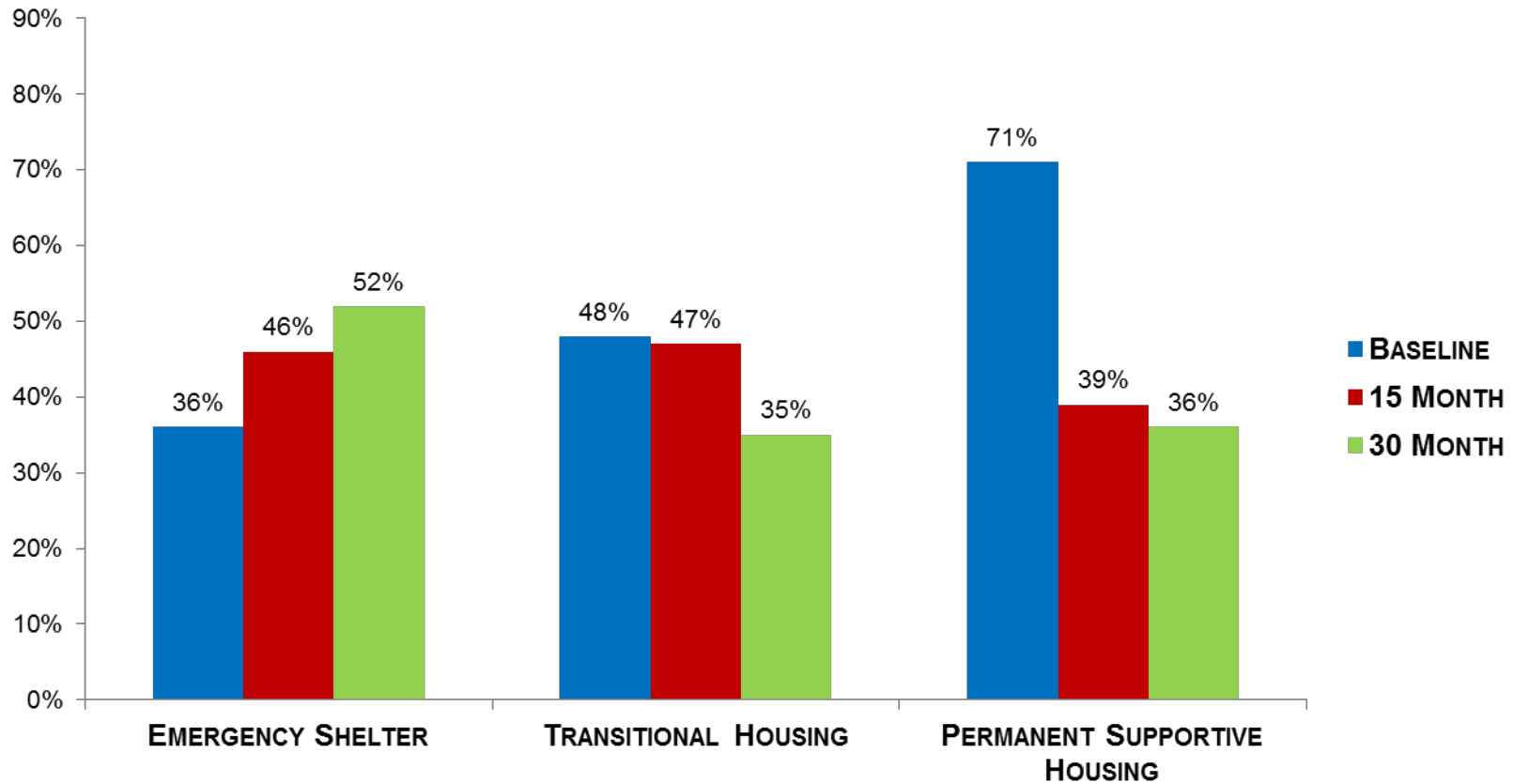
Assessment Domains

- Demographics.
- History of homelessness.
- Income, benefits, employment, education.
- Mother's physical health, trauma history, mental health, substance use, parenting.
- Child's physical health, behavioral problems, mental health, education.
- Services received (for mother and for children).

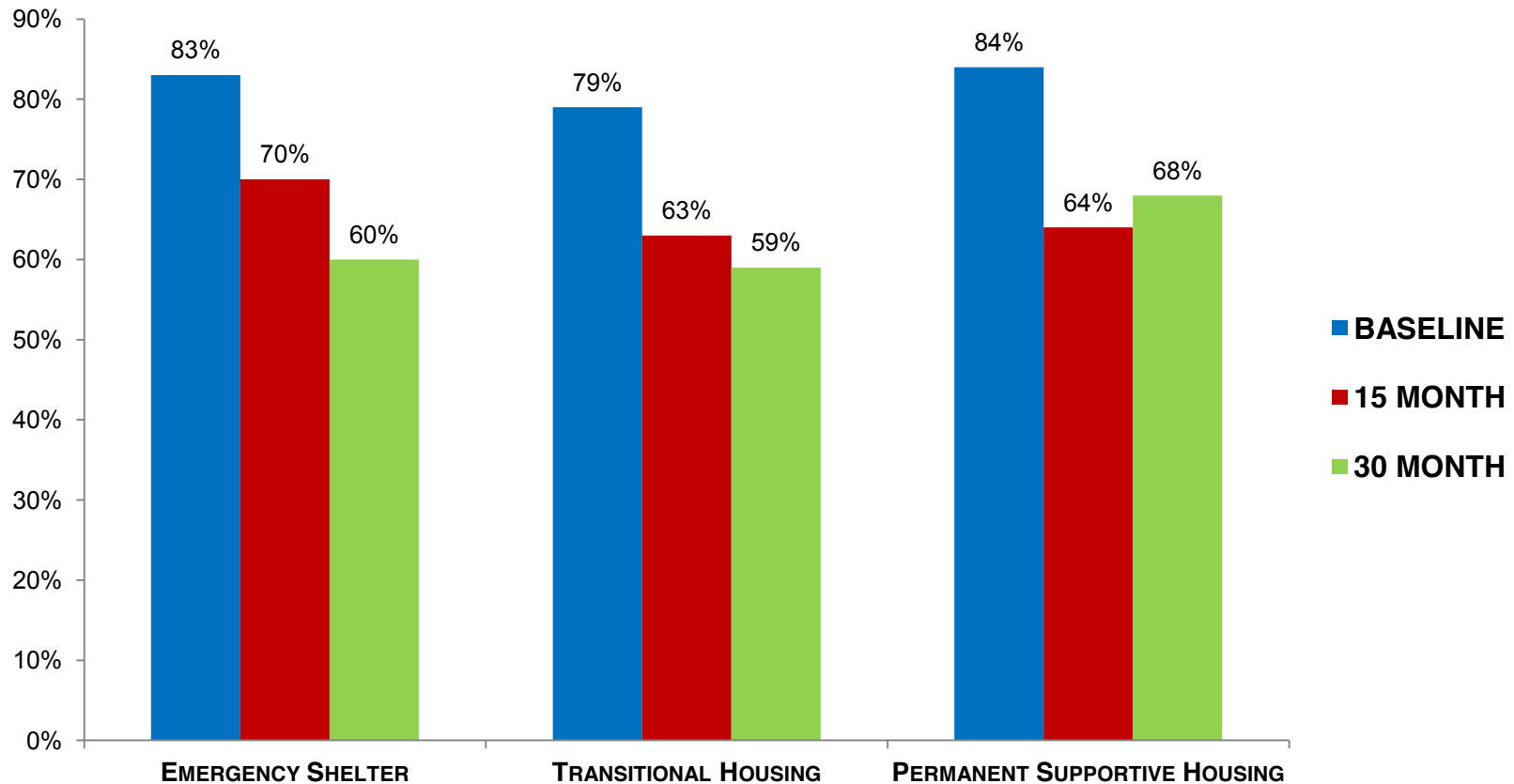
MOTHERS' CHARACTERISTICS

- Most mothers in their 20's; never married, with two or three children.
- Majority were African-American; one-quarter Caucasian; 14% Latina or “other.”
- More than one-third with no high school degree or GED.
- One-third graduated high school or obtained GED.
- Slightly less than one-third with some college or two-year degree.

TANF: BASELINE, 15 MONTHS AND 30 MONTHS



UNEMPLOYMENT OVER STUDY PERIOD IN ALL TYPES OF HOUSING PROGRAMS

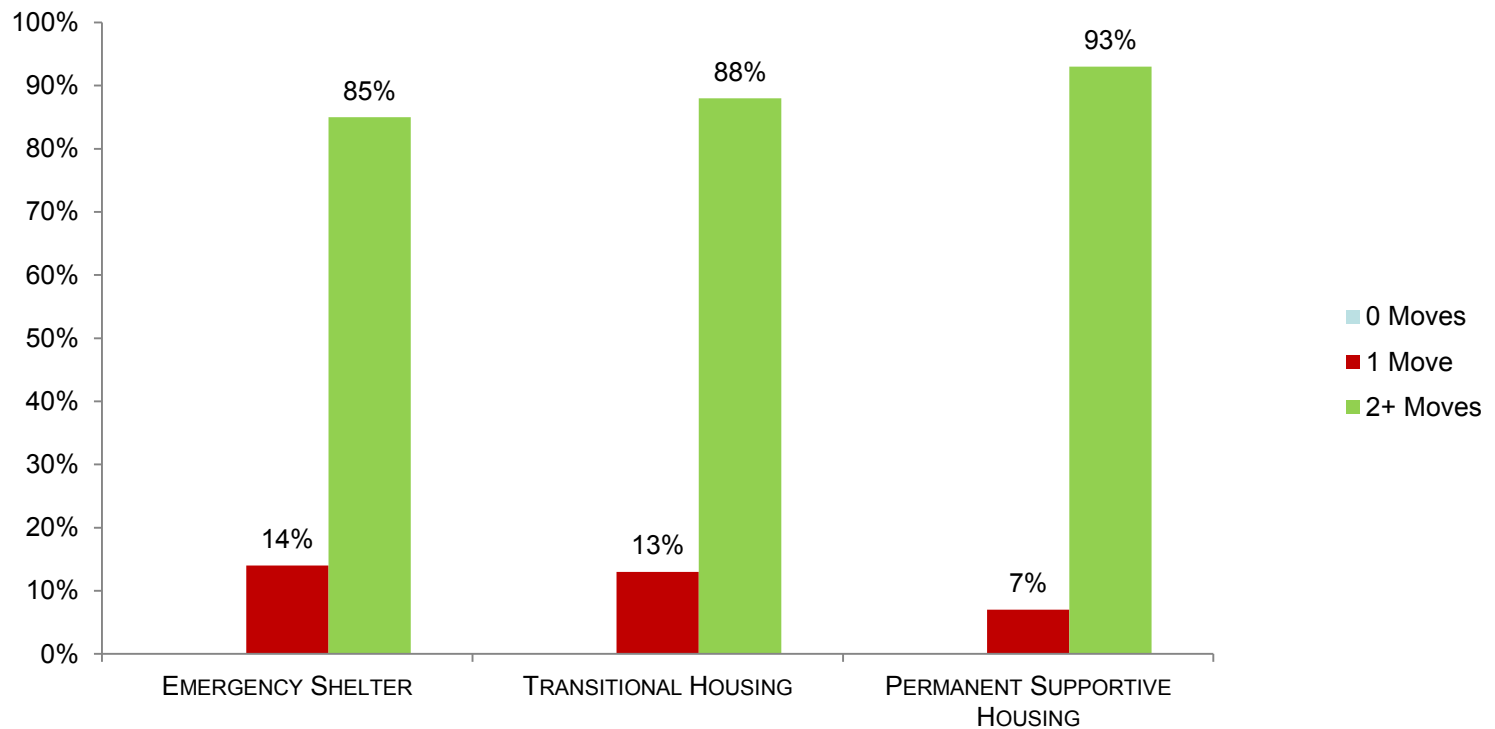


RESIDENTIAL INSTABILITY

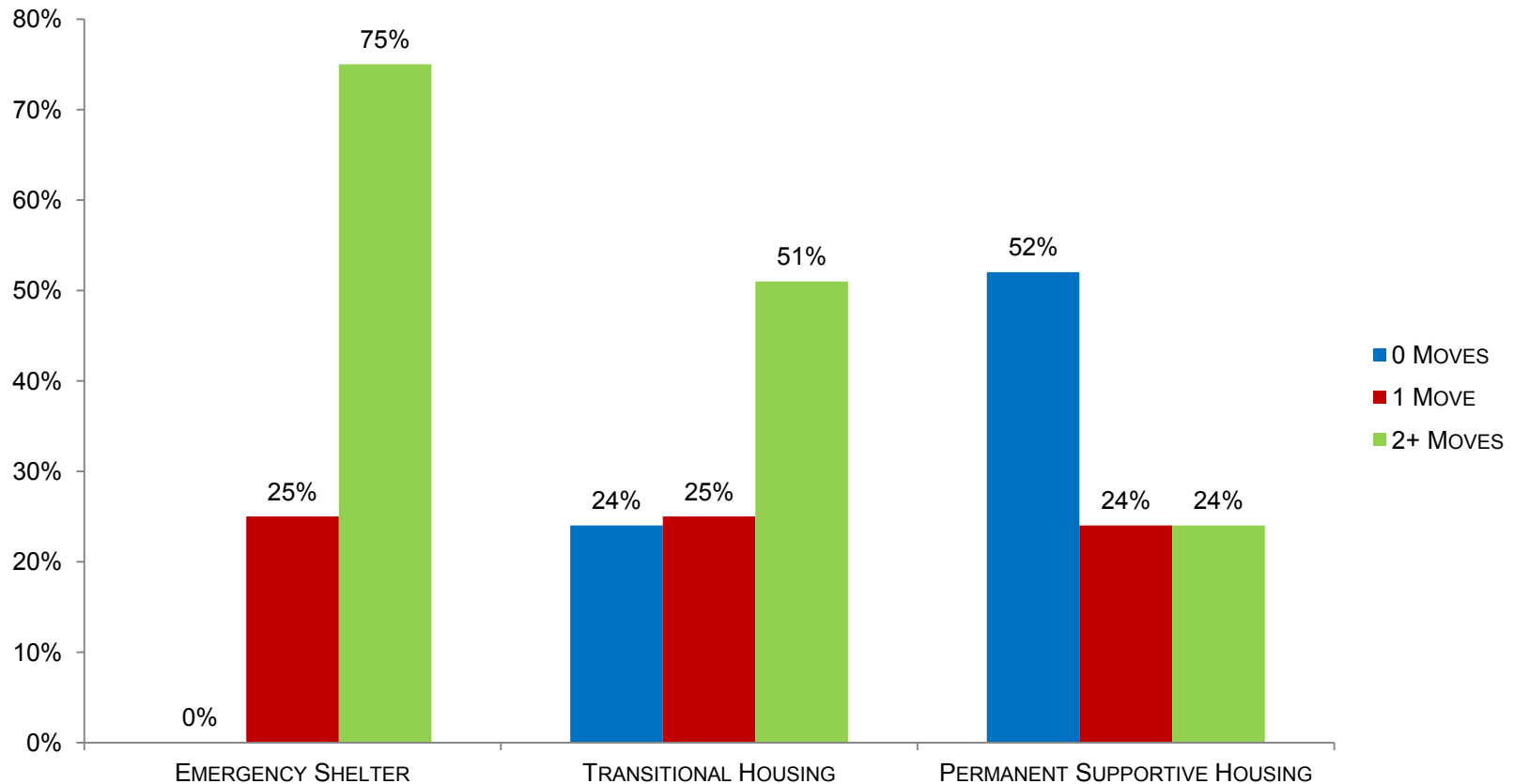
Families who moved once and had a rental subsidy were not considered residentially unstable because such a move may indicate a step towards stable housing. Using this conservative definition:

- At Baseline, 87% of families had moved multiple times in the previous 18 months.
- At 15 months, 63% of families were residentially unstable.
- At 30 months, half of families (49%) were still residentially unstable.

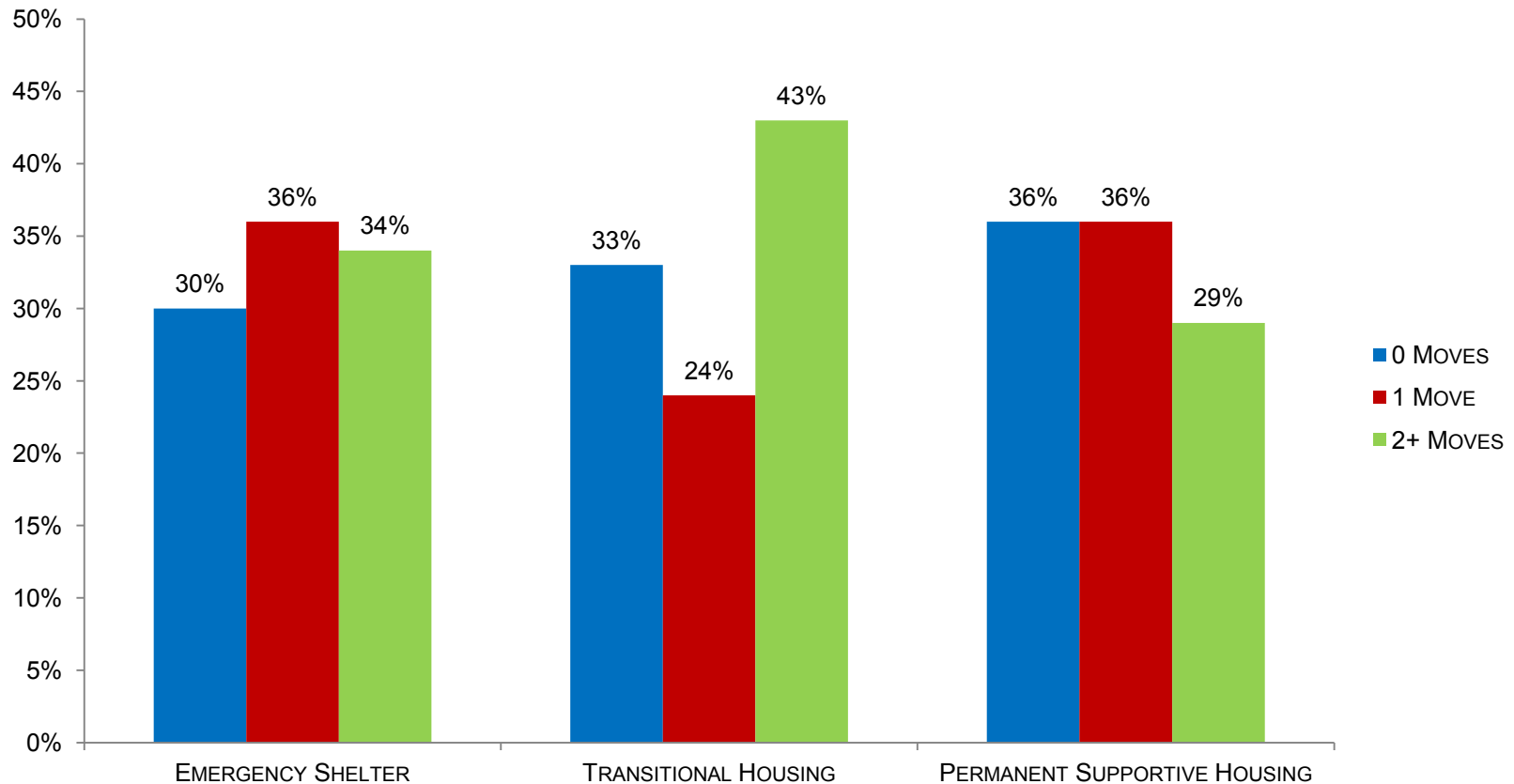
RESIDENTIAL MOBILITY: NUMBER OF MOVES 18 MONTHS BEFORE ENROLLMENT



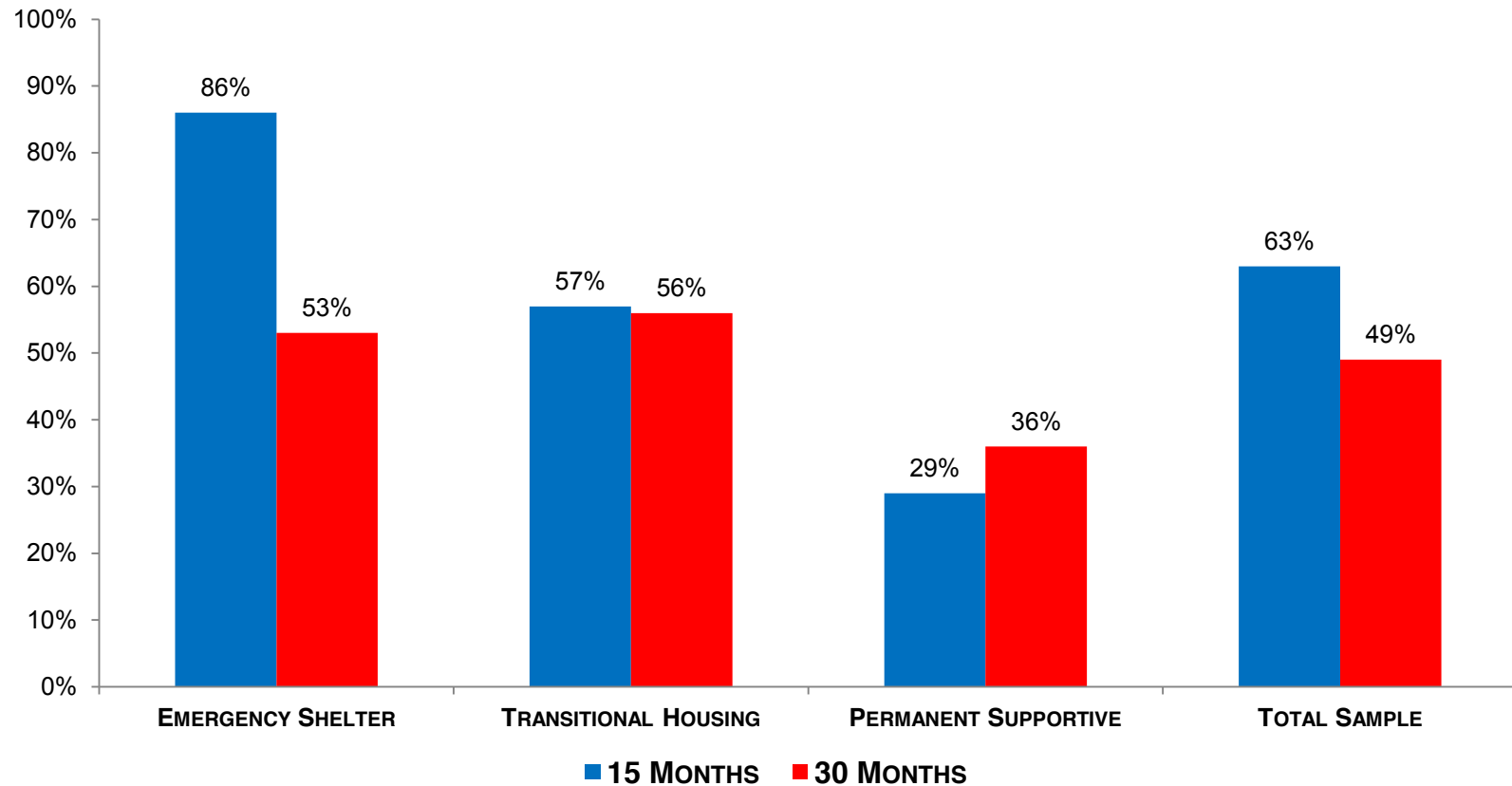
RESIDENTIAL MOBILITY: NUMBER OF MOVES BASELINE TO 15 MONTHS



RESIDENTIAL MOBILITY: NUMBER OF MOVES 15 MONTHS TO 30 MONTHS



RESIDENTIAL INSTABILITY: 15 MONTHS TO 30 MONTHS



CHANGE OVER TIME IN PREDICTORS OF RESIDENTIAL INSTABILITY

Four Significant Predictors At 15 Months:

- Lower level of education.
- Unemployment.
- Poor health.
- Lower self-esteem.

Two Significant Predictors At 30 Months:

- Lower self-esteem.
- Severity of Post Traumatic Stress Disorder (PTSD) symptoms.

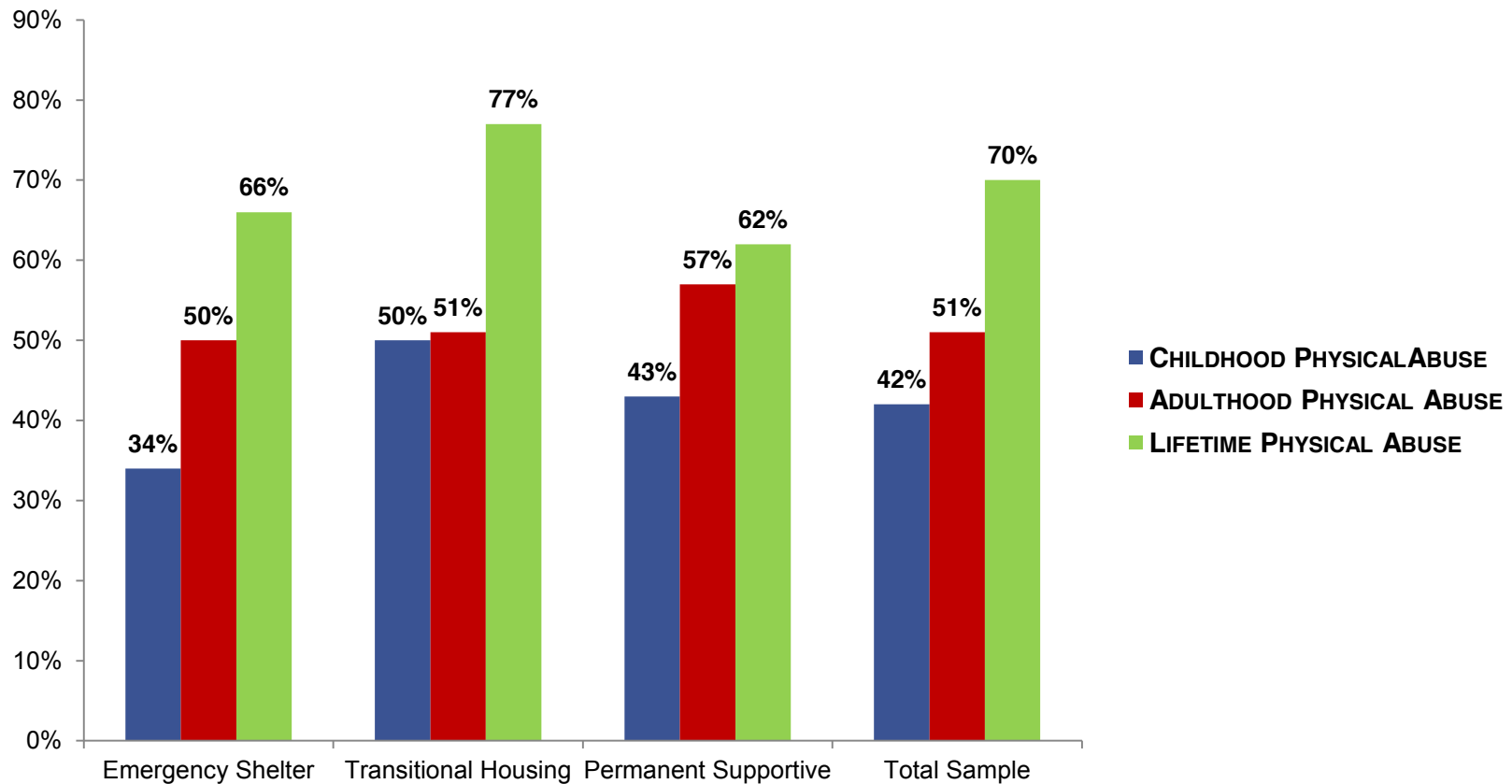
HIGH PREVALENCE OF LIFETIME TRAUMA FOR MOTHERS

- 93% of mothers with trauma history:
 - 81% experienced multiple traumas.
 - 79% traumatized as children.
- Interpersonal violence most common trauma:
 - Half of mothers sexually abused as children.
 - More than two-thirds of mothers physically abused as adults.

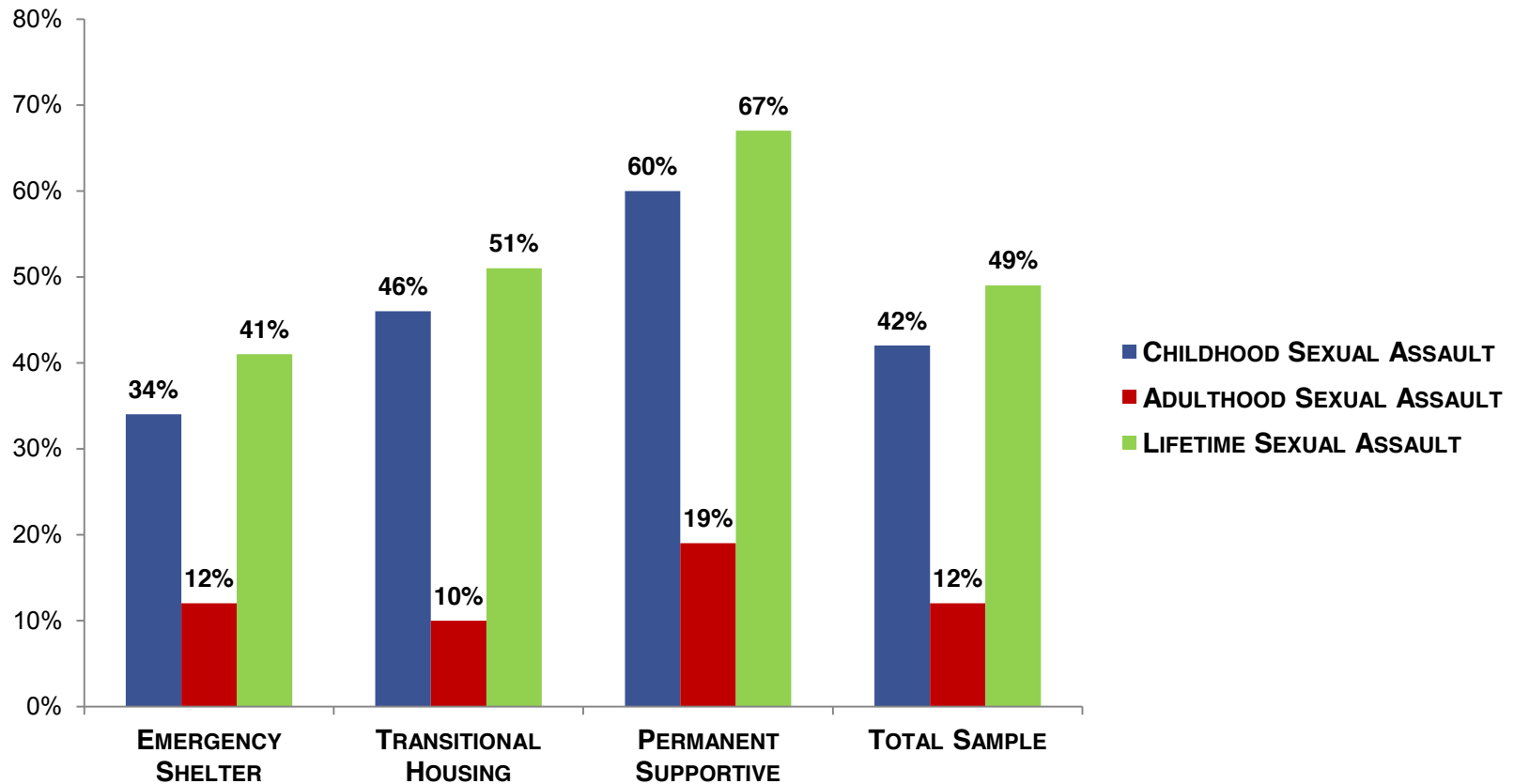
PRESENTATION OF PTSD AMONG HOMELESS MOTHERS

- PTSD presents complexly for survivors of interpersonal violence:
 - Impacts all aspects of functioning (i.e. cognitive, affective, relational, functional impairments).
 - Does **not** mirror PTSD presentation after acute events or combat (i.e. flashbacks as primary symptom).
- Results in severe impairment and loss of resources:
 - Severely impacts ability to establish safety and stability.
 - Depressive symptoms often most prevalent.
 - Negatively effects mother's parenting skills and responsiveness to children's developmental needs.
 - Trauma can be transmitted intergenerationally to children.
- To achieve long term stability services must also target:
 - Safety, stabilization, mental health, parenting & children's development, and skills to build resiliency.

PREVALENCE OF PHYSICAL ASSAULT FOR MOTHERS



PREVALENCE OF SEXUAL ASSAULT FOR MOTHERS



MOTHERS' MENTAL HEALTH

- Major depressive symptoms reported by majority of mothers.
- Decreased slightly at 15 Months, then remained steady at 30 Months.
- Maternal depression predicted educational and emotional problems for children.
- Half of mothers met diagnostic criteria for PTSD at Baseline (decreased to 40% at 30 months).
- PTSD symptom severity (e.g., not just the diagnosis) in mothers predicted major depression, unemployment, poor child outcomes, and residential instability.

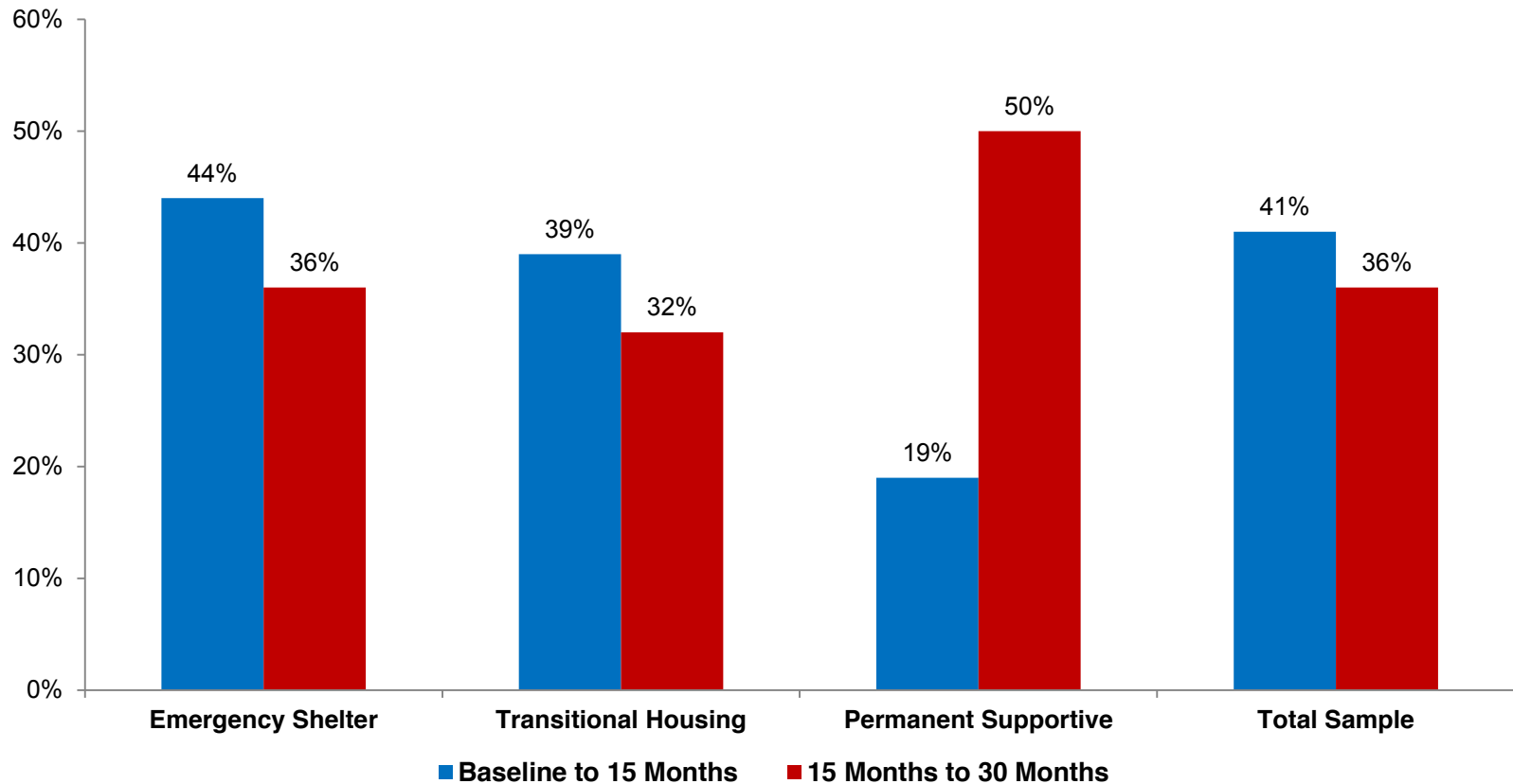
MOTHERS' MENTAL HEALTH

- 49% of mothers in PS (N = 42) reported an inpatient mental health hospitalization, compared to 12% in ES and 21% in TH.
 - 78% had been sexually abused as children.
 - 100% had been physically abused in lifetime (71% as adults).
- PS selects for those with greatest needs, but this rate is very high and warrants further research.

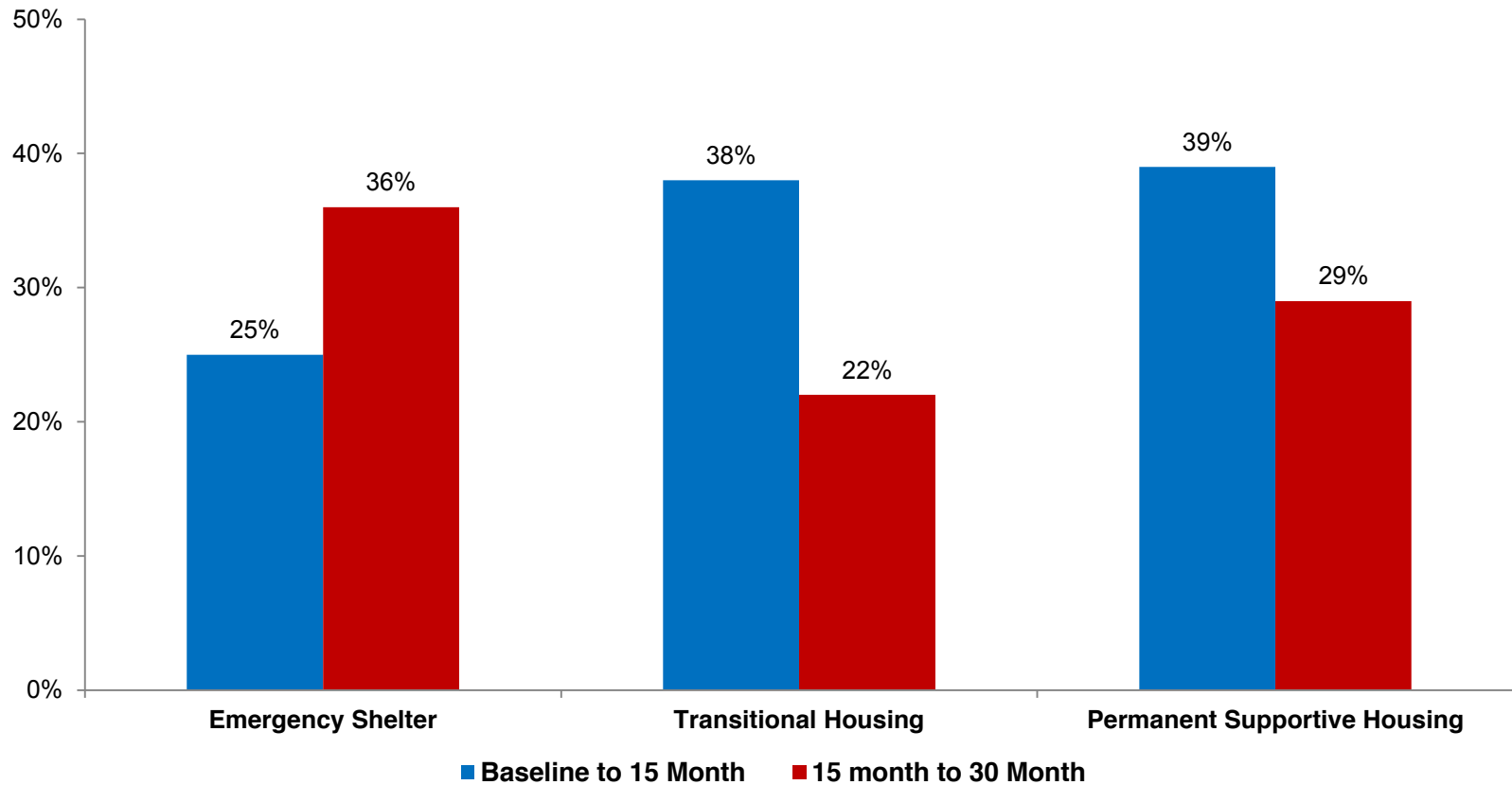
CHILD OUTCOMES: ENTIRE SAMPLE

- 55% of mothers reported having a child living apart from them prior to the study.
- 40% of mothers reported having a child living apart from them during the course of the study.
 - Predicted by:
 - Residential instability
 - Younger mothers
 - More children
 - Unemployment
 - Maternal mental health treatment
 - Attending Alcoholics Anonymous/Narcotics Anonymous (AA/NA)

Children Living Apart from Mother at 15 Month and 30 Month Follow Ups



CPS Involvement at 15 Months and 30 Months

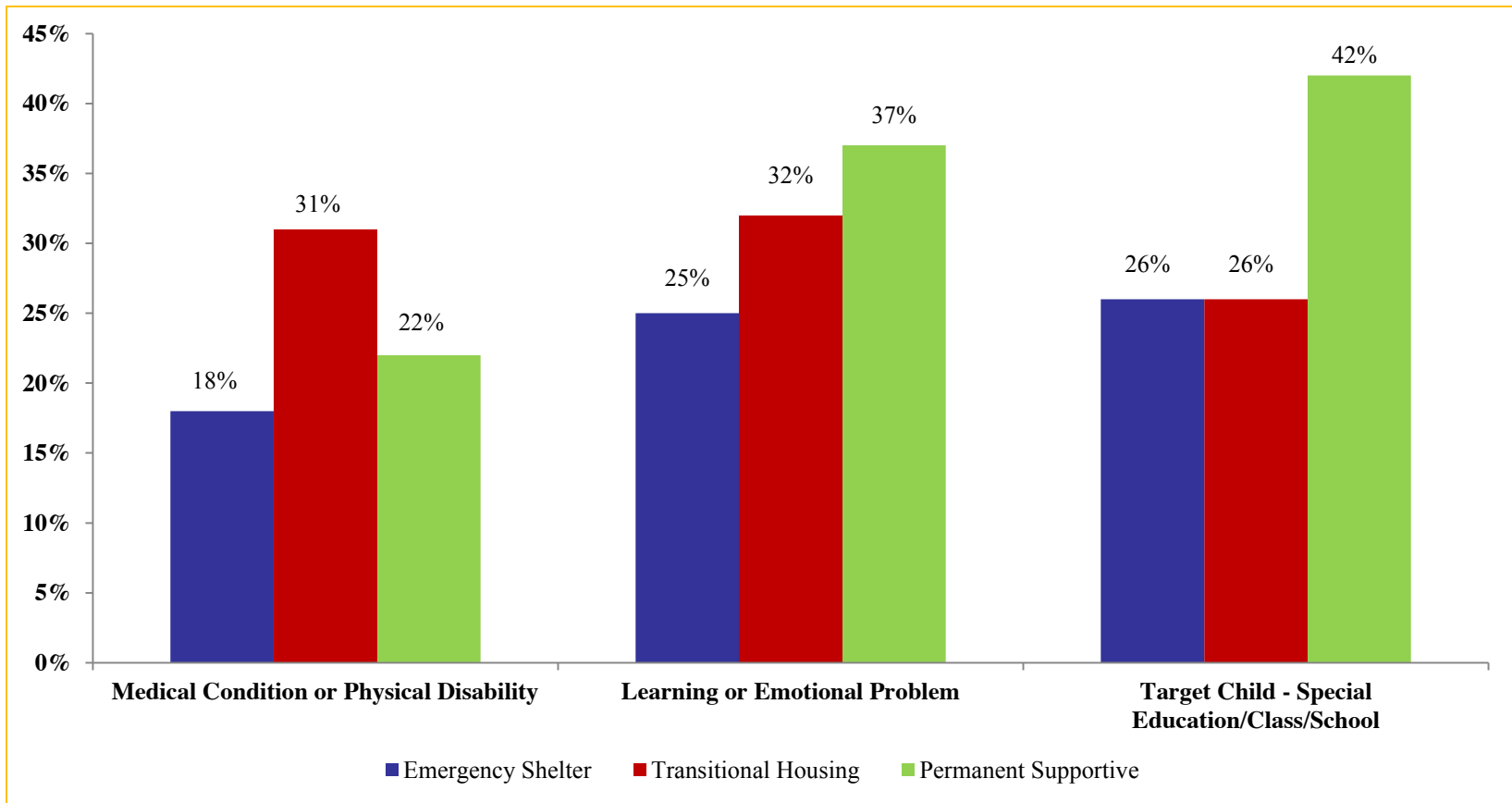


CHILD OUTCOMES:

ENTIRE SAMPLE

- One-quarter of mothers reported having a child with medical or physical disability affecting child's functioning.
- Nearly one-third of mothers reported having a child with learning or emotional problems.

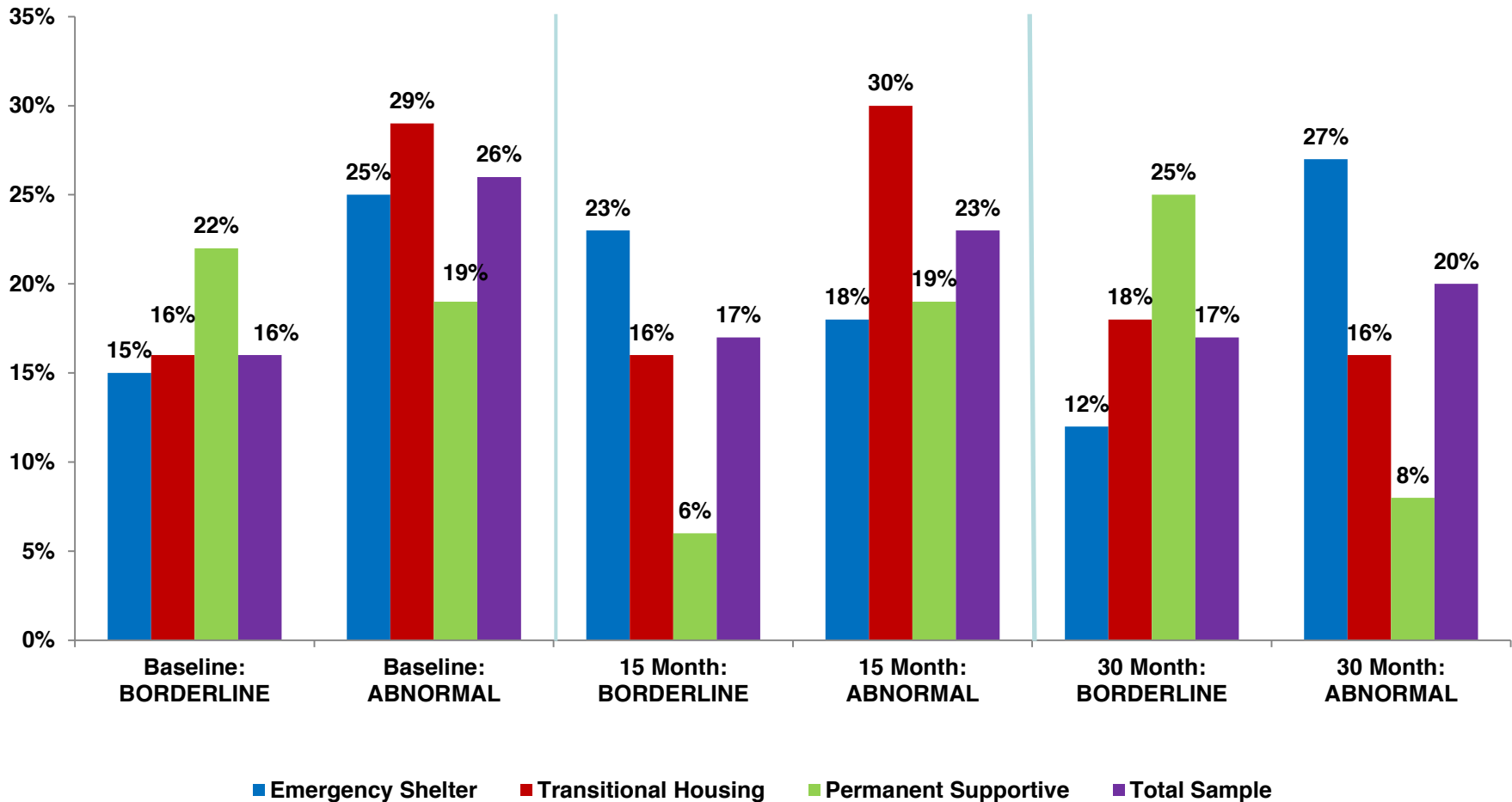
CHILD OUTCOMES



CHILD OUTCOMES: TARGET CHILD

- Study conducted in-depth interview with mothers about one “target child” in family.
- At baseline, 41% of “target” children had significant difficulties:
 - Difficulties decreased over time for children in TH and PS programs.
 - Difficulties increased over time for children in ES programs.
- Throughout study, more than 40% had peer problems.

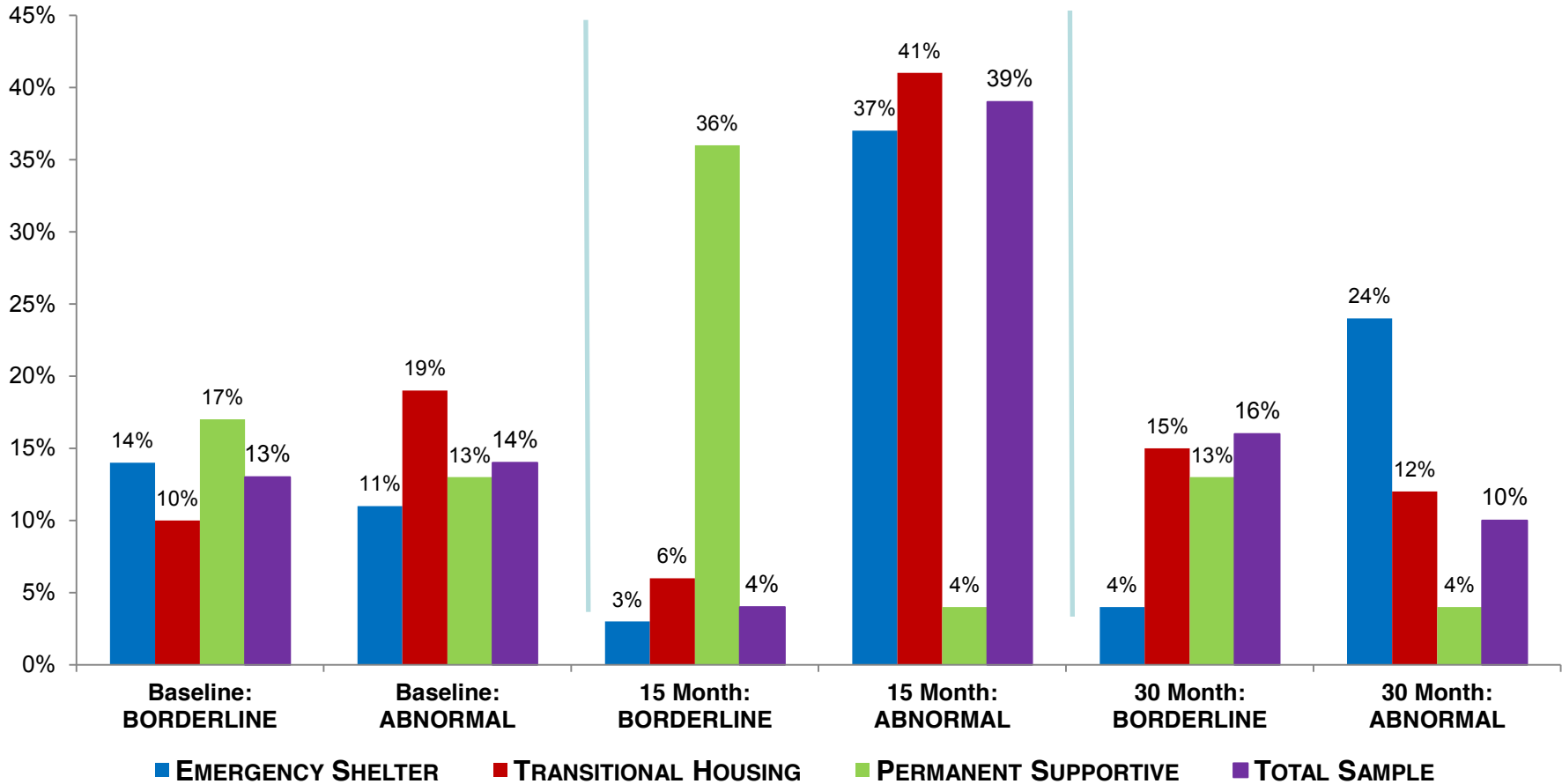
Target Child SDQ: Total Difficulties by Housing Group and Time



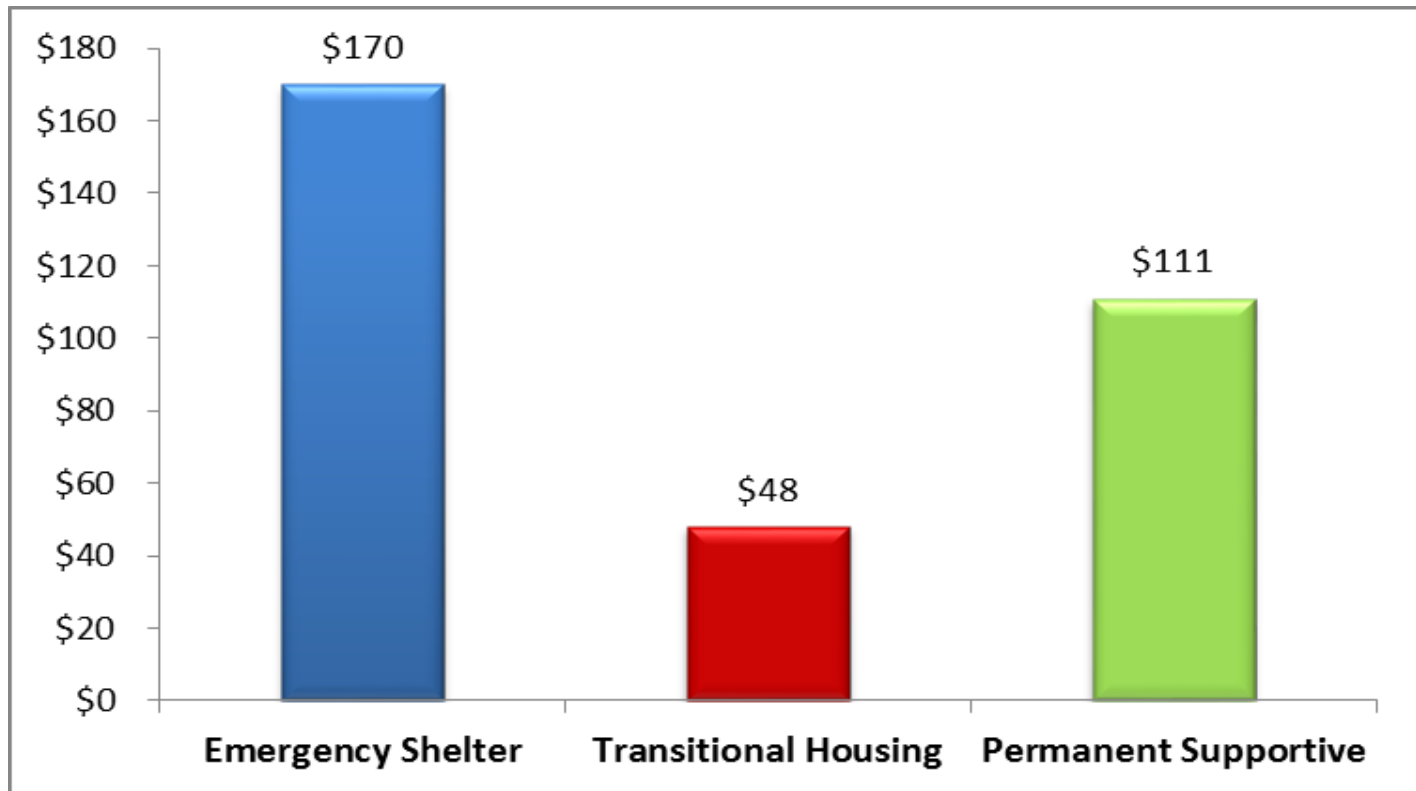
CHILD OUTCOMES: TARGET CHILD

- 65% had conduct problems or hyperactivity at Baseline:
 - Decreased slightly over course of study.
- 14% had emotional problems at Baseline:
 - Increased to 39% at 15 Months.
 - Decreased at 30 Months to Baseline levels for total sample.
 - Children in ES programs struggled most with emotional problems after 30 months.

Target Child SDQ: Emotional Symptoms by Housing Group and Time



SHIFT ANALYSIS OF PROGRAM COSTS: PER FAMILY, PER DAY



	ES	TH	PS
Basic Needs	50%	21%	30%
Meals/Food	63%	21%	30%
Housing Assistance	63%	14%	30%
Transportation	50%	7%	20%
Service Referrals	63%	36%	60%
Case Management	100%	93%	100%
Goal Setting	0	27%	10%
Counseling, Crisis/Conflict Resolution	25%	7%	30%
Domestic Violence counseling	25%	14%	0
Substance Abuse Counseling	0	7%	30%
Medical Services	25%	7%	30%
Health Education	0	7%	10%
Parenting Class	38%	27%	20%
Living Skills	25%	57%	30%
Education Support	50%	0	20%
Parent	25%	0	10%
Child	25%	0	10%
Education Training	0	29%	40%
Advocacy/Legal Services	38%	7%	10%
Financial Counseling	13%	14%	20%
Recreational Activities	25%	7%	0
Psychoeducational Group: Teen Issues	0	14%	0
Childcare	25%	28%	20%
Reintegration	0	7%	0
Racial Justice	0	7%	0

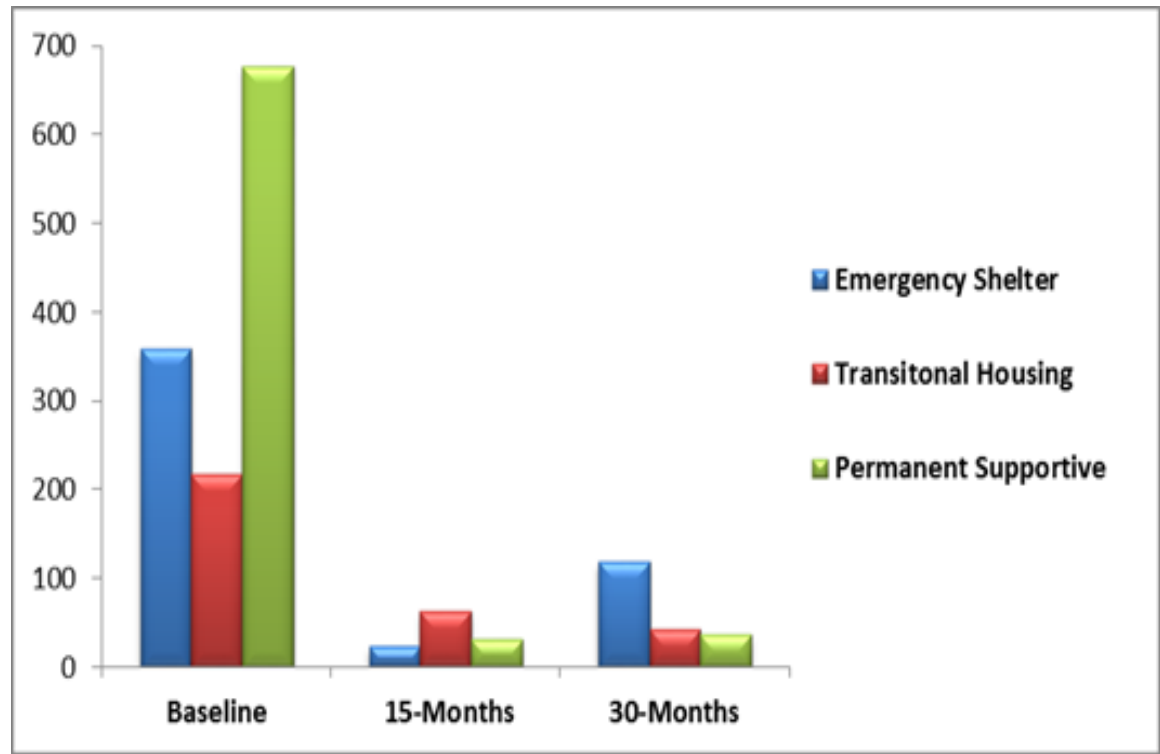


SHIFT COST ANALYSIS

FINDINGS

Costs of Mainstream Services

- Baseline PS costs significantly higher than ES and TH
- At follow-up, dental and medical service usage dropped significantly



SHIFT COST ANALYSIS: DISCUSSION

- Emergency Housing
 - Most costly → Per diem cost = \$170
 - 3 month program and medical/dental services = \$8600
 - No improved outcomes
- Transitional Housing
 - Least costly → Per diem cost = \$48
 - 3 month program and medical/dental services = \$3200
 - Provided fewest services
- Permanent Supportive Housing
 - Second most costly → Per diem cost = \$111
 - 3 month program and medical/dental service = \$8000
 - More intensive case management and direct services

SHIFT STUDY FINDINGS: AFTER 30 MONTHS

- Mothers' employment status improved but unemployment remained high across all types of housing programs.
- Many children (30% to 60%) struggled with physical and emotional problems throughout the study period.
- ES programs showed highest costs and least improvement in outcomes.

SHIFT STUDY FINDINGS: AFTER 30 MONTHS

- Trauma and interpersonal violence were prevalent for homeless families.
- Homeless mothers had high rates of major depressive symptoms and PTSD and severe PTSD symptoms that impacted their residential stability.
- Residential instability remained high across all types of housing programs after 30 months.
- Mothers' PTSD symptom severity and lower self esteem were the **only** two predictors of residential instability after 30 months.

SHIFT POLICY IMPLICATIONS



Housing programs need to address:

- Mothers' trauma histories and mental health consequences to achieve residential stability for the family over time.
- Children's health and emotional problems to ensure family stability.

An effective response to family homelessness should include:

- Housing.
- Case management to address immediate needs including income, education and employment.
- Comprehensive Assessments of mothers and children that are tailored to the characteristics and needs of this subgroup of the homeless population; results used to target service delivery.
- Trauma-informed care.
- Parenting supports and skills training.
- Mental health services for mothers' depression and PTSD.
- Child-centered services and programs that promote and support healthy development for young children (e.g., play spaces).