



This BrainGain@PEC is part of a series of summaries identifying Pennsylvania's citizens who recently became homeless. The series is intended to provide practitioners, policy makers, and the media with accurate information on homelessness.

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The Service and Housing Interventions for Families in Transition (SHIFT) Longitudinal Study

The Service and Housing Interventions for Families in Transition (SHIFT) Longitudinal Study, was prepared by Maureen A. Hayes, Ph.D, Megan Zonneville, & Ellen Bassuk, M.D. through a partnership between the Wilson Foundation and the National Center on Family Homelessness. The overall goals of the SHIFT study were to (1) document the needs of homeless women and their children and (2) understand which housing programs are most effective. The characteristics and outcomes of families living in emergency shelters (ES), transitional housing (TH), and permanent supportive housing (PS) programs were compared.

Key Findings:

- Housing instability may still affect families in spite of participation in emergency, transitional, and permanent supportive housing for families
- Most women in the study – 93 percent – had a history of trauma
- Sixty percent of the mothers in the study reported depression
- Children in these housing programs had a mixed experience, showing less physical, social and emotional difficulties, but showing poorer academic attainment.

Key Conclusions:

- Housing and shelter programs, including rapid rehousing for families, need to be enhanced by a tailored mix of supports and services.
- Services must include a focus on comprehensive assessments, trauma informed care, maternal mental health, parenting, and the needs of children.

Background:

This BrainGain@PEC summarizes the [SHIFT Study's Final Report](#) on the effectiveness of different housing and service models in helping families experiencing homelessness establish and maintain self-sufficiency

and residential stability. This study was prompted by the United States Interagency Council on Homelessness's 2010 report, *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, and its explicit goal of ending child and family homelessness by 2020. In working toward that goal, policies must be informed by accurate data regarding the most effective programs for homeless families.

- The study was conducted in a region of upstate New York generalizable to other mid-sized cities across the United States. The 48 EH, TH, and PS housing programs that took part in the study were located in Buffalo, Rochester, Syracuse, and the Albany area.
- The study's sample consisted of single parent families headed by a woman 18 years or older who was pregnant or who had a child/children living with her.
- A repeated measures longitudinal research design was used to examine the effectiveness of the three housing programs at three points in time: baseline, 15-month follow-up, and 30-month follow-up.
- At each point in time, semi-structured interviews were conducted and mothers provided information on the following topics: housing, employment, income, health, experiences of trauma, mental health, substance use, services received, and the needs and characteristics of their children. A target child was selected for each family to gather additional information about that child's overall functioning and well-being.
- The original sample consisted of 294 mothers, 704 children, and 264 target children. The 30 month follow-up sample consisted of 184 mothers, 577 children, and 184 target children due to attrition, families deemed ineligible, families no longer interested in participating, and participants whom were lost.

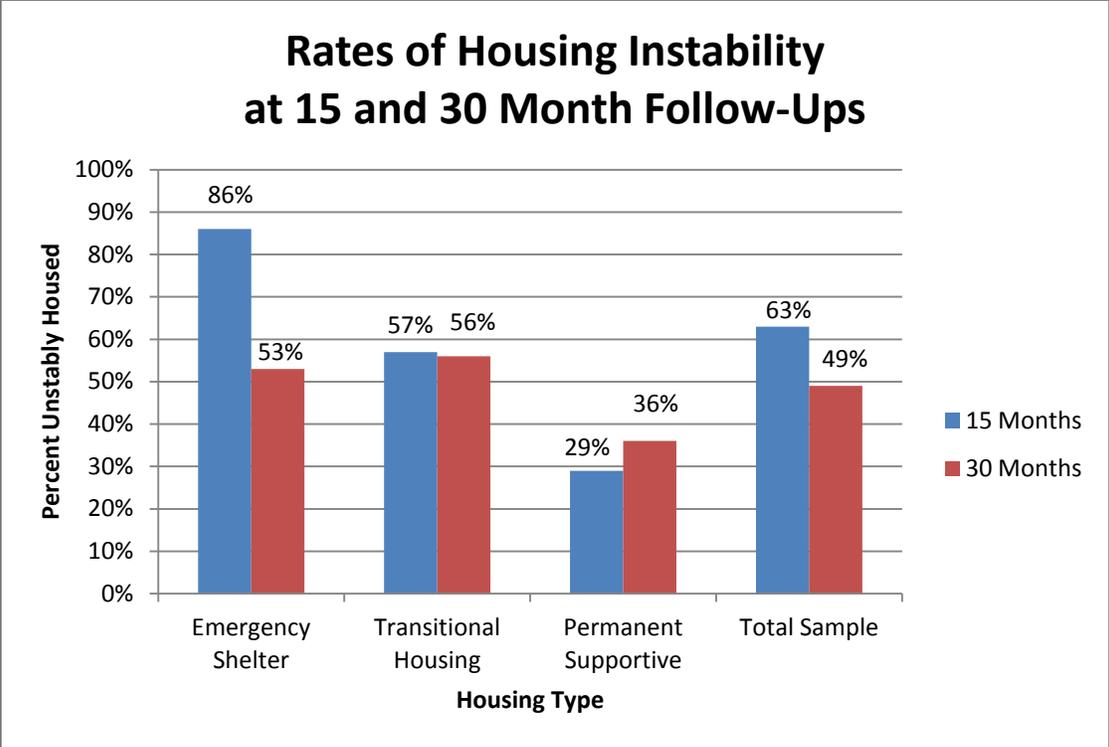
Demographics

The sample consisted primarily of never-married, African-American and Caucasian mothers, many of whom were in their late teens and twenties, with one to three children. Most participants were unemployed and 43 percent had not graduated from high school or earned a GED.

Major Findings

1. Ongoing Residential Instability

High levels of instability were observed among all housing types and services throughout the course of the study. In the 18 months prior to entering their baseline housing program, all of the families were residentially unstable and 87 percent had moved multiple times. Sixty three percent of families were unstably housed after 15 months and 49 percent were unstably housed after 30 months.

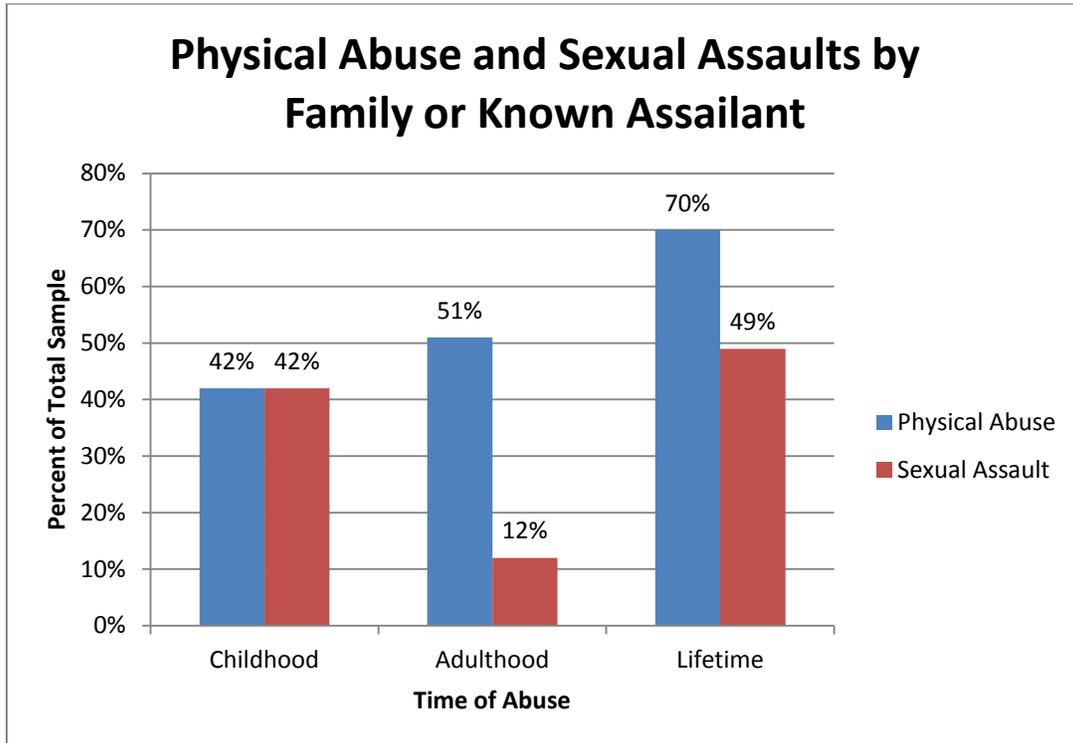


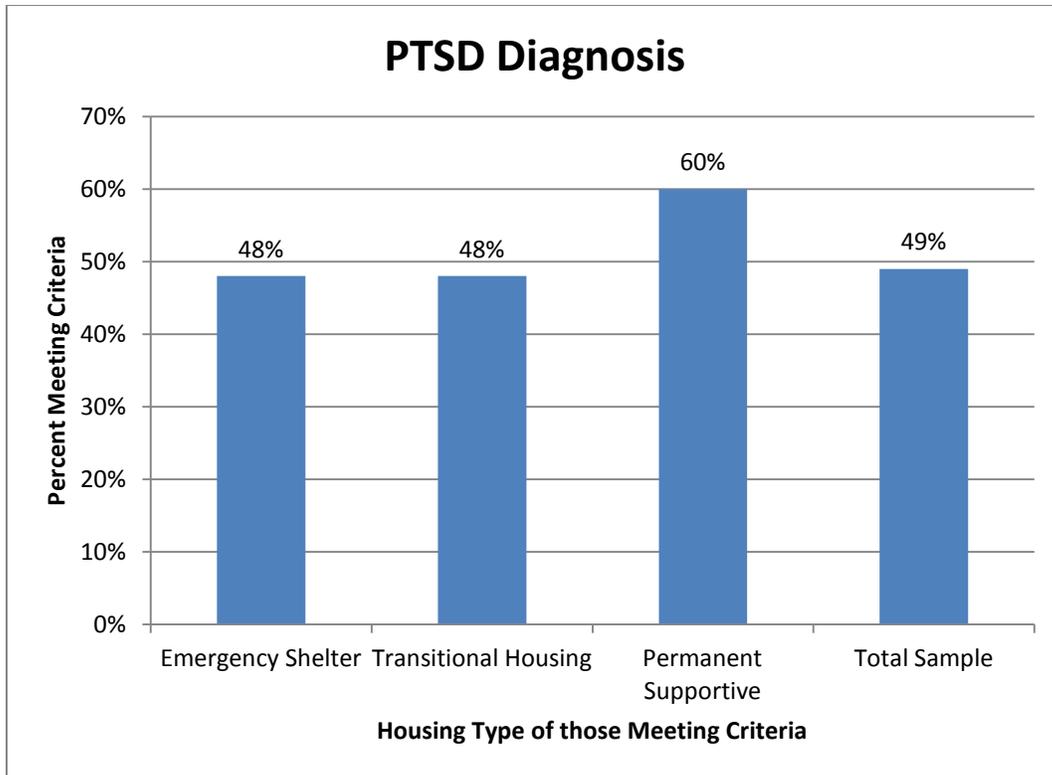
	Baseline			15 Month Follow-Up			30 Month Follow-Up		
	Number of Moves 18 Months Prior to Baseline			Number of Moves During the Baseline and 15 Month Follow-Up Periods			Number of Moves During 15 Month and 30 Month Follow-Up Periods		
	0	1	2+	0	1	2+	0	1	2+
ES	0%	14%	86%	0%	25%	75%	30%	36%	34%
TH	0%	13%	87%	24%	25%	51%	33%	24%	43%
PS	0%	7%	93%	52%	24%	24%	36%	36%	29%

- Being unemployed, lower education, poor health, and lower self-esteem were found to predict residential instability at the 15 month follow-up.
- At the 30 month follow-up, low self-esteem and a high Post-Traumatic Stress Disorder (PTSD) symptom severity score were found to predict residential instability. Thus, at the 30 month follow-up, the predictors of residential stability were related to emotional well-being. A key finding here is that trauma has a direct impact on a family's ability to maintain residential stability.

2. Significant Traumatic Experiences

Among all participating women, 93 percent had a history of trauma and 81 percent had experienced multiple traumas. The most common type of traumatic event was interpersonal violence, more specifically physical assaults. Sexual assaults were also common however, and most occurred in childhood. At the 15 month and 30 month follow-ups, women reported very few additional traumas.





- The rate of PTSD symptom severity decreased over time across all housing groups, suggesting that homelessness is a traumatic experience but its effects on individuals can wane as they shift to other types of housing.
 - At baseline, 49 percent of mothers met criteria for PTSD. At the 15 month follow-up, the percent meeting criteria dropped to 24 percent and was nearly the same at the 30 month follow-up.
 - Of the 49 percent of mothers who met criteria for PTSD at baseline, only five percent reported having received some sort of treatment.
- PTSD among survivors of interpersonal violence is unique and can impact all aspects of functioning—cognitive, affective and relational. As mentioned above, a high PTSD symptom severity score was found to predict residential instability at the 30 month follow-up. PTSD may also result in the use of negative parenting practices and likewise, the inability to be responsive to children’s developmental needs.

3. Major Depression Among Mothers

Depression was the most common mental health problem reported, with 60 percent of the sample reporting depressive symptoms and 20 percent reporting taking medication for depression.

- Women in PS housing had significantly higher rates of depressive symptoms than women in ES and TH, with 83 percent of PS housing mothers identifying themselves as depressed compared to 51 percent and 62 percent.

- Depression co-occurred with PTSD. At baseline, 79 percent of those with PTSD also suffered from depression.
- Depressive symptoms among mothers decreased from baseline to the 15 month follow-up. One possible reason noted for the decrease was participation in a housing program. Depressive symptoms remained steady through the 30 month follow-up.
- This study found maternal depression to be predictive of child educational and emotional problems.

4. Physical and Emotional Challenges Among Children

The table below displays the overall findings from the Strengths and Difficulties Questionnaire (SDQ) completed by all mothers for their target child. Scores were categorized as normal, borderline, and abnormal. Abnormal was interpreted as indicating a likely case for a mental health disorder.

		Total Difficulties	Emotional Symptoms	Conduct Problems	Hyperactivity	Peer Problems
Abnormal	Baseline	26%	14%	36%	34%	24%
	15 Months	23%	39%	31%	29%	23%
	30 Months	20%	16%	34%	27%	21%
	Percentage Point Change	-6%	+2%	-2%	-7%	-3%
Borderline	Baseline	16%	13%	14%	8%	17%
	15 Months	17%	4%	17%	14%	21%
	30 Months	17%	16%	17%	10%	15%
	Percentage Point Change	+1%	+3%	+3%	+2%	-2%

- Children in TH and PS housing programs had the largest drops in total difficulties, with 16 percent and eight percent fitting the abnormal category at the 30 month follow-up compared to 29 percent and 19 percent.
- The total difficulties of children in ES programs actually increased from 15 percent at baseline to 27 percent at the 30 month follow-up.
- Children in ES programs seemed to struggle the most with emotional problems at each data point. They had the highest rates of abnormal emotional symptoms at the 30 month follow-up (24 percent).
- Among the total sample, children with abnormal emotional symptoms jumped from 12 percent at baseline to 39 percent at the 15 month follow-up. It appears as though many of the children who originally scored as borderline devolved to the abnormal category. However, the 30 month follow up rates returned to rates similar to those at baseline.
- Conduct problems and hyperactivity had the highest rates of all categories with 34 percent of children meeting the abnormal range for conduct problems and 27 percent of children meeting the abnormal range for hyperactivity at the 30 month follow-up.

- Although the total percent remained fairly steady throughout the study, fewer children had peer problems by the 30 month follow-up.
- At the 15 month follow-up, higher SDQ scores indicating more difficulties were associated with poor maternal health, mothers receiving mental health treatment, and poor parenting.

An Effective Response to Homelessness Should Include:

- Housing First
 - The report stated support for housing models such as the Rapid Re-Housing program in ensuring residential stability for families experiencing homelessness. Both TH and PS housing programs fell short of the goal of residential stability. Although the findings suggest that families be stabilized in long-term housing as quickly as possible, the findings also shed light on the need for other services and supports; housing alone is not enough. Services must address maternal mental health, specifically maternal depression and PTSD. Although the report found that TH does not result in housing stability for many of its residents, it may be a necessary step for those in crisis or those with defined special needs.
- Case Management to Address Immediate Needs
 - The study's findings make clear that it is not just unemployment and poor education contributing to these mothers' inability to maintain stable housing. Over time, the impact of economic factors diminishes and instead, the mother's emotional well-being ultimately predicts whether or not her family will reach residential stability. Therefore, appropriate services and supports should be in place to identify and address trauma and depression at the family's point of entry into any housing program.
- Comprehensive Assessments to Target Individual Services
 - Because the vast majority of homeless mothers have experienced a number of traumatic events, programs should incorporate comprehensive assessments that ask about trauma and other mental health challenges. Given the fact that mothers experiencing severe trauma symptoms are at the greatest risk for residential instability, targeting these mothers early on and providing them with the necessary treatment will result in a more effective allocation of resources.
- Trauma-Informed Care
 - Once again, the study indicated that trauma is not just a characteristic of mothers in homeless families as was previously thought—it predicts long-term residential instability. Therefore, the report suggests that trauma-informed care should be implemented in all family housing programs.

- Parenting Supports and Skills Training
 - Because PTSD results in many mothers' inability to be responsive to their children's developmental needs, parenting support and skills training should be embedded into all programs.

- Mental Health Services
 - Should become part of routine provider training. Case managers must be well-trained in assisting mothers with serious mental illness and in understanding the impact of these issues on their children.

- Child-Centered Services and Programs to Support Healthy Development
 - Because of the physical, social, and emotional difficulties that were found to be experienced by many children experiencing homelessness, it is essential that programs assess the needs of children and provide trauma-informed, developmentally appropriate care. Ensuring that children have the necessary supports to succeed in school is also important.

The **People's Emergency Center's** mission is to nurture families, strengthen neighborhoods and drive change in West Philadelphia. Through a community of more than 200 housing units and four educational centers offering job training, parenting and early childhood education, and technology coursework, PEC seeks to change the life trajectory for the women and children who seek its services and inspire them to aspire to new heights. This report was written by Caroline Morgan and Joe Willard. All inquires can be sent to policy@pec-cares.org.