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Five Year Cohort Study of Homeless Families: A Joint Policy Research Venture

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Over the past ten years there have been significant investments in families uprooted by homelessness, but no data which clearly delineated what types of families had been helped, and how long help may have sustained them. Reported are preliminary data on 875 families who resided in a 60 day family shelter from 1983 through 1987. Field interviews in 1989 with 201 of those families provide data on residential history, employment, familial and demographic changes, service needs and additional homeless episodes. Policy questions focus on current residential stability and community reintegration.

Practice, Policy, and Research: An Interdependent Professional Process.

This is a report on policy research in progress on a unique public-private partnership approach to serving the multiple and complex needs of homeless families and their children. The development of homeless services in St. Louis is on the cutting edge of what is being done nationwide. St. Louis is one of only three cities, the others being New York and Washington, D.C., in which a court-honored consent decree is in effect to provide services to the homeless.

The St. Louis decree is unique, however, in that it requires services designed to move families and individuals out of homelessness. Rather than warehousing the homeless as New York’s public shelters do (they currently house more than 7,800 families in 61 welfare hotels), the contract for services model between the City of St. Louis and private social service agencies facilitates community networking.

Another noteworthy development for service provision to the homeless in St. Louis is the planned Homeless Tracking
System (HTS), a joint-venture between the City of St. Louis Department of Human Services and St. Mary's Hospital. The City was awarded a $100,000 grant from the Ford Foundation to partially fund this innovative program to track services to the homeless through a network of social service agencies and community shelters. Research at the Salvation Army Emergency Lodge, now called the Family Haven, for the past nine years has resulted in a highly-structured casemanagement model serving homeless families and children. The program provides a continuum of services which promotes self-sufficiency. (Hutchison et al. 1986)

A five-stage treatment plan consisting of: (1) Prevention; (2) Crisis Intervention; (3) Stabilization; (4) Resettlement/Transitional Housing; and (5) Community Reintegration, helps move families beyond the cycle of homelessness.

At the Family Haven, a state-of-the-art Unified Homeless Database System (Kreuger and Stretch, 1990) provides computerized data management. A new component is developing that will create an integrated system to track services to homeless clients throughout the continuum model.

Casemanagement Practice and Social Policy
Significance of the Impact Research Project

Over the last eleven years in St. Louis, there has been an increasingly significant investment in poor families who have suffered from the uprootedness and attendant crisis of homelessness.

These largely poor families, previously homeless, have differentially benefitted from concerted casemanagement efforts by a network of public and private agencies to deal with their many crises; stabilize them; place them as functioning families in the community; and support their rerooting by a community networked process of case management and follow-up. Other than anecdotal evidence, there are no systematic data which chart the outcomes and impacts of casemanaged community networked resources directed to insure continual functioning of formerly homeless families in the community after their initial homeless crisis has been resolved.
It is unknown what happens to homeless families once programmatic support ends. Do they become displaced again? If not, what sustains them in their new found environment? What elements account for their ability to reroot and sustain themselves back into the larger community?

The study, through its networked service provision component, is targeted to describe in detail formerly homeless families who are currently functioning in the community as well as provide linkage through the Homeless Services Network for additional services to those families reentering or about to reenter the homelessness cycle.

Key human service casemanaged components for family self sufficiency are: (1) better income maintenance strategies; (2) targeted educational services; (3) child care services; (4) basic health care; (5) life skill training; and (6) good paying jobs. Life skill training encompasses, but is not necessarily limited to money management, parenting, home maintenance, employment, and landlord-tenant relations. The products of this first-ever descriptive policy research effort to discover impact characteristics of formerly homeless families should have partial utility for determining the value of substantial and sustained networked human service investments on the part of the community in poor families rendered dysfunctional by homelessness. The research also should produce an initially tenable, testable model of key human service elements in the welfare reform movement relevant to federal, state, and local policy options to support casemanaged services for the new homeless poor, especially those who can be provided the best services casemanagement currently can command.

**Impact Research Approach**

Impact cohorts consist of families best served and placed in permanent housing in the community over the previous five years of the project 1983–1987.

Two hundred one families who received maximum exposure to the program and who were placed in permanent housing in the community are analyzed.

Originally, the Homeless Continuum Model (Hutchison et al. 1986) which was the foundation model for the impact study,
began as an inductive social work practice method intended to conceptualize a casemanagement approach to help families break the cycle of homelessness. In 1984 The United States Department of Health and Human Services recognized the Homeless Continuum Model as a successful expansion of shelter-based services beyond simply providing food and shelter. The rationale behind the model's progressive service stages is one of facilitating poor persons with family responsibilities out of homelessness toward family self-sufficiency. The general strategy has also been adopted as part of the City of St. Louis' public response to the complex needs of the homeless. Recently, the City's Homeless Services Network, of which The Salvation Army plays an integral part, was cited in *U.S. News and World Report* (1988) as one of five successful approaches nationwide.

**Search Procedures and Preliminary Findings**

**Family Haven a Continuing Data Source** The St. Louis Midland Division of The Salvation Army's Family Haven served 875 families between 1983 and 1987. Data from case records include basic demographics, records of services rendered, housing disposition at termination of Family Haven stay, and follow up case records. These data provide important background information on the family's condition at intake for such key variables as income, level of education, job skills, and overall family functioning.

**Tracking Process: Primary Source**

Family Haven records on all 875 cases contain last known addresses and telephone numbers on cases served between 1983 and 1987. Data for cases served between 1983 and 1986 were retrieved manually from case records and entered into the database operation employed by the Impact research team.

**Tracking Process: Secondary Sources**

Agreements between the Midland Division of The St. Louis Salvation Army and the Missouri Department of Social Services allowed for the development of a search procedure for Family Haven families who received State supported services
between 1983 and 1987. A sampling frame consisting of the Social Security Numbers of 875 former shelter families was constructed. This list was sorted in ascending order to expedite a mainframe search through four primary data files in Jefferson City, Missouri. Three of these searches were completed between February and May of 1989 (Food Stamp records, Income Maintenance records, and Wages and Contributions); a fourth search (Death Certificates) was completed in December 1989.

Both the St. Louis County Housing Authority and the St. Louis City Housing Authority agreed to allow the research team to perform a similarly structured search though their records. This process entailed a visual comparison of the County list, the City list, and the Family Haven list of 875 Social Security Numbers sorted in ascending order.

The St. Louis Reception Center is a 24 hour homeless networking service which screens calls for shelter assistance and makes referrals to appropriate shelters based on available beds. Cases are screened according to the severity of the caller’s condition using a tripartite classification system involving cases literally on the street, immediate crisis cases where the caller will likely become homeless within 48 hours, and at risk cases where homelessness will result within 30 days.

The Health Care for the Homeless Coalition of Greater St. Louis (HCHC) provides on-site shelter medical evaluations to several major shelters in St. Louis. Its microcomputer database operation has been described elsewhere. (Kreuger, Stretch, and Johnson 1988 and 1989) A computer search procedure compared the 875 Family Haven cases against the HCHC data on persons served by the Coalition since it’s inception in August 1985.

Findings from Secondary Data Analysis and from Field Data Analysis

Family Haven Data Existing Family Haven data indicate that families served between 1983 and 1987 were found to be primarily headed by young females, on the increase since 1983, comprised primarily of young children and infants. The education level of shelter families showed a decrease between 1983 and 1987; and Aid to Families with Dependent Children (AFDC) remained the principle source of income. The young
females heading shelter families were primarily African Americans. Family friction and overcrowding were the most important reasons for being without residence. The mean length of service at Family Haven increased from 24.5 days in 1983 to 43.7 days in 1987 (overall mean length of stay 1983–1987 was 32.9 days).

Upon termination of stay at the Family Haven, approaching half of the families (45.6%) received housing placements in relatively permanent settings (Section 8, Other Public Housing, Private Rented or Purchased, Live-in Arrangements, and Sharing with Friends). The other (54.4%) Family Haven shelter families were placed either in temporary housing, moved to other shelters, or left Family Haven without specifying housing arrangements. The 456 cases which received permanent placements were selected as the sampling frame for field interviews.

In 1987 The Salvation Army Family Haven developed a microcomputer based information system (UHDS) which has been described elsewhere. (Kreuger, Stretch, and Johnson 1989) The Unified Homeless Database System was searched to provide data on all Family Haven cases served from 1987.

**Data from Secondary Sources**

The Missouri Department of Social Services database searches based on 875 Social Security Numbers located 539 cases (61.6%) in Food Stamp files, 573 cases (65.5%) in Income Maintenance files, and 288 cases (32.5%) in selected Wages and Contributions files. There was, as expected, a good deal of overlap in these databases. For example approximately 90% of the Food Stamp cases were found in the Income Maintenance files. Data elements from these three sources include demographic characteristics, length of time receiving assistance, addresses and telephone numbers, and related information. The addresses from these files provided an important information resource for locating families to be interviewed in the field study portion of the research. Without current addresses, the high field data (76%) yield experienced in the field interviews would have been significantly less.

The St. Louis County Housing Authority database search yielded 54 (26.8%) cases of former shelter residents in the field study group of 201 families who were located in County
sponsored public housing and in Section 8 housing. Addresses from the St. Louis County Housing Authority System were also used to locate families for field interviews. The same search procedure yielded 61 families in the field study group at the St. Louis City Housing Authority. Health Care for the Homeless Coalition had served 94 (46.7%) out of the 201 families field interviewed.

One of the key social policy interests in this research project is whether families served by Family Haven’s casemanaged program between 1983 and 1987 became homeless again. One indicator of post-shelter homelessness is whether former shelter residents have called the St. Louis Homeless Reception Center for assistance after leaving the Family Haven. The St. Louis City Homeless Reception Center data search produced 109 matches from the base of 875 Social Security Numbers. Of these matches, 58 (53%) were eligible for field interviews. Further analysis indicated that only 14 (24%) of these cases, however, involved calls to the Reception Center at a time after Family Haven residence. That is, most of the calls 44 (76%) where made by former shelter families before they lived in the Family Haven. Therefore, only the 14 (6.9%) post-residence calls would indicate homelessness again among those families after leaving the Family Haven program. The St. Louis Reception Center data search is by no means an exhaustive source of tracking recycling into homelessness, as former shelter families may have sought shelters again without using the Reception Center facility. Questions thus remain about the validity of Reception Center data for persons who may have called more than once.

Data From Field Interviews

The field search began on June 15, 1989 to locate and interview as many formerly homeless families out of a pool of 450 cases best served by Family Haven between 1983 and 1987. Of the pool targeted, 201 (44.6%) were completed and fully usable for analysis. The population of 450 best served cases consisted of families who, in addition, received housing placements considered by Family Haven to be permanent (Section 8, Other Public Housing, Rented or Purchased Housing, and other). These 450
best served cases reflected those formerly homeless families who were exposed longest to the Family Haven program and who had the most opportunity to benefit from the extensive casemanaged services of the Family Haven program between 1983 and 1987.

Planned descriptive data comparisons center on both the status and the stability of best served and permanently placed families since leaving Family Haven. Primary interests include amount and type of service while residing at the shelter, length of stay, and length of time since residence at Family Haven. Covariates being considered at present for multivariate analysis include family size, number of children, age, and education of family head.

Other outcome measures included employment and income source history, dependence upon extended family, multiple family occupancy housing, additional homeless episodes, and a number of self-reported ratings about neighborhood, current and past residences, and family well being.

A series of family stress factors was conceptualized. Family stressors should be analyzed for their influence on family status and stability through a multivariate analysis.

Field Data on Residences

Data from the 201 family field interviews show an average mean time since leaving Family Haven residence of 1294 days (median 1201 days), or about 3.5 years. Approximately 64% (129) of the former Family Haven best served families interviewed resided in Section 8 housing at the time of the interview, 17% (35) were found in private rental or purchased units, 2% (4) were found in homeless shelters in St. Louis, and the remainder located in other public assistance settings. The mean length of time in current residence was 24 months (median of 20 months).

Approximately 37% (76) reported that they were living in permanent residences which the Salvation Army had located for them upon termination of Family Haven residence. Approximately one third, 72 (36%), of those interviewed reported living in only one residence since staying at the Family Haven. The mean average, however, for all cases was 2.28 different residences. Reasons for selecting current residences included
Cohort Study

34% (68) who said they had no other option, 17% (35) who cited quality of the housing unit, and 12% (24) who indicated size of the housing unit.

Field Data on Additional Homelessness Episodes

Approximately 16% (33) indicated that they had been homeless again, since leaving Family Haven. Self-reported reasons for additional post-Family Haven homelessness episodes showed no particular pattern. They included 18% (6) eviction. Other reasons mentioned were overcrowding, adult and child abuse, family friction, loss of income, fire, condemnation, foreclosure, and substandard housing.

There was no statistical relationship found between length of stay (in days) at Family Haven and the reporting of additional homeless episodes (t=.859, df=187 p=.39). There, however, was a statistically significant relationship between additional homeless episodes and time since Family Haven residence. The mean number of days since leaving Family Haven was significantly greater for those families reporting additional homelessness (1535) than for families reporting no additional homeless episodes (1247) (t=2.94 df=199 p=.004). This may be indicative of increased family stressors and the need for continued services and supports.

A critical policy issue is whether there may also be a generalizable relationship between additional homelessness episodes and the type of housing placement families received upon leaving Family Haven. This is important in light of the central concern in the literature of a clearly casual relationship between low cost housing supply and dramatic increases in homelessness in the 1980s. (Wright 1989). This complete analysis is yet to be undertaken.

Table 1, however, indicates those who received a permanent Section 8 placement at termination from Family Haven were much less likely to report additional homelessness (6%) than those families who did not receive a Section 8 certificate (33%).

Another factor which may also be related to additional homeless episodes is whether formerly homeless families turned to extended families for support in times of crisis, and whether they shared residences with extended families since
leaving Family Haven. Familial dependence is often indicative of overcrowding, increased family friction, and other stress related reasons cited for additional homeless episodes.

Approximately 86% (173) of those interviewed indicated having extended family within 100 miles of their current residence. A large number, 47% (94) reported turning to extended family for support since leaving the Family Haven. About 25% (51) indicated that they had shared residences with extended family since leaving Family Haven.

A breakdown of these data on extended families found that of those who reported being homeless again, 57% (19/33) reported sharing residences with extended families, while for those reporting no additional homeless episodes, 19% (32/168) reported sharing residence. (Chi Square = 21.62, df=1 p< .001). There was also a statistically significant relationship between section 8 placement at termination and likelihood of sharing residence. Those families who did not receive a Section 8 placement were much more likely to indicate sharing residence with extended families (41%) than families who did receive Section 8 placements (16.5%). (Chi Square = 14.29 df=1 p< .001)

Caution is urged in the interpretation of these initial bivariate findings as a more complete elaboration of these bivariate relationships awaits a planned multivariate analysis.
Field Data on Family Demographics

Eighty percent (160) of those interviewed were African Americans. The mean number of children per residence is 2.6, and the mean number of adults is 1.3. Seventy three percent (147) of those interviewed were families consisting of women with children; 10% (21) were married couples with children; 7% (15) were extended families; 5% (10) lone females with no children; 2% (5) were lone males with children; and the remainder were couples with no children. Regarding marital status, approximately 54% (108) were single at the time of the field interview; 19% (39) were separated; 13% (26) divorced; 10% (10) were married; and 3.5% (7) were widowed. Forty percent (80) indicate increases in family size through births while 11% (23) report deaths in the family since their residence at Family Haven.

Field Data on Employment and Income

Twenty eight percent (56) report being employed at the time of the field interview, and 60% (122) indicate AFDC as their principle source of income. The mean monthly income from all sources (including Food Stamps) was $443 (median of $497). About 23% (47) of the former Family Haven families report losing a major income source since leaving the Family Haven.

Field Data on Family Well Being and Stressors

Neighborhood problems reported most often in the field interviews included drug traffic 22% (43); crime and violence in general 20% (40); and minor problems with neighbors at 16% (33). Approximately 34% (90) reported a major illness since leaving the Family Haven; 45% (90) reported having needed pre-natal care; 23% (47) reported having needed psychiatric services; and 11% (22) reported needing treatment for substance abuse. This latter finding is of interest since evidence is mounting that substance abuse is an elevated increased factor in predicting homeless episodes.

Of those with children, approximately 22% (45) indicated that their children had needed special education. About 18% (36) reported run-in’s with the police. Regarding victimization, 29% (59) reported being a victim of crime since leaving the
Family Haven. Of these 59 families, 57% (34) reported burglary as the type of crime. Further, 14% (29) indicated they have been victims of adult abuse; and 11% (22) reported that child neglect/abuse investigations had been undertaken.

Implications to Date of the Impact Research Findings for Casemanagement Practice and Public Policy Development

The integrative focus of this paper is the heuristic synergism inherent between practice, policy, and research. Empirical support for casemanagement practice and sound data to guide responsible social policy development is the outgrowth of professions that are committed to test their basic values and commitments through research activities. It is a tenet of the authors that explicitly linking practice to research is an essential requirement for accountable policy making at all levels of responsibility.

The 201 best served and best placed families were in the main (83.5%) stable in the community. One in six (16.5%) experienced homelessness again. The longer a family was out of the Family Haven care system, the more likely the family was to experience an additional homeless episode. Entitlement programs were found in greater numbers among stable families. Multiple stressors still confront these families.

The trauma of living without a permanent residence poses unique and continuing difficulties for homeless persons. Attempts by human service providers to relieve suffering and ameliorate problems without providing a stable residence, basic entitlements, and family support requires herculean efforts which may fail without them.

Human service managers and administrators would do well to sensitize themselves to current data that monitors the differential needs of homeless populations and that tracks service delivery in order to assess the effectiveness of innovative programs for both traditional and for emerging policy efforts. Policy-based program evaluations, derived from relevant and timely empirical data, increase the overall legitimacy and community acceptance of both traditional and of newly emerging programmatic responses to assist the homeless. Relevant data also provides additional justification for both continuing and
for increased funding at local, state, regional and federal levels of responsibility. (Stretch and Kreuger 1989)

Additional field research on impact of programs is required. The story is incomplete. In this policy research study, only the best served (450) and indeed less than half of these (201) were observed in their community functioning. Generalizations to inform policy and justify programs must be guarded. Research on those families not as fully served, who were not placed in permanent housing situations, and who require greater resources to locate, interview, and observe, is clearly needed. Without this additional research, the initial success of the Continuum Model cannot obviously be generalized to a larger population.

Accurate and timely data, which focus attention on the functioning of homeless families, is costly. Today, however, research has a continuing functional role to play in the shaping of public policy issues affecting governmental and private agency responses. Sound public policy requires both an enlightened community and informed public officials. Currently, policy useful data based on program evaluation needs to be systematically collected, integrated, transmitted, and shared at various levels of public and private policy aggregation. Policy makers in their various jurisdictions at the federal, regional, state, and local community levels need to be constantly reminded of the numbers of and the distribution of the homeless and their changing circumstances and differential needs. They need to know what works for whom and why it works. It has been demonstrated in other policy studies that lack of relevant and timely data, retards responsible policy development and concerted effective action. When this policy data gap is recognized, a reasonable response is the harnessing of research to meet what is fast becoming a growing demand for sounder policy development to assist the homeless.

The partial findings about homeless children and their parents within the context of identifying and meeting their specialized needs emerging in this initial impact research are considered reasonably indicative of some overall patterns of homelessness among families in most urban areas in the United States. (Wright 1989) Regardless, however, of whether the St. Louis impact data reflect specialized problems and responses
to St. Louis-homeless families, or whether they reflect more general problems of highly vulnerable low income African American and white urban families, the patterns described here point to an ever-present need for human service providers and policy makers to be informed about the special characteristics and needs of those they serve and seek to serve. Only when human service professionals and policy makers are adequately familiar with the problems of their clientele can they make appropriate choices for program development, implementation, evaluation, and change. It is for these central objectives that public-private partnership data systems should be both designed and fully utilized. This is the basic purpose and strategy of this research effort.

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