

# Impact of Homelessness on Family Structure and Child Well Being

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## About the Family Options Study

This research brief takes advantage of data collected for the Family Options Study, sponsored by the U.S. Department of Housing and Urban Development. The study involves 2,282 homeless families with children who entered shelter between late 2010 and early 2012 in one of twelve communities across the country chosen based on willingness to participate and ability to provide a sufficient sample size and range of interventions: Alameda County, CA; Atlanta, GA; Baltimore, MD; Boston, MA; Bridgeport and New Haven, CT; Denver, CO; Honolulu, HI; Kansas City, MO; Louisville, KY; Minneapolis, MN; Phoenix, AZ; and Salt Lake City, UT. At the time they were recruited to participate in the study, each family had spent at least a week in an emergency shelter. The Family Options Study's main purpose is to determine whether the offer of a particular type of housing program—a short-term rent subsidy, a long-term rent subsidy, or a stay in a facility-based transitional program with intensive services—helps a homeless family achieve housing stability and other positive outcomes for family well-being. To provide the strongest possible evidence of the effects of the housing and services interventions, the study uses an experimental research design with random assignment of families to one of the types of housing programs or to a control group of “usual care” families that were left to find their own way out of shelter. For more information, see [Gubits et al., 2015](#) and [Gubits et al., 2016](#).

The study collected data from the families at the time they were recruited in emergency shelters, revealing that these are very poor families with significant levels of housing instability, weak work histories, and disabilities affecting both parents and children. The median age of the adults who responded to the survey was 29. Most had either one or two children with them in shelter. Seventy percent included only one adult, almost always the mother.

While the Family Options Study sample is not nationally representative, it has broad geographic coverage; and study families are similar in age and gender of parents, number and ages of children, and race and ethnicity to nationally representative samples of sheltered homeless families. Therefore, it is a good sample for studying the experience of families that have an episode of homelessness.

The study followed the families over the next 20 months and surveyed them again, collecting a rich set of information about sources of income, use of benefit programs, changes to the family's composition, and further episodes of homelessness. The 20-month survey also measured indicators of well-being such as the health and mental health of adults and children.

This is the fourth in a series of research briefs commissioned by the Department of Health and Human Services (HHS) that draws on the Family Options Study to inform HHS and HHS grantees as they carry out their special responsibilities for preventing and ending the homelessness of families, children, and youth. Topics of briefs already published include connections of homeless families to the social safety net and the well-being of young children and adolescents following an episode of sheltered homelessness.

The analysis conducted for this brief does not use the experimental design of the Family Options Study. Instead, the brief explores the composition of the families during and after their experience of homelessness, regardless of the intervention to which the families were randomly assigned. This brief describes the experiences of the study's 1,857 adult heads of households, 677 other adults identified as their spouses or partners, and the 4,341 children who were part of the families at shelter entry.

## Highlights:

New research supports the idea that housing and family instability are related, and families who stay in emergency shelter have dynamic family structures. Policymakers and practitioners should seek to understand parent-child and parent-partner separations and reunifications within families experiencing homelessness.

- About 30 percent of sheltered homeless families reported separation from at least one family member.
- Family transitions continued in the 20 months after being in emergency shelter. For example, 10 percent of families experienced new child separations, while 8 percent reported reunification with children who had not been with the family in the shelter.
- Placements involving the child welfare system were rare at the time homeless families were staying in emergency shelter, but the incidence of such out-of-family placements grew over time.
- Separation from children while in emergency shelter was associated with additional housing instability in the 20 months following a shelter stay.
- Additional housing instability following the families' initial stay in shelter was associated with child separations as of 20 months later.

This brief primarily draws on data from the Family Options Study, but also uses custom tabulations from the Survey of Income and Program Participation (SIPP). These tabulations are used to compare the rates of child and spouse/partner separation for Family Options Study families with rates of separation for all households with income below 50 percent of the federal poverty level. SIPP tabulations were conducted by the Office of the Assistant Secretary for Planning and Evaluation (ASPE). The tabulations were drawn from the SIPP Wave 8 panel (collected December 2010 to March 2011) and the Wave 13 panel (collected August 2012 to November 2012), which correspond roughly to the periods of baseline and 20-month survey data collection for Family Options Study families.

## Introduction

Previous research has found that families who use emergency shelters often experience separations between mothers and children before, during, and after their stay in a shelter. Their rates of separations are higher than those of poor housed families (Cowan et al., 2002). A family's composition may change several times during its use of the shelter system. For example, a child may not be with the family during one shelter stay but be reunited in a subsequent stay in the same shelter or in a different homeless assistance program (Spellman et al., 2010).

Family separations in the shelter system may happen for various reasons. Some homeless assistance programs do not accept families with men or teenaged boys, which might result in either a partner or a child being separated from the family. Alternatively a parent may send his or her children to live in what he or she perceives to be a safer environment with relatives or family rather than subjecting them to the experience of a shelter. Some parents may feel unable to care for their children because of mental health, substance abuse, or other personal challenges. In other cases, child welfare agencies may have removed children from their parent's custodial care.

The experience of homelessness may also be associated with subsequent family separations. Studies of children staying in shelters have documented high levels of subsequent out-of-family placements (that is, placements in which the child welfare system was involved) compared to the out-of-family placements of housed families in the same city (Park et al., 2004; Cowan et al., 2002; Hayes, Zonneville and Bassuk, 2013). Furthermore, separation from parents and the child's family of origin can be a predictor of future homelessness in adulthood, making this an important topic for exploration (Rog and Buckner, 2007).

This brief examines the extent to which parents were separated from their children or adult partners, including spouses,<sup>1</sup> during a stay in emergency shelter and whether they experienced additional separations or reunifications in the 20 months following the shelter stay. It also considers whether family separations while in shelter are associated with additional housing instability following the shelter stay, as well as whether continued housing instability is associated with subsequent family separations.

## About 30 percent of families staying in emergency shelters reported separation from at least one family member

About 30 percent of families who had been in emergency shelters for a minimum of 7 days<sup>2</sup> reported either that at least one of the family's children was not with the family in the shelter or that the family head had an adult partner who was not present.

Almost a quarter (24 percent) of families reported that one or more of the family's children was not present in the shelter (Exhibit 1).<sup>3</sup> This is broadly consistent with previous research showing high levels of child separations among homeless families (Burt et al., 1999). Older children were more likely to be separated from the parent in shelter than younger children. About 8 percent of children 5 years and younger were separated from the family, in contrast to about 25 percent of children over age 5.

Thirty-seven percent of family heads reported that they had an adult partner (with the family in shelter or not). This percentage is somewhat lower than the estimated 40 percent of households in deep poverty that report having a spouse or partner living in the household.<sup>4</sup> Of the sheltered homeless families who reported that they had an adult partner, 27 percent (or 10 percent of all families) reported that the partner was not present in the shelter.<sup>5</sup>

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<sup>1</sup> Throughout this brief, "adult partners" include both spouses and unmarried partners of the family head.

<sup>2</sup> To be eligible for the Family Options Study, a family had to have been in shelter for 7 or more days and have at least one child age 15 or younger with them in the shelter. A typical family in the study included a woman about 29 years old who had 1 or 2 children with her.

<sup>3</sup> Unless otherwise stated, the analysis sample for this brief consists of the 1,857 families who responded to the 20 month follow-up survey and the people that the head of family reported were part of his or her family, whether or not they were with him or her in shelter. Most family heads were women, but some were men. All families had at least one child in the emergency shelter.

<sup>4</sup> National benchmark comparisons are based on tabulations of data from the Survey of Income and Program Participation (SIPP), which were conducted by Lincoln Groves in ASPE. For both the Family Options Study data and SIPP data, adult partners of the family head include both spouses and unmarried partners. Households in deep poverty are defined as households with income less than half of the federal poverty level (FPL).

<sup>5</sup> A smaller share of all families experienced both partner and child separations while in shelter. About 3 percent of families reported that a spouse or partner was separated from the family and also that at least one child was not with the family.

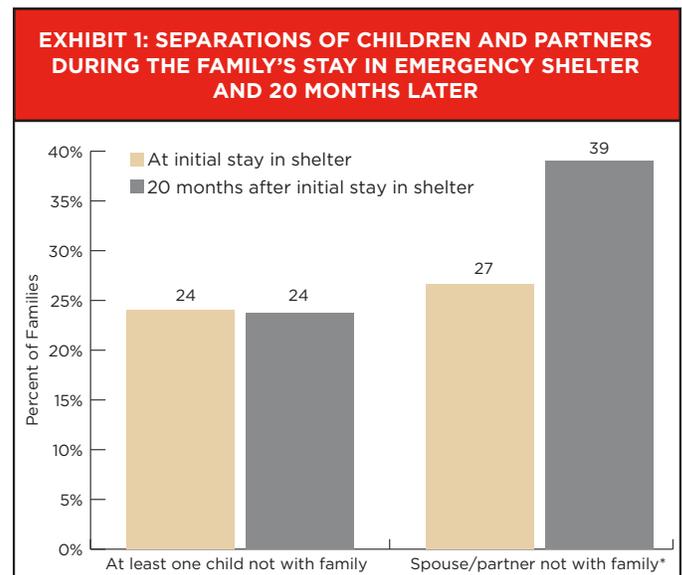
## Homeless families continued to experience family transitions in the 20 months following a stay in shelter

Twenty months after they stayed in emergency shelter, families continued to experience separations from children or adult partners. Twenty months later, 24 percent of families reported that at least one of their children was not currently living with them, the same rate of separation reported as the initial stay in shelter. Thirty-nine percent of families with an adult partner at baseline reported that the partner was not with the family 20 months later, greater than the 27 percent reported in shelter (Exhibit 1).<sup>6</sup>

### THE STABLE OVERALL RATE OF CHILD SEPARATIONS MASKS CHURN WITHIN FAMILIES

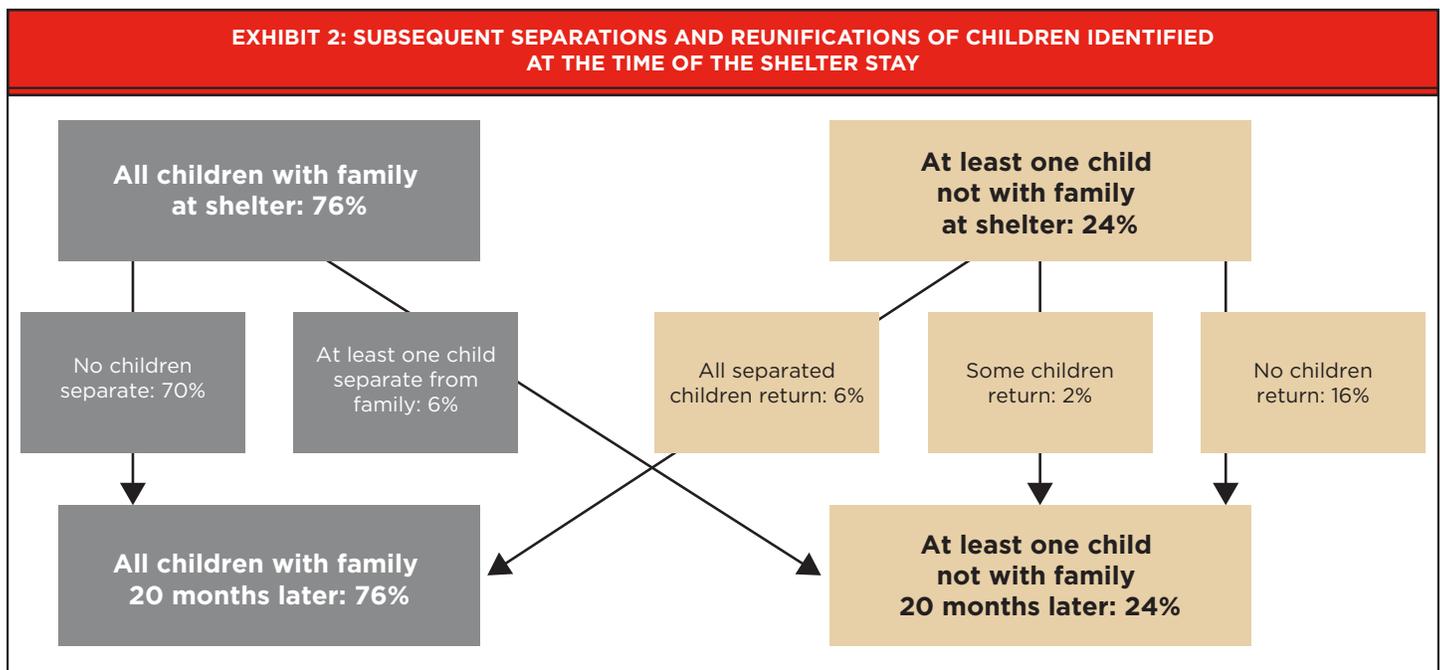
While the overall rate at which families were separated from their children was about the same in shelter and 20 months later, a number of families reported children returning to or separating from the family during this period. Ten percent of families reported that a child who was with the family in shelter was no longer with the family 20 months later. Six percent of these separations were from families with all children present in shelter (Exhibit 2), and the additional 4 percent were from families who already had at least one child separated from them during the shelter stay (not shown on exhibit).

In addition, 8 percent of families reported that at least one child who was not with the family while in shelter had returned to the family; 6 percent of families reported that all children who were not with them in shelter had returned, while 2 percent reported that some (but not all) of their separated children had returned (Exhibit 2).



Source: Family Options Study baseline survey and 20 month follow-up survey for the 1,857 families who completed the follow-up survey. Partners and children are the people identified by the family head at the time of the initial stay in shelter and do not include people subsequently identified by the family head in tracking or follow-up surveys.

\*Among the 37 percent of families reporting a spouse/partner the spouse/partner difference is statistically significant at .01 level

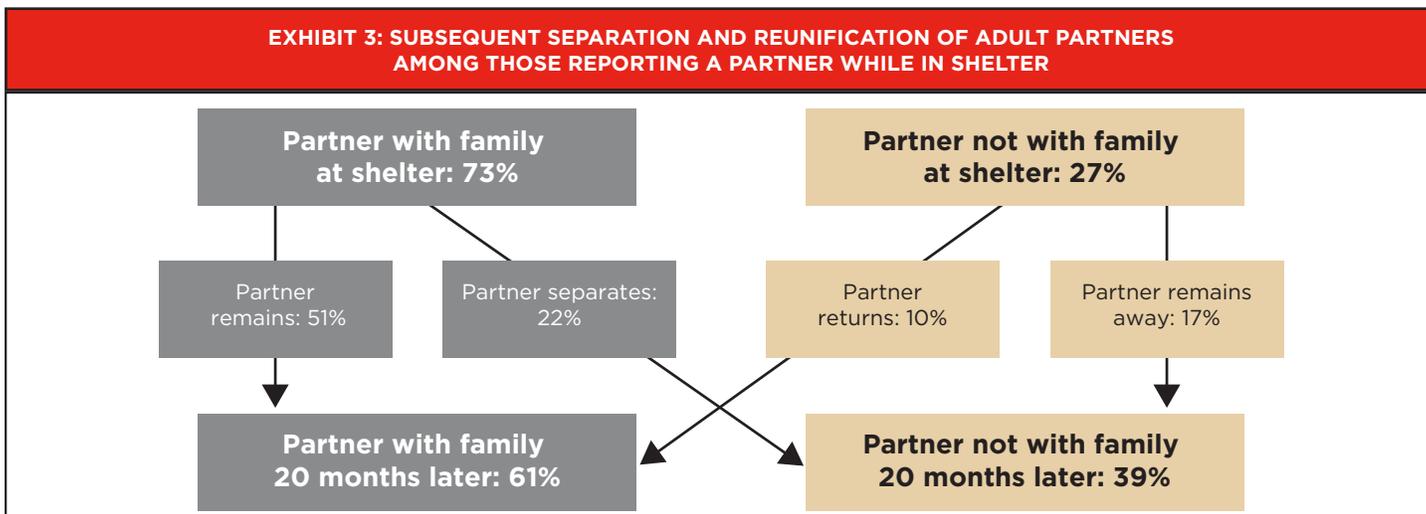


Note: The children shown in this exhibit do not include additional children identified in follow-up surveys (e.g., children born or adopted since study enrollment).

<sup>6</sup> Unless otherwise stated, differences described in the narrative are statistically significant at the .01 level.

## AFTER 20 MONTHS, MORE ADULT PARTNERS WERE SEPARATED FROM FAMILIES THAN REUNITED

An estimated 37 percent of family heads reported at the time of the shelter stay that they had a partner, and many of these families experienced changes in family composition over time. For more than a fifth of those families (22 percent), a partner with the family in the shelter was no longer with the family 20 months later, while for 10 percent a partner who had not been in the shelter was now with the family. Altogether, 39 percent of those with a partner (or 15 percent of all families) reported that their partner was not with the family in its current situation 20 months after a shelter stay, higher than the 27 percent (10 percent of all families) reporting a separated partner while in shelter (Exhibit 3).



Note: These are spouses and partners identified by the family head at the time of enrollment in the study. New partners identified in follow-up surveys are not included in these tabulations.

## Partner separations among homeless families were slightly higher than for all families in deep poverty

The rates of child separations for sheltered homeless families were similar to rates for all families in deep poverty. About 12 percent of families in deep poverty reported a child becoming separated over a 20 month period, which is similar to the 10 percent rate of new separations during a period of the same length for families who had been in emergency shelter.<sup>7</sup>

In contrast, the 22 percent of sheltered homeless families with new separations from partners over a 20 month period is slightly higher than 15 percent of such separations among deeply poor families.

## Formal out-of-family placements of children were rare among families in shelter but increased over time

Less than 1 percent of families reported a child in foster care during an initial interview conducted while the families were in emergency shelters. Twenty months later, about 3 percent of families reported that at least one child had been placed in foster care during the past 6 months.<sup>8</sup>

A “fishbowl effect,” or elevated scrutiny by shelter staff of families and their parenting practices, may make families who stay in emergency shelter or transitional housing programs at greater likelihood to foster care placements (Park et al., 2004). In qualitative interviews with a small sample of study families, some parents reported that staff of a shelter or another homeless assistance program had raised with the parent the prospect of “CPS” (Child Protective Services) (Mayberry et al., 2015).

Alternatively, the increase in proportion of families with foster care placements may simply reflect the continued poverty and housing instability of families following an episode of homelessness and the greater amount of time elapsed during which an out-of-family placement could have occurred. However, as described below, housing stability was related to out-of-family placements as well as to other measures of family transitions, suggesting that the passage of time was not the only influence on foster care placements.<sup>9</sup>

<sup>7</sup> Based on tabulations from the SIPP performed by ASPE. Tabulations of both the Family Options Study data and the SIPP data include both spouses and unmarried partners, and exclude children who were born or adopted by the family during the 20-month period.

<sup>8</sup> Differences between the baseline and follow-up survey question may also affect results. The baseline question asked whether any child was currently in foster care, while the follow-up question asked whether any child had been in foster care at any point in the six months prior to the survey.

<sup>9</sup> Gubits et al. (2015) found differential effects of the interventions studied on foster care placements. Relative to usual care, assignment to the subsidy intervention (which offered families priority access to a permanent housing subsidy) reduced foster care placements in the 6 months before the survey by more than half (from 5.0 to 1.9 percent of families).

## Family separations are related to housing instability

Since both homelessness and family separations represent significant challenges for families, an important question is whether these two situations are related. On the basis of the study design, we cannot determine whether there is a causal relationship between family separations and housing instability—whether one leads to the other or other factors affect both.<sup>10</sup> However, we conduct an exploratory analysis to assess whether some relationship might exist. First, we explore whether families who reported separations while in shelter were more likely to experience subsequent housing instability. Then, we examine whether continued housing instability, as of 20 months after the shelter stay, is associated with family separations at that time.

### FAMILIES WHO WERE SEPARATED FROM CHILDREN WHILE IN SHELTER EXPERIENCED MORE HOUSING INSTABILITY OVER THE NEXT 20 MONTHS

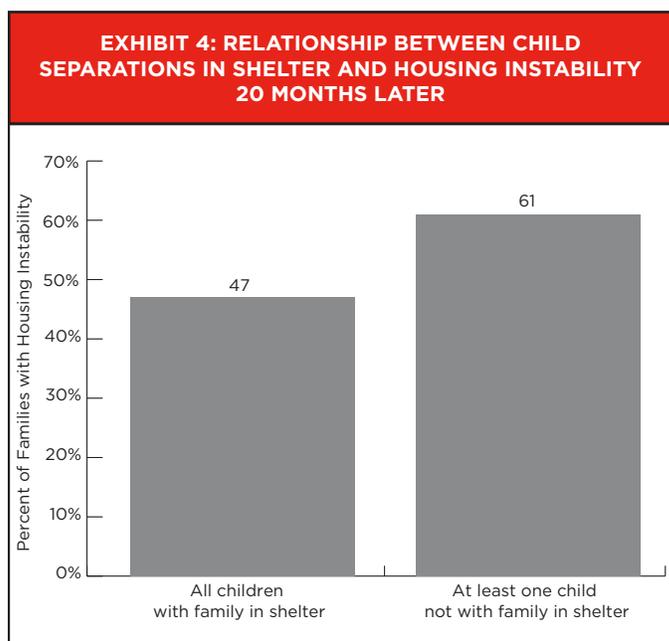
Families who reported a child separated from the family while in shelter were more likely twenty months later than families without such a separation to have spent at least one night in a shelter or a place not suitable for human habitation or been doubled up with another family at some time during the prior six months,<sup>11</sup> or had a stay in emergency shelter during the prior 12 months (Exhibit 4).<sup>12</sup> Twenty months after the initial shelter stay, 61 percent of families who had reported that at least one child was not with the family in shelter had recently experienced such housing instability. Only 47 percent of families without a separated child while in shelter had recent housing instability as of 20 months later.<sup>13</sup>

Twenty months after a shelter stay, about 56 percent of the families who had reported a separated partner while in shelter had recent experiences of housing instability, compared to only 47 percent of families who did not have a partner separated while in shelter. However, this difference is not statistically significant.

### TWENTY MONTHS AFTER AN INITIAL SHELTER STAY, FAMILIES WITH RECENT HOUSING INSTABILITY HAD MORE CHILD SEPARATIONS

Twenty months after staying in emergency shelter, families who had experienced recent housing instability were more likely to report that a child or partner was separated from the family (Exhibit 5).<sup>14</sup> Thirty-seven percent of families who had experienced recent housing instability reported a child separated from the family at 20 months, while only 15 percent of families who had not experienced recent housing instability reported a separated child.<sup>15</sup>

Among families reporting that a partner was present in the emergency shelter, 40 percent of families who had experienced recent housing instability reported that the partner was no longer with the family at 20 months, compared to 35 percent of families who had not experienced recent housing instability. This difference is not statistically significant.



Note: “Housing Instability” is defined as at least one night homeless or doubled up in the past 6 months, or in emergency shelter in the past 12 months. Difference is statistically significant at .05 level.

Source: Family Options Study baseline survey and 20 month follow-up survey

<sup>10</sup> The exception to this statement is that the study was set up to determine whether priority access to a housing intervention led to greater housing stability or greater family stability. Since access to a permanent housing subsidy had both impacts, the analysis reported in this section is limited to the sample of 573 families that did not receive priority access to any of the housing interventions (the “usual care” group). This ensures that any observed associations between homelessness and family transitions are not driven by the assigned intervention.

<sup>11</sup> The survey question asked whether the doubling up was because of inability to find or afford housing.

<sup>12</sup> This composite definition of housing instability is used as the Family Options Study’s “confirmatory outcome” subject to additional statistical tests to ensure that measured impacts did not occur by chance.

<sup>13</sup> Difference is statistically significant at the .05 level.

<sup>14</sup> This analysis continues to use the study’s composite measure of housing instability and to be based on the portion of the sample assigned to usual care.

<sup>15</sup> Difference is statistically significant at the .05 level.

## Conclusion

This analysis illuminates the dynamics of families who experience homelessness in emergency shelters. Many of these families were separated from children and adult partners, both while in shelter and 20 months later. The families experienced significant instability in their composition over this period. Many families were reunited with their partners or children, while others experienced new separations. While formal separation of children at shelter entry was not common, 20 months later additional families reported placement of children in foster care.

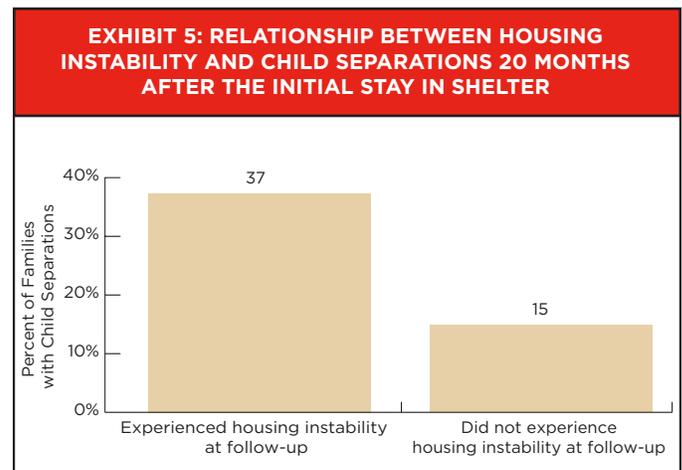
Housing instability and family separations appear to be related: families who reported separated children while in an initial shelter stay were more likely to experience subsequent housing instability; and families who experienced subsequent housing instability were more likely to report separation from their children 20 months later. These observations are based on non-experimental analysis and thus do not demonstrate a causal relationship. However, they do suggest that a relationship may exist between housing instability and family transitions across time, especially child separations. The rates of partner separations appear to be somewhat higher than rates for a national sample of deeply poor families, indicating that homelessness may contribute to family transitions, or that family dynamics may affect housing stability.

This analysis has several implications for policy and practice. Administrators of programs that serve homeless families should recognize that there are a significant number of informal child and partner separations and consider whether their current policies allow all family members to stay with the family. Emergency shelters that receive HUD funding are now required to permit adolescent males and male heads of households to stay with their families.<sup>16</sup>

Although formal foster care placements were rare while families were in emergency shelter (less than one percent of families), placements grew over time. This has implications for child welfare practices. Data from the national Adoption and Foster Care Analysis and Reporting System (AFCARS) shows that, for at least 10 percent of children formally placed into foster care, at least one reason for the placement was inadequate housing. Collecting information on a family's housing status during child welfare investigation, intake, and monitoring may allow child welfare agencies to help families limit and avoid periods of housing instability.

Overall, providers serving families experiencing homelessness should also recognize that families are dynamic – the composition of the household may change over time, and thus the family's service and housing needs may change.

The apparent relationship between housing instability and child separations suggest that efforts to reduce homelessness may have an added effect of reducing family separations, and vice-versa. Further study on the causal relationships between homelessness and family stability and child separations would be worthwhile.



Source: Family Options Study 20 month follow-up survey

Notes: Difference is statistically significant at .05 level.

“Children” refers to individuals identified by the family head at the time of the initial stay in shelter, and does not include those subsequently identified by the family head in follow-up surveys (e.g., who may have been born or adopted in the following 20 months).

“Housing Instability” is defined as at least one night homeless or doubled up in the past 6 months, or in emergency shelter in the past 12 months

<sup>16</sup> U.S. Department of Housing and Urban Development. 24 CFR Part 578, RIN 2506-AC29. Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program, Interim Rule.

## About the Family Options Study

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The study collected data from the families at the time they were recruited in emergency shelters, revealing that these are very poor families with significant levels of housing instability, weak work histories, and disabilities affecting both parents and children. The study followed the families over the next 20 months and surveyed them again, collecting information about the family, the parents, and up to two focal children in each family.

While the Family Options Study sample is not nationally representative, it has broad geographic coverage, and study families are similar in age and gender of parents, number and ages of children, and race and ethnicity to nationally representative samples of sheltered homeless families. Therefore, it is a good sample for studying the experience of families that have an episode of homelessness.

The analysis presented here does not use the experimental design of the Family Options Study but instead is based on non-experimental associations between children's experiences following a stay in an emergency shelter and developmental outcomes. All associations with enrollment or care instability as the outcome control for child age (as of the follow-up survey date), gender, study site, and the following parent characteristics (based on data collected at study entry): age; race/ethnicity; marital status; educational attainment (less than high school, high school degree or GED, more than high school); work history; annual household income (less than or more than \$5,000); parental disability that prevents work; number of children with the family; experience of intimate partner violence as an adult; previous homelessness; and psycho-social variables based on widely used questions and standard definitions based on those questions (psychological distress, post-traumatic stress symptomology, drug abuse, and alcohol dependency). Analyses predicting child developmental outcomes included all of the above controls with the exception of four parental characteristics—marital status, annual household income (less than or more than \$5,000), parental disability that prevents work, and previous homelessness—that were not statistically significant in any of the associations and were dropped as smaller sample sizes in these analyses permitted fewer control variables.

## Highlights:

- Twenty months after staying in an emergency shelter with their families, children scored worse in pre-reading skills and had higher rates of overall behavior problems and early development delays compared to national norms for children their age. However, they displayed only small disadvantages in pre-math skills, and for some types of behavioral challenges their rates were similar to national norms.
- Unstable housing arrangements remained common during the 20 months following a stay in emergency shelter, with 41 percent of families reporting that, during the past six months, they had been in a shelter or a place not suitable for human habitation, had doubled up in someone else's housing unit, or had moved at least once.
- Children who had more stable recent housing situations and more stable child care arrangements displayed fewer behavior problems 20 months after a shelter stay than those who did not.
- Enrollment in early education and center-based care was lower for families who had experienced housing instability in the past six months compared to those who had been stably re-housed. However, housing instability did not appear to be associated with lower enrollment in Head Start programs.
- Children ages three and four who were enrolled in Head Start or other early education and center-based care displayed stronger pre-math and pre-reading skills than those who were only in parental care.

This brief draws on data collected on 925 children ages 18 to 59 months (less than 5 years old) in 819 families. Data were collected 20 months after families had entered the study during a stay in an emergency shelter and include responses by parents to survey questions and direct assessments of child development. Developmental outcomes for children were measured with widely used survey questions and standard definitions. The use of standard questionnaires and tools allows for the comparison of children who had experienced homelessness to a broader population of same-age children. Because we lack information about how children in poverty typically score on these measures, we cannot compare children who experienced homelessness to same-age children in low-income families. Thus, this brief focuses on how young children whose families had recently experienced homelessness compare to national norms for measures based on children in families of all income levels. Different developmentally appropriate measures were used depending on the age of the child. Child development measures used for comparisons in this brief are: the Ages and Stages Questionnaire (ASQ), completed by parents on 473 children ages 18 to 41 months; the Strengths and Difficulties Questionnaire (SDQ), completed by parents on 546 children ages 36 to 59 months; and the Woodcock-Johnson tests of early reading and math skills (WJIII Letter Word and WJIII Applied Problems), completed by 347 children (reading) and 335 children (math) ages 42 to 59 months.

In addition to child development outcomes, the brief uses survey responses by parents to measure continued housing instability following a stay in emergency shelter and child care arrangements used by families during the 20 month period following the shelter stay.

## Introduction

The age at which a person in the United States is most likely to stay in a homeless shelter is infancy, and rates of homelessness remain high in the preschool years (Exhibit 1).<sup>1</sup> Past research has shown that young children in families that experience homelessness are exposed to many developmental risks. They often experience deep poverty, family separations, family violence, and school instability. Relative to national norms, they tend to show delays in developing skills linked to early academic success and increased behavioral problems (Bassuk, Richard, & Tsertsvadze, 2015; Fantuzzo, LeBoeuf, Brumley, & Perlman, 2013). Whether they fare differently than young children who are poor but have not been homeless is less clear (Buckner, 2008).

At the same time, children who experience homelessness may also display resilience, achieving developmental progress similar to other children their age despite greater exposure to risks, whether through “bouncing back” after a shelter stay or continuing to progress on a normal trajectory during homelessness (Cutuli & Herbers, 2014; Huntington, Buckner, & Bassuk, 2008; Masten, 2001).

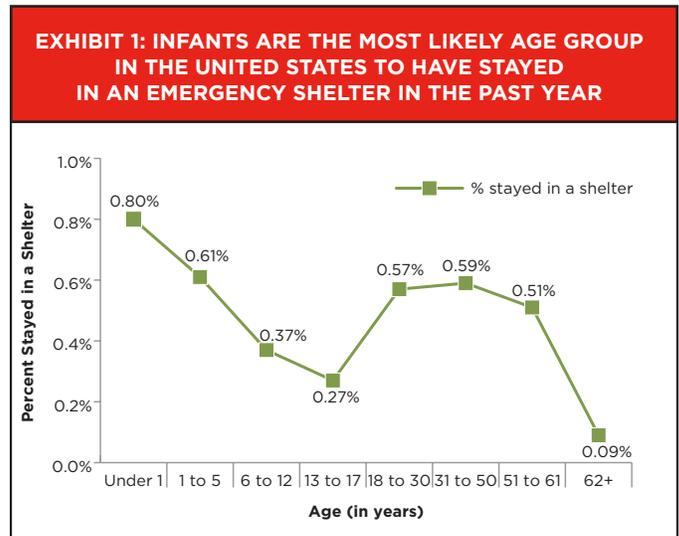
This brief provides new evidence on relationships between homelessness, enrollment in early care and education, and young children’s developmental outcomes. Most research has focused on outcomes for children in shelters, but less is known about how young children fare after a stay in a shelter. We compare how children fared in their development 20 months following a shelter stay relative to children their age nationally on developmental delays, school readiness, and behavioral challenges. Because we lack information about how children in poverty typically score on these measures, this brief focuses on how young children whose families had recently experienced homelessness compare to national norms for children in families of all income levels.

High-quality early education and care arrangements have been linked to gains in school readiness for children in low-income families, but less is known about its influence on children who have experienced homelessness. We examine the extent to which children are enrolled in Head Start and other early education and center-based care programs 20 months after a shelter stay, as well as whether continued housing instability after a shelter stay is related to enrollment rates and stability of care arrangements. We then examine whether there is evidence of relationships between Head Start and other early education and center-based care enrollment and children’s school readiness and behavioral challenges.

## Compared to national norms, young children who have stayed in shelter have higher risk for developmental delays and higher rates of behavioral challenges

Twenty months after staying in an emergency shelter with their families, children between 18 and 41 months were at somewhat higher risk for early developmental delays compared to national norms for children their age. They were at lowest risk for delays in their development of general activity and movement (although still at higher risk than national norms) and at highest risk for fine motor skill delays. Based on national norms, we would expect 84 to 88 percent of children to pass screening in all five domains assessed; however, only 77 percent of children who had been in shelter 20 months earlier passed all five domains.<sup>2</sup>

Similarly, parents of 3- and 4-year-olds who have stayed in emergency shelter with their families reported higher rates of behavioral challenges compared to national norms (Exhibit 2).<sup>3</sup> In a typical national sample of children, about 20 percent of



Sources: Population by age group calculated by authors from U.S. Census Bureau (2014) Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States: April 1, 2010 to July 1, 2013. Numbers experiencing an emergency shelter stay by age are from Homeless Management Information System Estimates for the 2013 Annual Homeless Assessment Report to Congress found at <https://www.hudexchange.info/resource/4404/2013-ahar-part-2-estimates-of-homelessness-in-the-us>.

<sup>1</sup> The Family Options Study and this brief use a definition of homelessness that includes stays in emergency shelters and in places not suitable for human habitation such as abandoned buildings, transportation waiting rooms, and abandoned vehicles. Other forms of housing instability are also considered homelessness for some federal programs. For example, the Department of Education’s program that aims to make sure that homeless children are able to attend school and avoid changing schools uses a broader definition of homelessness. See Section 725(2)(B) of Title VII, Subtitle B, of the McKinney Vento Homeless Assistance Act (MVHAA).

<sup>2</sup> The Ages and Stages (ASQ) questions were administered to parents of study children. The ASQ is used to screen for potential developmental delays. Children are considered to be at risk for a developmental delay in a domain if their score falls two standard deviations or more below the average score for children of the same age, the “age norm.” Based on age norms, we would expect 97.7 percent to pass any individual domain. Among study children, 94.7 percent passed gross motor skills, and 88.6 percent passed fine motor skills. Passing rates for personal-social skills (92.6 percent), communication skills (92.4 percent), and problem solving skills (91.0 percent) fell between these two.

<sup>3</sup> These comparisons are based on the Strengths and Difficulties Questionnaire (SDQ) administered to parents of study children age 3 years and older. The SDQ is a validated measure used to screen for behavioral problems and not for clinical diagnosis of behavioral disorders.

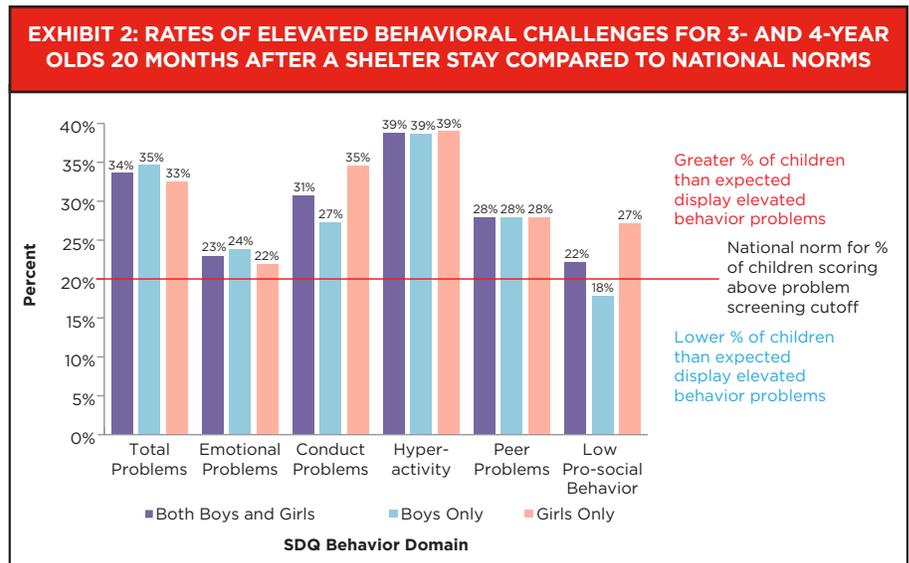
children would score above the screening cutoff, so rates above 20 percent indicate that more children were experiencing elevated behavioral problems than expected based on their age and gender.

Rates of hyperactivity, conduct problems, and peer problems were particularly high, as almost twice as many children scored above the screening cutoff for hyperactivity compared to national norms, and an additional 10 and 8 percent of children scored above the cutoffs for conduct problems and peer problems, respectively. However, rates of low pro-social behaviors (for example, sharing, volunteering to help others, or kindness toward others) and of emotional problems were similar to those of their peers nationally. Girls who had experienced homelessness had somewhat higher rates of conduct problems and of low pro-social behavior compared to boys, even after adjusting for differences in national norms between boys and girls.

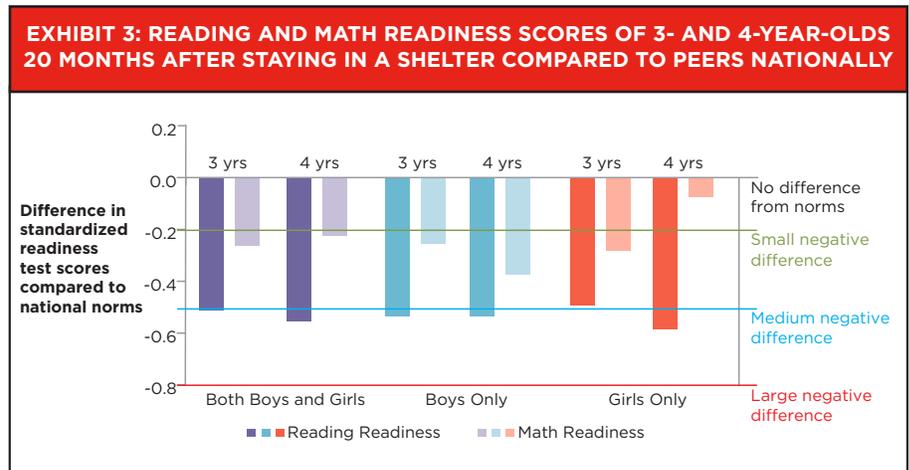
### Compared to national norms, young children who had stayed in a shelter 20 months earlier were moderately disadvantaged in reading readiness and slightly disadvantaged in math readiness

Though 3- and 4-year-old children usually are not in school yet, they are developing school readiness skills, including cognitive abilities for reading and math. Exhibit 3 shows average reading and math readiness test scores for 3- and 4-year-old children 20 months after an emergency shelter stay compared to their same-age peers. Bars below zero indicate that average readiness scores of children who had experienced homelessness were below those of their peers, and the exhibit shows whether the size of the difference in scores was small, medium, or large.<sup>4</sup>

Differences in math readiness scores were small. Some gender differences in math readiness were evident for four-year-olds, with girls scoring near national averages and boys being at a small to medium disadvantage.<sup>5</sup> Average reading readiness scores were more notably below those of peers nationally, with little difference between boys and girls.



Sources: Family Options Study 20-month follow-up survey. U.S. norms for SDQ are from YouthInMind (2014). Notes: SDQ = Strengths and Difficulties Questionnaire. All differences in rates compared to national norms are statistically significant at the .05 level with the exception of emotional problems (both, male, and female) and low pro-social behavior (both and male only).



Sources: Family Options Study 20-month focal child assessments, Woodcock-Johnson III test norms.

<sup>4</sup> We use the conventions developed by Cohen (1992) for small (0.2 SD), medium (0.5 SD), and large (0.8 SD) effect sizes for standardized mean differences.

<sup>5</sup> All scores were significantly different from zero except math scores for female 4-year-olds ( $p=.52$ )

## Twenty months after a shelter stay, housing and child care instability were common and may be linked to some behavioral challenges for young children

### MANY FAMILIES WITH YOUNG CHILDREN CONTINUED TO EXPERIENCE SOME FORM OF HOUSING INSTABILITY 20 MONTHS AFTER STAYING IN EMERGENCY SHELTER

Although the majority of families (59 percent) were stably housed during the period between 14 and 20 months following a shelter stay, many continued to experience unstable housing situations, including staying in shelters or places not suitable for human habitation,<sup>6</sup> doubling up with friends or relatives because they could not find or afford a place of their own, and frequent moves.<sup>7</sup> Twenty months after a shelter stay, more than one-sixth of families with young children (17 percent of all study families) reported that, during the past six months, they had stayed in a homeless shelter or in a place not suitable for human habitation for one or more nights.<sup>8</sup> Almost one-fourth (23 percent) of the families had been doubled up at least once in the past six months. Over one-third (34 percent) of families had moved at least once in the past six months, and some families (13 percent) were highly mobile, having moved twice or more in the past six months. Overall, two-fifths (41 percent) of families reported homelessness, doubling up, or moving at least once in the past six months.

### RESIDENTIAL MOVES WERE ASSOCIATED WITH GREATER BEHAVIORAL CHALLENGES FOR YOUNG CHILDREN

Twenty months after a shelter stay, having been homeless or doubling up in the past six months was not linked to behavior problems or school readiness. However, each additional move during the past six months was associated with higher rates of behavioral problems, particularly hyperactivity and peer problems, and with lower reading readiness scores.<sup>9</sup>

### RECENT HOMELESSNESS WAS ASSOCIATED WITH INSTABILITY IN CHILD CARE ARRANGEMENTS

Changes in residence can disrupt existing child care arrangements, so children who experience homelessness and housing instability may also experience instability in care arrangements.<sup>10</sup>

Changes in child care arrangements are not uncommon for young children, but they may disrupt attachments formed with their caregivers, increase the risk of behavior problems, and negatively affect cognitive development (Bratsch-Hines et al., 2015; Loeb et al., 2004; NICHD ECCRN, 2003; Pilarz & Hill, 2014; Tran & Weinraub, 2006).

Of the 41 percent of children ages 18 through 59 months who were in some form of regular child care by someone other than their parent 20 months following a shelter stay, two-fifths had had been in more than one arrangement during that period. Instability in child care was defined as having more than one regular arrangement at least 10 hours a week over this period.<sup>11</sup> Homelessness within the past six months was associated with children having been in two or more care arrangements, but doubling up and the number of moves in the past six months were not.<sup>12</sup>

### UNSTABLE CARE ARRANGEMENTS WERE ASSOCIATED WITH SOMEWHAT GREATER BEHAVIORAL PROBLEMS

Children who had been in two or more care arrangements were somewhat more likely to have elevated behavior problems. The strongest relationship was between care instability and increased problems in children's peer relationships, with the predicted rate of peer problems for children who experienced care instability being 16 percentage points higher than for children who were in one care arrangement.<sup>13</sup> Reading and math readiness did not appear to be associated with care instability.

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<sup>6</sup> That is, homelessness as defined for the Family Options Study and this brief. See footnote 1.

<sup>7</sup> Moving frequently was measured as the number of places a family had lived in the past six months. For some families this measure could be an under-count of the total number of moves if the family moved out of and then back into the same place during the 6 month period. Analyses assessed the relationship between each additional family move and outcomes for children.

<sup>8</sup> These estimates are for the families of focal children ages 18 months through 59 months rather than for the entire sample of families in the Family Options Study (some of whom had no focal children in that age range). One of the study's interventions, access to a long-term rental subsidy, reduced the measures of housing instability reported here (Gubits et al., 2015; Gubits et al. 2016). The housing outcomes reported here are for all families with young focal children, whether or not they received that intervention.

<sup>9</sup> The associations between number of moves and both behavior problems and lower reading readiness scores were significant at the .10 level. All tests of associations for child developmental outcomes controlled for child and family characteristics (see page 1) that were observed at baseline and study site. Characteristics that were not observed or controlled for could potentially have influenced both housing instability and child well-being outcomes.

<sup>10</sup> Child care instability can include changes from one arrangement to another, the number of arrangements used over the course of a day or week, or changes within arrangements (Adams & Rohacek, 2010). In this brief, we focus on the first two types of instability.

<sup>11</sup> Being in multiple arrangements simultaneously does not have the same implications as changing arrangements sequentially. The study's survey questions do not permit us to distinguish between these two forms of child care instability. The reference periods for housing instability and child care instability were not the same. Homelessness, doubling up, and number of places lived were measured over the six months before the follow-up survey, while child care stability was measured for the entire time since study enrollment (median of 20 months) and only was assessed for children currently in any type of regular education or care arrangement.

<sup>12</sup> All tests of associations where enrollment or care instability were outcomes controlled for child and family characteristics (see page 1) that were observed at baseline and study site.

<sup>13</sup> Association with peer problems (odds ratio of 2.4 compared to children in one arrangement) is significant at .05 level. Percentage point difference is based on mean differences in individual predicted probabilities for children who did and did not experience care instability.

## Twenty months after a shelter stay, recent housing instability did not appear to disrupt enrollment in Head Start programs but was associated with lower enrollment in other types of care arrangements

### TWENTY MONTHS AFTER A SHELTER STAY, FAMILIES' USE OF HEAD START AND OTHER EARLY EDUCATION AND CENTER-BASED CARE WAS SIMILAR TO NATIONAL NORMS FOR FAMILIES IN POVERTY

In the United States, the majority of infants and preschool-aged children receive early education and care from someone other than their parents on a regular basis (Laughlin, 2013; NICHD ECCRN, 2006). Parents commonly select family child care for infants and very young children. As children grow older, the choice shifts toward early education and center-based care (Coley et al., 2014; Mamedova & Redford, 2015). Lower income families are less likely to use early education and center-based care compared to higher income families (Coley et al., 2014).

Twenty months after a shelter stay, children in families that had experienced homelessness were in early education and center-based care for at least 10 hours per week at greater rates than children their age in families below the federal poverty level, based on a national survey of participation in early care and education.<sup>14</sup>

The proportion of study children who were in Head Start or early education and center-based care for at least 10 hours per week increased from slightly more than one-in-ten among 1-year-olds to more than four-in-ten among 4-year-olds. Even at the youngest ages, relatively few children were in family child care.<sup>15</sup> Relatives were rarely listed as a primary source of care.

### TWENTY MONTHS AFTER A SHELTER STAY, CHILDREN IN FAMILIES WITH RECENT HOUSING INSTABILITY HAD LOWER OVERALL ENROLLMENT RATES IN EARLY EDUCATION AND CENTER-BASED CARE, BUT ENROLLMENT IN HEAD START PROGRAMS DID NOT VARY

Twenty months after a shelter stay, parents who had been homeless, doubled up, or moved more frequently in the past six months reported similar Head Start enrollment rates to study families who had been more stably housed over the past six months.<sup>16</sup> In contrast, each additional move in the past six months was associated with reduced enrollment in other early education and center-based care.<sup>17</sup>

## Enrollment in Head Start and other early education and center-based child care is associated with children's reading and math readiness

### ENROLLMENT IN HEAD START AND OTHER EARLY EDUCATION AND CENTER-BASED CHILD CARE HAS BEEN SHOWN TO HELP CHILDREN'S READING AND MATH READINESS

High-quality early care and education can positively contribute to young children's development, depending on the type and stability of care as well as family circumstances (NICHD ECCRN, 2006). High-quality early education and center-based care has been shown to promote early learning and school readiness (i.e., early reading, language, and math skills) for all children, with children in low-income families benefitting even more (Yoshikawa et al., 2013). Evidence of influence on behavior has been less clear (Loeb et al., 2007; Yoshikawa et al., 2013). Early care and education may be an especially important context during episodes of homelessness because it can provide consistency and structure at a time when daily routines are disrupted, sleeping arrangements may change on a daily basis, and families cannot afford books, toys, and other positive developmental experiences (Scheitingart et al., 1995).

### TWENTY MONTHS AFTER A SHELTER STAY, CHILDREN DISPLAYED STRONGER READING AND MATH READINESS IF THEY WERE ENROLLED IN HEAD START OR OTHER CENTER-BASED EARLY CARE AND EDUCATION

Although the quality of the early education and center-based care programs in which children who had been homeless were enrolled was not measured, those who were in Head Start or other center-based early care and education displayed stronger reading and math readiness than those in parental care only.<sup>18</sup>

<sup>14</sup> We compared the percent of children in study families who were in a center-based care arrangement for at least 10 hours per week to the weighted percentage of children under age 5 in families under 100% of the federal poverty line who were in center-based care for at least 10 hours per week using the child-level rapid tabulations file from the nationally representative National Survey of Early Care and Education, 2012. See footnote 15 for additional information on study definition of early education and center-based care. Study children were identified as being in an "early education and center-based care" program based on parents indicating their child was currently in a regular care arrangement for at least 10 hours a week and that the arrangement was in "school or center-based care" relative to family-based care, child care in the home, or some other arrangement. If so, parents then were asked whether the program was an Early Head Start, Head Start, or other center-based program. A small percentage of children age 4 (6%) who were reported as being in kindergarten or their first year of school were excluded from the study sample.

<sup>15</sup> Family child care included out-of-home care by a non-relative at least 10 hours per week. Parents did not report whether the caregiver was licensed, and the study did not collect information on any other aspect of the quality of early education and child care.

<sup>16</sup> Based on multinomial logistic regression analyses with standard errors adjusted for clustering of focal children within families, controlling for child and parental characteristics and study site.

<sup>17</sup> The estimate significant at the .05 level, controlling for child and parental characteristics and study site.

<sup>18</sup> Results are based on ordinary least squares regression analyses with robust standard errors for clustering of focal children in families, controlling for child and parental characteristics and study site. Age-normed differences on reading readiness ( $\beta = .33$  SD) and math readiness ( $\beta = .28$  SD) between Head Start or

## Conclusion

Twenty months after a stay in an emergency shelter, young children were disadvantaged in many, but not all, areas of development compared to same-age peers nationally. It is not known how these children were faring compared to other poor children.

In school readiness, children who had stayed in a shelter were moderately disadvantaged in pre-reading skills compared to peers nationally and slightly disadvantaged in math readiness. Children had higher rates of overall behavioral challenges and early development delays on screening measures compared to national norms, but rates of emotional problems and low pro-social behavior were similar to national norms. Twenty months after a shelter stay, both housing instability in the past six months and having been in multiple care arrangements were associated with higher rates of behavioral challenges. Neither form of instability appeared to be strongly related to school readiness.

Federal policy governing early education programs funded through Head Start has explicitly sought to increase access to early care and education for children experiencing homelessness, including prioritizing enrollment for homeless children. This policy appears to be working: Although unstable housing arrangements were still common 20 months after children had been in a shelter, children in families who were homeless, doubled up, or moved frequently in the past six months were enrolled in Head Start programs at similar rates to those in families who had been stably housed during that time. Housing instability was associated with drops in enrollment in center-based child care and education centers that were not identified as Head Start. The Child Care and Development Fund (CCDF) did not have similar provisions in effect during the time period covered by the brief, though similar requirements were established in the 2014 CCDF reauthorization and accompanying 2016 regulations. However, during the time of the analysis, states receiving funds could have chosen to implement similar policies to promote enrollment in center-based care.

Consistent with findings from early care and education research on children in poverty, enrollment in Head Start and other early education or center-based care programs was associated with greater school readiness among children who had been in emergency shelters with their families. Because children were not randomly assigned to a type of care, it is possible that there are factors not controlled for in our analyses that could have influenced both the type of care selected and school readiness. Children who were enrolled in Head Start programs or other early education and center-based care displayed both stronger early reading and early math skills than those only in parental care. The magnitude of the differences in school readiness observed were also consistent with averages across studies that use experimental or quasi-experimental designs (Duncan & Magnuson, 2013). Though not definitive proof, this first look at these relationships among young children who have experienced homelessness suggests that enrollment in Head Start and other early education and center-based care may help improve school readiness for children who experience homelessness.

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other early education and center-based care and parental care were significant at the .01 level. These are comparable to effect sizes in meta-analytic research that indicate an average effect size of .35 SD for center-based care on cognitive and achievement outcomes (Duncan & Magnuson, 2013). This is roughly equivalent to about a third of a year of additional learning among children enrolled in Head Start or other center-based early care and education (see Yoshikawa et al., 2013).

## About the Family Options Study

This research brief takes advantage of data collected for the Family Options Study, sponsored by the U.S. Department of Housing and Urban Development. The study involves 2,282 homeless families with children who entered shelter between September 2010 and January 2012 in one of twelve communities across the country: Alameda County, CA; Atlanta, GA; Baltimore, MD; Boston, MA; Bridgeport and New Haven, CT; Denver, CO; Honolulu, HI; Kansas City, MO; Louisville, KY; Minneapolis, MN; Phoenix, AZ; and Salt Lake City, UT. At the time they were recruited to participate in the study, each family had spent at least a week in an emergency shelter. The Family Options Study's main purpose is to determine whether the offer of a particular type of housing program—a short-term rent subsidy, a long-term rent subsidy, or a stay in a facility-based transitional program with intensive services—helps a homeless family achieve housing stability and other positive outcomes for family well-being. To provide the strongest possible evidence of the effects of the housing and services interventions, the study uses an experimental research design with random assignment of families to each intervention. For more information, see [Gubits et al., 2015](#) and [Gubits et al., 2016](#).

The study collected data from the families at the time they were recruited in emergency shelters, revealing that these families are often living in deep poverty with significant levels of housing instability, weak work histories, and disabilities affecting both parents and children. The median age of the adults who responded to the survey was 29. Most had either one or two children with them in shelter, and half the families included at least one child under the age of three. Seventy percent included only one adult, almost always the mother. For almost two-thirds of the family heads, this was not the first episode of homelessness in their lives.

The study followed the families over the next 20 months and surveyed them again, collecting a rich set of information about sources of income, use of benefit programs, changes to the family's composition, and further episodes of homelessness. The 20-month survey also measured indicators of well-being such as the health and mental health of adults and children and the family's economic security. The study also surveyed families again at 37 months. While future briefs in this series will use data from the 37-month survey, this brief relies on data from the 20 months following families' stays in emergency shelter. While the Family Options Study sample is not nationally representative, it has broad geographic coverage, and study families are similar in age and gender of parents, number and ages of children, and race and ethnicity to nationally representative samples of sheltered homeless families. Therefore, it is a good sample for studying the experience of families that have an episode of homelessness.

This brief does not use the experimental design of the Family Options Study but instead provides descriptive information on how study families experiencing homelessness used public benefits and services. Because this analysis is exploratory, this brief occasionally reports differences that are not statistically significant but are consistent with other patterns.

This is the fifth in a [series of research briefs](#) commissioned by the Department of Health and Human Services (HHS) that draws on the Family Options Study to inform HHS and HHS grantees as they carry out their special responsibilities for preventing and ending the homelessness of families, children, and youth. It expands on the information in the first brief, [Are Homeless Families Connected to the Social Safety Net?](#) Topics of other briefs already published include the well-being of young children and adolescents following an episode of sheltered homelessness.

## Highlights:

- Families experiencing homelessness receive TANF cash assistance, SNAP benefits, and publicly funded health insurance at equal or greater rates than other families in deep poverty in the same communities.
- Younger parents, as well as those with fewer and younger children, were more likely to receive TANF cash assistance. Parents who were not married or with a partner were also more likely to participate in TANF. The pattern is similar for SNAP, with younger parents and those not married more likely to participate.
- Demographic characteristics analyzed for this brief do not help explain participation in publicly funded health insurance.
- Continued housing instability following a stay in emergency shelter is associated with somewhat lower participation in SNAP and publicly funded health insurance. The direction of this association is unclear. Housing instability may have disrupted a family's ability to enroll or remain enrolled in programs for which they were eligible. Alternatively, participating in benefit programs may have helped families retain stable housing.
- Among parents who were not receiving TANF in shelter, those who reported receiving help accessing benefits were more likely to participate in TANF 20 months after the initial stay in shelter. In contrast, receiving help obtaining benefits did not appear to have helped families retain TANF cash assistance that they had while in shelter.

Throughout this brief, statements that compare participation rates in benefit programs by families in the Family Options Study to participation rates of all families in deep poverty in the same counties are based on data from the American Community Survey. The participation rate is the percentage of a group of families that reports (to the study or to the ACS) that the family receives income or non-financial benefits from a particular source.

This brief controls for the study site in which the family stayed in emergency shelter when assessing the relationship between program participation rates and families' demographic characteristics, continued housing instability, and whether they received help enrolling in programs for which they were eligible, given varied overall program participation rates across communities.

## Families experiencing homelessness in shelter participate in public benefit programs at similar or higher rates as other families in deep poverty.

Lack of participation in benefit programs does not distinguish families who become homeless from those who do not. An earlier brief in this series<sup>1</sup> found that families who had been in emergency shelter received Temporary Assistance for Needy Families (TANF) cash assistance, Supplemental Nutrition Assistance Program (SNAP) benefits, and publicly funded health insurance (Medicaid, state funded health insurance, or Children’s Health Insurance Program)<sup>2</sup> at similar or higher rates than all families in deep poverty (with incomes less than half of the federal poverty level, or FPL) in the same counties. More than 85 percent of study families received SNAP and publicly funded health insurance, similar to or somewhat higher than the rates for deeply poor families. Participation in TANF was lower than in SNAP and publicly funded health insurance but still was higher than for all deeply poor families in the same counties, 41 percent for families in shelter compared with 22 percent for all deeply poor families.<sup>3</sup> Twenty months following a stay in emergency shelter, families appeared to maintain this level of participation in benefit programs, particularly SNAP and publicly funded health insurance. Participation in all three benefits, and especially TANF, varied by the community in which the family stayed in emergency shelter.

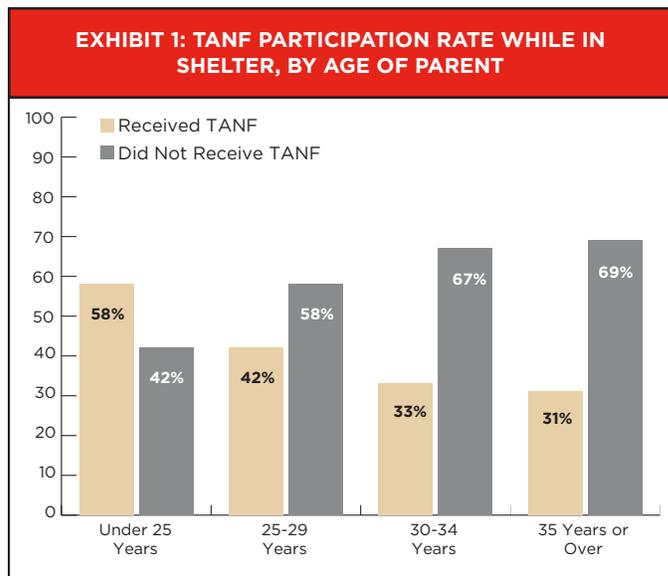
Building on these previous findings, this brief explores benefit receipt while families were in shelter and again 20 months later. Because participation in TANF, SNAP, and publicly funded health insurance varied by geographic location, this brief examines differences in family characteristics of participants and non-participants after controlling for the community in which the family stayed in emergency shelter. The brief also examines the connection between benefit receipt 20 months following a shelter stay and recent experiences of unstable housing, focusing on families who did *not* receive priority access through the study to a housing program to help them achieve housing stability. Finally, the brief explores whether assistance in obtaining benefits helps families receive benefits for which they are eligible.

## Younger parents were more likely to receive TANF cash assistance than older parents

Younger parents, under age 25, were more likely to receive TANF cash assistance while staying in emergency shelters than older parents. For example, 58 percent of parents under 25 received TANF, compared to only 31 percent of parents 35 years or older (Exhibit 1).<sup>4</sup> The pattern was the same 20 months later. Those receiving TANF also had fewer and younger children and were less likely to be married or staying in shelter with a partner. Differences in participation in TANF by race and ethnicity were not significant.<sup>5</sup>

One possible explanation for the differences in participation rates by age is that some older parents may have exhausted their TANF time limits—or were close enough to exhausting them that they chose not to receive cash assistance at the time they were in shelter or 20 months later. Another possible explanation has to do with marriage. Parents under the age of 25 were less likely to be married than those 25 and older (23 percent vs. 29 percent).<sup>6</sup> Marriage was negatively related to receipt of TANF, with only 34 percent of those who reported that they were married receiving TANF cash assistance compared to 44 percent of those who were not married.

This is consistent with patterns of TANF participation among the broader low-income population eligible for the program. Eligible single parents are more likely to receive TANF cash benefits than eligible two-parent families, perhaps reflecting variations in state rules and practices or in decisions to apply for the program made by different types of families.



Source: Family Options Study baseline survey data, all families who completed the baseline and 20 month follow up surveys.

A Chi-square test was used to test the difference in TANF receipt among age groups. The difference is statistically significant at the .01 level.

<sup>1</sup> Burt, Khadduri, and Gubits (2016).

<sup>2</sup> A family was considered to have participated in publicly funded health insurance if the survey respondent said yes to any of three response categories: Medicaid, state health insurance, or Children’s Health Insurance Program (CHIP).

<sup>3</sup> Parents who had an earlier experience of homelessness—before the stay in emergency sheltered during which they were recruited into the study—were more likely to participate in TANF than parents who did not report such previous experience of homelessness to the study’s baseline survey.

<sup>4</sup> Unless otherwise stated, differences are statistically significant at the .01 level.

<sup>5</sup> These estimates of the associations between benefits participation and demographic characteristics are for the entire study sample, regardless of the treatment arm to which the family was randomized.

<sup>6</sup> The rate of marriage drops after age 34 but is still higher than for those under 25.

## The same demographic characteristics associated with receipt of TANF cash assistance were also associated with receipt of SNAP benefits but not with publicly funded health insurance

Participation in SNAP was high among these families (85 percent). As was the case for participation in TANF, younger parents and those not married were more likely to participate in SNAP.<sup>7</sup> The factors that may explain this pattern for TANF do not apply to SNAP. For example, SNAP is not time limited for most participants. However, some families may apply for SNAP—and have their eligibility recertified-- at the same agency that administers TANF,<sup>8</sup> so TANF participation may relate to some degree to participation in SNAP.

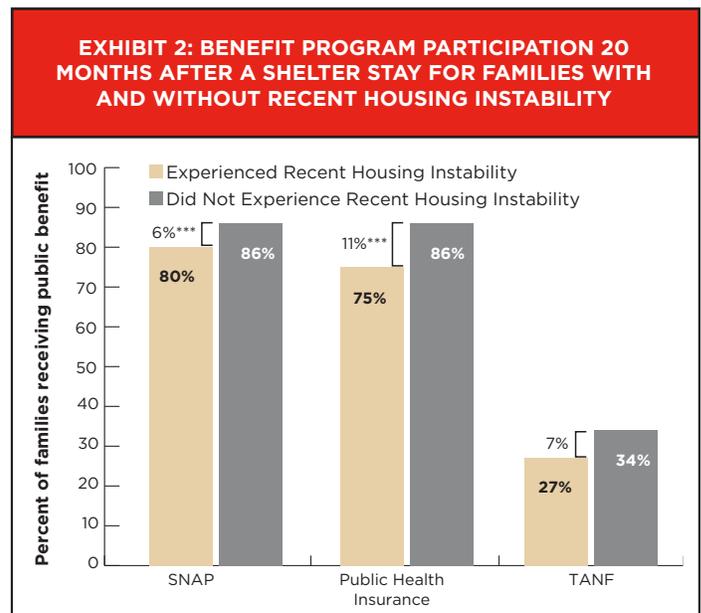
As was the case for participation in TANF, differences in participation in SNAP by race and ethnicity were not significant. No demographic characteristics were strongly associated with participation in publicly funded health insurance.<sup>9</sup>

## Twenty months after a shelter stay, participation in publicly funded health insurance and SNAP was associated with greater housing stability during the past 6 months

While rates of participation in SNAP and publicly funded health insurance remained high 20 months after a family stayed in emergency shelter, continued housing instability was associated with somewhat lower receipt of these benefits.<sup>10</sup> The direction of this relationship is unclear. One possible explanation is that unstable housing may have disrupted a family’s ability to enroll or remain enrolled in programs for which they are eligible. Another possible explanation is that participating in benefit programs helped families maintain stable housing by providing resources for other needs and leaving more income to pay rent.

Families experiencing continued housing instability were less likely to report receiving SNAP, publicly funded health insurance, or TANF benefits 20 months after a shelter stay. For example, families who reported spending at least one night in a shelter, in a place not meant for human habitation, or doubled up with another family in the past six months were less likely to be receiving SNAP 20 months after a shelter stay than those who had not experienced such housing instability (80 percent vs. 86 percent, Exhibit 2).<sup>11</sup> The difference in the rate of participation in publicly funded health insurance was even greater—75 percent participation rate for those who experienced recent housing instability compared with 86 percent who had not recently faced housing instability. The pattern is similar for TANF, but the difference in the rate of participation in TANF is not statistically significant.

This pattern also holds in reverse: families who reported receiving public benefits 20 months after a shelter stay were less likely to report continued housing instability. For example, 48 percent of families who received SNAP reported that they had been in shelter, doubled up, or in a place not suitable for human habitation at some time during the past 6 months, compared to 59 percent of those who were not receiving SNAP (Exhibit 3).<sup>12</sup> The pattern is similar for publicly funded health insurance, with 47 percent of those with such benefits also having a recent



<sup>7</sup> Differences in SNAP participation by age of the parent are significant at the .05 percent level. Differences by marital status are significant at the .01 level.

<sup>8</sup> Some agencies use a single application form for both programs.

<sup>9</sup> Differences in participation rates for publicly funded health insurance were very small (less than two percentage points) or not statistically significant. A family was considered to have participated in publicly funded health insurance if the survey respondent said yes to any of three response categories: Medicaid, state health insurance, or Children’s Health Insurance Program (CHIP). The response patterns suggest that many respondents identified the state’s Medicaid program as a state program and said “no” to Medicaid and “yes” to state health insurance, possibly because states give their Medicaid programs a variety of names. Including CHIP added another few percentage points to the total participation rates of 86 percent while in shelter and 85 percent 20 months later.

<sup>10</sup> Patterns reported in this section are based on the sample of families that did not receive priority access to a housing intervention (the “usual care” group). The study’s 20 month impact estimates found that priority access to a permanent housing subsidy increased housing stability and also increased participation in TANF and SNAP.

<sup>11</sup> Whether being doubled up with another family because of inability to find or afford housing is part of a definition of homelessness varies among federal agencies and programs.

<sup>12</sup> Difference is statistically significant at .10 level.

experience of housing instability compared with 64 percent of those without such benefits (Exhibit 3). The relationship between receiving TANF cash assistance and a recent experience of homelessness was also similar but not statistically significant.

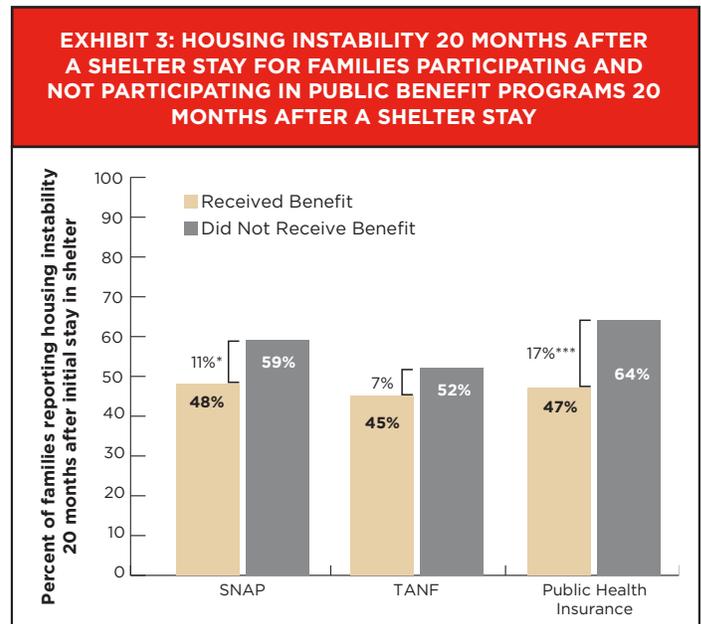
Thus, it is not clear whether lack of benefit receipt might help drive continued housing instability, or if housing instability disrupts a family’s ability to enroll for or maintain enrollment in benefit programs. Of course, other family characteristics may have influenced *both* a family’s ability to receive these benefits *and* its ability to maintain stable housing.<sup>13</sup>

## The effectiveness of homeless families getting help in receiving benefits for which they are eligible is unclear

About half (51 percent) of families who had been in shelter 20 months earlier and who did not receive priority access to a housing intervention reported that they had gotten assistance in receiving public benefits for which they were eligible. Details about the nature of that assistance are not available.<sup>14</sup> For these families, the patterns of accessing benefits are consistent with the hypothesis that help receiving benefits for which they are eligible is effective, but the differences are not statistically significant. In contrast, families *with* priority access to a permanent housing subsidy were significantly more likely to participate in TANF and SNAP.<sup>15</sup> For these families, the greater housing stability experienced by families with a housing subsidy may have helped the family maintain participation in other benefits for which they were eligible. Or the pathway between a housing subsidy and other benefit programs may be more direct, as public housing agency staff are required to ask families questions about their participation in income support programs such as TANF, since income from those programs reduces the amount of the housing subsidy.

Some families received benefits while in shelter but not 20 months later, while other families did not participate in a program as of the time they were in shelter but did so 20 months later. Assistance in obtaining TANF cash assistance *appears to have been helpful for those who were not yet receiving the benefit during a shelter stay*. Among the families who were not participating in TANF at the time of their shelter stay (60 percent of families),<sup>16</sup> 22 percent of those who reported help in obtaining benefits were receiving TANF cash assistance 20 months later, compared to 14 percent of those who did not receive such help.<sup>17</sup>

The pattern was similar for publicly funded health insurance and SNAP, although the differences were not statistically significant. For example, for the 11 percent of families not participating in SNAP while in shelter, 84 percent who reported that they had help receiving benefits were participating in SNAP 20 months later, compared to 78 percent of those who did not report receiving such help. For the 12 percent of families who did not have publicly funded health insurance while in shelter, the pattern is almost identical: 84 percent of those reporting assistance had such insurance by 20 months later, compared to 79 percent for those who did not report receiving help. Of course, other factors may have influenced different types of families’ decisions to participate in a benefit program and their ability to do so.



Source: Family Options Study 20 month follow up survey data, families who did not receive priority access to a housing intervention (“usual care” control group families).

Note: \*\*\*/\*\*/\* denotes statistical significance at .01/.05/.10 level, respectively.

<sup>13</sup> The study was not designed to provide causal explanations for participation in benefit programs or for housing instability—with the exception of the impacts of being assigned to one of the study’s treatment arms.

<sup>14</sup> The question was asked as of 20 months after a shelter stay so as to record any assistance that might have been received during the family’s initial participation in the study while in emergency shelter, or in the following 20 months. The wording of the question was: “Did you receive assistance in obtaining public benefits (food stamps, health care, energy assistance, etc.)?” TANF was not given as an explicit example, although interviewers may have mentioned it while prompting answers.

<sup>15</sup> These are impact findings based on the study’s experimental design. See Gubits et al., 2015.

<sup>16</sup> Because priority access to a housing intervention had an impact on benefit program participation (Gubits et al., 2015), this analysis shows relationships between assistance receiving benefits and program participation only for “usual care” families—that is, for study families who did not have priority access to a housing intervention

<sup>17</sup> Difference is statistically significant at the .05 level.

In contrast, assistance in obtaining public benefits *did not appear to have helped families retain TANF cash assistance that they had while in shelter*. Among the 40 percent of families receiving TANF cash assistance at the time they were in shelter, 48 percent continued to receive TANF 20 months later, regardless of whether the families said they had received assistance obtaining benefits. Other factors that affect TANF participation—time limits, sanctions, changes in family composition, and decisions not to seek or maintain TANF benefits by those who had earnings or whose earnings had increased - may have played a larger role in determining which families continued to receive TANF cash assistance.<sup>18</sup> For participation in SNAP and publicly funded health insurance, the pattern is consistent with the hypothesis that help maintaining a connection to benefit programs is effective, but again the differences are not statistically significant.

## Conclusion

Families staying in emergency shelter are connected to benefits programs at similar or greater rates compared to other deeply poor families in the same communities.

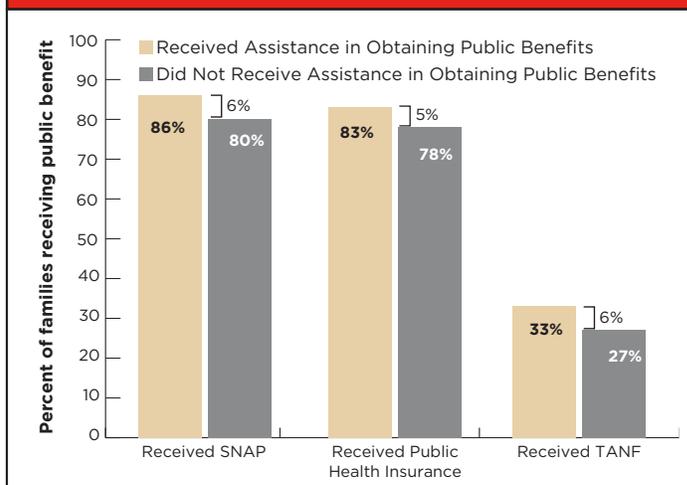
Among families who enter shelters, those with older parents and married parents are less likely to receive both TANF cash assistance and SNAP benefits.

This brief presents some evidence that continued housing instability makes families susceptible to either losing or having difficulty accessing public benefits. At the same time, being connected to benefit programs may help families who have been in shelter to avoid returning to homelessness. Although we cannot infer causality, receipt of benefits as of 20 months after a stay in emergency shelter appears to be associated with lower rates of housing instability. Agencies at all levels of government responsible for benefit programs may want to consider ways to assist families with unstable housing to maintain their benefits and also whether families with repeat episodes of homelessness should be targeted for special assistance obtaining or maintaining benefits for which they are eligible.

Evidence on the effectiveness of current efforts to help families who have experienced sheltered homelessness participate in benefit programs for which they are eligible is uncertain but suggests that help receiving benefits may make a difference in some cases. The strongest evidence is for families who were not receiving TANF cash assistance while in shelter, and there is suggestive evidence that this may be true for other programs. Providers and policymakers may want to consider implementing innovative strategies for providing such assistance and testing them for effectiveness.

Since this study used data on a set of families who had experienced sheltered homelessness, it did not examine the extent to which benefit programs may have protected other families from becoming homeless at all by mitigating the effect of the immediate crises that trigger homelessness. This is a question for future research.

**EXHIBIT 4: BENEFIT PROGRAM PARTICIPATION 20 MONTHS AFTER A SHELTER STAY FOR FAMILIES WHO DID AND DID NOT GET HELP RECEIVING BENEFITS FOR WHICH THEY WERE ELIGIBLE MONTHS AFTER A SHELTER STAY**



Source: Family Options Study 20 month follow up survey data, families who did not receive priority access to a housing intervention (“usual care” control group families).

Note: \*\*\*/\*\*/\* denotes statistical significance at .01/.05/.10 level, respectively.

<sup>18</sup> Burt, Khadduri, and Gubits (2016) found that those who lost TANF cash assistance in the time between the shelter stay and 20 months later were more likely to have earnings than those who still had TANF income, 50 vs. 24 percent.

Brown, S., Shinn, M., and Khadduri, J. Well-being of Young Children after Experiencing Homelessness. (2017, January). Office of Planning, Research and Evaluation. OPRE Report No. 2017-06.

Walton, D., Dunton, L., and Groves, L. Child and Partner Transitions among Families Experiencing Homelessness. (2017, March). Office of Planning, Research and Evaluation. OPRE Report No. 2017-26.

Khadduri, J., Burt, M., and Walton, D. Patterns of Benefit Receipt among Families who Experience Homelessness. (2017, July). Office of Planning, Research and Evaluation. OPRE Report No. 2017-42.

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