

CHILDREN AND FAMILIES

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What are the most important things to know about this topic?

According to the [2015 Annual Homeless Assessment Report](#), more than 154,000 families with children in the United States used a shelter at some point in 2015. While about one-third of all people experiencing homelessness are unsheltered on any given night, this share is much smaller among families with children. The vast majority of families who experienced homelessness in 2015 (90%) were in emergency shelters or transitional housing on a single night in January 2016.¹ For most of these families homelessness is an isolated episode, and they only stay in a shelter for a short period of time.² As of 2015, most homeless families with children (65.1%) took shelter in principal cities (the largest city in a metropolitan statistical area). However, between 2007 and 2015 the number of sheltered people in families with children increased by 38 percent in suburban and rural areas.³

Families with children who experience homelessness are generally composed of a young mother with one or two children under the age of six.⁴ While homeless mothers and children tend to be young and to have incomes substantially below the federal poverty level,⁵ in many other respects they do not differ in significant ways from other low-income families who do not become homeless. Mothers in both groups are likely to experience comparable rates of mental health problems such as major depression or anxiety and Post-Traumatic Stress Disorder (which are elevated among low-income women relative to all women and typically go untreated).⁶ Adults in both groups also have similarly low levels of education and work experience compared with national averages.⁷

¹ Henry, Meghan, Rian Watt, Lily Rosenthal, and Azim Shivji. [The 2016 Annual Homeless Assessment Report \(AHAR\) to Congress, Part 1: Point-in-Time Estimates of Homelessness](#). November 2016. U.S. Department of Housing and Urban Development.

² Culhane, Dennis P., Stephen Metraux, Jung Min Park, Maryanne Schretzman, and Jesse Valente. [Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning](#). Housing Policy Debate. May 2007; 18(1).

³ [The 2015 Annual Homeless Assessment Report \(AHAR\) to Congress, Part 2: Estimates of Homelessness in the United States](#). October 2016. U.S. Department of Housing and Urban Development.

⁴ [The 2015 Annual Homeless Assessment Report \(AHAR\) to Congress, Part 2: Estimates of Homelessness in the United States](#). October 2016. U.S. Department of Housing and Urban Development.

⁵ Gubits, Daniel et al. [Family Options Study: Short-Term Impacts of Housing and Services Interventions for Homeless Families](#). July 2015. U.S. Department of Housing and Urban Development.

⁶ There is some indication that mothers in families experiencing homelessness have higher rates of substance abuse than their housed peers, but levels are lower than for single adults experiencing homelessness. Rog, Debra J. and John C. Buckner. [Homeless Families and Children](#). In *Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research*. Eds. Deborah Dennis, Gretchen Locke, and Jill Khadduri. September 2007. U.S. Department of Health and Human Services and U.S. Department of Housing and Urban Development; Bassuk, Ellen L., John C. Buckner, Jennifer N. Perloff, and Shari S. Bassuk. [Prevalence of Mental Health and Substance Use Disorders Among Homeless and Low-Income Housed Mothers](#). *Am J Psychiatry*. 1998; 155: 1561-1564.

⁷ Lowin, Aaron, Sinan Demirel, Sharon Estee, and Bari Schreiner. [Homeless Families in Washington State: A Study of Families Helped by Shelters and Their Use of Welfare and Social Services](#). December 2001. Washington State Department of Social and Health Services Report No. 11.98; Shinn, Marybeth, et al. [Predictors of Homelessness](#)

Who are homeless families with children?

People who experience homelessness in families with children are in households composed of at least one adult age 18 and over and one child under age 18.

Throughout the year in 2015...

- More than 154,000 families with children experienced sheltered homelessness at some point.
- Women accounted for more than three-quarters (77.7%) of adults experiencing sheltered homelessness as part of a family with children.
- About half of the people in sheltered families with children (50.9%) were in households of two or three people.
- More than one third of sheltered families with children (34.9%) were in suburban and rural areas, up from 26.9 percent in 2007.
- The Hispanic share of people experiencing homelessness in families (24.9%) was nearly double that of people experiencing homelessness as individuals (12.8%).

All figures from the 2015 [Annual Homeless Assessment Report to Congress](#).

Both homeless and housed low-income mothers tend to have been exposed to conflict, trauma, and violence,⁸ with one study indicating that more than 90 percent of mothers experiencing homelessness had endured “severe physical and sexual abuse, domestic violence, or random violence”—a rate found to be similar to that of other poor mothers.⁹ While safety and confidentiality considerations make it difficult to count the number of families who are in shelters because they are escaping domestic violence, nearly 20 percent of beds in family shelters have been set aside for survivors.¹⁰

[Among Families in New York City: From Shelter Request to Housing Stability](#). *American Journal of Public Health*. November 1998; 88(11): 1651-1657. See also Culhane, Dennis P., Stephen Metraux, Jung Min Park, Maryanne Schretzman, and Jesse Valente. [Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning](#). *Housing Policy Debate*. May 2007; 18(1).

⁸ Rog, Debra J. and John C. Buckner. [Homeless Families and Children](#). In *Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research*. Eds. Deborah Dennis, Gretchen Locke, and Jill Khadduri. September 2007. U.S. Department of Health and Human Services and U.S. Department of Housing and Urban Development.

⁹ Bassuk, Ellen L., et al. [The Characteristics and Needs of Sheltered Homeless and Low-Income Housed Mothers](#). *American Journal of the American Medical Association*. 1996; 276(8): 640-646, cited in Gubits, Daniel et al. [Family Options Study: Short-Term Impacts of Housing and Services Interventions for Homeless Families](#). July 2015. U.S. Department of Housing and Urban Development; Browne, Angela and Shari S. Bassuk. [Intimate Violence in the Lives of Homeless and Poor Housed Women: Prevalence and Patterns in an Ethnically Diverse Sample](#). *American Journal of Orthopsychiatry*. April 1997; 67(2): 261-278; Behavioral Health Among Adults in Families Experiencing Homelessness. Research Brief. *Forthcoming*. U.S. Department of Health and Human Services.

¹⁰ [The 2015 Annual Homeless Assessment Report \(AHAR\) to Congress, Part 2: Estimates of Homelessness in the United States](#). October 2016. U.S. Department of Housing and Urban Development.

For children in these families, homelessness and the associated disruption and exposure to trauma can have profound impacts on their life trajectories. They are substantially more likely to be separated or removed from their custodial parents, which is a predictor of future homelessness in adults.¹¹ Children in families that become homeless may also be more likely to exhibit behavioral problems and difficulties with self-regulation, both of which are associated with high levels of poverty and instability.¹²

A study of adolescents in families that had recently experienced homelessness found they were much more likely than their peers at all income levels to have changed schools and to have had frequent absences, both of which are associated with poor educational outcomes, as well as to have had behavioral problems at school.¹³ Children under age five who had recently experienced homelessness were also found to have lower scores for pre-reading skills and higher rates of early developmental delays compared with national norms.¹⁴ The combination of housing instability and domestic violence only appears to heighten children's difficulties. One study looked at 278 domestic violence survivors in the Portland, Oregon area. Among their children, more than one-third (37.3%) had missed six or more days of school in the past 6 months, and 45 percent had behavioral problems.¹⁵

The current homeless assistance system includes several interventions that are used to address homelessness among families. These include emergency shelter as part of the emergency response system, transitional housing (which provides time-limited housing assistance coupled with intensive social services, either in a facility or on a scattered-site basis), and rapid re-housing (a crisis response program that offers housing identification, rent and move-in assistance, and case management and services focused on helping families exit shelter and find and stabilize quickly in permanent housing).¹⁶

¹¹ Burt, Martha R. et al. [Homelessness: Programs and the People They Serve: Findings of the National Survey of Homeless Assistance Providers and Clients](#). August 1999. The Urban Institute; Park, Jung M., Stephen Metraux, Gabriel Broadbar, and Dennis P. Culhane. [Child Welfare Involvement Among Children in Homeless Families](#). *Child Welfare*. 2004; 83: 423-426; Cowal, Kristin, Marybeth Shinn, Beth C. Weitzman, Daniela Stojanovic, and Larissa Labay. [Mother-Child Separations Among Homeless and Housed Families Receiving Public Assistance in New York City](#). *American Journal of Community Psychology*. 2002; 30(5): 711-730.

¹² Adam, Emma K. [Beyond Quality: Parental and Residential Stability and Children's Adjustment](#). *Current Directions in Psychological Science*. 2004; 13(5): 210-213; Evans, Gary. [The Environment of Child Poverty](#). *American Psychologist*. 2004; 55: 77-92; Fantuzzo, John W., Whitney A. LeBoeuf, Chin-Chih Chen, Heather L. Rouse, and Dennis P. Culhane. [The Unique and Combined Effects of Homelessness and School Mobility on the Educational Outcomes of Young Children](#). *Educational Researcher*. 2012; 41(9): 393-402; Masten, Ann S., Donna Miliotis, Sandra A. Graham-Bermann, MaryLouise Ramirez, and Jennifer Neemann. [Children in Homeless Families: Risks to Mental Health and Development](#). *Journal of Consulting and Clinical Psychology*. 1993; 61: 335-343; Voight, Adam, Marybeth Shinn, and Maury Nation. [The Longitudinal Effects of Residential Mobility on the Academic Achievement of Urban Elementary and Middle School Students](#). *Educational Researcher*. 2012; 41(9): 385-392.

¹³ Thornton Walker, Jessica, Scott R. Brown, and Marybeth Shinn. [Adolescent Well-Being After Experiencing Family Homelessness](#). Homeless Families Research Brief. June 2016. U.S. Department of Health and Human Services OPRE Report No. 2016-42.

¹⁴ Brown, Scott R., Marybeth Shinn, and Jill Khadduri. Well-being of Young Children after Experiencing Homelessness. March 2017. U.S. Department of Health and Human Services.

¹⁵ Rollins, Chiquita, Kris Billhardt, and Linda Olsen. [Housing: Safety, Stability, and Dignity for Survivors of Domestic Violence](#). June 2013. Domestic Violence Housing First.

¹⁶ [Core Components of Rapid Re-Housing](#). February 2014. National Alliance to End Homelessness.

In 2009, federal funding and administration of key programs addressing homelessness among individuals and families was consolidated into the Continuum of Care Program, in an effort to promote improved planning and coordination across the homeless assistance system. As we found in the Family Options Study, however, long-term housing assistance that is available outside of the homeless assistance system such as that provided by the Housing Choice Voucher program may be the most effective intervention for addressing family homelessness.¹⁷ This finding is discussed in greater detail below.

What is the evidence base?

Some of the strongest evidence for what we know about children and family homelessness indicates that, for most families, homelessness is a housing affordability problem and permanent housing subsidies are the best solution to maintain stable housing. For example, beginning in 1988, Shinn et al. followed 266 poor families in New York City for a period of about 5 years to assess predictors of housing stability. Families were recruited for the study when they requested shelter at three of New York’s emergency assistance units. Among the 244 families who initially entered shelter, 80 percent were living in their own apartment at the conclusion of the follow-up period. The authors found that receipt of subsidized housing was the critical factor in predicting housing stability, with the likelihood of housing stability more than 20 times greater for those who received a subsidy compared with those who did not.

Almost 10 years later, a study by New York’s Vera Institute of Justice looked at city and state data for families who exited New York City’s shelter system over a 7-year period from 1994 to 2001. Researchers found that for those who exited, subsidized housing was still the “best protection” against subsequent returns to shelter.¹⁸ In a review of the research on family homelessness published in 2005, authors Marybeth Shinn, Debra Rog, and Dennis Culhane cite multiple studies where formerly homeless families’ ability to remain housed over time is linked to receipt of housing assistance, with the additional provision of case management or other services appearing to have little or no impact on housing stability.¹⁹

More recent evidence comes from the Family Options Study, a 12-site experimental study designed to assess the effectiveness of different housing and services interventions. We weren’t testing a new model or running a demonstration program; instead, we randomly assigned 2,282 families (with more than 5,000 children) staying in emergency shelter to one of four intervention groups and followed them over a 37-month period. The interventions were limited to programs currently in use, including: referral to project-based transitional housing, referral to short-term rent subsidies provided by rapid rehousing programs, access to a long-term rent subsidy with no services attached, usually a Section 8 Housing Choice Voucher, and “usual care” (essentially a control group that could access whatever housing and services were available in the absence of priority access to an intervention).

¹⁷ The Family Options Study was conducted for HUD by a team from Abt Associates in partnership with Vanderbilt University. The Abt team included several members of the Center for Evidence-Based Solutions to Homelessness, including Michelle Wood (Project Director), Daniel Gubits, Marybeth Shinn, Brooke Spellman, and Jill Khadduri.

¹⁸ Smith, Nancy, Zaire Dinzey Flores, Jeffrey Lin, and John Markovic. [Understanding Family Homelessness in New York City: An In-Depth Study of Families’ Experiences Before and After Shelter](#). September 2005. Vera Institute of Justice.

¹⁹ Shinn, Marybeth, Debra R. Rog, and Dennis P. Culhane. [Family Homelessness: Background Research Findings and Policy Options](#). May 2005. U.S. Interagency Council on Homelessness.

The random assignment design of the Family Options Study allowed us to isolate and compare the effects of each type of assistance relative to the others and to the usual care control group. In the follow-up analysis of what happened to families after three years,²⁰ we found strong evidence that priority access to long-term rent subsidies has profound positive effects on the trajectory of families in emergency shelters relative to transitional housing, rapid rehousing, and usual care. Families who received immediate referral to permanent subsidies were successful in leasing up and were able to sustain the assistance and remain stably housed over time. Compared to families assigned to the other interventions, we saw striking reductions in homelessness, in the number of residential moves, and in crowding.

And these positive effects weren't limited to housing stability: we saw improvements in adult well-being, including reductions in psychological distress and intimate partner violence, reductions in food insecurity, as well as less disruption in children's education and reductions in behavior and sleep problems. While none of these findings are really a surprise, evidence from the Family Options Study lets us understand the *magnitude* of improvements that follow when families in emergency shelter receive a housing voucher rather than usual care.

Transitional housing

In contrast to long-term rent subsidies, the Family Options Study found few advantages associated with priority access to transitional housing, with only modest reductions in homelessness compared to usual care and no significant impacts on other measures of family well-being. As discussed above, families with children experiencing homelessness tend to be similar in many ways to their low-income housed peers. Culhane et al. (2007) found—and the Family Options Study confirms—that most of these families are, in fact, “housing ready” and do not need the intensive services associated with transitional housing to achieve housing stability.

Rather, this service-rich environment may be better suited for the small percentage of families with children that experience repeated episodes of homelessness, who are more likely to have high rates of intensive service utilization, disability and unemployment, and foster care involvement compared with families that experience single, isolated episodes of homelessness.²¹ In many communities, transitional housing is not targeted to this small subset of families, but instead is offered to families for whom an immediate placement in permanent housing would be successful.

Further, time spent in transitional housing does not necessarily equip families to afford the cost of housing on the private market. Evidence from the Family Options Study finds no impacts of transitional housing on family self-sufficiency, despite the provision of services to help achieve this goal. Earlier research on “life after transitional housing” is somewhat consistent with these results. After following 179 families for 12 months after they left 36 transitional housing programs, Burt (2010) found that longer stays in transitional housing did appear to be associated with higher levels of educational attainment and a greater likelihood of employment during the follow-up period. However, despite this progress,

²⁰ Gubits, Daniel et al. [Family Options Study: 3-Year Impacts of Housing and Services interventions for Homeless Families](#). October 2016. U.S. Department of Housing and Urban Development.

²¹ Culhane, Dennis P., Stephen Metraux, Jung Min Park, Maryanne Schretzman, and Jesse Valente. [Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning](#). Housing Policy Debate. May 2007; 18(1).

participants' low earning power was essentially unchanged after transitional housing and housing affordability was the most commonly-experienced problem during the follow-up period.²²

Burt concludes that the availability of a rent subsidy is “of paramount importance” to having one’s own place to live when exiting transitional housing and maintaining a stable household. Findings from the Sound Families Initiative, a program intended to substantially increase the amount of transitional housing in Washington State, found this to be the case. Of the 651 families who successfully completed transitional programs through Sound Families and moved into permanent housing, 78 percent secured permanent housing with the help of Section 8 or another subsidy, and only 11 percent secured permanent housing without any subsidy. The remaining 11 percent exited transitional housing and either lived with family or friends or returned to transitional housing or an emergency shelter because of a shortage of affordable housing and lack of access to a subsidy.²³ Debra Rog and John Buckner cite further evidence from the Sound Families Initiative indicating that families prolonged their stay in transitional housing when voucher availability was reduced.²⁴

Rapid rehousing

The Family Options Study found that priority access to short-term rent subsidies provided by rapid rehousing programs also yielded few discernable advantages over leaving families to find their way out of shelter. Families in this group displayed almost no differences from the usual care group, in terms of housing stability and subsequent episodes of homelessness during a 3-year follow-up. These findings reaffirm conclusions drawn in a review of the research on rapid rehousing, in which Cunningham, Gillespie and Anderson found that while rapid rehousing has high rates of placement in permanent housing and low rates of return to shelter, it “does not, however, solve long-term housing affordability problems.” Instead, many families move or double-up with other households within a year of exiting rapid rehousing.²⁵ For example, an evaluation of HUD’s Rapid Rehousing Demonstration program found that more than 75 percent of study families moved at least once within a year of exiting the program.²⁶

One unique advantage of rapid rehousing may be the opportunity it affords families to quickly find independent housing and resume their own schedules and ways of doing things. Evidence from the Family Options Study shows that, compared to usual care, priority access to short-term rent subsidies increased the proportion of families living in their own place (an apartment or house the family head rents

²² Burt, Martha. [Life After Transitional Housing for Homeless Families](#). May 2010. Urban Institute.

²³ Northwest Institute for Children and Families, University of Washington School of Social Work. [Evaluation of the Sound Families Initiative, Final Findings Summary: A Closer Look at Families’ Lives During and After Supportive and Transitional Housing](#). December 2007. Bill & Melinda Gates Foundation.

²⁴ Rog, Debra J. and John C. Buckner. [Homeless Families and Children](#). In *Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research*. Eds. Deborah Dennis, Gretchen Locke, and Jill Khadduri. September 2007. U.S. Department of Health and Human Services and U.S. Department of Housing and Urban Development.

²⁵ Cunningham, Mary, Sarah Gillespie, and Jacqueline Anderson. [Rapid Re-Housing: What the Research Says](#). June 2015. Urban Institute.

²⁶ Finkel, Meryl, Meghan Henry, Natalie Matthews, Brooke Spellman, and Dennis Culhane. *Rapid Re-Housing for Homeless Families Demonstration Programs Evaluation Report—Part II: Demonstration Findings—Outcomes Evaluation Final Report*. April 2016. U.S. Department of Housing and Urban Development.

or owns).²⁷ Recent research affirms the protective role that families' routines and rituals play in promoting well-being and mitigating stressors. Findings from 80 semi-structured interviews with family caregivers following shelter stays in four states indicate that institutional environments such as emergency shelters make it difficult or impossible to maintain these routines.²⁸ Project-based transitional housing programs that enforce multiple rules impacting family routines pose similar challenges. In contrast, programs that provide subsidies that allow families to live independently also allow them to quickly resume these important family processes.

Where are the gaps?

Homelessness among families with children is more likely to be affected by economic cycles than individual homelessness, and as affordable housing challenges persist, "families that become homeless will have characteristics increasingly similar to the broader group of low-income housed families."²⁹ Research shows that in addition to their shared characteristics, poor families experiencing homelessness are just as connected to the social safety net as other their housed counterparts.³⁰ These similarities complicate the task of designing a prevention program that effectively and efficiently targets those families that are most at risk of homelessness. A study of prevention programs funded by the Homelessness Prevention and Rapid Re-Housing Program highlighted the challenge of identifying the families that were most likely to become homeless, as well as the families for whom short- or medium-term financial assistance and limited case management would provide sufficient protection.³¹

Marybeth Shinn and colleagues recently developed a 15-factor screening model to predict which families are likely to become homeless when they do not receive prevention services, based on data from more than 11,000 families that applied for community-based prevention services in New York City in the mid-2000s. They found that, over a three-year period, assistance targeted based on the model, rather than on caseworker judgments, would have "increased the correct targeting of families entering shelter by 26 percent and reduced misses of those families by almost two thirds."³² Further research is needed to

²⁷ Gubits, Daniel, Tom McCall, and Michelle Wood. Family Options Study: Effects on Family Living Situation. Unpublished draft. December 2016. Abt Associates.

²⁸ Mayberry, Lindsay S., Marybeth Shinn, Jessica Gibbons Benton, and Jasmine Wise. [Families Experiencing Housing Instability: The Effects of Housing Programs on Family Routines and Rituals](#). *Am J Orthopsychiatry*, 2014; 84(1): 95-109.

²⁹ Samuels, Judith, Marybeth Shinn, and John C. Buckner. [Homeless Children: Update on Research, Policy, Programs, and Opportunities](#). May 2010. U.S. Department of Health and Human Services. The authors cite Buckner (2008), who suggests two other possible explanations for a recent narrowing in the gap between homeless children and their low-income peers: (1) improved shelter conditions and legal changes and funding that enable greater stability in school enrollment among children experiencing homelessness, and (2) exposure to the same poverty-related stressors, regardless of housing status.

³⁰ Burt, Martha R., Jill Khadduri, and Daniel Gubits. [Are Homeless Families Connected To the Social Safety Net?](#) Homeless Families Research Brief. April 2016. U.S. Department of Health and Human Services OPRE Report No. 2016-33.

³¹ Cunningham, Mary et al. [Homelessness Prevention Study: Prevention Programs Funded by the Homelessness Prevention and Rapid Re-Housing Program](#). August 2015. U.S. Department of Housing and Urban Development.

³² Shinn, Marybeth, Andrew L. Greer, Jay Bainbridge, Jonathan Kwon, and Sara Zuiderveen. [Efficient Targeting of Homelessness Prevention Services for Families](#). *American Journal of Public Health*. 2013; 103(S2): S324-S330.

improve our understanding of which risk factors are most critical when predicting which families are most vulnerable to homelessness.

We also don't understand as much as we'd like about rapid re-housing. While the Family Options Study failed to find any long-term effects on housing stability for families assigned to the rapid re-housing intervention, we saw modest improvements in family income and food security relative to families in the usual care group during the first 20 months after random assignment. The data provide a good launching pad from which to examine questions about the kinds of programs used by families and the sequence in which that assistance is accessed (e.g., Do these families go directly from the shelter into rapid re-housing? Is rapid re-housing an intermediate step on the way to permanent assistance? Do families also receive help with their housing search?)

These questions have policy implications. The short-term rent subsidy that families received through rapid re-housing was often shallower than with a long-term subsidy, and families may pay more than the 30 percent of income they would contribute towards rent with a voucher. However, not every family needs a deep subsidy, and through rapid re-housing we may be able to give families just enough assistance to resolve the crisis and return to permanent housing. A closer look at families who were successful and did not return to homelessness after rapid re-housing would be useful in providing more answers about the level of subsidy needed to effectively address housing instability.

The Family Options Study did not look at families with children in permanent supportive housing, which combines low-barrier, non-time-limited affordable housing with intensive supportive services. Permanent supportive housing was originally designed for individuals experiencing chronic homelessness who need wrap-around services to retain stable housing. However, some practitioners and researchers have suggested that permanent supportive housing may also be a valuable solution for families, many of whom are coping with mental illness, substance use disorders, domestic violence and other serious challenges.³³ An analysis of characteristics and outcomes for families in 13 permanent supportive housing programs yields some information about the characteristics of families that participate in these programs, the way the programs are structured, and participant outcomes,³⁴ but additional research is needed to develop a better understanding of whether and how permanent supportive housing can be structured and targeted to serve families experiencing homelessness.

A review of the research literature by Hopper et al. (2010) also found preliminary evidence for the value of integrating principles of trauma-informed care into homelessness services for children and families. This approach recognizes that traumatic events can precipitate an episode of homelessness (e.g., domestic violence, accidents, disasters, etc.) and that people experiencing homelessness are often exposed to higher levels of trauma. The authors describe trauma-informed care as “a philosophical/cultural stance that integrates awareness and understanding of trauma” and “guides the general organization and behavior of an entire system.”

³³ Bassuk, Ellen L., Nicholas Huntington, Cheryl H. Amey, and Kim Lampereur. [Family Permanent Supportive Housing: Preliminary Research on Family Characteristics, Program Models, and Outcomes](#). February 2006. Corporation for Supportive Housing.

³⁴ Bassuk, Ellen L., Nicholas Huntington, Cheryl H. Amey, and Kim Lampereur. [Family Permanent Supportive Housing: Preliminary Research on Family Characteristics, Program Models, and Outcomes](#). February 2006. Corporation for Supportive Housing.

Trauma-informed care may include delivery of trauma-specific services intended to “directly address the impact of trauma, with the goals of decreasing symptoms and facilitating recovery.”³⁵ Trauma-informed service settings that offer trauma-specific services have been associated with a reduction in psychiatric symptoms and substance use and, in some cases, improvements in daily functioning for adults; better self-esteem, improved relationships, and increased safety among children; and improvements in housing stability.³⁶ While the research from other areas indicates the potential of trauma-informed care for families with children, additional research is needed to determine whether trauma-informed services are effective specifically within homelessness service settings.³⁷

Implications for Policy and Practice

From the available evidence, we can draw some clear lessons for policy and practice:

- The availability of mainstream housing assistance makes a substantial difference for ending homelessness for families with children. Organizations at the community level working to help families experiencing homelessness become stably housed should work with the public housing agency and with other providers of assisted housing to increase the extent to which this resource is available for preventing and ending family homelessness.
- Communities should examine carefully the role of transitional housing for families. If transitional housing continues to be part of the homeless services system, these service-rich environments should be appropriately targeted to high-needs families.
- Like other poor families, families who experience homelessness need an array of services and supports. It is important to build connections between training and services that are available in the community and housing providers who can refer families experiencing and at risk of homelessness to these services, including job training programs, education, and other services that help to build participants’ employment and earning potential.

³⁵ Hopper, Elizabeth K., Ellen L. Bassuk, and Jeffrey Olivet. [Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings](#). *The Open Health Services and Policy Journal*. 2010; 3: 80-100.

³⁶ Hopper, Elizabeth K., Ellen L. Bassuk, and Jeffrey Olivet. [Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings](#). *The Open Health Services and Policy Journal*. 2010; 3: 80-100.

³⁷ Hopper, Elizabeth K., Ellen L. Bassuk, and Jeffrey Olivet. [Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings](#). *The Open Health Services and Policy Journal*. 2010; 3: 80-100.